


ATTACH LABEL

NCDS
National Child
Development Study
A study of everyone in Britain
born in one week in 1958

 National Centre *for*
Social Research

P2107 SC1

+

SN 1-5
Card 6-7
Batch 8-12

**National Child Development Study:
2002-3**

Self-completion Booklet

In Confidence

We would like to ask you some questions before the nurse comes to see you.

Your answers to these questions will give us a better idea about your health and how it is influenced by your lifestyle and current circumstances.

Please do complete this booklet before the nurse comes to see you and give it to her when she visits.

How to fill in this questionnaire

- A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

Example:

Do you feel you lead a ...

Tick one box

- Very healthy life
- Fairly healthy life
- Not very healthy life
- An unhealthy life

- B. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick one box

- Yes ₁ → **Answer A2**
- No ₂ → **Go to A7**

A. SUN EXPOSURE

EVERYONE PLEASE ANSWER

A1 How long **per day** do/did you usually spend outdoors during the daylight hours ...

| <i>PLEASE TICK ONE BOX ON EACH LINE</i> | | No time | Less than 15 mins | 15 to 30 mins | 30 mins to 1 hour | 1 to 2 hours | 3 to 4 hours | More than 4 hours | |
|--|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a. | ... last month? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 113 |
| b. | ... in Summer? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 114 |
| c. | ... in Winter? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | 115 |

A2 In sunny weather, both in the UK and in other countries do you ...

| <i>PLEASE TICK ONE BOX ON EACH LINE</i> | | Often | Sometimes | Rarely | Never | |
|--|--|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a. | ... protect your skin from the sun, for example with clothing or suncream? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 116 |
| b. | ... get blistering after being burned in the sun? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 117 |
| c. | ... actively seek a suntan? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 118 |

A3 What is the natural colour of your hair (or the original colour if now grey)?

Tick one box

| | | |
|-------------------------|----------------------------|-----|
| Light blonde | <input type="checkbox"/> 1 | |
| Red | <input type="checkbox"/> 2 | 119 |
| Dark blonde/light brown | <input type="checkbox"/> 3 | |
| Dark brown/black | <input type="checkbox"/> 4 | |

A4 Would you say your natural skin colour (on your inner arm) is ...

Tick one box

| | | |
|--|----------------------------|-----|
| ... light (white, fair, or ruddy) | <input type="checkbox"/> 1 | |
| ... medium (olive, light/medium brown) | <input type="checkbox"/> 2 | 120 |
| ... dark (dark brown, black) | <input type="checkbox"/> 3 | |

B. PHYSICAL ACTIVITY

First we would like to ask you about activities connected with your main (or only) job.

- B1** In the past year have you been in paid employment or have you done regular, organised voluntary work?

Tick one box

Yes 1 → **Answer B2**
 No 2 → **Go to B7**

121

For the job you have spent most time doing in the year ...

- B2** Roughly how many miles is it from home to work?

Write in miles

122-4

- B3** How many times a week do you travel between home and work? (To work and from work counts as two journeys.)

Write in times a week

125-6

- B4** How do you usually travel to work?

PLEASE TICK **ONE** BOX ON EACH LINE

| | Always | Usually | Occasionally | Never/ rarely | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a. By motorised transport (car, motorbike, train etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 127 |
| b. By bicycle | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 128 |
| c. Walking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 129 |

Now we would like to know about your activity at work.

Please answer questions **B5** and **B6** for your current, main job.

- B5** Read through each of the following categories and tick either Yes or No. Then go back through the list and, for each of the activities for which you have ticked yes, record the number of hours per week that you spent on that activity.

Have you done each activity at work in the last year?

| | No | Yes | If yes, how many hours per week? | |
|--|----------------------------|------------------------------|----------------------------------|-------------|
| a. Sitting – light work e.g. desk work, or driving a car or truck | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="text"/> | 130, 131-2 |
| b. Sitting – moderate work e.g. working heavy levers or riding a mower or forklift truck | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="text"/> | 133, 134-5 |
| c. Standing – light work e.g. lab technician work or working at a shop counter | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="text"/> | 136, 137-8 |
| d. Standing – light/moderate work e.g. light welding or stocking shelves | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="text"/> | 139, 140-1 |
| e. Standing – moderate work e.g. fast rate assembly line work or lifting up to 50 lbs every 5 minutes for a few seconds at a time | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="text"/> | 142, 143-4 |
| f. Standing – moderate/heavy work e.g. masonry/painting or lifting more than 50 lbs every 5 minutes for a few seconds at a time | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="text"/> | 145, 146-7 |
| g. Walking at work – carrying nothing heavier than a briefcase e.g. moving about a shop | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="text"/> | 148, 149-50 |
| h. Walking – carrying something heavy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="text"/> | 151, 152-3 |
| i. Moving, pushing heavy objects weighing over 75 lbs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="text"/> | 154, 155-6 |

If you do any other activities at work which we have not included, please list them in the space below:

| | | | | |
|----|--|---------------------------------|---|-------------------|
| | | How many hours per week? | | |
| j. | <input style="width: 400px; height: 30px;" type="text"/> | → | <input style="width: 50px; height: 20px;" type="text"/> | 208-37 238-9 |
| k. | <input style="width: 400px; height: 30px;" type="text"/> | → | <input style="width: 50px; height: 20px;" type="text"/> | 240-69 270-271 |

B6 At work, how many times a day do you normally ...

| | | | |
|----|--|---|-------|
| | | Number of times each day | |
| a. | ... climb up a flight of stairs (10 steps) | <input style="width: 50px; height: 20px;" type="text"/> | 272-4 |
| b. | ... climb up a ladder | <input style="width: 50px; height: 20px;" type="text"/> | 275-8 |

EVERYONE PLEASE ANSWER

B7 Now we would like to ask you how you generally get about.

Would you say that ...

PLEASE TICK ONE BOX ON EACH LINE

| | | | | |
|---|---|---|---|-----|
| | | Agree | Disagree | |
| a | ... apart from journeys to work , I travel by car most or all of the time | <input style="width: 30px; height: 20px; text-align: center;" type="text"/> 1 | <input style="width: 30px; height: 20px; text-align: center;" type="text"/> 2 | 308 |
| b | ... apart from journeys to work , I travel by public transport most or all of the time | <input style="width: 30px; height: 20px; text-align: center;" type="text"/> 1 | <input style="width: 30px; height: 20px; text-align: center;" type="text"/> 2 | 309 |

B8 Apart from journeys to work, how many journeys do you make by bicycle and on foot in an average week?

(To and from somewhere counts as two journeys.)

Write in the total number of journeys and the number of journeys of each distance (which should add up to the total.)

| | TOTAL NUMBER of journeys each week | = | Number of journeys of less than 0.5 miles | + | Number of journeys of 0.5 to 1.5 miles | + | Number of journeys of 1.5 to 2.5 miles | + | Number of journeys of 2.5 to 3.5 miles | + | Number of journeys of 3.5 to 5.5 miles | + | Number of journeys of more than 5.5 miles |
|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| By bicycle | <input style="width: 40px; height: 25px;" type="text"/> | = | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> |
| Walking | <input style="width: 40px; height: 25px;" type="text"/> | = | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> | + | <input style="width: 40px; height: 25px;" type="text"/> |

310-1, 312-3, 314-5, 316-7, 318-9, 320-1, 322-3

324-5, 326-7, 328-9, 330-1, 332-3, 334-5, 336-7

C. HEARING

These questions are about your ears and your hearing. If you normally use a hearing aid, answer questions C1 to C6 as if you were NOT using it.

C1 Do you have any difficulty with your hearing?

Tick one box

Yes 1

No 2

338

C2 Do you find it very difficult to follow a conversation if there is background noise (such as TV, radio, children playing)?

Tick one box

Yes 1

No 2

339

C3 How well do you hear someone talking to you when that person is sitting ...

PLEASE TICK **ONE** BOX ON EACH LINE

| | With no difficulty | With slight difficulty | With moderate difficulty | With great difficulty | Cannot hear them at all | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a. ... on your RIGHT SIDE in a quiet room? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 340 |
| b. ... on your LEFT SIDE in a quiet room? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 341 |

C4 Do you have difficulty ...

PLEASE TICK **ONE** BOX ON EACH LINE

| | No | Yes, slight difficulty | Yes, moderate difficulty | Yes, great difficulty | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a. ... following TV programmes at a volume others find acceptable, without any aid to hearing? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 342 |
| b. ... having a conversation with several people in a group? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 343 |

C5 Do very loud noises annoy you?

Tick one box

Not at all 1

Slightly 2

Moderately 3

Severely 4

344

C6 Nowadays, how much does any difficulty in hearing worry, annoy or upset you?

Tick one box

Do not have hearing difficulty 1

Not at all annoying 2

Slightly annoying 3

Moderately annoying 4

Severely annoying 5

345

C7 Have you ever had an ear operation?

Tick one box

No, never 1

Yes, as a child (under 16 years) 2

Yes, as an adult (16 years or older) 3

346

C8 Did any of your parents, children, brothers or sisters have **great difficulty in hearing** before the age of 55 years?

Tick one box

Yes 1

No/don't know 2

347

C9 Have you **ever** worked in a place with a lot of dust?

Tick one box

No, never 1

Yes, in last 2 years 2

Yes, more than 2 years ago 3

348

C10 Have you **ever** worked in a place that was so noisy that you had to shout to be heard?

Tick one box

No, never 1

Yes, for less than 1 year 2

Yes, for 1-5 years 3

Yes, for over 5 years 4

349

D. EYESIGHT

These questions are about your eyesight. Please think about your **eyesight** in the **past month**.

If you use **glasses, contact lenses** or **magnifiers** for some activities, please answer according to how you can see **when using them**.

If you have had an eye infection, eye operation, an eyesight test, a change of glasses or a sudden change in your eyesight **in the past month** please write details below.

Please read each question carefully and tick the answer that best applies to you.

408-457

D1 Think about how your **eyesight** has made you **feel** in the **past month**.

PLEASE TICK **ONE** BOX
ON EACH LINE

| | Not at all | Very rarely | A little of the time | A fair amount of the time | A lot of the time | All the time | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| In the past month ... | | | | | | | |
| a ... have you felt embarrassed because of your eyesight? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 458 |
| b ... have you felt frustrated or annoyed because of your eyesight? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 459 |
| c ... have you felt lonely or isolated because of your eyesight? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 460 |
| d ... have you felt sad or low because of your eyesight? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 461 |
| e ... how often have you worried about your eyesight? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 462 |

D2 In the **past month**, how often has your **eyesight** made you **concerned or worried** about the following ...

PLEASE TICK **ONE** BOX
ON EACH LINE

| | Not at all | Very rarely | A little of the time | A fair amount of the time | A lot of the time | All the time | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a ... your general safety at home? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 463 |
| b ... your general safety when out of your home? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 464 |
| c ... coping with everyday life? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 465 |

D3 In the **past month**, how often has your **eyesight** ...

PLEASE TICK **ONE** BOX
ON EACH LINE

| | Not at all | Very rarely | A little of the time | A fair amount of the time | A lot of the time | All the time | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a ... stopped you doing the things you want to do? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 466 |
| b ... interfered with your life in general? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 467 |

E. PAIN

468-80
Spare
SN 1-5
Card 6-7

E1 During the past month, have you had any ache or pain which has lasted for one day or longer? (Please do not include pain occurring only during menstrual periods or during the course of a feverish illness such as 'flu.)

Tick one box

Yes 1 → **Answer E2**

No 2 → **Go to F1**

508

E2 Thinking about this pain, have you been aware of it for more than 3 months?

Tick one box

Yes 1

No 2

509

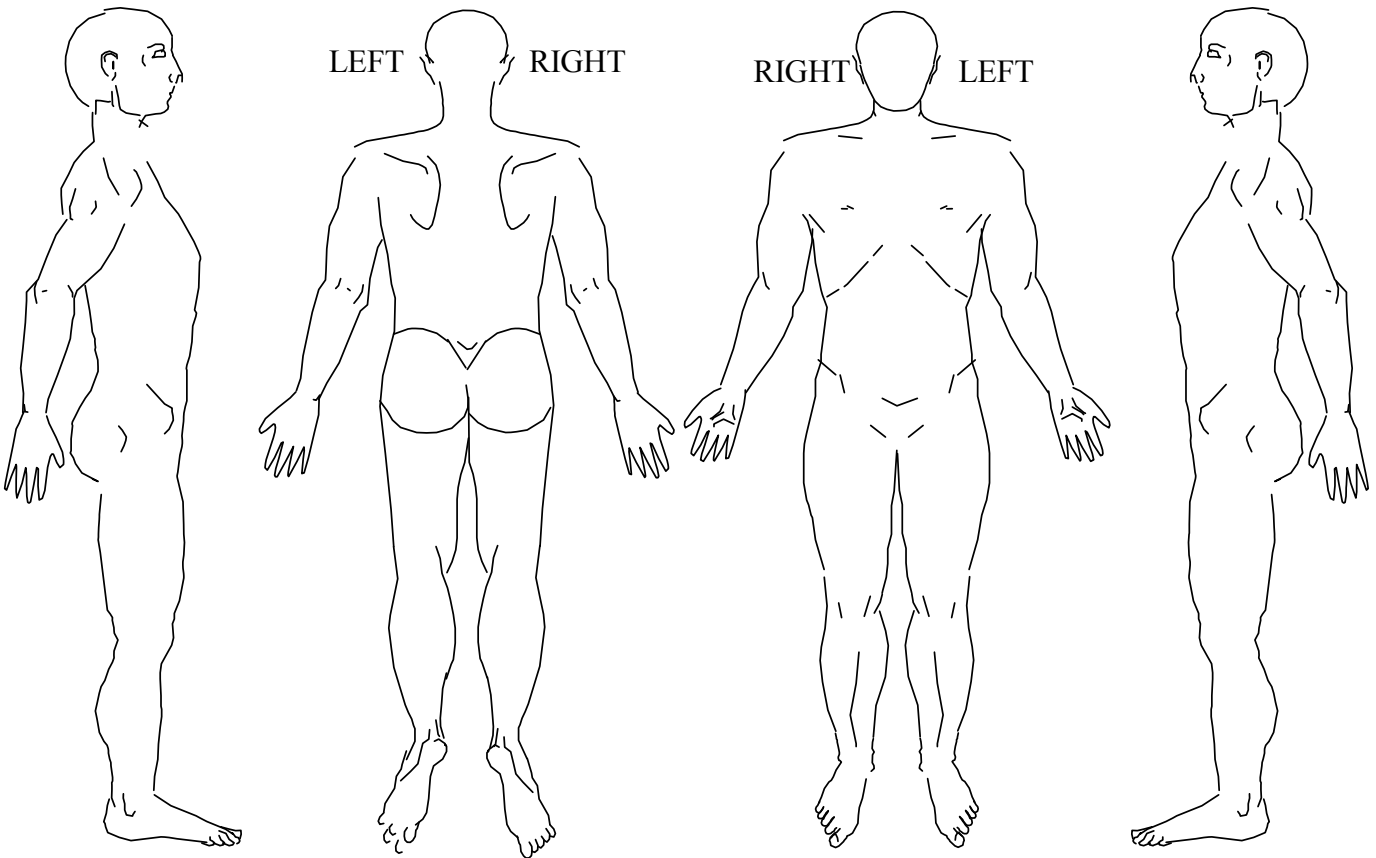
E3 Below you will find four diagrams of the body. Please shade in all the places where you felt or feel the aches and pains.

RIGHT

BACK

FRONT

LEFT



F. WORK

EVERYONE PLEASE ANSWER

If you have a paid job, please apply these questions to your main job. Otherwise please apply these questions to your main activity (eg housework, caring for family members, voluntary work etc.).

PLEASE TICK **ONE** BOX ON EACH LINE

| | Often | Sometimes | Seldom | Never/Almost Never | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| F1 Do you have to work very fast? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 550 |
| F2 Do you have to work very intensively? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 551 |
| F3 Do you have enough time to do everything? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 552 |
| F4 Do you have a possibility of learning new things through your work? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 553 |
| F5 Does your work demand a high level of skill or expertise? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 554 |
| F6 Do you have a choice in deciding HOW you do your work? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 555 |
| F7 Do you have a choice in deciding WHAT you do at work? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 556 |
| F8 Does your job provide you with a variety of interesting things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 557 |

Job Characteristics:

F9 Are you in paid work either full time or part time?

Tick one box

Yes 1 → **Answer F10**

No 2 → **Go to G1**

558

F10 How many hours do you work per average week in your main job, including work brought home?

Hours

559-60

F11 Do you have any other paid employment in addition to your main job?

Tick one box

Yes 1

No 2

561

F12 How secure do you feel your present job is?

Tick one box

Very secure 1

Secure 2

Not very secure 3

Very insecure 4

562

F13 About your position at work, whether you are working at home or in a workplace away from home, how often does the following statement apply?

I have a good deal of say in decisions about work.

Tick one box

Often 1

Sometimes 2

Seldom 3

Never/Almost Never 4

563

F14 About consistency and clarity regarding your job.

Do different groups at work demand things from you that you think are hard to combine?

Tick one box

Often 1

Sometimes 2

Seldom 3

Never 4

564

F15 When you are having difficulties at work:

PLEASE TICK ONE BOX ON EACH LINE

| | Often | Sometimes | Seldom | Never | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a. How often do you get help and support from your colleagues? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 565 |
| b. How often are your colleagues willing to listen to your work-related problems? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 566 |
| c. How often is your immediate superior willing to listen to your problems? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 567 |

G. HOUSEHOLD CIRCUMSTANCES

EVERYONE PLEASE ANSWER

G1 Do you own or rent your home or is there some other arrangement?

Tick one box

- Own - outright 01
- Own – buying with help of a mortgage/loan 02
- Pay part rent and part mortgage (shared/equity ownership) 03
- Rent from local authority or housing association 04
- Rent from private landlord, relative or other 05
- Live here rent-free, including rent-free in relatives'/friends' property 06
- Squatting 07
- Other arrangement 08

568-9

G2 How many cars or vans are normally available for private use by you or any members of your household? (Include company vehicles if available for private use, but exclude vehicles solely for carriage of goods.)

Tick one box

- None 1 → **Go to G4**
- One 2
- Two 3
- 3 or more 4
- **Answer G3**

570

G3 Do (any of) you own this/these vehicle(s) or is it a company vehicle? (Include vehicles being bought on hire purchase.)

Tick one box

- Owned by household 1
- Company vehicle(s) 2
- Both owned and company vehicles 3

571

EVERYONE PLEASE ANSWER

G4 How often does it happen that you do not have enough money to afford the kind of food or clothing you/your family should have?

Tick one box

Always 1

Often 2

Sometimes 3

Seldom 4

Never 5

572

G5 How much difficulty do you have in meeting the payment of bills?

Tick one box

Very great difficulty 1

Great difficulty 2

Some difficulty 3

Slight difficulty 4

Very little difficulty 5

573

H. SOCIAL LIFE

This section concerns people in your life who you feel close to and from whom you can obtain support (either emotional or practical) including close relatives and good friends.

H1 How many people do you feel very close to? (It does not matter where they live or whether you have seen them recently.)

Please write in how many people → **Answer H2**

608-9

OR TICK: No-one → **GO TO H6**

610

H2 Thinking about the person you have felt closest to in the last 12 months please answer the following questions:

Tick one box

Is this person your ...

- | | | |
|-------------------------|----------------------|----|
| husband/wife/partner | <input type="text"/> | 01 |
| boyfriend/girlfriend | <input type="text"/> | 02 |
| parent | <input type="text"/> | 03 |
| brother/sister | <input type="text"/> | 04 |
| son/daughter | <input type="text"/> | 05 |
| other relative | <input type="text"/> | 06 |
| neighbour | <input type="text"/> | 07 |
| friend from work | <input type="text"/> | 08 |
| other friend | <input type="text"/> | 09 |
| other (please describe) | <input type="text"/> | 10 |

611-2

613-32

H3 How much in the last 12 months ...

PLEASE TICK ONE BOX ON EACH LINE

| | Not at all | A little | Quite a lot | A great deal | |
|---|----------------------|----------------------|----------------------|----------------------|-----|
| a. ... did this person give you information, suggestions and guidance that you found helpful? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 633 |
| b. ... could you rely on this person (was this person there when you needed him/her?) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 634 |
| c. ... did this person make you feel good about yourself? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 635 |
| d. ... would you have liked more practical help with major things from this person? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 636 |
| e. ... did you share interests, hobbies and fun with this person? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 637 |
| f. ... did this person give you worries, problems and stress? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 638 |

H4 Still thinking about the person you have felt closest to,
how much in the last 12 months ...

| <i>PLEASE TICK ONE BOX ON EACH LINE</i> | Not at all | A little | Quite a lot | A great deal | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a. ... did you want to confide in (talk frankly, share feelings with) this person? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 639 |
| b. ... did you confide in this person? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 640 |
| c. ... did you trust this person with your most personal worries and problems? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 641 |
| d. ... would you have liked to confide more in this person? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 642 |
| e. ... did talking to this person make things worse? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 643 |

H5 How much in the last 12 months ...

| <i>PLEASE TICK ONE BOX ON EACH LINE</i> | Not at all | A little | Quite a lot | A great deal | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| a. ... did he/she talk about his/her personal worries with you? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 644 |
| b. ... did you need practical help from this person with major things (e.g. look after you when ill, help with finances, children)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 645 |
| c. did this person give you practical help with major things? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 646 |
| d. ... did this person give you practical help with small things when you needed it? (e.g. chores, shopping, watering plants, etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 647 |

EVERYONE PLEASE ANSWER

H6 These questions are about relatives who live outside your household.

How often do you have regular contact with relatives outside your household, by visits, telephone, letters or emails? In total, is it ...

Tick one box

- | | | | |
|-----------------------|--------------------------|---|--------------------|
| Almost daily | <input type="checkbox"/> | } | → Answer H7 |
| About once a week | <input type="checkbox"/> | | |
| About once a month | <input type="checkbox"/> | | |
| Once every few months | <input type="checkbox"/> | | |
| Never or almost never | <input type="checkbox"/> | | |

R4R

OR TICK: I have no relatives outside my household → **GO TO H9**

H7 How often do you **visit** or are you **visited by** relatives who live outside your household? In total, is it ...

Tick one box

- | | | | |
|-----------------------|--------------------------|---|--------------------|
| Almost daily | <input type="checkbox"/> | } | → Answer H8 |
| About once a week | <input type="checkbox"/> | | |
| About once a month | <input type="checkbox"/> | | |
| Once every few months | <input type="checkbox"/> | } | → GO TO H9 |
| Never or almost never | <input type="checkbox"/> | | |

R4Q

H8 How many relatives do you see once a month or more?

Tick one box

- | | |
|---------------|--------------------------|
| None | <input type="checkbox"/> |
| One or two | <input type="checkbox"/> |
| Three to five | <input type="checkbox"/> |
| Six to ten | <input type="checkbox"/> |
| More than ten | <input type="checkbox"/> |

R5N

EVERYONE PLEASE ANSWER

H9 How often do you have regular contact with friends or acquaintances outside your household, by visits, telephone, letters or emails? In total, is it ...

Tick one box

- | | | | |
|-----------------------|--------------------------|---|---------------------|
| Almost daily | <input type="checkbox"/> | } | → Answer H10 |
| About once a week | <input type="checkbox"/> | | |
| About once a month | <input type="checkbox"/> | | |
| Once every few months | <input type="checkbox"/> | | |
| Never or almost never | <input type="checkbox"/> | | |

651

OR TICK: I have no friends or acquaintances outside my household → **GO TO H12**

H10 How often do you visit or are you visited by friends or acquaintances who live outside your household? In total, is it ...

Tick one box

- | | | | |
|-----------------------|--------------------------|---|---------------------|
| Almost daily | <input type="checkbox"/> | } | → Answer H11 |
| About once a week | <input type="checkbox"/> | | |
| About once a month | <input type="checkbox"/> | | |
| Once every few months | <input type="checkbox"/> | } | → GO TO H12 |
| Never or almost never | <input type="checkbox"/> | | |

652

H11 How many friends or acquaintances do you see once a month or more?

Tick one box

- | | |
|---------------|--------------------------|
| None | <input type="checkbox"/> |
| One or two | <input type="checkbox"/> |
| Three to five | <input type="checkbox"/> |
| Six to ten | <input type="checkbox"/> |
| More than ten | <input type="checkbox"/> |

653

EVERYONE PLEASE ANSWER

H12 Are you an active member of: social or recreational groups, trade unions, commercial groups, professional organisations, political parties, sports clubs, cultural groups, pressure groups etc.?

Tick one box

Yes 1 → **Answer H13**

No 2 → **Go to End**

654

H13 Taking all the above organisations together, how many hours in an average month do you devote to activities of these organisations?

Please write in number of hours

655-7

**Thank you for your help with answering these questions.
Please keep this booklet and give it to the nurse when she
visits.**