
1970 BRITISH COHORT STUDY: 2016-18 SURVEY

Self-completion Questionnaire

HOW TO FILL IN THE QUESTIONNAIRE

- Please complete the questionnaire using black or blue ink.
- The questionnaire will be read by a scanner, so please mark your answers by putting a cross in the appropriate box .
- If you make a mistake or change your mind please completely fill the box to show the mistake [■] and then cross the correct answer.
- Sometimes you will be asked to write a number in a box like this: . Please keep your answer within the boxes.
- **Your answers will be treated in the strictest confidence and all findings will be made anonymous in the reporting of results so that responses cannot be traced back to individuals.**
- **When you have completed the questionnaire please seal it inside the envelope provided and hand it back to the nurse / interviewer when they visit.**

INTERVIEWER TO ENTER:

Interviewer ID Number

Participant Serial Number

Participant First Name

Participant Gender

Participant Date of Birth

1

Below are some statements about feelings and thoughts. For each statement, please choose the option that best describes your experience of each over the last 2 weeks.

CROSS (X) ONE BOX ON EACH ROW

	None of the time	Rarely	Some of the time	Often	All of the time
a) I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2

The following items are about activities you might do during a typical day.
Does your health limit you in these activities? If so, how much?

CROSS (X) ONE BOX ON EACH ROW

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Bending, kneeling or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Walking more than one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Walking half a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Walking 100 yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Have you...

CROSS (X) ONE BOX ON EACH ROW

	Yes	No
a) Cut down the amount of time you spent on work or other activities?	<input type="checkbox"/>	<input type="checkbox"/>
b) Been limited in the kind of work or other activities you were able to do?	<input type="checkbox"/>	<input type="checkbox"/>
c) Accomplished less than you would like?	<input type="checkbox"/>	<input type="checkbox"/>
d) Had difficulty performing work or other activities (for example, it took extra effort)?	<input type="checkbox"/>	<input type="checkbox"/>

4

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

Have you...

CROSS (X) ONE BOX ON EACH ROW

Yes

No

a) Cut down the amount of time you spent on work or other activities?

b) Accomplished less than you would like?

c) Not done your work or other activities as carefully as usual?

5

During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

CROSS (X) ONE BOX

Not at all

Slightly

Moderately

Quite a bit

Extremely

6

How much bodily pain have you had during the past 4 weeks?

CROSS (X) ONE BOX

None

Very mild

Mild

Moderate

Severe

Very severe

7

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

CROSS (X) ONE BOX

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

8

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much time during the past four weeks...

CROSS (X) ONE BOX ON EACH ROW

	All of the time	Most of the time	Some of the time	A good bit of the time	A little of the time	None of the time
a) Did you feel full of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you felt so down in the dumps nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have you felt calm and cheerful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you felt downhearted and low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Did you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Has your health limited your social activities (like visiting friends, relatives, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9

For each of the following statements please choose one answer that best describes how true or false it is for you.

CROSS (X) ONE BOX ON EACH ROW

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get ill a little easier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL ACTIVITIES

The next set of questions are designed to find out about your physical activity in your everyday life.

HOME ACTIVITIES

10

GETTING UP AND GOING TO BED

PLEASE PUT A TIME IN **EACH** BOX **AND TICK WHETHER AM OR PM**. MIDDAY IS 12:00 PM. MIDNIGHT IS 12:00 AM.

	ENTER TIME BELOW		TICK AM OR PM	
	Hour	Minute	AM	PM
On a week day				
a) At what time do you normally get up?	<input type="text"/>	: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) At what time do you normally go to bed?	<input type="text"/>	: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

	ENTER TIME BELOW		TICK AM OR PM	
	Hour	Minute	AM	PM
On a weekend day				
c) At what time do you normally get up?	<input type="text"/>	: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) At what time do you normally go to bed?	<input type="text"/>	: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

GETTING ABOUT – Apart from getting to work

11 Which form of transport do you use most often apart from your journey to and from work?

CROSS (X) ONE BOX ON EACH ROW

DISTANCE OF JOURNEYS	USUAL FORM OF TRANSPORT			
	Car	Walk	Public Transport	Cycle
a) Less than one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 1-5 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) More than 5 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WATCHING TV, COMPUTER USE AND READING

12 How many hours do you spend watching television programmes, videos, DVDs or Blu-ray? Please include time spent watching programmes or films on a computer.

CROSS (X) ONE BOX ON EACH ROW

	None	Less than an hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
a) On a typical weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) On a typical day at the weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13 How many hours do you spend playing electronic games on a computer or games system, such as Wii, Nintendo D-S, X-Box or PlayStation? Please also include time spent playing games on smartphones or tablets.

CROSS (X) ONE BOX ON EACH ROW

	None	Less than an hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
a) On a typical weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) On a typical day at the weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14**How many hours do you spend using the internet at home?****Include time spent using the internet on tablets, smartphones and other mobile devices as well as computers and laptops. Please include time spent on social networking sites such as Facebook or Twitter.**CROSS (X) ONE BOX ON EACH ROW

	None	Less than an hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
a) On a typical weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) On a typical day at the weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15**How many hours do you spend reading books (including in electronic format, e.g. Kindle) at home?**CROSS (X) ONE BOX ON EACH ROW

	None	Less than an hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
a) On a typical weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) On a typical day at the weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16**STAIR CLIMBING AT HOME**Number of times you climb up a flight of stairs (approx 10 steps) each day at homeCROSS (X) ONE BOX ON EACH ROW

	None	1 to 5 times a day	6 to 10 times a day	11 to 15 times a day	16 to 20 times a day	More than 20 times a day
a) On a weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) On a weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 ACTIVITIES IN AND AROUND THE HOME

Approximate number of hours each week

CROSS (X) ONE BOX ON EACH ROW

	None	Less than 1 hour a week	1 to 3 hours a week	3 to 6 hours a week	6 to 10 hours a week	10 to 15 hours a week	More than 15 hours a week
a) Preparing food, cooking and washing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Shopping for food and groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Shopping and browsing in shops for other items (e.g. clothes, toys)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cleaning the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Doing the laundry and ironing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Caring for pre-school children or babies at home (not as paid employment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Caring for handicapped, elderly or disabled people at home (not as paid employment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTIVITY AT WORK

18 Do you currently have a job? Please include paid employment, self-employment, voluntary work and employment training schemes.

Yes IF YES, GO TO Q19

No IF NO, GO TO Q25

19

We would like to know the types and amount of physical activity involved in your work. Which of the following best corresponds to your present activities?

CROSS (X) ONE BOX

- Sitting occupation
- Standing occupation
- Physical work
- Heavy manual work

20

STAIR OR STEP CLIMBING AT WORK

CROSS (X) ONE BOX ON EACH ROW

	None	1 to 5 times a day	6 to 10 times a day	11 to 15 times a day	16 to 20 times a day	More than 20 times a day
a) Number of times you climb up a flight of stairs (approx 10 steps) at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Number of times you climb up a ladder at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21

KNEELING AND SQUATTING AT WORK

In an average working day do you:

CROSS (X) ONE BOX ON EACH ROW

	Yes	No
a) Kneel for more than one hour in total?	<input type="checkbox"/>	<input type="checkbox"/>
b) Squat for more than one hour in total?	<input type="checkbox"/>	<input type="checkbox"/>
c) Get up from kneeling or squatting more than 30 times?	<input type="checkbox"/>	<input type="checkbox"/>

TRAVEL TO AND FROM WORK

THE NEXT QUESTIONS ASK ABOUT HOW YOU TRAVEL TO YOUR JOB. IF YOU HAVE MORE THAN ONE JOB PLEASE THINK ABOUT YOUR MAIN JOB, I.E. THE ONE WHERE YOU WORK MOST HOURS.

22 Roughly how many miles is it from home to your job?

WRITE NUMBER IN BOX.

IF YOU WORK FROM HOME PLEASE WRITE '0'

23 How many times a week do you travel from home to your job?

WRITE NUMBER IN BOX.

IF YOU WORK FROM HOME PLEASE WRITE '0'

24 How often do you use each of the following methods of transport to travel to your job?

CROSS (X) ONE BOX ON EACH ROW

Always Usually Occasionally Never

a) Car

b) Public transport

c) Bicycle

d) Walking

RECREATION

25

The following questions ask about how you have spent your leisure time. Please indicate how often you did each activity on average over the last 12 months AND the average length of time you spent doing the activity on each occasion.

FOR ACTIVITIES THAT ARE SEASONAL, E.G. CRICKET OR MOWING THE LAWN, PLEASE PUT THE AVERAGE FREQUENCY DURING THE SEASON WHEN YOU DID THE ACTIVITY.

CROSS (X) ONE BOX ON EACH ROW AND FOR EACH ACTIVITY YOU HAVE DONE RECORD THE AVERAGE LENGTH OF TIME SPENT DOING THE ACTIVITY ON EACH OCCASION HERE :

	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or more	Hours	Mins
a) Swimming - competitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
b) Swimming - leisurely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
c) Backpacking or mountain climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
d) Walking for pleasure - you should not include walking as a means of transportation as this was included earlier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
e) Racing or rough terrain cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
f) Cycling for pleasure - you should not include cycling as a means of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
g) Mowing the lawn - during the grass cutting season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
h) Watering the lawn or garden in the summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
i) Digging, shovelling or chopping wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
j) Weeding or pruning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
k) DIY e.g. carpentry, home or car maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>



Continue >

CROSS (X) ONE BOX ON EACH ROW AND FOR EACH ACTIVITY YOU HAVE DONE RECORD THE AVERAGE LENGTH OF TIME SPENT DOING THE ACTIVITY ON EACH OCCASION HERE :

	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or more	↓ Hours Mins	
l) High impact aerobics or step aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
m) Other types of aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
n) Exercises with weights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
o) Conditioning exercises e.g. using an exercise bike or rowing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
p) Floor exercises e.g. stretching, bending, keep fit or yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
q) Dancing e.g. ballroom or disco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
r) Competitive running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
s) Jogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
t) Bowling - indoor, lawn or 10 pin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
u) Tennis or badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
v) Squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
w) Table tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
x) Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
y) Football, rugby or hockey (during the season)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
z) Cricket (during the season)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
aa) Rowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
bb) Netball, volleyball or basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
cc) Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Continue >

CROSS (X) ONE BOX ON EACH ROW AND FOR EACH ACTIVITY YOU HAVE DONE RECORD THE AVERAGE LENGTH OF TIME SPENT DOING THE ACTIVITY ON EACH OCCASION HERE :

	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or more	Hours Mins	
dd) Horse-riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ee) Snooker, billiards or darts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ff) Musical instrument playing or singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
gg) Ice-skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
hh) Sailing, wind-surfing or boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ii) Martial arts, boxing or wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

26

Are you currently a member of any organisations, clubs or societies?

PLEASE INCLUDE POLITICAL PARTIES, TRADE UNIONS OR ENVIRONMENTAL GROUPS; TENANTS GROUPS, RESIDENT GROUPS, NEIGHBOURHOOD WATCH; CHURCH, CHARITABLE ORGANISATIONS; EDUCATION, ARTS OR MUSIC GROUPS OR EVENING CLASSES; SOCIAL CLUBS, SPORTS CLUBS, GYMS, EXERCISE CLASSES.

Yes **IF YES, GO TO Q27**

No **IF NO, GO TO Q28**

27

How often do you participate in the meetings, events or activities of any of these organisations, clubs or societies?

CROSS (X) ONE BOX

At least once a week

At least once a month

Several times a year

At least once a year

Less often

Never

28

The next questions are about your feelings generally.

CROSS (X) ONE BOX ON EACH ROW

	Yes	No
a) Do you feel tired most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you often feel miserable or depressed?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you often get worried about things?	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you often get in a violent rage?	<input type="checkbox"/>	<input type="checkbox"/>
e) Do you often suddenly become scared for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>
f) Are you easily upset or irritated?	<input type="checkbox"/>	<input type="checkbox"/>
g) Are you constantly keyed up and jittery?	<input type="checkbox"/>	<input type="checkbox"/>
h) Does every little thing get on your nerves and wear you out?	<input type="checkbox"/>	<input type="checkbox"/>
i) Does your heart often race like mad?	<input type="checkbox"/>	<input type="checkbox"/>

29

Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

CROSS (X) ONE BOX

Most people can be trusted

Can't be too careful

It depends

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Please now seal it inside the envelope provided and hand it back to the nurse / interviewer when they visit.

