

# Your Life Now

## Self-completion questionnaire

LIFE IN YOUR EARLY 60s

### 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. ☒

Sometimes you will be asked to write in a box like this:

Please keep your answer within the boxes.

If you make a mistake or change your mind, please completely fill the box to show the mistake and then cross the correct answer. ☒

You may skip any questions that you prefer not to answer.

### INTERVIEWER TO ENTER

Interviewer ID number

 3017-3020

Participant reference number

 CKL  
3001-3008 3009

Card

  
3010-3011

### HOW TO RETURN THE QUESTIONNAIRE

When you have completed the questionnaire please seal it inside the envelope provided and give it back to the interviewer when they visit. Your responses will be treated in the strictest confidence.

### ANY QUESTIONS?

If you have any questions about this questionnaire, or about the National Child Development Study, please contact us: by email at [ncds@natcen.ac.uk](mailto:ncds@natcen.ac.uk) or on Freephone 0800 652 4574.

BATCH 3012-3016

Participant first name

3024-3043

Participant gender

 3021  
1 2

Participant date of birth

  
3022-3023

SPARE 3044-3049

ACTIVITIES

1 The following questions ask how often you have done particular leisure activities on average over the last 12 months AND the average length of time you spent doing the activity on each occasion.

FOR SEASONAL ACTIVITIES, E.G. MOWING THE LAWN, PUT HOW OFTEN YOU DID THE ACTIVITIES ON AVERAGE DURING THE SEASON YOU DID THEM.

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.

	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	Average time per occasion	
	0	1	2	3	4	5	6	7	Hours	Mins
3050 a) Walking for transport (e.g. to and from work) - do not include walking for leisure	<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="checkbox"/>	<input type="checkbox"/>
3056 b) Walking for pleasure - do not include walking as a means of transport	<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="checkbox"/>	<input type="checkbox"/>
3062 c) Swimming	<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="checkbox"/>	<input type="checkbox"/>
3068 d) Floor exercises (e.g. stretching, bending, keep fit, yoga, pilates, tai chi)	<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="checkbox"/>	<input type="checkbox"/>
3074 e) 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="checkbox"/>	<input type="checkbox"/>
3080 f) Cycling for pleasure - do not include cycling as a means of transport	<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="checkbox"/>	<input type="checkbox"/>
3086 g) Dancing (e.g. ballroom, 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="checkbox"/>	<input type="checkbox"/>
3092 h) Playing 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="checkbox"/>	<input type="checkbox"/>
3098 i) Exercising 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="checkbox"/>	<input type="checkbox"/>

	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	Average time per occasion	
	0	1	2	3	4	5	6	7	Hours	Mins
3104 j) 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="checkbox"/>	<input type="checkbox"/>
3110 k) Mowing 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="checkbox"/>	<input type="checkbox"/>
3116 l) Watering 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="checkbox"/>	<input type="checkbox"/>
3122 m) 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="checkbox"/>	<input type="checkbox"/>
3128 n) 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="checkbox"/>	<input type="checkbox"/>
3134 o) Doing 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="checkbox"/>	<input type="checkbox"/>
3140 p) Playing a musical instrument, 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="checkbox"/>	<input type="checkbox"/>

ACTIVISM

2 In the last 12 months have you done any of the following?

CROSS (X) ONE BOX ON EACH ROW

	Yes 1	No 2	
a) Attended a public meeting or rally	<input type="checkbox"/>	<input type="checkbox"/>	3146
b) Taken part in a public demonstration or protest	<input type="checkbox"/>	<input type="checkbox"/>	3147
c) Signed a petition, including online petitions	<input type="checkbox"/>	<input type="checkbox"/>	3148 SPARE 3149-3199

Question 1 continues on next page »

ATTITUDES

3

Here is a list of opinions on different topics.

How much do you agree or disagree with the following statements?

CROSS (X) ONE BOX ON EACH ROW

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
	1	2	3	4	5	
a) None of the political parties would do anything to benefit me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3200
b) Problems in the environment are not as serious as people claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3201
c) I would not mind working with people from other races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3202
d) People who break the law should be given stiffer sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3203
e) Ordinary working people do not get their fair share of the nation's wealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3204
f) We should tackle problems in the environment even if this means slower economic growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3205
g) Schools should teach children to obey authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3206
h) I would not want a person from another race to be my boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3207
i) Politicians are mainly in politics for their own benefit and not for the benefit of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3208
j) There is one law for the rich and one for the poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3209
k) Management will always try to get the better of employees if it gets the chance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3210
l) I would not mind if a family from another race moved in next door to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3211

Question 3 continues on next page »

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
	1	2	3	4	5	
m) For some crimes the death penalty is the most appropriate sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3212
n) It does not make much difference which political party is in power in Britain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3213
o) Preserving the environment is more important than any other political issue today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3214

NEIGHBOURHOOD

4

Please indicate how strongly you agree or disagree with this statement:

I feel like I belong to this neighbourhood.

CROSS (X) ONE BOX

Strongly agree	<input type="checkbox"/>	1	
Agree	<input type="checkbox"/>	2	
Neither agree nor disagree	<input type="checkbox"/>	3	
Disagree	<input type="checkbox"/>	4	
Strongly disagree	<input type="checkbox"/>	5	

5

How often do you talk to any of your neighbours?

CROSS (X) ONE BOX

On most days	<input type="checkbox"/>	1	
Once or twice a week	<input type="checkbox"/>	2	
Once or twice a month	<input type="checkbox"/>	3	
Less than once a month	<input type="checkbox"/>	4	
Never	<input type="checkbox"/>	5	

PARTICIPATION

6 Are you currently a member of any of the following organisations?

PLEASE INDICATE WHETHER YOU ARE A MEMBER OF EACH ORGANISATION. IF YOU ARE A MEMBER, RECORD HOW OFTEN YOU TAKE PART IN ITS ACTIVITIES.

	MEMBERSHIP		HOW OFTEN YOU TAKE PART				
	Yes 1	No 2	At least once a week 1	At least once a month 2	Less than once a month 3	Never 4	
a) Political party	<input type="checkbox"/> 3217	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3218
b) Trade union	<input type="checkbox"/> 3219	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3220
c) Environmental group	<input type="checkbox"/> 3221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3222
d) Parents'/school association	<input type="checkbox"/> 3223	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3224
e) Tenants/residents group or neighbourhood watch	<input type="checkbox"/> 3225	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3226
f) Religious group or church organisation	<input type="checkbox"/> 3227	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3228
g) Voluntary service group	<input type="checkbox"/> 3229	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3230
h) Other community or civic group	<input type="checkbox"/> 3231	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3232
i) Social club/ working men's club	<input type="checkbox"/> 3233	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3234
j) Sports club	<input type="checkbox"/> 3235	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3236
k) Women's Institute/ Townswomen's Guilds	<input type="checkbox"/> 3237	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3238
l) Women's group/ feminist organisation	<input type="checkbox"/> 3239	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3240
m) Professional organisation	<input type="checkbox"/> 3241	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3242
n) Pensioners group/ organisation	<input type="checkbox"/> 3243	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3244
o) Scouts/Guides organisation	<input type="checkbox"/> 3245	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3246
p) Any other organisation	<input type="checkbox"/> 3247	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3248

RELIGION

7 Do you actively practise any religion now?

CROSS (X) ONE BOX

No - do not belong to any religion ☐ 01

Christian - Church of England or Anglican ☐ 02

Christian - Roman Catholic ☐ 03

Christian - Any other denomination ☐ 04

Buddhism ☐ 05

Hinduism ☐ 06

Judaism (Jewish) ☐ 07

Islam (Muslim) ☐ 08

Sikhism ☐ 09

Other religion ☐ 10

3249-3250

8 How often, if ever, do you attend any kind of religious service or meeting?

CROSS (X) ONE BOX

More than once a week ☐ 1

Once a week ☐ 2

Two to three times a month ☐ 3

Once a month or less ☐ 4

Hardly ever ☐ 5

Never ☐ 6

3251

HEALTH

9 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 1	Yes, limited a little 2	No, not limited at all 3	
a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3252
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"/>	3253
c) Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3254
d) Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3255
e) Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3256
f) Bending, kneeling or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3257
g) Walking more than one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3258
h) Walking half a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3259
i) Walking 100 yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3260
j) Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3261

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

CROSS (X) ONE BOX

None	<input type="checkbox"/>	1	3262
Very mild	<input type="checkbox"/>	2	
Mild	<input type="checkbox"/>	3	
Moderate	<input type="checkbox"/>	4	
Severe	<input type="checkbox"/>	5	
Very severe	<input type="checkbox"/>	6	

11 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	<input type="checkbox"/>	1	3263
Slightly	<input type="checkbox"/>	2	
Moderately	<input type="checkbox"/>	3	
Quite a bit	<input type="checkbox"/>	4	
Extremely	<input type="checkbox"/>	5	

SLEEP

12 During the last 4 weeks, how long did it usually take for you to fall asleep?

CROSS (X) ONE BOX

0-15 minutes	<input type="checkbox"/>	1	3264
16-30 minutes	<input type="checkbox"/>	2	
31-45 minutes	<input type="checkbox"/>	3	
46-60 minutes	<input type="checkbox"/>	4	
More than 60 minutes	<input type="checkbox"/>	5	

13 During the past 4 weeks, how many hours did you sleep each night on average?

WRITE IN NUMBER OF HOURS:

hrs

3265-3266

14 During the past 4 weeks, how often did you...

CROSS (X) ONE BOX ON EACH ROW

	All of the time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of the time 5	None of the time 6	
a) ...awaken during your sleep time and have trouble falling back to sleep again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3267
b) ...get enough sleep to feel rested upon waking in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3268

FEELINGS

15 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	<input type="checkbox"/>	1	3269
Can't be too careful	<input type="checkbox"/>	2	
Other/depends	<input type="checkbox"/>	3	

16 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 4 weeks...

CROSS (X) ONE BOX ON EACH ROW

	All of the time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of the time 5	None of the time 6	
a) ...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"/>	3270
b) ...have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3271
c) ...have you felt calm and cheerful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3272
d) ...have you felt downhearted and low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3273
e) ...have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3274

17 How often do you feel lonely?

CROSS (X) ONE BOX

Hardly ever or never	<input type="checkbox"/>	Some of the time	<input type="checkbox"/>	Often	<input type="checkbox"/>	3275
	1		2		3	

18 Below are some statements about feelings and thoughts. 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 1	Rarely 2	Some of the time 3	Often 4	All of the time 5	
a) I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3276
b) I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3277
c) I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3278
d) I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3279
e) I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3280
f) I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3281
g) 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"/>	3282

19 Here is a list of statements that people have used to describe their lives or how they feel. How often, if at all, do you think each applies to you?

CROSS (X) ONE BOX ON EACH ROW

	Often 1	Sometimes 2	Not Often 3	Never 4	
a) My age prevents me from doing the things I would like to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3283
b) I feel what happens to me is out of my control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3284
c) I feel left out of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3285
d) I feel full of energy these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3286
e) I feel that life is full of opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3287
f) I feel that the future looks good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3288

HEARING

20

Do you have any difficulty with your hearing?  
If you normally use a hearing aid, answer as if you were **not using it**.

CROSS (X) ONE BOX

Yes

☐

1

3289

No

☐

2

21

Please read each of the statements below and answer according to your experience.  
If you normally use a hearing aid, please answer the following as if you were **not using it**.

Do you have difficulty...

CROSS (X) ONE BOX ON EACH ROW

a) ...following a conversation if there is background noise such as TV, radio, children playing?

No

Yes, slight difficulty

Yes, moderate difficulty

Yes, great difficulty

3290

b) ...following TV programmes at a volume others find acceptable, without any aid to hearing?

☐

☐

☐

☐

3291

c) ...having a conversation with several people in a group?

☐

☐

☐

☐

3292

22

Nowadays, do you ever wear a hearing aid?

CROSS (X) ONE BOX

Yes, most of the time

☐

1

3293

Yes, some of the time

☐

2

No

☐

3

EYESIGHT

23

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

CROSS (X) ONE BOX ON EACH ROW

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 from doing the things you want to do?

☐

☐

☐

☐

☐

☐

3294

b) ...interfered with your life in general?

☐

☐

☐

☐

☐

☐

3295

24

If you normally use glasses or corrective lenses, please answer the following as if you **were using them**.

How good is your eyesight for....

CROSS (X) ONE BOX ON EACH ROW

Excellent

Very good

Good

Fair

Poor

a) ...seeing things at a distance, like recognising a friend across the street?

☐

☐

☐

☐

☐

3296

b) ...seeing things up close, like reading ordinary newspaper print?

☐

☐

☐

☐

☐

3297

TEETH

25

Adults usually have up to 32 natural teeth but over time people lose some of them. How many natural teeth have you got?

CROSS (X) ONE BOX

None at all

☐

0

3298

Between 1 and 9 natural teeth

☐

1

Between 10 and 19 natural teeth

☐

2

Between 20 and 25 natural teeth

☐

3

26 or more natural teeth

☐

4



LEISURE TIME

26 How often do you read books, including in electronic format, in your spare time (not for work or study)?

CROSS (X) ONE BOX

Every day or almost every day

☐

1

3299

Several times a week

☐

2

Once or twice a week

☐

3

At least once a month

☐

4

Every few months

☐

5

At least once a year

☐

6

Less often or never

☐

7

27 How much time did you spend on average during the last year watching programmes or films on a television or a device such as a laptop, tablet or smartphone? Please remember to include time spent watching DVDs, Blu-rays etc.

CROSS (X) ONE BOX

None

☐

0

3300

Less than 1 hour a day

☐

1

1 to 2 hours a day

☐

2

2 to 3 hours a day

☐

3

3 or 4 hours a day

☐

4

More than 4 hours a day

☐

5

SPARE 3301-3314

DRINKING

28 How often do you have a drink containing alcohol? CROSS (X) ONE BOX

Never

☐

0

3315

Monthly or less

☐

1

2-4 times per month

☐

2

2-3 times per week

☐

3

4 or more times a week

☐

4

29 How many drinks containing alcohol do you have on a typical day when you are drinking?

CROSS (X) ONE BOX

1 - 2

☐

1

3316

3 - 4

☐

2

5 - 6

☐

3

7 - 9

☐

4

10+

☐

5

Do not drink alcohol

☐

0

30 How often during the last year...

CROSS (X) ONE BOX ON EACH ROW

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

1

2

3

4

5

a) ...have you found that you were not able to stop drinking once you had started?

☐

☐

☐

☐

☐

3317

b) ...have you failed to do what was normally expected of you because of your drinking?

☐

☐

☐

☐

☐

3318

31 Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

CROSS (X) ONE BOX

No

☐

1

Yes, but not in the last year

☐

2

Yes, during the last year

☐

3

3319



PREFERENCES

32 If you had the choice of receiving a thousand pounds today or one thousand one hundred pounds in a year's time, which would you choose?

CROSS (X) ONE BOX

£1,000 today

1

£1,100 in a year's time

2

Don't know

3

3320

SPARE 3321-3329

33 How willing are you to give up something that is beneficial for you today in order to benefit more from it in the future?

Please indicate your answer on the scale from 0 to 10 where 0 means you are completely unwilling to do so and 10 means that you are very willing to do so.

CROSS (X) ONE BOX

Completely unwilling

0

1

2

3

4

5

6

7

8

9

10

Completely willing

3330-3331

34 If you had a choice between a guaranteed payment of one thousand pounds and a one in five chance of winning ten thousand pounds, which would you choose?

CROSS (X) ONE BOX

Guaranteed income of £1,000

1

One in five chance of £10,000

2

Don't know

3

3332

35 In general how willing or unwilling you are to take risks.

Please indicate your answer on the scale from 0 to 10 where 0 means you are completely unwilling to take risks and 10 means you are very willing to take risks.

CROSS (X) ONE BOX

Completely unwilling

0

1

2

3

4

5

6

7

8

9

10

Completely willing

3333-3334

SPARE 3335

RETIREMENT

36 Have you retired from full-time paid employment?

CROSS (X) ONE BOX. IF YES ENTER AGE IN THE BOX PROVIDED.

Yes

1

Age of retirement from full-time paid employment

GO TO Q38

3337-3338

No

2

CONTINUE WITH Q37

3336

37 If you have not retired from full time paid employment...

PLEASE WRITE AGE IN BOX

a) What age would you like to retire from full-time paid employment?

3339-3340

b) What age do you expect to retire from full-time paid employment? If you are unsure please give your best estimate.

3341-3342

38 Have you retired from all forms of paid work?

CROSS (X) ONE BOX. IF YES ENTER AGE IN THE BOX PROVIDED.

Yes

1

Age of retirement from all paid work

GO TO Q40

3344-3345

No

2

CONTINUE WITH Q39

3343

39 If you have not retired from all forms of paid work...

PLEASE WRITE AGE IN BOX

a) What age would you like to retire from all forms of paid work?

3346-3347

b) What age do you expect to retire from all forms of paid work? If you are unsure please give your best estimate.

3348-3349

EXPECTATIONS

40 The last set of questions is about how likely you think it is that various events might happen.

On a scale from 0% to 100%, where 0% means there is absolutely no chance of it happening, and 100% means that you are absolutely certain that it will happen, what are the chances that each of the following things will happen?

a) You will live to be 75 or more?

%

3350-3352

b) You will live to be 85 or more?

%

3353-3355

c) You will be working after you reach age 66? Please think about paid work in general (and not just your present job)?

%

3356-3358

d) You will be working after you reach age 70? Please think about paid work in general (and not just your present job)?

%

3359-3361

e) Your health will limit your ability to work before you reach age 66?

%

3362-3364

f) You will ever move to a nursing home or need long term care at home?

%

3365-3367

g) You (or your partner) will leave any inheritance? Please include any property and other valuables you (or your partner) might own.

%

3368-3370

h) You (or your partner) will leave an inheritance totalling £100,000 or more? Please include any property and other valuables you (or your partner) might own.

%

3371-3373

i) You (or your partner) will leave an inheritance totalling £250,000 or more? Please include any property and other valuables you (or your partner) might own.

%

3374-3376

j) You (or your partner) will receive any inheritance? Please include property and valuables.

%

3377-3379

k) You (or your partner) will receive an inheritance totalling £100,000 or more? Please include property and valuables.

%

3380-3382

l) You (or your partner) will receive an inheritance totalling £250,000 or more? Please include property and valuables.

%

3383-3385

m) At some point in the future you will not have enough financial resources to meet your needs?

%

3386-3388

n) Your (and your partner's) future income will be the same as or more than what you live on now?

%

3389-3391

o) Your (and your partner's) future income will be less than half of what you live on now?

%

3392-3394

SPARE 3395-3999

THANK YOU!

**THANK YOU FOR  
COMPLETING THIS  
QUESTIONNAIRE!**

---

PLEASE NOW SEAL IT INSIDE THE  
ENVELOPE PROVIDED AND GIVE IT  
BACK TO THE INTERVIEWER WHEN  
THEY VISIT.

---