



**D**eterminants of young **A**dult  
**S**ocial well-being and **H**ealth

Pilot Study

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# **MAIN QUESTIONNAIRE 2011/12**

BARCODE 1  
WITH IDNO

## COMPLETING THE QUESTIONNAIRE

If you want to change your answer - please cross through your original answer and tick, circle or re-write the correct answer. For example:

ORIGINAL ANSWER

Yes <sub>1</sub>

No <sub>2</sub>

NEW ANSWER

Yes <sub>1</sub>

No <sub>2</sub>

IF YOU CHANGE YOUR MIND  
ABOUT A CROSSED OUT ANSWER  
AND DECIDE IT IS CORRECT,  
PLEASE CIRCLE IT

Yes <sub>1</sub>

No <sub>2</sub>

## ABOUT YOU

### 1 Please tell us your marital status

Please tick **ONE** answer only

- Never married / never formed a Civil Partnership (CP)  <sub>1</sub>
- Married / in a CP  <sub>2</sub>
- Separated, but still legally married / legally in a CP  <sub>3</sub>
- Divorced / formerly in a CP which is now legally dissolved  <sub>4</sub>
- Widowed / a surviving partner from a CP  <sub>5</sub>

### 2 Please tell us who lives in your home with you?

Please tick **YES** or **NO** on **EACH** line

Complete for who you live with **most of the time**

	No	Yes	If yes, how many...
me	<input checked="" type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>1</sub>	... <input type="text" value="1"/>
my husband / wife or same sex civil partner	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>
my partner / boyfriend / girlfriend	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>
my son / step-son or daughter / step-daughter	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>
my mum, step-mum or Dad's partner / girlfriend	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>
my dad, step-dad or Mum's partner / boyfriend	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>
my brother(s) and / or sister(s)	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>
Grandparents	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>
Aunts or Uncles	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>
Other relatives	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>
Other	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	... <input type="text"/>

Please write the **TOTAL NUMBER** of **PEOPLE** in your home (count **EVERYBODY INCLUDING YOURSELF**)

...

### 3 How many rooms are available for use in your home?

Please write the total **NUMBER** of **ROOMS** in your home excluding kitchens, bathrooms, halls & cupboards

...

Please write the total **NUMBER** of **BEDROOMS** in your home

...

## FAMILY, FRIENDS AND RELATIONSHIPS

### 4 Do you have any children?

(i.e. children for which you are the birth mother or father)

Please tick **YES** or **NO**

Yes  <sub>1</sub> if Yes, please go to 5 ↓

No  <sub>2</sub> if No, please go to 7 →

### 5 If yes, how many?

Please tick **ONE** answer only

One Child  <sub>1</sub>      Two Children  <sub>2</sub>      Three or more children  <sub>3</sub>

### 6 Please tell us your child/children's date of birth

		DAY	MONTH	YEAR
Child 1	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 3	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

**7 This question lists various attitudes and behaviours of parents. As you remember your MOTHER (Step-mother, foster mother) and your FATHER (step-father, foster father) that you lived with in your first 16 years please place a tick in the most appropriate box next to each question.**

Please select who you are telling us about :

		<b>Mother:</b>				<b>Father:</b>			
		Mum				Dad			
		Step / Foster Mum				Step/ Foster Dad			
		Did not have / Not applicable				Did not have / Not applicable			
		Always	Almost always	Sometimes	Never	Always	Almost always	Sometimes	Never
A	Helped me as much as I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Let me do those things I liked doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Was loving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Understood my problems and worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Liked me to make my own decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Tried to control everything I did	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Treated me like a baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Made me feel better when I was upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8 ...and how well do you get on with your parents nowadays?**

Tick **ONE** box for each line

		Very well	Quite well	Not so well	Don't see	Don't have
A	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	STEP Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	FOSTER Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Another female who acts as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	STEP Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	FOSTER Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Another male who acts as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9 We are interested in how you feel about the following statements. Read each statement carefully.** (Neutral means you do not agree or disagree).

Please tick **ONE** answer on **EACH** line

		Disagree very strongly	Disagree strongly	Disagree mildly	Neutral	Agree mildly	Agree strongly	Agree very strongly
A	There is a special person who is around when I am in need	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
B	There is a special person with whom I can share my joys and sorrows	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
C	My family really tries to help me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
D	I get the emotional help & support I need from my family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
E	I have a special person who is a real source of comfort to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
F	My friends really try to help me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
G	I can count on my friends when things go wrong	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
H	I can talk about my problems with my family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I	I have friends with whom I can share my joys and sorrows	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
J	There is a special person in my life who cares about my feelings	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
K	My family is willing to help me make decisions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
L	I can talk about my problems with my friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**10 Are you currently in a relationship?**

(i.e. do you have a boyfriend/girlfriend, spouse/partner, regardless of whether you live together or not?)

Please tick **ONE** answer only

- NO, I've never had a relationship <sub>1</sub> if 'never' → go to 13  
 NO, but I have been in the past <sub>2</sub> if 'in the past' → go to 12  
 YES, I am in a relationship now <sub>3</sub> if 'yes', ↓ go to 11

**11 Thinking about your current relationship with your boyfriend / girlfriend, spouse / partner...**

Tick **ONE** box on **EACH LINE** depending on how you feel on a scale of 0 to 10...

A How much do you feel that they care about you? 0 does not care about you ----- 10 Cares about you a lot

<sub>0</sub> <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub> <sub>7</sub> <sub>8</sub> <sub>9</sub> <sub>10</sub>

B Overall how would you rate the level of conflict in your relationship? 0 No conflict ----- 10 A lot of conflict

<sub>0</sub> <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub> <sub>7</sub> <sub>8</sub> <sub>9</sub> <sub>10</sub>

C How committed would you say you are to your relationship, all things considered? 0 Not committed at all ----- 10 As committed as possible

<sub>0</sub> <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub> <sub>7</sub> <sub>8</sub> <sub>9</sub> <sub>10</sub>





D How likely are you to be in this relationship in six months? 0 Not likely at all ----- 10 Very likely

<sub>0</sub> <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub> <sub>7</sub> <sub>8</sub> <sub>9</sub> <sub>10</sub>

E How long have you been in the relationship you have told us about \_\_\_\_\_ years \_\_\_\_\_ months

**12 Thinking about your last relationship, please say how you felt when it ended.**

Please tick **ONE** answer on **EACH LINE**

		Strongly agree	Agree	Unsure	Disagree	Strongly disagree	Not applicable
A	I wanted the relationship to end	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
B	I felt relieved when it ended	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
C	I felt really upset for over a month when it ended	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
D	It ended in a friendly way	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
E	How long were you in the relationship you have told us about		 ...	years	 ...		Months
F	When did the relationship end		 ...	years ago	 ...		months ago

**13 Do you look after, or give any help or support to family members, friends, neighbours or others because of:**

Please tick **ONE** answer only

	NO	YES, 1-19 hours a week	YES, 20-49 hours a week	YES, 50+ hours a week
Long-term physical or mental ill-health or disability?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Problems related to old-age?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**14 Do you have many good friends who belong to YOUR race or ethnic group?**

Please tick **ONE** answer only

Most or all of them belong to my race or ethnic group <sub>1</sub>    Quite a lot <sub>2</sub>    Some <sub>3</sub>    None <sub>4</sub>

**15 Do you have many good friends who belong to OTHER races or ethnic groups?**

Please tick **ONE** answer only

Most or all of them belong to other races or ethnic groups <sub>1</sub>    Quite a lot <sub>2</sub>    Some <sub>3</sub>    None <sub>4</sub>

**EDUCATION AND EMPLOYMENT**

**16 What is your highest educational qualification?**

Please tick **ALL** that apply

No educational qualifications <input type="checkbox"/>	Professional (e.g. Accountancy, Nursing, Teaching) <input type="checkbox"/>
GCSEs <input type="checkbox"/>	HNC/HND <input type="checkbox"/>
A levels, AS levels <input type="checkbox"/>	Degree (e.g. BA, BSc) <input type="checkbox"/>
Vocational qualification (e.g. NVQ/BTEC) <input type="checkbox"/>	Other (please specify ↓) <input type="checkbox"/>



DATA ENTRY CODE ↗

**17 A Please tell us about the current employment situation for each person in the table below: complete for yourself and partner if you have one (even if you don't live with them) and parents / step parents you currently live (or last lived) with most of the time**

Please tick ALL THAT APPLY for each person	In full time paid work	In part time paid work	Full time housework	Unemployed	A student	Sick / disabled	Retired	Never worked	Not sure / Don't know	Don't have this person
EXAMPLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You	<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"/>
Partner	<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"/>
Please select who you are telling us about: tick either Mum or Step Mum, Dad or Step Dad										
Mum <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"/>	<input type="checkbox"/>
Step Mum <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"/>	<input type="checkbox"/>
Dad <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"/>	<input type="checkbox"/>
Step Dad <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"/>	<input type="checkbox"/>

**17 B Please tell us about the current job (or last job if not working) for each person below:**

Job Description	Job Title	What this actually involves	Employer type
EXAMPLE	Assistant Chef	... preparing and cooking food, serving customers	Cafe
You			
Partner			
Mum or Step Mum			
Dad or Step Dad			

**18 A Which of these best describes your/their current job (or last if not working)...**

Please tick ONE box for each person	Self-employed with paid employees	Self-employed with NO paid employees	Manager	Supervisor	Employee	Don't know
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mum or Step Mum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dad or Step Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18 B What size of company is/was it?**

Please tick ONE box for each person	under 25 staff	25 staff or more	Don't know
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mum or Step Mum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dad or Step Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18 C Which job have you been telling us about - current or last?**

Please tick ONE box for each person	Current job	Last job
You	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>
Mum or Step Mum	<input type="checkbox"/>	<input type="checkbox"/>
Dad or Step Dad	<input type="checkbox"/>	<input type="checkbox"/>

**19 Are you doing what you hoped you would be in your job or study?**


Please tick **YES** or **NO**

Yes <sub>1</sub> if Yes, please go to 21 ↓

No <sub>2</sub> if No, please go to 20 ↩

**20 If you answered no, what would you rather be doing and why?**

What 

Why 

**21 The following statements refer to how you feel about your job (or your last job if you are not currently working). If you have never had a job please go to question 22 ↩**

On a scale of 1-7 where 1 = strongly DISAGREE and 7 = strongly AGREE please tick **ONE** box on **EACH** line to indicate how much you agree with each statement.

		Strongly disagree					Strongly agree	
		1	2	3	4	5	6	7
A	My job is more stressful than I'd ever imagined	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
B	I fear that the amount of stress in my job will make me physically ill	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
C	I get paid fairly for the things I do in my job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
D	I have a secure future in my job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
E	The company I work for will still be in business 5 years from now	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
F	I worry about the future of my job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
G	My job is complex and difficult	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
H	My job often requires me to learn new skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I	I <u>use</u> many of my skills and abilities in my current job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
J	I have a lot of freedom to decide <u>how</u> I do my own work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
K	I have a lot of say about what happens on my job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
L	I have a lot of freedom to decide <u>when</u> I do my work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**22 How well would you say you yourself are managing financially these days? Would you say you are...**

- Living comfortably <sub>1</sub>
- Doing alright <sub>2</sub>
- Just about getting by <sub>3</sub>
- Finding it quite difficult <sub>4</sub>
- Finding it very difficult <sub>5</sub>



**23 Would you say that you are better off or worse off financially than you were a year ago?**

Better off <sub>1</sub>

Worse off <sub>2</sub>

About the same <sub>3</sub>

**23a Why is that?**

---



---



---

**24 Looking ahead, how do you think you will be financially a year from now, will you be...?**

Better off <sub>1</sub>

Worse off than now <sub>2</sub>

About the same <sub>3</sub>

## MOODS AND FEELINGS

**25 Thinking about yourself and how you normally feel, to what extent do you generally feel....**

Please tick **ONE** answer on **EACH** line

	Never	Very rarely	Sometimes	Quite often	Always
A interested	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B distressed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C excited	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D upset	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E strong	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F guilty	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G scared	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H hostile	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I enthusiastic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J proud	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K irritable	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
L alert	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
M ashamed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
N inspired	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
O nervous	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
P determined	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Q attentive	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
R jittery	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
S active	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
T afraid	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**26 Please look at the statements below and tick the reply that comes closest to how you have been recently.**

Please tick **ONE** answer on **EACH** line

<b>A</b>	I complete my tasks at work and home satisfactorily	Most of the time <input type="checkbox"/> <sub>1</sub>	Quite often <input type="checkbox"/> <sub>2</sub>	Sometimes <input type="checkbox"/> <sub>3</sub>	Not at all <input type="checkbox"/> <sub>4</sub>
<b>B</b>	I find my tasks at work and at home very stressful	Most of the time <input type="checkbox"/> <sub>1</sub>	Quite often <input type="checkbox"/> <sub>2</sub>	Sometimes <input type="checkbox"/> <sub>3</sub>	Not at all <input type="checkbox"/> <sub>4</sub>
<b>C</b>	I have no money problems	No problems at all <input type="checkbox"/> <sub>1</sub>	Slight worries only <input type="checkbox"/> <sub>2</sub>	Definite problems <input type="checkbox"/> <sub>3</sub>	Very severe problems <input type="checkbox"/> <sub>4</sub>
<b>D</b>	I have difficulties in getting and keeping close relationships	Severe difficulties <input type="checkbox"/> <sub>1</sub>	Some problems <input type="checkbox"/> <sub>2</sub>	Occasional problems <input type="checkbox"/> <sub>3</sub>	No problems at all <input type="checkbox"/> <sub>4</sub>
<b>E</b>	I get on well with my family and other relatives	Yes, definitely <input type="checkbox"/> <sub>1</sub>	Yes, usually <input type="checkbox"/> <sub>2</sub>	No, some problems <input type="checkbox"/> <sub>3</sub>	No, severe problems <input type="checkbox"/> <sub>4</sub>
<b>F</b>	I feel lonely and isolated from other people	Almost all the time <input type="checkbox"/> <sub>1</sub>	Much of the time <input type="checkbox"/> <sub>2</sub>	Not usually <input type="checkbox"/> <sub>3</sub>	Not at all <input type="checkbox"/> <sub>4</sub>
<b>G</b>	I enjoy my spare time	Very much <input type="checkbox"/> <sub>1</sub>	Sometimes <input type="checkbox"/> <sub>2</sub>	Not often <input type="checkbox"/> <sub>3</sub>	Not at all <input type="checkbox"/> <sub>4</sub>

## HEALTH & LIFESTYLE

**27a Do you have any long-standing illness, disability or infirmity?**

(By longstanding, we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time)

Please tick **ONE** answer only

Yes <sub>1</sub> If yes, please complete **Q27b** ↙

No <sub>2</sub> If no, please complete **Q28** →

**27b If yes, what is the matter with you**



.....



.....




.....


**28 Have you EVER had any of these conditions?**


Please tick **ALL** that you have had

- Anaemia
- Asthma
- Blood pressure problems
- Diabetes (sugar)
- Eczema or skin allergies
- Epilepsy
- Eyesight problems
- Hearing problems
- Hay fever or other breathing problems
- Heart problems
- Joint problems
- Migraines
- Sickle cell
- Thalassaemia

**Other health problem(s) (please write)**

 .....

 .....

 .....

**29 When did you last visit the doctor?**

Please tick **ONE** answer only

- In the last 6 months  <sub>1</sub>
- Between 6 months and a year ago  <sub>2</sub>
- Over a year ago  <sub>3</sub>
- Never  <sub>4</sub>

**30 What was the reason for your last visit to the doctor?**

 .....

- Can't remember the reason  <sub>1</sub>
- Never been to the doctors  <sub>2</sub>

**31 How is your health in general?**

Please tick **ONE** answer only

- Very good  <sub>1</sub>
- Good  <sub>2</sub>
- Fair  <sub>3</sub>
- Bad  <sub>4</sub>
- Very bad  <sub>5</sub>

**32 We would like to know more about how your health has been in general over the past few weeks. Please answer all the questions in this section by ticking the answer which you think most closely applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.**

IT IS IMPORTANT THAT YOU ANSWER ALL THESE QUESTIONS







**Example: Been able to face up to your problems?** Better than usual  <sub>1</sub> Same as usual  <sub>2</sub> Less than usual  <sub>3</sub> Much less than usual  <sub>4</sub>  
*If you felt it was 'less than usual' tick →*

**Have you recently...**

<b>A</b>	Been able to concentrate on whatever you're doing?	Better than usual <input type="checkbox"/> <sub>1</sub>	Same as usual <input type="checkbox"/> <sub>2</sub>	Less than usual <input type="checkbox"/> <sub>3</sub>	Much less than usual <input type="checkbox"/> <sub>4</sub>
<b>B</b>	Lost much sleep over worry?	Not at all <input type="checkbox"/> <sub>1</sub>	No more than usual <input type="checkbox"/> <sub>2</sub>	Rather more than usual <input type="checkbox"/> <sub>3</sub>	Much more than usual <input type="checkbox"/> <sub>4</sub>
<b>C</b>	Felt you were playing a useful part in things?	More so than usual <input type="checkbox"/> <sub>1</sub>	Same as usual <input type="checkbox"/> <sub>2</sub>	Less useful than usual <input type="checkbox"/> <sub>3</sub>	Much less useful <input type="checkbox"/> <sub>4</sub>
<b>D</b>	Felt capable about making decisions about things?	More so than usual <input type="checkbox"/> <sub>1</sub>	Same as usual <input type="checkbox"/> <sub>2</sub>	Less so than usual <input type="checkbox"/> <sub>3</sub>	Much less capable <input type="checkbox"/> <sub>4</sub>
<b>E</b>	Felt constantly under strain?	Not at all <input type="checkbox"/> <sub>1</sub>	No more than usual <input type="checkbox"/> <sub>2</sub>	Rather more than usual <input type="checkbox"/> <sub>3</sub>	Much more than usual <input type="checkbox"/> <sub>4</sub>
<b>F</b>	Felt you couldn't overcome your difficulties?	Not at all <input type="checkbox"/> <sub>1</sub>	No more than usual <input type="checkbox"/> <sub>2</sub>	Rather more than usual <input type="checkbox"/> <sub>3</sub>	Much more than usual <input type="checkbox"/> <sub>4</sub>
<b>G</b>	Been able to enjoy your normal day-to-day activities?	More so than usual <input type="checkbox"/> <sub>1</sub>	Same as usual <input type="checkbox"/> <sub>2</sub>	Less so than usual <input type="checkbox"/> <sub>3</sub>	Much less than usual <input type="checkbox"/> <sub>4</sub>
<b>H</b>	Been able to face up to your problems?	More so than usual <input type="checkbox"/> <sub>1</sub>	Same as usual <input type="checkbox"/> <sub>2</sub>	Less able than usual <input type="checkbox"/> <sub>3</sub>	Much less able <input type="checkbox"/> <sub>4</sub>
<b>I</b>	Been feeling unhappy or depressed?	Not at all <input type="checkbox"/> <sub>1</sub>	No more than usual <input type="checkbox"/> <sub>2</sub>	Rather more than usual <input type="checkbox"/> <sub>3</sub>	Much more than usual <input type="checkbox"/> <sub>4</sub>
<b>J</b>	Been losing confidence in yourself?	Not at all <input type="checkbox"/> <sub>1</sub>	No more than usual <input type="checkbox"/> <sub>2</sub>	Rather more than usual <input type="checkbox"/> <sub>3</sub>	Much more than usual <input type="checkbox"/> <sub>4</sub>
<b>K</b>	Been thinking of yourself as a worthless person?	Not at all <input type="checkbox"/> <sub>1</sub>	No more than usual <input type="checkbox"/> <sub>2</sub>	Rather more than usual <input type="checkbox"/> <sub>3</sub>	Much more than usual <input type="checkbox"/> <sub>4</sub>
<b>L</b>	Been feeling reasonably happy, all things considered?	More so than usual <input type="checkbox"/> <sub>1</sub>	About the same as usual <input type="checkbox"/> <sub>2</sub>	Less so than usual <input type="checkbox"/> <sub>3</sub>	Much less than usual <input type="checkbox"/> <sub>4</sub>

### 33 Please tell us about your breathing?

Please tick **ONE** answer on **EACH** line, and write how old you were last time you had an episode

	NO, Never had	YES, have had in the last 12 months	YES, more than 12 months ago	AGE at most recent episode (in years)
A	Have you had wheezing or whistling in the chest? <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
B	Has your chest sounded wheezy during or after exercise? <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
C	Has your wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths? <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
D	Have you had asthma? <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
E	Have you had hayfever? <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
F	Have you had eczema? <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	

### 34 Given your age and height would you say you are...

Please tick **ONE** answer only

About the right weight <sub>1</sub>

Too heavy <sub>2</sub>

Too light <sub>3</sub>

Not sure <sub>4</sub>

## PHYSICAL ACTIVITY

- 35 We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** and **moderate** activities that you did in the **last 7 days**.

**Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

### PART 1: JOB-RELATED PHYSICAL ACTIVITY

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.

- a Do you currently have a job or do any unpaid work outside your home?

**Yes** → Question b, on next page


**No** → **PART 2: TRANSPORTATION, on page 15**

The next questions are about all the physical activity you did in the **last 7 days** as part of your paid or unpaid work. This does not include travelling to and from work.

- b** During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs **as part of your work?**

*Think only of activities that you did for at least 10 minutes at a time.*


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **c** ↩

Or ✓  
 No vigorous job-related physical activity  
skip to question **d** ↓

- c** How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your work?


**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

- d** Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads **as part of your work?**

Please do not include walking.


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **e** ↩

Or ✓  
 No moderate job-related physical activity - skip to question **f** ↓

- e** How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?


**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

- f** During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **as part of your work?**

Please do not count any walking you did to travel to or from work.


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **g** ↩

Or ✓  
 No job-related walking activity  
skip to **PART 2: TRANSPORTATION** →

- g** How much time did you usually spend on one of those days **walking** as part of your work?

**Write in hours and minutes**


 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

## PART 2: TRANSPORTATION PHYSICAL ACTIVITY

These questions are about how you travelled from place to place, including to places like work, stores, movies, and so on.

- h** During the **last 7 days**, on how many days did you **travel in a motor vehicle** like a train, bus, car, or tram?


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **i** ↩

**Or** ✓  No travelling in a motor vehicle  
skip to question **j** ↓

- i** How much time did you usually spend on one of those days **travelling** in a train, bus, car, tram, or other kind of motor vehicle?

**Write in hours and minutes**


 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

---

Now think only about the **bicycling** and **walking** you might have done to travel to and from work, to do errands, or to go from place to place.

- j** During the **last 7 days**, on how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **k** ↩

**Or** ✓  No bicycling from place to place  
skip to question **l** ↓


- k** How much time did you usually spend on one of those days to **bicycle** from place to place?

**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

- 
- l** During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **m** ↩

**Or** ✓  No walking from place to place  
skip to **PART 3: HOUSEWORK, HOUSE MAINTENANCE AND CARING FOR THE FAMILY** →

- m** How much time did you usually spend on one of those days **walking** from place to place?

**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

### PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY


This section is about some of the physical activities you might have done in the **last 7 days** in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

- n** Think about only those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shovelling snow, or digging **in the garden or yard**?


- o** How much time did you usually spend on one of those days doing **vigorous** physical activities in the garden or yard?

**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **o** ↩


Or ✓  No vigorous activity in garden or yard  
skip to question **p** ↓

**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

- p** Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking **in the garden or yard**?


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **q** ↩

Or ✓  No moderate activity in garden or yard  
skip to question **r** ↓


- q** How much time did you usually spend on one of those days doing **moderate** physical activities in the garden or yard?

**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

- r** Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside your home**?


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **s** ↩

Or ✓  No moderate activity inside home  
skip to **PART 4: RECREATION, SPORT AND LEISURE TIME PHYSICAL ACTIVITY** ➔

- s** How much time did you usually spend on one of those days doing **moderate** physical activities inside your home?

**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day




## PART 4: RECREATION, SPORT AND LEISURE-TIME PHYSICAL ACTIVITY

This section is about all the physical activities that you did in the **last 7 days** solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.

- t** Not counting any walking you have already mentioned, during the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **in your leisure time**?


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **u** ↩

Or ✓  
 No walking in leisure time  
skip to question **v** ↓


- u** How much time did you usually spend on one of those days **walking** in your leisure time

**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

- v** Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming **in your leisure time**?


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **w** ↩

Or ✓  
 No vigorous activity in leisure time  
skip to question **x** ↓


- w** How much time did you usually spend on one of those days doing **vigorous** physical activities in your leisure time?

**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

- x** Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis **in your leisure time**?


**Write in days per week or tick if none**

 ... \_\_\_\_\_ **days** per week  
also complete question **y** ↩

Or ✓  
 No moderate activity in leisure time  
skip to PART 5: TIME SPENT SITTING →

- y** How much time did you usually spend on one of those days doing **moderate** physical activities in your leisure time?

**Write in hours and minutes**

 ... \_\_\_\_\_ **hours** per day  
\_\_\_\_\_ **minutes** per day

## PART 5: TIME SPENT SITTING

The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already told me about.

- z** During the **last 7 days**, how much time did you usually spend **sitting** on a **weekday** ?

*Write in hours and minutes*

 ... \_\_\_\_\_ **hours** per weekday

\_\_\_\_\_ **minutes** per weekday

- zi** During the **last 7 days**, how much time did you usually spend **sitting** on a **weekend day** ?

 ... \_\_\_\_\_ **hours** per weekend day

\_\_\_\_\_ **minutes** per weekend day

## ALCOHOL, SMOKING and DRUGS

- 36** **Have you ever smoked a cigarette?**

Please tick **YES** or **NO**

Yes <sub>1</sub> if Yes, please go to **37** ↩

No <sub>2</sub> if No, please go to **41** ➔

- 37** **How old were you when you first tried smoking a cigarette, even if it was only a puff or two?**



--	--

years old

- 38** **Do you smoke cigarettes at all nowadays?**

Please tick **YES** or **NO**

Yes <sub>1</sub> if Yes, please go to **39** ↩

No <sub>2</sub> if No, please go to **41** ➔

- 39** **Do you smoke cigarettes regularly or occasionally?**

Please tick **ONE** answer only

Regularly <sub>1</sub>  
that is at least one cigarette a day

Occasionally <sub>2</sub> if occasionally, please go to **41** ➔

- 40** **Approximately how many cigarettes a day do you usually smoke, including those you roll yourself?**  
(if less than 1 per day on average, write '0')



--	--

cigarettes per day


**41 Do you ever drink alcohol nowadays, including drinks you brew or make at home?**

Please tick **YES** or **NO**

Yes <sub>1</sub> if Yes, please go to **42** ↩

No <sub>2</sub> if No, please go to **47** ➔

**42 How old were you the first time you ever had a proper alcoholic drink?**

   years old

**43 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?**

Please tick **ONE** answer only

Almost every day <sub>1</sub>

Five or six days a week <sub>2</sub>

Three or four days a week <sub>3</sub>

Once or twice a week <sub>4</sub>

Once or twice a month <sub>5</sub>

Once every couple of months <sub>6</sub>

Once or twice a year <sub>7</sub>

Not at all in the last 12 months <sub>8</sub>

**44 Did you have an alcoholic drink in the seven days ending yesterday?**

Please tick **YES** or **NO**

Yes <sub>1</sub> if Yes, please go to **45** ↩

No <sub>2</sub> if No, please go to **47** ➔

**45 On how many days out of the last seven did you have an alcoholic drink?**

One day <sub>1</sub>

Two days <sub>2</sub>

Three days <sub>3</sub>

Four days <sub>4</sub>

Five days <sub>5</sub>

Six days <sub>6</sub>

Seven days <sub>7</sub>

**46 Please think about the day on which you drank the most in the last seven days (if you drank the same amount on more than one day, please answer about the most recent of those days).**

On the day you drank the most, how many...	Write number in this box ↓	Or if none, please enter '0' ↓
pints of beer, lager, stout or cider did you have?		
measures of <b>spirits</b> or liqueurs, such as gin, whisky, rum, brandy, vodka or cocktails did you have? <i>Drinks poured at home may be larger than a pub single measure – please estimate the number of single measures.</i>	pints	
glasses of wine did you have? <i>Include sherry, port or vermouth.</i>	single measures	
'alcopops' did you have? <i>Include pre-mixed alcoholic drinks such as Bacardi Breezer, WKD or Smirnoff Ice.</i>	glasses	
	bottles	

### 47 Have you ever tried any of these drugs and if so when was the last time?

Please tick **ONE BOX** on each line

	In the last week	In the last month	In the last year	More than a year ago	Never
A Cannabis	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B Glue / solvents / gas	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C Ecstasy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D Cocaine or Crack	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E Heroin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F Amphetamines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G Deccopan	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H LSD	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I Khat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J Mephedrone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K Other, please specify	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

### EATING HABITS

#### 48 How often do you have breakfast?

Tick ONE answer only

Every day <sub>1</sub>

3-4 days a week <sub>2</sub>

1-2 days a week <sub>3</sub>

Never or hardly ever <sub>4</sub>

#### 49 About how many portions of FRUIT and VEGETABLES do you usually eat in a day?

Please tick one box on each line with the most appropriate answer

		↓ Portions per day ↓					OR	
		5 or more	4	3	2	1	Eat some days but not every day	Never eat
A	<b>Fruit</b> e.g. one apple or a small bunch of grapes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
B	<b>Vegetables</b> e.g. a serving spoon of vegetables do NOT include potatoes or chips	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

#### 50 Special diets

Please tick YES or NO on each line

		Yes	No	If yes was this recommended by a doctor or someone else? ↓	
		Yes	No	Yes	No
A	Are you a vegetarian (eat no meat or fish)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
B	Are you 'semi-vegetarian' (eat fish but not meat)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
C	Are there foods you don't eat because of your religion?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
D	Are you on a slimming diet to <b>lose</b> weight?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
E	Are you on a diet to <b>increase</b> your weight?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
F	Are you worried about putting on weight?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
G	Do you feel unhappy if you eat too much?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		

## UNFAIR TREATMENT

### 51 If you feel you have been treated unfairly, do you usually...

Please tick **ONE** answer on **EACH** line.

(If you feel you have **NEVER** been treated unfairly tick this box <sub>1</sub> and go to question 52 )

<p><b>A</b> Accept it as a fact of life? <input type="checkbox"/><sub>1</sub></p> <p><b>B</b> Talk to other people about it? <input type="checkbox"/><sub>1</sub></p>	<b>OR</b>	<p>Try to do something about it <input type="checkbox"/><sub>3</sub></p> <p>Keep it to yourself? <input type="checkbox"/><sub>2</sub></p>
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### 52 Has anyone made you feel bad or hassled you because of your race, skin colour or where you were born?

Please tick **YES** or **NO** for **EACH** line

	Yes	No
At school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
At college / university	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
At work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
At home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
On the street or in public	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
By the police / authorities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

### 53 Has anyone made you feel bad or hassled you because of your religion?

Please tick **YES** or **NO** for **EACH** line

	Yes	No
At school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
At college / university	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
At work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
At home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
On the street or in public	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
By the police / authorities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

### 54 Have **YOU** ever made someone feel bad or hassled them because of their

...

Please tick **YES** or **NO** for **EACH** line

	Yes	No
Race, skin colour or where they were born	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Religion	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

## NEIGHBOURHOOD

### 55 Here are some things that people sometimes say about the area where they live. Indicate to what extent you agree when you think about the area where you live?

Please tick **ONE** answer on **EACH** line

		Strongly Agree	Agree	Disagree	Strongly Disagree
<b>A</b>	This area is a place I enjoy living in	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>B</b>	I feel safe in this area during the day	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>C</b>	I feel safe in this area at night	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>D</b>	Other people think this is a good area	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>E</b>	This area is a place where neighbours look after each other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>F</b>	This area has good local transport	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>G</b>	This area has good leisure things for people like myself (e.g. leisure centres or community centres)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>


### 60 How long have you lived in this area?

 ...   years   months

## RELIGION

### 56 What religious group or church do you belong to?

Please tick **ONE** box only

Alevi	<input type="checkbox"/>	01	Hindu	<input type="checkbox"/>	06	Other Christian	<input type="checkbox"/>	11	NONE	<input type="checkbox"/>	16
Baptist	<input type="checkbox"/>	02	Jehovah's Witness	<input type="checkbox"/>	07	Pentecostal	<input type="checkbox"/>	12	DON'T KNOW	<input type="checkbox"/>	17
Buddhist	<input type="checkbox"/>	03	Jewish	<input type="checkbox"/>	08	Rastafarian	<input type="checkbox"/>	13	Other (please write ↓)	<input type="checkbox"/>	18
Church of England	<input type="checkbox"/>	04	Methodist	<input type="checkbox"/>	09	Seventh Day Adventist	<input type="checkbox"/>	14			
Catholic	<input type="checkbox"/>	05	Muslim / Islam	<input type="checkbox"/>	10	Sikh	<input type="checkbox"/>	15		.....	

### 57 How often do you go to a church, other place of worship or for religious education?

Please tick **ONE** box only

Once a week or more	About once a month	A few times a year	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

## DASH STUDY

### 58 We are interested in how best to promote health across generations.

Please read the statement below and tick the reply that is closest to how you feel










**I would be happy for my parent(s) / long term guardian(s)/carer(s) ( in the UK) to be contacted by the DASH study team to ask them if they would like to participate in the DASH Study themselves.**

(e.g. completing questionnaires on their own health and having physical measurements taken such as blood pressure)

Please tick **ONE** box only


Yes  1 if Yes, please give contact details ↴

No  2

Relationship to you	
Name(s)	
Address	
Borough	
Town	
Postcode	
Landline	
Mobile	
Email	

### 59 Please provide your GP contact details ↓


**(We will only contact GPs to forward them your health related information obtained during the nurse interview, at your request and with your consent. Your GP cannot give out confidential information without your consent.)**

Your NHS No: 


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*Doctor*


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**60** If there is anything else you want to tell us about your LIFE or HEALTH, please write here.



**THANK YOU FOR COMPLETING  
THIS QUESTIONNAIRE**

**DASH STUDY**  
**Room 4.21**  
**Franklin-Wilkins Building**  
**Kings College London**  
**150 Stamford Street**  
**LONDON SE1 9EH**

