



1970 BRITISH COHORT STUDY

Age 42 Survey Self-completion Questionnaire

HOW TO FILL IN THE QUESTIONNAIRE

Please complete the questionnaire using **black or blue ink**.

The questionnaire will be read by a scanner, so please mark your answers by putting a cross in the appropriate box [☒].

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

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

1	0
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Please keep your answer within the boxes.

Your answers will be treated in the strictest confidence and all findings will be made anonymous in the reporting of results so that responses cannot be traced back to individuals.

When you have completed the questionnaire please seal it inside the envelope provided and hand it back to the interviewer when they visit.

INTERVIEWER TO ENTER Respondent details

--	--	--	--	--	--	--	--	--

Serial number

--	--	--	--	--	--	--	--	--

First name

<input type="checkbox"/>

Male

<input type="checkbox"/>

Female

--	--	--	--	--	--	--	--	--

Date of Birth

1 How often have you done each of the following activities in the last 12 months?

CROSS (X) ONE BOX ON EACH ROW

	At least once a week	At least once a month	Several times a year	At least once a year	Less Often	Never
Play a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing arts (singing in a group or choir, acting, dance/ballet, comedy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting, drawing, printmaking or sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography, film or video making as an artistic activity (not family or holidays)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Textile crafts, wood crafts or any other crafts, such as embroidery, knitting, wood turning, furniture making, pottery or jewellery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing stories, plays or poetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the theatre to watch a play/drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the theatre to watch a pantomime or musical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to an opera, classical music concert or ballet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to another type of concert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit an art exhibition / gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit a museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit a historical site / stately home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit a theme park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit a zoo, wildlife park or aquarium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a book club (to discuss a book that you have read)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a meal in a restaurant, cafe or pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go for a drink at a pub or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in the garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do DIY, home maintenance or car repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend meetings for local groups/voluntary organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do unpaid voluntary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend meetings or events organised by a trade union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend meetings or events organised by a political party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 How often have you done each of the following sporting activities in the last 12 months?

CROSS (X) ONE BOX ON EACH ROW

	Every day	4-5 days a week	2-3 days a week	Once a week	2-3 times a month	Less often	Not in the last 12 months
Health, fitness, gym or conditioning activities (including aerobics, keep-fit classes, weight-training or weight-lifting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming or diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling, BMX or mountain biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging, cross-country, road-running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rambling / walking for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racquet sports (tennis, badminton, squash etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team sports (Football, Netball, Basketball, Rugby, Hockey, Cricket etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts, boxing, wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water sports (including yachting, dinghy sailing, canoeing, rowing, windsurfing, waterski-ing etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga / Pilates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ski-ing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sporting activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3

Below is a list of opinions on different topics. Please read each one, decide how much you agree or disagree and select the option that most corresponds with your answer.

CROSS (X) ONE BOX ON EACH ROW

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Private schools should be abolished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
People who never have children are missing an important part of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
All women should have the right to choose an abortion if they wish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All in all, family life suffers when the mother has a full time job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with very strong religious beliefs are often too intolerant of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having almost any job is better than being unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4

How interested would you say you are in politics?

CROSS (X) ONE BOX

- Very interested
- Fairly interested
- Not very interested
- Not at all interested

5

And in the last 12 months have you done the following things?

CROSS (X) ONE BOX ON EACH ROW

	Yes	No
Attended a public meeting or rally	<input type="checkbox"/>	<input type="checkbox"/>
Taken part in a public demonstration or protest	<input type="checkbox"/>	<input type="checkbox"/>
Signed a petition	<input type="checkbox"/>	<input type="checkbox"/>

6 Which party did you vote for in the last General Election in May 2010?**CROSS (X) ONE BOX**

- Conservative
- Labour
- Liberal Democrats
- Plaid Cymru
- Scottish National Party
- Green Party
- UK Independence Party
- Other (please write in box)
- DID NOT VOTE

7 Which party did you vote for in the General Election in May 2005?**CROSS (X) ONE BOX**

- Conservative
- Labour
- Liberal Democrats
- Plaid Cymru
- Scottish National Party
- Green Party
- UK Independence Party
- Other (please write in box)
- DID NOT VOTE

8 Are you currently a member of any of the following organisations?**CROSS (X) ALL BOXES THAT APPLY**

- Political party
- Trade union
- Environmental group
- Parents'/School association
- Tenants'/Residents' group or neighbourhood watch
- Religious group or church organisation
- Voluntary service group
- Other community or civic group
- Social club/Working men's club
- Sports club
- Women's Institute / Townswomen's Guild
- Women's group / Feminist organisation
- Professional organisation
- Scouts/Guides organisation
- Any other organisation
- NO - NONE OF THESE

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

CROSS (X) ONE BOX

- Most people can be trusted
 Can't be too careful
 It depends

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

CROSS (X) ONE BOX ON EACH ROW

	None	Less than an hour	1 hour to less than 3 hours	3 hours to less than 5 hours	5 or more hours
On a typical weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a typical day at the weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 11** Which of the following types of television programme do you usually watch?

CROSS (X) ALL BOXES THAT APPLY

- News and current affairs
 Sport
 Comedy
 Documentaries
 Dramas
 Soaps
 Music
 Reality TV programmes
 General entertainment
 (including quiz programmes, lifestyle programmes and chat shows)
 Religious programmes
 Other
 DO NOT WATCH TELEVISION

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

CROSS (X) ONE BOX

- Every day or almost every day
 Several times a week
 Once or twice a week
 At least once a month
 Every few months
 At least once a year
 Less often or never

13

Which of the following types of fiction books do you usually read?

CROSS (X) ALL BOXES THAT APPLY

- Action / Adventure / War Fiction
- Comics / Graphic Novels
- Crime / Thrillers / Mystery
- Classic Fiction
- Contemporary Literary Fiction
- Historical Fiction
- Humour
- Horror
- Poetry
- Romance
- Science Fiction / Fantasy
- Other Fiction
- DO NOT READ FICTION BOOKS

14

Which of the following types of factual books do you usually read?

CROSS (X) ALL BOXES THAT APPLY

- Art / Photography
- Autobiography
- Biography
- Career-specific / Industry-specific / Professional
- Computing / Technology
- Cookery / Food and Drink
- Family and Parenting
- Health / Wellbeing / Self-help / Psychology
- DIY / Interiors / Gardening
- Music
- Religion / Philosophy
- Science
- Sport
- Politics / Economics / Current Affairs
- Travel
- History
- Other factual
- DO NOT READ FACTUAL BOOKS

15

How often do you read newspapers (including online newspapers)?

CROSS (X) ONE BOX

- Every day or almost every day
- Several times a week
- Once or twice a week
- At least once a month
- Every few months
- At least once a year
- Less often or never

16

Which of the following newspapers have you read in the last month?

CROSS (X) ALL BOXES THAT APPLY

- The Daily Telegraph / Sunday Telegraph
- Financial Times
- The Times / The Sunday Times
- The Guardian / The Observer
- The Independent / Independent on Sunday / i
- Daily Express / Sunday Express
- Daily Mail / Mail on Sunday
- The Sun
- The Daily Mirror / Sunday Mirror
- The Daily Star / Daily Star Sunday
- The Daily Sport / Sunday Sport
- The People
- The Herald / Sunday Herald
- The Scotsman
- Daily Record
- Free local / regional newspaper
- Local / regional newspaper that you purchase
- Other
- NONE

17

Do you have a computer at home?

CROSS (X) ONE BOX

- Yes
- No

18

Are you able to access the internet at home? Please include access to the internet via computers, mobile phones, television, games consoles and other devices.

CROSS (X) ONE BOX

- Yes
- No

19

In total, how many cars or vans are owned, or are available for use, by one or more members of your household?

CROSS (X) ONE BOX

- None
- One
- Two
- Three
- Four or more

20

Below are some more opinions on different topics. Please read each one, decide how much you agree or disagree and select the option that most corresponds with your answer.

CROSS (X) ONE BOX ON EACH ROW

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I would not mind if my child went to a school where half the children were of another race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
The law should be obeyed, even if a particular law is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unless you have children you'll be lonely when you get old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Couples who have children should not separate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A pre-school child is likely to suffer if his or her mother works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking around the world, religions bring more conflict than peace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I didn't like a job I'd pack it in, even if there was no other job to go to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time has come for everyone to arrange their own private health care and stop relying on the National Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 Thinking of your childhood, were you raised according to any particular religion? If so, please select which one.

CROSS (X) ONE BOX

- NO - NOT RAISED ACCORDING TO ANY RELIGION
- Christian, no denomination
- Roman Catholic
- Church of England/Anglican
- United Reformed Church (URC) / Congregational
- Baptist
- Methodist
- Presbyterian / Church of Scotland
- Other Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Buddhist
- Other

22 Do you now see yourself as belonging to any particular religion? If so, please select which one.

CROSS (X) ONE BOX

- NO - DO NOT BELONG TO ANY RELIGION
- Christian, no denomination
- Roman Catholic
- Church of England/Anglican
- United Reformed Church (URC) / Congregational
- Baptist
- Methodist
- Presbyterian / Church of Scotland
- Other Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Buddhist
- Other

23

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

CROSS (X) ONE BOX

- Once a week or more
- Once a month or more
- Sometimes but less than once a month
- Never or very rarely

24

Which of these statements below comes closest to expressing what you believe about God?

CROSS (X) ONE BOX

- I don't believe in God
- I don't know whether there is a God and I don't believe there is any way to find out
- I don't believe in a personal God, but I do believe in a Higher Power of some kind
- I find myself believing in God some of the time, but not at others
- While I have doubts, I feel that I do believe in God
- I know God really exists and I have no doubts about it

25

Do you believe in life after death?

CROSS (X) ONE BOX

- Yes - definitely
- Yes - probably
- No - probably not
- No - definitely not

26

On how many days in a typical week do you eat breakfast?

WRITE NUMBER OF DAYS IN BOX. IF IN A TYPICAL WEEK YOU DO NOT EAT BREAKFAST WRITE '0'

27

How often do you eat ready-meals? By ready-meals we mean a pre-packaged meal that only needs to be heated up in an oven or microwave, for example a chicken curry or a lasagne.

CROSS (X) ONE BOX

- More than once a day
- Once a day
- Several times a week
- Once or twice a week
- At least once a month
- Less often
- Never

28 How often do you eat other convenience foods, frozen or packaged, such as fish-fingers, burgers, chips or ready-made pizzas?

CROSS (X) ONE BOX

- More than once a day
 - Once a day
 - Several times a week
 - Once or twice a week
 - At least once a month
 - Less often
 - Never
-

29 How often do you eat take-aways including those bought from a restaurant or fast-food outlet?

CROSS (X) ONE BOX

- More than once a day
 - Once a day
 - Several times a week
 - Once or twice a week
 - At least once a month
 - Less often
 - Never
-

30 How often do you eat a home-cooked meal made from basic ingredients? By basic ingredients we mean things like raw or fresh meat or fish or fresh, frozen or tinned vegetables or pulses.

CROSS (X) ONE BOX

- More than once a day
- Once a day
- Several times a week
- Once or twice a week
- At least once a month
- Less often
- Never

31

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

CROSS (X) ONE BOX ON EACH ROW

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32

How often do you have a drink containing alcohol?

CROSS (X) ONE BOX

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

33

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

CROSS (X) ONE BOX

- 1-2
- 3-4
- 5-6
- 7-8
- 10+
- DO NOT DRINK ALCOHOL

34

How often during the last year have you found that you were not able to stop drinking once you had started?

CROSS (X) ONE BOX

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

35

How often during the last year have you failed to do what was normally expected from you because of your drinking?

CROSS (X) ONE BOX

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

36

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
- Yes, but not in the last year
- Yes, during the last year

37

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

CROSS (X) ONE BOX

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- More than 60 minutes

38

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

WRITE YOUR ANSWER IN HOURS TO THE NEAREST HOUR IN THE BOX

39

During the past four weeks, how often did you awaken during your sleep time and have trouble falling back to sleep again?

CROSS (X) ONE BOX

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

40 During the past four weeks, how often did you get enough sleep to feel rested upon waking in the morning?

CROSS (X) ONE BOX

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

41 The next questions are about your feelings generally.

CROSS (X) ONE BOX ON EACH ROW

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

42 Below is a list of things that people value. For each one we'd like to know on a scale from 1 to 10 how important each one is to you, where '1' equals 'Not important at all', and '10' equals 'Very important'.

CROSS (X) ONE BOX ON EACH ROW

	Not important at all									Very important
	1	2	3	4	5	6	7	8	9	10
Your health	<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"/>
Having a lot of money	<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"/>
Having children	<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"/>
Having a fulfilling job	<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"/>
Being independent	<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"/>
Owning your own home	<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"/>
Having a good marriage or partnership	<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"/>
Having good friends	<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"/>

43 Below are some more opinions on different topics. Please read each one, decide how much you agree or disagree and select the option that most corresponds with your answer.

CROSS (X) ONE BOX ON EACH ROW

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Censorship of films and magazines is necessary to uphold moral standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It does not really 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"/>
Divorce is too easy to get these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall modern science does more harm than good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once you've got a job it's important to hang on to it even if you don't really like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big business benefits owners at the expense of the workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We trust too much in science and not enough in religious faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Government should redistribute income from the better off to those who are less well off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44 The last few questions are to do with how you feel about your life so far. For each of the following three pairs of statements, please select which one is more true for you?

CROSS (X) ONE BOX FOR EACH PAIR OF STATEMENTS

PAIR 1	{	I never really seem to get what I want out of life	<input type="checkbox"/>
		I usually get what I want out of life	<input type="checkbox"/>
PAIR 2	{	I usually have a free choice and control over my life	<input type="checkbox"/>
		Whatever I do has no real effect on what happens to me	<input type="checkbox"/>
PAIR 3	{	Usually I can run my life more or less as I want to	<input type="checkbox"/>
		I usually find life's problems just too much for me	<input type="checkbox"/>

Many thanks for completing the questionnaire. It is much appreciated. Please seal it in the envelope provided and give to your interviewer when they come to visit you.