General Instructions

Please read these notes before filling in the rest of the questionnaire

Please answer all the questions, except where the instructions indicate otherwise. For the answers to some questions you may need to ask others in your household but please try to answer as many questions as possible on your own.

The answer to most questions can be indicated by ticking one of the boxes.

Example
Have you ever smoked cigarettes regularly?

1. ☑ Yes
2. ☐ No

Where the answer requires you to write numbers, a box is used.

Example
(b) How many manufactured cigarettes a day do you usually smoke?

enter number: 20

Where the answer requires you to write a few words, dotted lines are given. Please use block letters

Example
What is your usual occupation? PAINTER AND DECORATOR
SECTION 1. HEALTH

1.1 Compared with others your age, would you say your health over the last 12 months has been

1. □ Very good
2. □ Good
3. □ Average
4. □ Poor
5. □ Very poor

1.2 (a) Have you ever been told that you had high blood pressure?

1. □ Yes
2. □ No

If No, go to Question 1.3

If Yes:

(b) were you started on treatment for high blood pressure?

1. □ Yes, but not on drug treatment now.
2. □ Yes, still continuing drug treatment
3. □ No

1.3 (a) Have you ever been told that you had diabetes?

1. □ Yes
2. □ No

If No, go to Question 1.4

If Yes:

(b) were you started on treatment for diabetes?

1. □ Yes, but not on treatment now.
2. □ Yes, still continuing on diet
3. □ Yes, now treated with tablets
4. □ Yes, now treated with insulin
5. □ No
1.4 (a) Have you ever been told by a doctor that you had heart trouble?

1. [ ] Yes
2. [ ] No

If No, go to Question 1.5

If Yes:

(b) When was the first time (give year)?

19 [ ]

(c) What did the doctor say it was?

1. [ ] Heart attack
2. [ ] Angina
3. [ ] Heart failure
4. [ ] High blood pressure
5. [ ] Valve disease
6. [ ] Hole in the heart
7. [ ] Other—Please specify: ______________________

1.5 Have you ever been told by a doctor that you had any of the following:

Please tick either Yes or No for each illness or condition:

(a) Asthma
1. [ ] Yes 2. [ ] No

(b) An ulcer (stomach or duodenal)
1. [ ] Yes 2. [ ] No

(c) A stroke
1. [ ] Yes 2. [ ] No

(d) Arthritis
1. [ ] Yes 2. [ ] No

(e) Kidney stones
1. [ ] Yes 2. [ ] No
1.6 Please list any serious illnesses not yet mentioned that you have had in the last 12 months:

- Backaches, pain in
- Legs and feet, ankles

1.7 Please list any other serious illnesses you had before 12 months ago:

<table>
<thead>
<tr>
<th>Illness</th>
<th>Year of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

1.8 Please list any major operations you have had, and the year of each operation:

<table>
<thead>
<tr>
<th>Operation</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

1.9 In the last twelve months how many times have you been off work for illness lasting a week or more?

Enter total number of weeks: 52
1.10 Are you taking any medicines at the moment, either prescribed by a doctor or something you buy yourself?

1. [ ] Yes
2. [ ] No  If No, go to Question 1.11

If Yes:
Please list the names of all the drugs you are taking below.
You need not include creams or ointments that you are using on your skin or eyes.
Please bring the bottles with you when you come for your examination.

Zantac, Procardia,
Preparin, Nitroglycerin Spray

FOR OFFICE USE
Beta-blocker
Thiazide
Other diuretic
Calcium antagonist
Sympatholytic
Other vasodilator
Nitrate
ACE antagonist
Sulphonylurea
Biguanide
Lipid-lowering
Glucocorticoid
Hypnotic/tranquilizer
Other

1.11 (a) Have you ever had any pain or discomfort in your chest?

1. [ ] Yes
2. [ ] No  If No, go to Question 1.12

1. 2. 58
If Yes:

(b) Do you get this pain or discomfort when you walk uphill or hurry?

1. [ ] Yes
2. [ ] No
3. [ ] Never walk uphill or hurry

(c) Do you get it when you walk at an ordinary pace on the level?

1. [ ] Yes
2. [ ] No

(d) What do you do if you get it while you are walking?

1. [ ] Stop
2. [ ] Slow down
3. [ ] Carry on at the same pace

(e) Does it go away when you stop?

1. [ ] Yes
2. [ ] No

If No, go to Question 1.12

If Yes:

(f) How soon does it go away?

1. [ ] More than 10 minutes
2. [ ] 10 minutes or less

(g) Where do you get this pain or discomfort?
(Mark the place(s) with 'X' on the diagram)

RIGHT

[Diagram of body with 'X' marked on various areas]

LEFT

FRONT VIEW
1.12 (a) In winter, do you usually bring up phlegm from your chest first thing in the morning?

1. [ ] Yes
2. [X] No

If No, go to Question 1.13

If Yes, (b) For how many months of the year does this usually happen?

1. Less than three months
2. Three months or more

1.13 (a) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

1. [X] Yes
2. No

If No, go to Question 1.14

If Yes, (b) Are you short of breath when walking with other people of your own age on level ground?

1. [X] Yes
2. No

(c) Are you troubled by breathlessness when lying down at night?

1. [X] Yes
2. No

1.14 Do you suffer from swollen ankles?

1. [X] Yes
2. No

1.15 Do you have difficulty in falling asleep?

1. [X] Yes
2. No
1.16 Do you usually wake up too early?

1.  
2.  

1.17 Do you still feel tired when you wake up in the morning?

1.  
2.  

1.18 How often do you snore at night? (If you are not sure, please ask someone who is likely to know)

1.  
2.  
3.  
4.  

Almost always snore.
## SECTION 2. DIET

2.1 On how many of the last seven days did you eat each of the following foods?

In each row, please tick one of the four choices given: even if the food is something you never eat, remember to tick the appropriate box.

<table>
<thead>
<tr>
<th>Animal products</th>
<th>Not at all in last 7 days</th>
<th>On one day only</th>
<th>2 or 3 days in most last 7 days</th>
<th>On most days</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Eggs</td>
<td>1. ✔</td>
<td>2.</td>
<td>3. ✔</td>
<td>4.</td>
</tr>
<tr>
<td>(b) Milk, butter or cheese</td>
<td>1. ✔</td>
<td>2.</td>
<td>3.</td>
<td>4. ✔</td>
</tr>
<tr>
<td>(c) Fish or other seafood</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>(d) Chicken</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>(e) Lamb</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>(f) Beef (including hamburgers)</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>(g) Pork, ham or bacon</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fruit and vegetables</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(h) Fresh green vegetables</td>
<td>1. ✔</td>
<td>2.</td>
<td>3. ✔</td>
<td>4.</td>
</tr>
<tr>
<td>(i) Fresh fruit</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3. ✔</td>
<td>4.</td>
</tr>
<tr>
<td>(j) Fruit juices</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4. ✔</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sweets and baked confectionary</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(k) Jam, jellies, preserves, syrup or honey</td>
<td>1. ✔</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>(l) Cakes or sweet buns</td>
<td>1. ✔</td>
<td>2.</td>
<td>3. ✔</td>
<td>4.</td>
</tr>
<tr>
<td>(m) Sweet biscuits</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4. ✔</td>
</tr>
<tr>
<td>(n) Sweet rolls, flans, tarts or other sweet pastry</td>
<td>1. ✔</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>(o) Fudge, sweetmeats or mithai</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>(p) Chocolate, toffee, boiled sweets, or mints</td>
<td>1. ✔</td>
<td>2.</td>
<td>3.</td>
<td>4. ✔</td>
</tr>
<tr>
<td>(q) Sweetened desserts or puddings: e.g. flavoured yogurt, cheesecake, rice pudding, halva</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>(r) Carbonated soft drinks: e.g. Coca-Cola, lemonade</td>
<td>1. ✔</td>
<td>2. ✔</td>
<td>3.</td>
<td>4.</td>
</tr>
</tbody>
</table>
2.2 How many teaspoons of sugar do you usually add
(a) to a cup of coffee? number of teaspoons: 2
(b) to a cup of tea? number of teaspoons: 1 1/2

2.3 In total, how many teaspoons of sugar do you usually use each day in drinks like tea and coffee or on food at table (e.g. breakfast cereal)?

1. None
2. 1-2 teaspoons
3. 3-5 teaspoons
4. 6-10 teaspoons
5. 11-20 teaspoons
6. More than 20 teaspoons

Please fill out the next question with the help of the person who is responsible for buying and preparing your food at home.

2.4 Which of the following kinds of fat or oil do you use at home, either in cooking or on your food?

Please tick either Yes or No for each kind of fat or oil

(a) Corn oil, soya oil, or sunflower oil

(b) Olive oil

(c) Peanut oil or groundnut oil

(d) Mixed or unspecified vegetable oil

(e) Lard or dripping (e.g. Blue Leaf lard)

(f) Creamed coconut

(g) Hard vegetable lard or margarine (e.g. Trex, Krona, Stork)

(h) Soft polyunsaturated margarine (e.g. Flora, Blue Leaf sunflower)

(i) Butter

(j) Other mixed spreads containing butter (e.g. Shape, Half Fat Anchor, Meadowcup, Willows)

(k) Pure ghee (clarified butter)

(l) Vegetable ghee

Yes | No
---|---
1. | 2.
2. | 2.
3. | 2.
4. | 2.
5. | 2.
6. | 2.

1.2 2.2 2.2
16 - 21
2.2 2.2 23 - 24
2.2 2.2 25 - 27
2.5 (a) Are you following any kind of special diet different from what you usually eat: for instance to lose weight or for medical reasons?

1. [ ] Yes
2. [x] No

If No, go to Question 2.6

If Yes:
(b) Which of the following best describes the diet you are on?

1. [ ] Slimming diet
2. [ ] Diabetic diet
3. [ ] Cholesterol-lowering diet
4. [ ] Fasting or abstaining for religious reasons (e.g. Lent or Ramadan)
5. [ ] Other kind of special diet-
   Please specify: _______________________

2.6 Which of the following do you think best describes your weight?

1. [ ] Underweight
2. [ ] About the right weight
3. [x] A little overweight
4. [ ] Very overweight
SECTION 3: SMOKING HABITS

3.1 (a) Do you smoke cigarettes?

1. ☑ Yes
2. ☐ No If No, go to Question 3.2

If Yes:

(b) Which kinds of cigarettes do you smoke?

Please tick either Yes or No for each of the kinds listed:

(i) filter-tipped (manufactured) cigarettes?
1. ☑ Yes 2. ☐ No
(ii) manufactured cigarettes without fillers?
1. ☑ Yes 2. ☐ No
(iii) hand-rolled cigarettes?
1. ☑ Yes 2. ☐ No

(c) How many manufactured cigarettes a day do you usually smoke?

enter number: 1

(d) How many hand-rolled cigarettes a day do you usually smoke?

enter number: 3

(e) How many ounces of tobacco do you use per week for hand-rolled cigarettes?

enter number: 0

Please go to Question 3.3

3.2 (a) Have you ever smoked cigarettes regularly?

1. ☑ Yes
2. ☐ No If No, go to Question 3.4
If Yes:
(b) About how many manufactured cigarettes did you smoke in a day when you smoked them regularly?

enter number: 

(c) About how many hand-rolled cigarettes did you smoke in a day when you smoked them regularly?

enter number: 

(d) And about how many ounces of tobacco did you use per week for handrolled cigarettes?

enter number: 

(e) How old were you when you stopped smoking cigarettes regularly?

enter age:

3.4 (a) Do you smoke cigars?

1. Yes
2. No

If No, go to Question 3.5

If you do smoke cigars:
(b) How many cigars per week?

enter number: 

3.3 How old were you when you started to smoke cigarettes regularly?

enter age: 

14
3.5 (a) Do you smoke a pipe?

1. [ ] Yes
2. [ ] No

If No, go to Section 4

If you do smoke a pipe:
(b) How many ounces of pipe tobacco do you smoke per week?

enter number: [ ]
SECTION 4. DRINKING HABITS

4.1 (a) In the past 12 months have you taken an alcoholic drink:

1. [ ] Twice a day or more
2. [ ] Almost daily
3. [ ] Once or twice a week
4. [ ] Once or twice a month
5. [ ] On special occasions only
6. [x] Not at all

If you have ever taken alcohol:
(b) Comparing now with 5 years ago would you say that you are:

1. [ ] Drinking about the same now as 5 years ago
2. [ ] Drinking more now than 5 years ago
3. [ ] Drinking less now than 5 years ago

If you have given up drinking or you are drinking less,
(c) What was the reason?

1. [ ] Illness/doctor’s advice
2. [ ] Concerned about health
3. [ ] Too expensive
4. [ ] Other reason - Please specify: __________________________

IF YOU NEVER DRINK ALCOHOL PLEASE GO TO SECTION 5.

4.2 Which of the following best describes the amount you drink?

1. [ ] Hardly drink at all
2. [ ] Drink a little
3. [ ] Drink a moderate amount
4. [ ] Drink quite a lot
5. [ ] Drink heavily
4.3 (a) How often have you had a drink of beer or cider during the last 12 months?

1. □ Most days
2. □ Three or four times per week
3. □ Once or twice a week
4. □ Once or twice a month
5. □ Once or twice in 6 months
6. □ Once or twice a year
7. □ Not at all in the last 12 months

If not at all in the last 12 months, go to Question 4.4

(b) When you have had a drink of beer or cider in the last 12 months, how many pints have you usually drunk on any one occasion?

1. □ 1/2-1 pint
2. □ 1-2 pints
3. □ 3-4 pints
4. □ 5 pints or more

4.4 (a) How often have you had a drink of wine during the last 12 months?

1. □ Most days
2. □ Three or four times per week
3. □ Once or twice a week
4. □ Once or twice a month
5. □ Once or twice in 6 months
6. □ Once or twice a year
7. □ Not at all in the last 12 months

If not at all in the last 12 months, go to Question 4.5

(b) When you have had a drink of wine in the last 12 months, how many glasses have you usually drunk on any one occasion? (1 bottle of wine contains 6 glasses).

1. □ 1-2 glasses
2. □ 3-4 glasses
3. □ 5 glasses or more
4.5 (a) How often have you had a drink of fortified wine - sherry, vermouth, port, cinzano or dubonnet - during the last 12 months?

1. [ ] Most days
2. [ ] Three or four times per week
3. [ ] Once or twice a week
4. [ ] Once or twice a month
5. [ ] Once or twice in 6 months
6. [ ] Once or twice a year
7. [ ] Not at all in the last 12 months

If not at all in the last 12 months, go to Question 4.6

(b) When you have had a drink of fortified wine in the last 12 months, how many glasses (equivalent to sherry glasses) have you usually drunk on any one occasion?

1. [ ] 1-2 glasses
2. [ ] 3-4 glasses
3. [ ] 5 glasses or more

4.6 (a) How often have you had a drink of spirits - gin, whisky, rum, brandy or vodka - during the last 12 months?

1. [ ] Most days
2. [ ] Three or four times per week
3. [ ] Once or twice a week
4. [ ] Once or twice a month
5. [ ] Once or twice in 6 months
6. [ ] Once or twice a year
7. [ ] Not at all in the last 12 months

If not at all in the last 12 months, go to Section S
(b) When you have had a drink of spirits in the last 12 months, how many measures have you usually drunk on any one occasion? (Please remember that a drink poured at home could be equivalent to two or three pub measures).

1. [ ] 1-2 measures
2. [ ] 3-4 measures
3. [ ] 5 measures or more
SECTION 5. EXERCISE

5.1 Which of the answers below best describe your activity at work?

Please tick one of the boxes in answer to each question.

(a) Do you sit
   - Never 1
   - Seldom 2
   - Sometimes 3
   - Often 4
   - Always 5

(b) Do you stand
   - Never 1
   - Seldom 2
   - Sometimes 3
   - Often 4
   - Always 5

(c) Do you walk
   - Never 1
   - Seldom 2
   - Sometimes 3
   - Often 4
   - Always 5

(d) Do you lift heavy loads
   - Never 1
   - Seldom 2
   - Sometimes 3
   - Often 4
   - Always 5

5.2 While travelling to and from work, or in your spare time:

(a) How many miles do you walk on an average weekday?
   1. [ ] Less than 1 mile
   2. [ ] 1 to 3 miles
   3. [ ] 4 miles or more

(b) How many miles do you walk in an average weekend?
   1. [ ] Less than 1 mile
   2. [ ] 1 to 3 miles
   3. [ ] 4 miles or more

5.3 (a) Do you ride a bicycle regularly?
   1. [ ] Yes
   2. [X] No  
      If No, go to Question 5.4
If Yes,

(b) How many miles do you cycle on an average weekday?

1. [ ] Less than 2 miles
2. [ ] 2 to 6 miles
3. [ ] 7 miles or more

(c) How many miles do you cycle in an average weekend?

1. [ ] Less than 2 miles
2. [ ] 2 to 6 miles
3. [ ] 7 miles or more

5.4 (a) Do you play any sport (or other recreational exercise such as swimming or dancing)?

1. [ ] Yes
2. [ ] No          If No, go to Question 5.6

If Yes,

(b) Which sport do you play most frequently?

01. [ ] Bowling       06. [ ] Dancing (disco/aerobic)
02. [ ] Football or rugby 07. [ ] Cricket
03. [ ] Golf           08. [ ] Badminton
04. [ ] Swimming       09. [ ] Tennis
05. [ ] Jogging        10. [ ] Squash

Other sport - please specify: ____________________________

(c) How many hours a week do you play it?

1. [ ] Less than 1 hour/week
2. [ ] 1 to 2 hours/week
3. [ ] 3-4 hours/week
4. [ ] 5 hours/week or more
(d) How many months a year?

1. □ Less than 1 month in a year  
2. □ 1 to 3 months/year  
3. □ 4 to 6 months/year  
4. □ More than 6 months of the year

5.5 (a) Do you play a second sport?

1. □ Yes  
2. □ No  

If No, go to Question 5.6

(b) Which sport is it?

01. □ Bowling  
02. □ Football or rugby  
03. □ Golf  
04. □ Swimming  
05. □ Jogging  
06. □ Dancing (disco/acrobic)  
07. □ Cricket  
08. □ Badminton  
09. □ Tennis  
10. □ Squash

Other sport - please specify: _______________________

(c) How many hours a week do you play it?

1. □ Less than 1 hour/week  
2. □ 1 to 2 hours/week  
3. □ 3-4 hours/week  
4. □ 5 hours/week or more

(d) How many months a year?

1. □ Less than 1 month in a year  
2. □ 1 to 3 months/year  
3. □ 4 to 6 months/year  
4. □ More than 6 months of the year
5.6 (a) Do you undertake in your spare time any other strenuous activities, such as the following:

- Digging
- Pushing a hand lawn mower
- Sawing wood with a handsaw
- Lifting heavy loads

1. [ ] Yes  
2. [x] No  

If No, go to Question 5.7

If Yes:

(b) How many hours a week do you spend in activities like these?

Enter number of hours:

5.7 For how many hours in an average week do you watch television or video?

1. [ ] Less than 1 hour a week  
2. [ ] 1-3 hours a week  
3. [ ] 4-8 hours a week  
4. [x] 9-15 hours a week  
5. [ ] 16 hours a week or more

5.8 Either at work or in leisure time:

(a) At least once a week do you engage in any regular activity similar to brisk walking, jogging, cycling, etc long enough to work up a sweat?

1. [ ] Yes  
2. [x] No

If Yes:

(b) How many times per week?

Enter number of times:
5.9 (a) Is your activity limited by any disability?

1. [ ] Yes
2. [ ] No

If Yes,
(b) Which of these most limits your activity?

1. [ ] Old injury
2. [ ] Arthritis
3. [ ] Back pain
4. [ ] Foot problems such as bunions or corns
5. [ ] Chest trouble such as asthma or bronchitis
6. [ ] Heart trouble
7. [ ] Other disability.

Please specify: **Exposed ear drum (left)**

Muscular pains.
SECTION 6. WORK CHARACTERISTICS

6.1 (a) What is your usual occupation?

Please give the exact title of your job: PRINTER (LINOTYPE)

(b) What kind of work do you do in this job?

Your main activity: WORK

(c) How many years' training (beyond leaving school at age 16) are required by your job?

1. ☐ Less than 1 year
2. ☐ At least 1 year but less than 3 years
3. ☑ At least 3 years but less than 5 years
4. ☐ 5 years or more

(d) Does your job require any special qualifications, training or apprenticeship?

1. ☐ No special training
2. ☑ Apprenticeship
3. ☐ Certificate, diploma or professional qualification - Please specify:

(e) Do you have to supervise other workers?

1. ☐ Yes
2. ☑ No

(f) Do you have to do the same thing over and over again?

1. ☑ Yes
2. ☐ No

(g) Do you have to ask permission if you need about half an hour during working hours to attend to your own affairs?

1. ☑ Yes
2. ☐ No
6.2 Are you employed at present?

1. Yes
2. No  If No, which of the following reasons applies?

1. Waiting to take up a job already accepted
2. Unemployed and seeking work
3. Prevented by temporary sickness from seeking work
4. Permanently sick or disabled
5. Retired
6. A full-time student
7. Not working for any other reason

6.3 On average how many hours do you work per week?

Number of hours

25  26  27 - 28
# SECTION 7. GENERAL BACKGROUND INFORMATION

## 7.1 (a) What country were you born in?

<table>
<thead>
<tr>
<th></th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>England</td>
</tr>
<tr>
<td>02.</td>
<td>Wales</td>
</tr>
<tr>
<td>03.</td>
<td>Scotland</td>
</tr>
<tr>
<td>04.</td>
<td>Northern Ireland</td>
</tr>
<tr>
<td>05.</td>
<td>Eire</td>
</tr>
<tr>
<td>06.</td>
<td>France</td>
</tr>
<tr>
<td>07.</td>
<td>Italy</td>
</tr>
<tr>
<td>08.</td>
<td>Spain</td>
</tr>
<tr>
<td>09.</td>
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<td>23.</td>
<td>China</td>
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<td>24.</td>
<td>Hongkong</td>
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</tbody>
</table>

*If none of the above, please write the name of the country below:*

Name of country: ____________________________

## 7.1 (b) Where were your family living at the time you were born?

Name of place: ____________________________

Name of county or province: ________

## 7.1 (c) Was this in an urban area (a town or built-up suburb) or a rural area (a village or farming district)?

1. [ ] Urban area
2. [ ] Rural area

## 7.2 (a) Were both your parents born in the same country as you were?

1. [ ] Yes
2. [ x ] No  **If Yes, go to Question 7.3**
If No,
(b) What country was your father born in?

Name of country: PAKISTAN

(c) What country was your mother born in?

Name of country: PAKISTAN

7.3 At what age did you start school?

enter age: 5

7.4 At what age did you finish your full-time education?

enter age: 16

7.5 Please indicate your marital status. (tick one box)

1. ☑ Married (or equivalent)
2. Single
3. Widowed
4. Divorced
5. Separated

7.6 Is your home owned by you or your family, or rented?

1. ☑ Owned (with or without a mortgage)
2. Rented from the local council
3. Rented from a private landlord
7.7 What is your religion?

01. [ ] Church of England

02. [ ] Roman Catholic

03. [ ] Other Christian denomination

04. [ ] Jewish

05. [ ] Hindu

06. [ ] Jain

07. [ ] Sikh

08. [ ] Muslim

09. [ ] Other religion - Please specify: _______________________

10. [ ] None

If None, please go to Question 7.10

7.8 How often do you attend a church, synagogue, gurdhwara, temple or mosque for religious observance?

1. [ ] Daily

2. [ ] Three times a week or more

3. [ ] At least once a week

4. [ ] At least once a month

5. [ ] At least once a year

6. [ ] Never, or only for weddings and funerals

7.9 How often do you make religious observance at home?

1. [ ] Daily

2. [ ] Three times a week or more

3. [ ] At least once a week

4. [ ] At least once a month

5. [ ] Less than once a year

6. [ ] Never

The next few questions (7.10 to 7.15) ask about your family’s circumstances at the time when you were twelve years old:

7.10 (a) What was your father’s main job at the time you were twelve years old (or his last job if he died before this time)?

Title of job: ________________________
(b) What kind of work did he do in this job?

Main activity: ________

(c) Did this job require any special qualifications or training?

1. [ ] No special training
2. [ ] Apprenticeship
3. [ ] Certificate, diploma, degree or professional qualification—
   Please specify: ____________________

(d) Did he have to supervise other workers?

1. [ ] Yes
2. [ ] No

(e) Was he self-employed (running his own business) or working for an employer?

1. [ ] Working for employer
2. [ ] Self-employed

If he was self-employed:

(f) Did he employ anyone else apart from his own family?

1. [ ] Yes
2. [ ] No

7.13 At the time you were twelve years old was your family home:

1. [ ] Owned (with or without a mortgage) by your family
2. [ ] Rented from the local council
3. [ ] Rented from a private landlord

7.14 Did your family own any land, or property apart from their own house?

1. [ ] Owned land or houses rented to others
2. [ ] Owned land for their own cultivation only
3. [ ] Owned no land
7.15 How many people lived in the family home at this time?

enter number: [ ]

7.16 How many rooms (bedrooms or living rooms) did the family home have at this time?

enter number: [ ]

7.17 Did your family home have:

1. ✔ Running water with a bath or shower
2. Running water but no bath or shower
3. No running water

If you were born overseas please answer the last question. (7.18.) If you were born in Britain please go straight to the instructions on page 35.
7.18 (a) At what age did you come to England to live? (Do not count student visits, or visits to relatives and friends.)

Enter age: 42

(b) In the 10 years before you came to England, which country did you live in for the most time?

02. Wales 13. Barbados
03. Scotland 14. Trinidad
04. Northern Ireland 15. Guyana
05. Eire 16. Kenya
06. France 17. Uganda
07. Italy 18. South Africa
08. Spain 19. India
09. Poland 20. Pakistan
11. Malta 22. Sri Lanka
12. Jamaica 23. China
24. Hongkong

If none of the above, please write the name of the country below:

(c) What language did you first speak as a child?

Enter this language: 

If this first language was not English:

(d) Which one language do you usually speak at home with your spouse?

1. English
2. [ ] First language
3. [ ] Other language
4. [ ] No spouse
(e) Which one language do you usually speak at home with your children?

1. [ ] English
2. [✓] First language
3. [ ] Other language
4. [ ] No children at home