

Unique Household ID:

Respondent Number in household (for multiple interviews, interviewer please circle upon issue)

1 2 3 4

Healthy Ageing In Scotland (HAGIS)

Self-Completion questionnaire v1.3

In Confidence

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this

₀₁

Or writing a number in a box like this

₀₂

Sometimes you will find instructions telling you which questions to answer next like this:

Yes

₀₁

No

₀₂

→ GO TO Q5

Sometimes you will find a question asking how often you have done something over a period of time. If you have not done it at all, please write '0' in the box. Please ignore the small numbers next to the boxes - these are for office use only.

Please fill in your details below

First name

Date of birth

Day		Month		Year	
<input type="text"/>					

HOW TO RETURN THIS QUESTIONNAIRE

If the interviewer still in your home (or will be coming to your home for an interview), once you have completed the questionnaire, please hand it back to the interviewer. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can.

PLEASE START THE QUESTIONNAIRE AT QUESTION 1 ON THE NEXT PAGE.

THANK YOU AGAIN FOR YOUR HELP.

TABLE OF CONTENTS

Internet Use	3
Television Use	6
Transport.....	6
Current Financial Situation	7
Social Activities	9
Subjective Life Expectancy	10
Health.....	10
Support from Family & Friends.....	28

INTERNET USE

We would like to ask you some questions about your use of the Internet and email.

Q1. On average how often do you use the Internet or email?

Please tick one only

- Every day, or almost every day ₀₁
- At least once a week (but not every day) ₀₂
- At least once a month (but not every week) ₀₃
- At least once every 3 months ₀₄
- Less than every 3 months ₀₅
- Never ₀₆ → GO TO Q5

Q2. In which of the following places have you used the Internet or email in the last 3 months?

Tick all that apply

- At home ₀₁
- At places of work (other than home) ₀₂
- At place of education ₀₃
- At another person's home ₀₄
- On the move ₀₅
- Other place (library, internet café) ₀₆

Q3. On which of the following devices do you access the Internet?

Tick all that apply

Desktop computer

 01

Laptop computer

 02

Tablet computer

 03

Smartphone

 04

TV

 05

Other mobile device

 06

Don't know

 07

Do not access internet

 08

Q4. For which of the following activities did you use the Internet in the last 3 months?

Tick all that apply

- | | |
|--|-----------------------------|
| Sending/receiving emails | <input type="checkbox"/> 01 |
| Finding information about goods and services | <input type="checkbox"/> 02 |
| Searching for information for learning, research, fact finding | <input type="checkbox"/> 03 |
| Finances (banking, paying bills) | <input type="checkbox"/> 04 |
| Shopping/buying goods or services | <input type="checkbox"/> 05 |
| Selling goods or services over the Internet e.g. via auctions | <input type="checkbox"/> 06 |
| Use social networking sites (Facebook, Twitter, Myspace) | <input type="checkbox"/> 07 |
| Creating, uploading or sharing content (YouTube, blogging or Flickr) | <input type="checkbox"/> 08 |
| News/newspaper/blog websites | <input type="checkbox"/> 09 |
| Streaming/downloading live or on demand TV/Radio (BBC iplayer, 4OD, ITV player, Demand 5) or music (iTunes, Spotify) or eBooks | <input type="checkbox"/> 10 |
| Games | <input type="checkbox"/> 11 |
| Looking for a job or job application | <input type="checkbox"/> 12 |
| Other | <input type="checkbox"/> 13 |
| None of the above | <input type="checkbox"/> 99 |

TELEVISION USE

The next two questions are about watching television.

Q5. How many hours of television do you watch on an ordinary day or evening during the week, that is Monday to Friday?

Please write in hours from 0-24.

Q6. And thinking now about an ordinary weekend. How many hours of television do you normally watch over the weekend, that is, Saturday and Sunday?

Please write in hours from 0-24.

TRANSPORT

Q7. How easy or difficult is it for you to get to each of the following places using your usual forms of transport?

	Very easy	Quite easy	Quite difficult	Very difficult	Unable to go	Do not wish to go
Bank or cash point	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Post Office	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Corner Shop	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Medium or Large supermarket	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Shopping Centre	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
General Practitioner (GP)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Chiropodist	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Dentist	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Optician	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Hospital	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

CURRENT FINANCIAL SITUATION

Q8. How often do you find you have too little money to spend on what you feel your / you and your household's needs are?

Please tick the most suitable response.

- | | | |
|------------------|--------------------------|----|
| Never | <input type="checkbox"/> | 01 |
| Rarely | <input type="checkbox"/> | 02 |
| Sometimes | <input type="checkbox"/> | 03 |
| Often | <input type="checkbox"/> | 04 |
| Most of the time | <input type="checkbox"/> | 05 |
| Don't know | <input type="checkbox"/> | 98 |

Q9. Compared to the financial situation of other people living in your area, would you say your household is...?

Please tick the most suitable response.

- | | | |
|------------------|--------------------------|----|
| Much worse off | <input type="checkbox"/> | 01 |
| A bit worse off | <input type="checkbox"/> | 02 |
| About the same | <input type="checkbox"/> | 03 |
| A bit better off | <input type="checkbox"/> | 04 |
| Much better off | <input type="checkbox"/> | 05 |
| Don't know | <input type="checkbox"/> | 98 |

Q10. And how does your financial situation compare to most of your close work colleagues, would you say your household is...?

Please tick the most suitable response

- | | |
|----------------------------------|-----------------------------|
| Much worse off | <input type="checkbox"/> 01 |
| A bit worse off | <input type="checkbox"/> 02 |
| About the same | <input type="checkbox"/> 03 |
| A bit better off | <input type="checkbox"/> 04 |
| Much better off | <input type="checkbox"/> 05 |
| Don't know | <input type="checkbox"/> 98 |
| I don't have any work colleagues | <input type="checkbox"/> 07 |

Q11. And how does your financial situation compare with most of your friends, would you say your household is...?

Please tick the most suitable response

- | | |
|--------------------------|-----------------------------|
| Much worse off | <input type="checkbox"/> 01 |
| A bit worse off | <input type="checkbox"/> 02 |
| About the same | <input type="checkbox"/> 03 |
| A bit better off | <input type="checkbox"/> 04 |
| Much better off | <input type="checkbox"/> 05 |
| Don't know | <input type="checkbox"/> 98 |
| I don't have any friends | <input type="checkbox"/> 07 |

Q12. Does having too little money stop you from doing any of the following things...?

Please tick the most suitable response

	Yes	No	Don't want these
Buy your first choices of food items	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
Have family and friends round for a drink or meal	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
Have an outfit to wear for social or family occasions	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
Keep your home in a reasonable state of decoration	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
Replace or repair broken electrical goods	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
Pay for fares or other transport costs to get to and from places you want to go	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
Buy presents for friends or family once a year	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
Take the holidays you want	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
Treat yourself from time to time	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉

SOCIAL ACTIVITIES

Now some questions about your social activities.

Q13. How often, if at all, do you do any of the following activities?

Please tick the most suitable response

	Twice a month or more	About once a month	Every few months	About once or twice a year	Less than once a year	Never
Go to the cinema	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Eat out of the house	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Go to an art gallery or museum	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Go to the theatre, a concert or to the opera	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

Q14. Would you like to do any of the following activities more often but feel that, for whatever reason, you cannot?

Please tick the most suitable response

	Yes	No
Go to the cinema	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
Eat out of the house	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
Go to an art gallery or museum	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
Go to the theatre, a concert or to the opera	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

SUBJECTIVE LIFE EXPECTANCY

Q15. Thinking about other people of the same age and sex as yourself, to what age would you expect them to live, on average? Estimate if not sure.

years

Q16. And, what age would you expect yourself to live? Estimate if not sure.

years

HEALTH

The following are questions about your health. Please tick the best answer.

Q17. Overall in the last 30 days, what degree of aches and pains have you had?

None	<input type="checkbox"/> ₀₁
Mild	<input type="checkbox"/> ₀₂
Moderate	<input type="checkbox"/> ₀₃
Severe	<input type="checkbox"/> ₀₄
Extreme	<input type="checkbox"/> ₀₅

Q18. In the last 30 days, how much difficulty have you had with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

- None ₀₁
- Mild ₀₂
- Moderate ₀₃
- Severe ₀₄
- Extreme ₀₅

Q19. Overall, in the last 30 days, how much of a problem have you had with moving?

- None ₀₁
- Mild ₀₂
- Moderate ₀₃
- Severe ₀₄
- Extreme ₀₅

Q20. Overall, in the last 30 days, how much difficulty have you had with concentrating or remembering things?

- None ₀₁
- Mild ₀₂
- Moderate ₀₃
- Severe ₀₄
- Extreme ₀₅

Q21. Overall, in the last 30 days, how much of a problem have you had because of shortness of breath?

- | | | |
|----------|--------------------------|----|
| None | <input type="checkbox"/> | 01 |
| Mild | <input type="checkbox"/> | 02 |
| Moderate | <input type="checkbox"/> | 03 |
| Severe | <input type="checkbox"/> | 04 |
| Extreme | <input type="checkbox"/> | 05 |

ALCOHOL

Q22. Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

- | | | |
|----------------------------------|--------------------------|----------------|
| Almost every day | <input type="checkbox"/> | 01 |
| Five or six days a week | <input type="checkbox"/> | 02 |
| Three or four days a week | <input type="checkbox"/> | 03 |
| Once or twice a week | <input type="checkbox"/> | 04 |
| Once or twice a month | <input type="checkbox"/> | 05 |
| Once every couple of months | <input type="checkbox"/> | 06 |
| Once or twice a year | <input type="checkbox"/> | 07 |
| Not at all in the last 12 months | <input type="checkbox"/> | 08 → GO TO Q28 |

Q23. In the seven days ending yesterday, did you have an alcoholic drink?

Please tick one only

- | | | |
|-----|--------------------------|----|
| Yes | <input type="checkbox"/> | 01 |
| No | <input type="checkbox"/> | 02 |

Q24. On how many days out of the last seven did you have an alcoholic drink?

Please write in 1 - 7 days:

Q25. During the last seven days, how many measures of spirits did you have?

Drinks poured at home may be larger than a pub single measure - please estimate number of singles. If none, please enter '0'.

Please write in the number:

Q26. During the last seven days, how many glasses of wine did you have? Include sherry, port, and vermouth. If none, please enter '0'.

Please write in the number:

Q27. During the last seven days, how many pints of beer, lager or cider did you have? If none, please enter '0'.

Please write in the number:

FRUIT AND VEGETABLES

Q28. How many portions of vegetables - excluding potatoes - do you eat on a typical day?

A serving or portion of vegetables means three heaped tablespoons of green or root vegetables such as carrots, parsnips, spinach, small vegetables like peas, baked beans or sweet corn, or a medium bowl of salad (lettuce, tomatoes, etc).

Please write in portion:

Q29. How many portions of fruit - of any kind - do you eat on a typical day? If none, please enter '0'.

A portion of fruit is an apple or banana, a small bowl of grapes, or three tablespoons of tinned or stewed fruit. If you drink fruit juice, you can count one glass per day, but additional glasses of fruit juice do not count as additional portions.

Please write in portion:

YESTERDAY

Now, please pause briefly to think about yesterday, from the morning until the end of the day. Think about where you were, what you were doing, who you were with, and how you felt.

Q30. What day of the week was it yesterday?

Please tick one only

- Monday ₀₁
- Tuesday ₀₂
- Wednesday ₀₃
- Thursday ₀₄
- Friday ₀₅
- Saturday ₀₆
- Sunday ₀₇

Q31. What time did you wake up yesterday?

For example, if you woke up at 4:00AM, please write 04 in the hour boxes, 00 in the minutes boxes and AM in the last boxes.

Hours	Minutes	AM or PM

Q32. What time did you go to sleep at the end of the day yesterday?

For example, if you went to sleep at 11:30PM, please write 11 in the hour boxes, 30 in the minutes boxes and PM in the last boxes.

Hours	Minutes	AM or PM

Q33. Yesterday, did you feel any pain?

Please tick one only

- None ₀₁
- A little ₀₂
- Some ₀₃
- Quite a bit ₀₄
- A lot ₀₅

Q34. Did you feel well-rested yesterday morning (that is you slept well the night before)?

Please tick one only

- Yes ₀₁
- No ₀₂

Q35. Was yesterday a normal day for you or did something unusual happen? Please think about the things you did yesterday. How did you spend your time and how did you feel?

Please tick one only

- Yes - just a normal day ₀₁
- No, my day included unusual bad (stressful) things ₀₂
- No, my day included unusual good things ₀₃

Q36. Yesterday, did you watch TV?

Please tick one only

Yes

₀₁

No

₀₂ → GO TO Q39

Q37. How much time did you spend watching TV yesterday?

For example, if you spent one and a half hours, write 1 in the hours box and 30 in the minutes boxes.

Hours	Minutes

Q38. How did you feel when you were watching TV yesterday?

Rate each feeling on a scale from 0 - 'did not experience at all' to 6 - 'the feeling was very strong'.

Tick one box on each line

	Did not Experience at all					The feeling was very strong
Happy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ <input type="checkbox"/> ₆
Interested	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ <input type="checkbox"/> ₆
Frustrated	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ <input type="checkbox"/> ₆
Sad	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ <input type="checkbox"/> ₆

Q39. Yesterday did you work or volunteer?

Please tick one only

Yes

₀₁

No

₀₂ → GO TO Q42

Q40. How much time did you spend working or volunteering yesterday?

For example, if you spent nine and a half hours, write 9 in the hours box and 30 in the minutes box.

Hours	Minutes

Q41. How did you feel when you were working or volunteering yesterday?

Rate each feeling on a scale from 0 - 'did not experience at all' to 6 - 'the feeling was very strong'.

Tick one box on each line

	Did not Experience at all					The feeling was very strong	
	0	1	2	3	4	5	6
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q42. Yesterday did you go for a walk or exercise?

Please tick one only

Yes ₀₁

No ₀₂ → GO TO Q45

Q43. How much time did you spend walking or exercising yesterday?

Hours	Minutes

Q44. How did you feel when you were walking or exercising yesterday?

Rate each feeling on a scale from 0 - 'did not experience at all' to 6 - 'the feeling was very strong'.

Tick one box on each line

	Did not Experience at all					The feeling was very strong	
Happy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Interested	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Frustrated	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Sad	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q45. Yesterday did you do any health-related activities other than walking or exercise? For example, visiting a doctor, taking medications or doing treatments.

Please tick one only

Yes ₀₁

No ₀₂ → GO TO Q48

Q46. How much time did you spend doing health-related activities yesterday?

Hours	Minutes

Q47. How did you feel when you were doing health-related activities yesterday?

Rate each feeling on a scale from 0 - 'did not experience at all' to 6 - 'the feeling was very strong'.

Tick one box on each line

	Did not Experience at all					The feeling was very strong	
Happy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Interested	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Frustrated	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Sad	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q48. Yesterday did you travel or commute? E.g. by car, train, bus etc.

Please tick one only

Yes ₀₁

No ₀₂ → GO TO Q51

Q49. How much time did you spend travelling or commuting yesterday?

Hours	Minutes

Q50. How did you feel when you were travelling or commuting yesterday?

Rate each feeling on a scale from 0 - 'did not experience at all' to 6 - 'the feeling was very strong'.

Tick one box on each line

	Did not Experience at all					The feeling was very strong	
Happy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Interested	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Frustrated	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Sad	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q51. Yesterday did you spend time with friends or family?

Please tick one only

- Yes ₀₁
- No ₀₂ → GO TO Q54

Q52. How much time did you spend with friends or family yesterday?

Hours	Minutes

Q53. How did you feel when you were with friends or family yesterday?

Rate each feeling on a scale from 0 - 'did not experience at all' to 6 - 'the feeling was very strong'.

Tick one box on each line

	Did not Experience at all					The feeling was very strong
Happy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ <input type="checkbox"/> ₆
Interested	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ <input type="checkbox"/> ₆
Frustrated	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ <input type="checkbox"/> ₆
Sad	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅ <input type="checkbox"/> ₆

Q54. Yesterday did you spend time at home by yourself? Without a spouse, partner, or anyone else present.

Please tick one only

- Yes ₀₁
- No ₀₂ → GO TO Q57

Q55. How much time did you spend at home by yourself yesterday?

Hours	Minutes

Q56. How did you feel when you were at home by yourself yesterday?

Rate each feeling on a scale from 0 - 'did not experience at all' to 6 - 'the feeling was very strong'.

Tick one box on each line

	Did not Experience at all					The feeling was very strong	
Happy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Interested	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Frustrated	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Sad	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q57. Overall, how happy did you feel yesterday?

Please circle one answer, from 0 – 'not at all' to 10 – 'extremely', or Don't know.

Not at all											Extremely	Don't know 98
0	1	2	3	4	5	6	7	8	9	10		

Q58. Overall, how anxious did you feel yesterday?

Please circle one answer, from 0 – 'not at all' to 10 – 'extremely', or Don't know.

Not at all											Extremely	Don't know 98
0	1	2	3	4	5	6	7	8	9	10		

WELLBEING

Q59. Please say how much you agree or disagree with the following statements.

Tick one box on each line

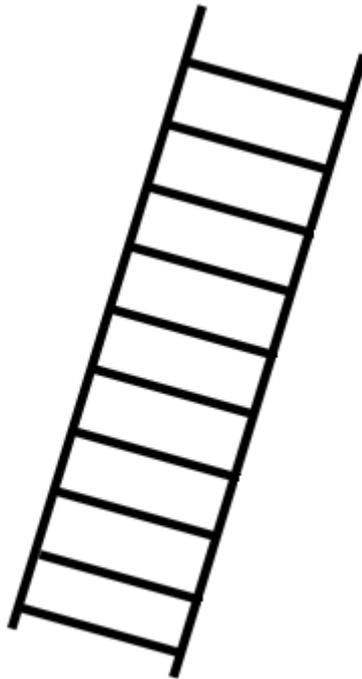
	Strongly agree	Agree	Disagree	Strongly Disagree
In most ways my life is close to my ideal	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
The conditions of my life are excellent	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I am satisfied with my life	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
So far I have got the important things I want in life	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
If I could live my life again, I would change almost nothing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q60. Think of this ladder as representing where people stand in our society.

At the top of the ladder are the people who are the best off - those who have the most money, most education and best jobs. At the bottom are the people who are the worst off - who have the least money, least education, and the worst jobs or no jobs.

The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

Please mark a cross on the rung on the ladder where you would place yourself.



Q61. Overall, how satisfied are you with your life nowadays?

Please circle one answer, from 0 – ‘not at all’ to 10 – ‘extremely’, or Don’t know.

Not at all

Extremely

Don’t
know

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--

Q62. Overall, to what extent do you feel the things you do in your life are worthwhile?

Please circle one answer, from 0 – ‘not at all’ to 10 – ‘extremely’, or Don’t know.

Not at all											Extremely	Don’t know
0	1	2	3	4	5	6	7	8	9	10		

Q63. Here are some questions about how you feel about your life in general. Please say how much you agree or disagree with the following statements.

	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
At home, I feel I have control over what happens in most situations	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
I feel that what happens in life is often determined by factors beyond my control	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
In general, I have different demands that I think are hard to combine	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
In general, I have enough time to do everything	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Considering the things I have to do at home, I have to work very fast	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

Q64. Here is a list of statements that people have used to describe their lives or how they feel.

How often do you feel this way?

	Often	Sometimes	Not often	Never
My age prevents me from doing the things I would like to	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I feel that what happens to me is out of my control	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I feel free to plan for the future	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I feel left out of things	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I can do the things that I want to do	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
Family responsibilities prevent me from doing what I want to do	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I feel that I can please myself what I do	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
My health stops me from doing things I want to do	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
Shortage of money stops me from doing the things I want to do	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I look forward to each day	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I feel that my life has meaning	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I enjoy the things that I do	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I enjoy being in the company of others	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
On balance, I look back on my life with a sense of happiness	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I feel full of energy these days	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I choose to do things that I have never done before	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I feel satisfied with the way my life has turned out	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I feel that life is full of opportunities	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I feel that the future looks good for me	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q65. The next questions are about how you feel about different aspects of your life.

For each one, please say how often you feel that way.

	Hardly ever or never	Some of the time	Often
How often do you feel you lack companionship?	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₁
How often do you feel left out?	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₁
How often do you feel isolated from others?	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₁
How often do you feel in tune with the people around you?	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₁
How often do you feel lonely?	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₁
How often do you feel sad, low or depressed?	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₁

**Q66. The next questions are about how you might describe your job.
ONLY answer these if you are in paid employment.**

Rate each statement from Strongly Agree to Strongly Disagree

STATEMENT	Agree strongly	Agree	Disagree	Strongly disagree
All things considered I am satisfied with my job	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
My job is physically demanding	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I receive the recognition I deserve for my work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
My salary is adequate	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
My job promotion prospects are poor	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
My job security is poor	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I am under constant time pressure due to a heavy workload	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I have very little freedom to decide how I do my work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I have the opportunity to develop new skills	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
I receive adequate support in difficult situations	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
At work, I feel I have control over what happens in most situations	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
Considering the things I have to do at work, I have to work very fast	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

SUPPORT FROM FAMILY & FRIENDS

Q67. Do you have a husband, wife or partner with whom you live?

Please tick one only

Yes

₀₁

No

₀₂ → GO TO Q70

Q68. We would now like to ask you some questions about your spouse or partner.

Please tick the box which best shows how you feel about each statement

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much can you rely on them if you have a serious problem?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they criticise you?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they let you down when you are counting on them?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they get on your nerves?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How often do they make too many demands on you?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q69. How close is your relationship with your spouse or partner?

Please tick one only

Very close

₀₁

Quite close

₀₂

Not very close

₀₃

Not at all close

₀₄

Q70. Do you have any children?

Please tick one only

Yes

₀₁

No

₀₂ → GO TO Q75

Q71. If yes, how many children do you have?

Q72. We would now like to ask you some questions about your children. Please tick the box which best shows how you feel about each statement.

Tick one box on each line

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much can you rely on them if you have a serious problem?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they criticise you?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they let you down when you are counting on them?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they get on your nerves?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How often do they make too many demands on you?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q73. On average, how often do you do each of the following with any of your children, not counting any who live with you?

Tick one box on each line

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Speak on the phone	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Write or email send or receive text messages	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

Q74. How many of your children would you say you have a close relationship with?

Please write the number in this box:

Q75. Do you have any other immediate family, for example, any brothers or sisters, parents, cousins or grandchildren?

Please tick one only

Yes

₀₁

No

₀₂ → GO TO Q79

Q76. We would now like to ask you some questions about these family members.

Please tick the box which best shows how you feel about each statement.

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much can you rely on them if you have a serious problem?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they criticise you?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they let you down when you are counting on them?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they get on your nerves?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How often do they make too many demands on you?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q77. On average, how often do you do each of the following with any of these family members, not counting any who live with you?

Tick one box on each line

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Speak on the phone	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Write or email send or receive text messages	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

Q78. How many of these family members would you say you have a close relationship with?

Please enter number in the box:

Q79. Do you have any friends?

Please tick one only

Yes

₀₁

No

₀₂ → GO TO Q83

Q80. We would now like to ask you some questions about your friends.

Please tick the box which best shows how you feel about each statement.

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much can you rely on them if you have a serious problem?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they criticise you?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they let you down when you are counting on them?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How much do they get on your nerves?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
How often do they make too many demands on you?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q81. On average, how often do you do each of the following with any of your friends, not counting any who live with you?

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Speak on the phone	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Write or email send or receive text messages	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

Q82. How many of your friends would you say you have a close relationship with?

Please enter number in the box:

Q83. When responding to the following statements, it is best to think of your life as it generally is now. Please be completely honest and note that there are no right or wrong answers.

Please tick the box which best shows how you feel about each statement.

	Yes	More or less	No
I experience a general sense of emptiness	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
I miss having people around me	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
I often feel rejected	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
There are plenty of people I can rely on when I have problems	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
There are many people I can trust completely	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
There are enough people I feel close to	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

Q84. How do you see yourself: are you generally a person that is fully prepared to take risks or do you try to avoid taking risks?

Please circle on the scale below, where the value 0 means “unwilling to take risks” and the value 10 means” fully prepared to take risks”.

Unwilling to take risks										Fully prepared to take risks
0	1	2	3	4	5	6	7	8	9	10

Q85. Are you a person that is fully prepared to take financial risks or do you try to avoid taking financial risks?

Please circle on the scale below, where the value 0 means “unwilling to take risks” and the value 10 means” fully prepared to take risks”.

Unwilling to take risks										Fully prepared to take risks
0	1	2	3	4	5	6	7	8	9	10

The following questions ask you to imagine that you are making decisions about different situations.

Imagine you are the sole provider of your household and you have the choice between two equally good incomes. The incomes mentioned should be considered net income (after all taxes and social security).

For each of the three choices below, which income would you choose?

Q86. Income A, which will with certainty give you a £1,500 per month for the rest of your life OR Income B which will give you a 50-50 chance of £3,000 and a 50-50 chance of £1,000 per month for the rest of your life.

Would you choose Income A or Income B?

Income A ₀₁

Income B ₀₂

Q87. Income A, which will with certainty give you a £1,500 per month for the rest of your life OR Income B, which will give you a 50-50 chance of £3,000 and a 50-50 chance of £1,200 per month for the rest of your life.

Would you choose Income A or Income B?

Income A ₀₁

Income B ₀₂

Q88. Income A, which will with certainty give you a £1,500 per month for the rest of your life OR Income B, which will give you a 50-50 chance of £3,000 and a 50-50 chance of £1,300 per month for the rest of your life.

Would you choose Income A or Income B?

Income A ₀₁

Income B ₀₂

The following questions are about people’s preferences over having something now compared with at some point in the future.

Q89. Are you generally an impatient person or someone who always shows patience?

Please circle on the scale below, where the value 0 means “impatient” and the value 10 means “patient”.

Impatient										Patient
0	1	2	3	4	5	6	7	8	9	10

Now please imagine you had the following choices to make. The money amounts mentioned will be without any risk involved and should be considered as net income (after all taxes and social security). For each of the choices below, which option would you prefer?

Q90. Would you rather have £1,500 now or £1,506 a month from now?

- (a) £1,500 now
- (b) £1,506 a month from now

Q91. Would you rather have £1,500 now or £1,512 a month from now?

- (a) £1,500 now
- (b) £1,512 a month from now

Q92. Would you rather have £1,500 now or £1,518 a month from now?

- (a) £1,500 now
- (b) £1,518 a month from now

Q93. Would you rather have £1,500 now or £1,524 a month from now?

- (a) £1,500 now
- (b) £1,524 a month from now

Q94. Would you rather have £1,500 now or £1,536 a month from now?

- (a) £1,500 now
- (b) £1,536 a month from now

Q95. Would you rather have £1,500 now or £1,548 a month from now?

- (a) £1,500 now
- (b) £1,548 a month from now

Q96. Would you rather have £1,500 now or £1,596 a month from now?

- (a) £1,500 now
- (b) £1,596 a month from now

Q97. On the following pages, there are phrases describing people’s behaviour. Please use the rating scale below to describe how accurately each statement describes you.

Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. So that you can describe yourself in an honest manner, your responses will be kept in absolute confidence.

Please read each statement carefully, and then put a tick in the box that corresponds to your reply. You should put one tick in each row.

	Very Inaccurate	Moderately Inaccurate	Neither Inaccurate nor Accurate	Moderately Accurate	Very Accurate
I am the life of the party	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I feel little concern for others	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am always prepared	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I get stressed out easily	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I have a rich vocabulary	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
<hr/>					
I don’t talk a lot	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am interested in people	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I leave my belongings around	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am relaxed most of the time	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I have difficulty understanding abstract ideas	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
<hr/>					
I feel comfortable around people	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I insult people	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I pay attention to details	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I worry about things	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I have a vivid imagination	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
<hr/>					
I keep in the background	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

	Very Inaccurate	Moderately Inaccurate	Neither Inaccurate nor Accurate	Moderately Accurate	Very Accurate
I sympathise with others' feelings	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I make a mess of things	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I seldom feel blue	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am not interested in abstract ideas	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I start conversations	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am not interested in other people's problems	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I get chores done right away	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am easily disturbed	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I have excellent ideas	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I have little to say	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I have a soft heart	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I often forget to put things back in their proper place	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I get upset easily	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I do not have a good imagination	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I talk to a lot of different people at parties	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am not really interested in others	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I like order	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I change my mood a lot	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am quick to understand things	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I don't like to draw attention to myself	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I take time out for others	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I shirk my duties	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I have frequent mood swings	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I use difficult words	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I don't mind being the centre of attention	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I feel others' emotions	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I follow a schedule	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

	Very Inaccurate	Moderately Inaccurate	Neither Inaccurate nor Accurate	Moderately Accurate	Very Accurate
I get irritated easily	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I spend time reflecting on things	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am quiet around strangers	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I make people feel at ease	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am exacting in my work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I often feel blue	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
I am full of ideas	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q98. If there is anything else you would like to tell us, please write in the space below. We shall be very interested to read what you have to say.

Thank you very much for taking the time to answer our questions.

Please give the questionnaire to the interviewer, or post back in the envelope provided. All your answers will remain confidential in accordance with the Data Protection Act 1998.