



Understanding
Society

ADULT SELF-COMPLETION QUESTIONNAIRE (AGED 16+)

INTERVIEWER WRITE IN FROM CAPI SCREEN

Serial	Address	HH. No	ChkL	P.No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First name	Int No	F/Area	F/Month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Completing the questionnaire

Please answer questions by ticking the box next to the answer, as in the example below. Some questions have instructions that show which question to answer next. If there are no instructions, just answer the next question.

Please tick only one box for each question.

Example Question

Did you have breakfast this morning?

Yes → Q1

No

Returning the questionnaire

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to them. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can.

Now please go to Q1 and start filling in your answers →

Q1

Please write in your date of birth:

DD [] [] MM [] [] YYYY 1 9 [] []

SCDOBD

SCDOBM

SCDOBY4

Q2

Are you male or female?

SCSEX

Male

Female

For each of the following questions, please tick the one box that best describes your answer.

Q3

In general, would you say your health is? SCSF1

Excellent [] Very good [] Good [] Fair [] Poor []

Q4

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Yes, limited a lot Yes, limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf [] [] [] SCSF2a

Climbing several flights of stairs [] [] [] SCSF2b

Q5

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

All of the time Most of the time Some of the time A little of the time None of the time

Accomplished less than you would like [] [] [] [] [] SCSF3a

Were limited in the kind of work or other activities [] [] [] [] [] SCSF3b

Q6

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

All of the time Most of the time Some of the time A little of the time None of the time

Accomplished less than you would like [] [] [] [] [] SCSF4A

Did work or other activities less carefully than usual [] [] [] [] [] SCSF4B

Q7

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all A little bit Moderately Quite a bit Extremely

[] [] [] [] [] SCSF5

Q8

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

All of the time Most of the time Some of the time A little of the time None of the time

Have you felt calm and peaceful? [] [] [] [] [] SCSF6A

Did you have a lot of energy? [] [] [] [] [] SCSF6B

Have you felt downhearted and depressed? [] [] [] [] [] SCSF6C

Q9

During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCSF7

Here are some questions regarding the way you have been feeling over the last few weeks. For each question please tick the box next to the answer that best describes the way you have felt.

Have you recently...

Q10

...been able to concentrate on whatever you're doing?

Better than usual	<input type="checkbox"/>
Same as usual	<input type="checkbox"/>
Less than usual	<input type="checkbox"/>
Much less than usual	<input type="checkbox"/>

SCGHQA

Q11

...lost much sleep over worry?

Not at all	<input type="checkbox"/>
No more than usual	<input type="checkbox"/>
Rather more than usual	<input type="checkbox"/>
Much more than usual	<input type="checkbox"/>

SCGHQB

Q12

...felt that you were playing a useful part in things?

More so than usual	<input type="checkbox"/>
Same as usual	<input type="checkbox"/>
Less so than usual	<input type="checkbox"/>
Much less than usual	<input type="checkbox"/>

SCGHQC

Have you recently...

Q13

...felt capable of making decisions about things?

More so than usual	<input type="checkbox"/>
Same as usual	<input type="checkbox"/>
Less so than usual	<input type="checkbox"/>
Much less capable	<input type="checkbox"/>

SCGHQD

Q14

...felt constantly under strain?

Not at all	<input type="checkbox"/>
No more than usual	<input type="checkbox"/>
Rather more than usual	<input type="checkbox"/>
Much more than usual	<input type="checkbox"/>

SCGHQE

Q15

...felt you couldn't overcome your difficulties?

Not at all	<input type="checkbox"/>
No more than usual	<input type="checkbox"/>
Rather more than usual	<input type="checkbox"/>
Much more than usual	<input type="checkbox"/>

SCGHQF

Q16

...been able to enjoy your normal day-to-day activities?

More so than usual	<input type="checkbox"/>
Same as usual	<input type="checkbox"/>
Less so than usual	<input type="checkbox"/>
Much less than usual	<input type="checkbox"/>

SCGHQG

Q17

...been able to face up to problems?

More so than usual	<input type="checkbox"/>
Same as usual	<input type="checkbox"/>
Less able than usual	<input type="checkbox"/>
Much less able	<input type="checkbox"/>

SCGHGH

Have you recently...

Q18

...been feeling unhappy or depressed?

SCGHQI

Not at all

No more than usual

Rather more than usual

Much more than usual

Q19

...been losing confidence in yourself?

SCGHQJ

Not at all

Not more than usual

Rather more than usual

Much more than usual

Q20

...been thinking of yourself as a worthless person?

SCGHQK

Not at all

No more than usual

Rather more than usual

Much more than usual

Q21

...been feeling reasonably happy, all things considered?

SCGHQL

More so than usual

About the same as usual

Less so than usual

Much less than usual

Q22

We'd like to know how important various things are to your sense of who you are. Please think about each of the following and tick the box that indicates whether you think it is very important, fairly important, not very important or not at all important to your sense of who you are. Please tick one answer on each line.

	Very important to my sense of who I am	Fairly important to my sense of who I am	Not very important to my sense of who I am	Not at all important to my sense of who I am	Don't know/ doesn't apply	
Your profession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWHORUPRO
Your level of education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWHORUEDU
Your ethnic or racial background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCHOWRURAC
Your political beliefs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWHORUPOL
Your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWHORUFAM
Your gender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWHORUSEX
Your age and life stage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWHORUAGE

Q23

How old were you the first time you ever had an alcoholic drink, that is, a whole drink not just a sip? Do not include non-alcoholic or low alcohol drinks but do include shandy.

Please, either write in your age, in years, OR tick the box indicating you've never had an alcoholic drink.

Write in how old you were then Have never had an alcoholic drink

SCAGE1DRINK years old → Q24 → Q31 SCEVERDRNK

Q24

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

SCFALCDRNK

Almost every day

Five or six days a week

Three or four days a week

Once or twice a week → Q25

Once or twice a month

Once every couple of months

Once or twice a year

Not at all in the last 12 months → Q31

Q25

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

Yes → Q26

No → Q31

SCALCL7D

Q26

In the last seven days, on how many days did you have an alcoholic drink? Tick one box only.

- One day
- Two days
- Three days
- Four days
- Five days
- Six days
- Seven days

SCNALCL7D

Q27

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

On the day you drank the most, how many **pints of beer, lager, stout or cider** did you have?

If none, please enter '0'.

Write number in this box pints

SCNALCPINT

Q28

On the day you drank the most, how many measures of **spirits** or liqueurs, such as gin, whisky, rum, brandy, vodka or cocktails did you have? Drinks poured at home may be larger than a pub single measure – please estimate the number of single measures.

If none, please enter '0'.

Write the number in this box single measures

SCNALCSHOT

Q29

On the day you drank the most, how many **glasses of wine** did you have? Include sherry, port or vermouth.

If none, please enter '0'.

Write the number in this box glasses

SCNALCWINE

Q30

On the day you drank the most, how many **'alcopops'** did you have? Include **pre-mixed** alcoholic drinks such as Bacardi Breezer, WKD or Smirnoff Ice.

If none, please enter '0'.

SCNALCPOPS

Write the number in this box bottles

Q31

Here are some questions about how you feel about your life. Please tick the number which you feel best describes how dissatisfied or satisfied you are with the following aspects of your current situation.

1 = Completely dissatisfied, 7 = Completely satisfied

	Completely dissatisfied	Mostly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Mostly satisfied	Completely satisfied	
Your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLFSAT1
The income of your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLFSAT2
The amount of leisure time you have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLFSAT7
Your life overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLFSATO

Q32

Please say how much you agree or disagree with the following statements. Tick one box on each line.

	Strongly agree	Moderately agree	Slightly agree	Slightly disagree	Moderately disagree	Strongly disagree	
At home, I feel I have control over what happens in most situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCHMCONT
I feel that what happens in life is often determined by factors beyond my control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLOUTCONT
In general, I have different demands on me that are hard to combine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCDEM2MANY
In general, I have enough time to do everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCTIMEMNUF
Considering the things I have to do at home, I have to work very fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWKVFAST

Q33

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

Yes → Q34

SCMOLWP

No → Q35

Q34

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	Somewhat	A little	Not at all
SCPUNDSTND	How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCPRELY	How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCPOPENUP	How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCPCRITIC	How much do they criticise you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCPLETDWN	How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCPANNOY	How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35

Do you have any immediate family, for example, any children, brothers or sisters, parents, cousins, aunts, uncles, grandparents or grandchildren? Please do not consider deceased persons when answering.

Yes → Q36

No → Q37

SCRELANY

Q36

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	Somewhat	A little	Not at all
SCRUNDSTND	How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCRRELY	How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCROPENUP	How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCRCRITIC	How much do they criticise you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCRLETDWN	How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCRANNOY	How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q37

Do you have any friends?

Yes → Q38

SCFRENDANY

No → Q39

Q38

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

Q39

Please think of the person you can **best** share your private feelings and concerns with. Is this person male or female?

Male } → Q40

Female }

SCSSUP1

Have no-one to share my feelings with → Q41

Q40

What is this person's relationship to you? Tick one box only.

SCSSUPR2R

- Husband/wife or partner
- Son or Daughter
- Mother or Father
- Brother or Sister
- Grandparent
- Grandchild
- Aunt/Uncle or Cousin
- Other relative
- Friend

Q41

Here are some questions about family life. Do **you personally** agree or disagree...

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
SCOPFAMA	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"/>
SCOPFAMB	All in all, family life suffers when the woman has a full-time job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCOPFAMD	Both the husband and wife should contribute to the household income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCOPFAMF	A husband's job is to earn money; a wife's job is to look after the home and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCOPFAMH	Employers should make special arrangements to help mothers combine jobs and childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q42

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

[SCANYELSETXT](#)

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



Please place the questionnaire in the envelope and hand it back to your interviewer

Or please return to the address below:

National Centre for Social Research
Unit B2, Admiralty Park, Station Road, Holton Heath,
Poole, BH16 6HX