Understanding Society

ADULT SELF-COMPLETION QUESTIONNAIRE (AGED 16+)

INTERVIEWER WRITE IN FROM CAPI SCREEN

Serial | Address | HH. No | ChkL | P.No

First name | Int No | F/Area | F/Month

P2976

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 SCDOBY

Q2

Are you male or female?

Male Female SCSEX

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?

	Excellent	Very good	Good	Fair	Poor
SCSF1					

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
SCSF2a	**Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
SCSF2b	Climbing **several** flights of stairs			

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
SCSF3a	**Accomplished less** than you would like					
SCSF3b	Were limited in the **kind** of work or other activities					

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
SCSF4a	**Accomplished less** than you would like					
SCSF4b	Did work or other activities **less carefully than usual**					

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
SCSF6a	Have you felt calm and peaceful?					
SCSF6b	Did you have a lot of energy?					
SCSF6c	Have you felt downhearted and depressed?					

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
SCSF7					

Q10

Below is a list of the ways you might have felt or behaved. Please tick the box that indicates how often you have felt this way during the past week.

		Rarely or none of the time (less than one day)	Some or a little of the time (1 – 2 days)	Occasionally or a moderate amount of time (3 – 4 days)	Most or all of the time (5 – 7 days)
SCBOTHER	I was bothered by things that usually don't bother me	☐	☐	☐	☐
SCATTEN	I had trouble keeping my mind on what I was doing	☐	☐	☐	☐
SCDEPRESS	I felt depressed	☐	☐	☐	☐
SCEFFORT	I felt that everything I did was an effort	☐	☐	☐	☐
SCHOPEFUL	I felt hopeful about the future	☐	☐	☐	☐
SCFEARFUL	I felt fearful	☐	☐	☐	☐
SCRESTLESS	My sleep was restless	☐	☐	☐	☐
SCHAPPY	I was happy	☐	☐	☐	☐
SCLONELY	I was lonely	☐	☐	☐	☐
SCUNINSP	I could not get 'going'	☐	☐	☐	☐

The following questions relate to your usual sleep habits during the last month. Please indicate the most accurate reply for the majority of days and nights in the past month.

Q11

How many hours of actual sleep did you usually get at night during the last month?

This may be different than the actual number of hours you spent in bed.

SCHRS_SLPH ☐☐ : SCHRS_SLPM ☐☐

Hours Minutes

Hours of sleep per night

Q12

During the **past month,** how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	More than once most nights	
...cannot get to sleep within 30 minutes?	☐	☐	☐	☐	☐	SCTSLP_30M
...wake up in the middle of the night or early in the morning?	☐	☐	☐	☐	☐	SCTSLP_WAK
...cough or snore loudly?	☐	☐	☐	☐	☐	SCTSLP_CGH

Q13

During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?

Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	
☐	☐	☐	☐	SCMED_SLP

Q14

During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	
☐	☐	☐	☐	SCTSTA_AWK

Q15

During the past month, how would you rate your sleep quality overall?

Very good	Fairly good	Fairly bad	Very bad	
☐	☐	☐	☐	SCSLP_QUAL

Q16

Next, here some statements about neighbourhoods. Please tick the box that indicates how strongly you agree or disagree with each statement

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
I feel like I belong to this neighbourhood	☐	☐	☐	☐	☐	SCOPNGBHA
The friendships and associations I have with other people in my neighbourhood mean a lot to me	☐	☐	☐	☐	☐	SCOPNGBHB
If I needed advice about something I could go to someone in my neighbourhood	☐	☐	☐	☐	☐	SCOPNGBHC
I borrow things and exchange favours with my neighbours	☐	☐	☐	☐	☐	SCOPNGBHD
I would be willing to work together with others on something to improve my neighbourhood	☐	☐	☐	☐	☐	SCOPNGBHE
I plan to remain a resident of this neighbourhood for a number of years	☐	☐	☐	☐	☐	SCOPNGBHF
I like to think of myself as similar to the people who live in this neighbourhood	☐	☐	☐	☐	☐	SCOPNGBHG
I regularly stop and talk with people in my neighbourhood	☐	☐	☐	☐	☐	SCOPNGBHH

The following questions are about how you see yourself as a person. Please tick the number which best describes how you see yourself where 1 means 'does not apply to me at all' and 7 means 'applies to me perfectly'.

Q17

1 = DOES NOT APPLY TO ME AT ALL
7 = APPLIES TO ME PERFECTLY

I see myself as someone who...

Is sometimes rude to others

SCOPTRT5A1

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Does a thorough job

SCOPTRT5C1

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Is talkative

SCOPTRT5E1

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Worries a lot

SCOPTRT5N1

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Is original, comes up with new ideas

SCOPTRT5O1

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Has a forgiving nature

SCOPTRT5A2

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Tends to be lazy

SCOPTRT5C2

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

I see myself as someone who...

Is outgoing, sociable

SCOPTRTE2

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Gets nervous easily

SCOPTRTN2

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Values artistic, aesthetic experiences

SCOPTRTO2

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Is considerate and kind to almost everyone

SCOPTRTA3

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Does things efficiently

SCOPTRTC3

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Is reserved

SCOPTRTE3

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Is relaxed, handles stress well

SCOPTRTN3

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Has an active imagination

SCOPTRT03

1 Does not apply to me at all | 2 | 3 | 4 | 5 | 6 | 7 Applies to me perfectly

Here are a few questions about your friends. Please choose the three people you consider to be your closest friends starting with the first friend. They should NOT include people who live with you but they can include relatives.

Q18

	1st friend	2nd friend	3rd friend
Is this friend	Male ☐ Female ☐ NETSX1	Male ☐ Female ☐ NETSX2	Male ☐ Female ☐ NETSX3
Is this person a relative?	No, not a relation NETRL1 ☐ Spouse or partner ☐ Son or Daughter ☐ Brother or Sister ☐ Parent ☐ Grandparent ☐ Grandchild ☐ Aunt, Uncle or Cousin ☐ Some other relative NETWR1 ☐	No, not a relation NETRL2 ☐ Spouse or partner ☐ Son or Daughter ☐ Brother or Sister ☐ Parent ☐ Grandparent ☐ Grandchild ☐ Aunt, Uncle or Cousin ☐ Some other relative NETWR2 ☐	No, not a relation NETRL3 ☐ Spouse or partner ☐ Son or Daughter ☐ Brother or Sister ☐ Parent ☐ Grandparent ☐ Grandchild ☐ Aunt, Uncle or Cousin ☐ Some other relative NETWR3 ☐
What is your friend's age?	Years ☐☐ NETAG1	Years ☐☐ NETAG2	Years ☐☐ NETAG3
About how long have you known him or her?	Less than 1 year ☐ 1-2 years ☐ 3-10 years ☐ 10 years or more NETKN1 ☐	Less than 1 year ☐ 1-2 years ☐ 3-10 years ☐ 10 years or more NETKN2 ☐	Less than 1 year ☐ 1-2 years ☐ 3-10 years ☐ 10 years or more NETKN3 ☐
How often do you see or get in touch with your friend either by visiting, writing or by telephone?	Most days ☐ At least once a week ☐ At least once a month ☐ Less often NETPH1 ☐	Most days ☐ At least once a week ☐ At least once a month ☐ Less often NETPH2 ☐	Most days ☐ At least once a week ☐ At least once a month ☐ Less often NETPH3 ☐

	1st friend	2nd friend	3rd friend
About how many miles away does your friend live?	Less than one mile ☐ Less than five miles ☐ Between five and fifty miles ☐ Over fifty miles NETLV1 ☐	Less than one mile ☐ Less than five miles ☐ Between five and fifty miles ☐ Over fifty miles NETLV2 ☐	Less than one mile ☐ Less than five miles ☐ Between five and fifty miles ☐ Over fifty miles NETLV3 ☐
Which of these best describes what your friend does?	Full time employment ☐ Part time employment ☐ Unemployed ☐ Full time education ☐ Full time housework ☐ Fully retired NETJB1 ☐	Full time employment ☐ Part time employment ☐ Unemployed ☐ Full time education ☐ Full time housework ☐ Fully retired NETJB2 ☐	Full time employment ☐ Part time employment ☐ Unemployed ☐ Full time education ☐ Full time housework ☐ Fully retired NETJB3 ☐
Which of these describes your friend's ethnic group?	White ☐ Asian ☐ Black African ☐ Black Caribbean ☐ Chinese ☐ Mixed White and Black Caribbean ☐ Mixed White and Black African ☐ Mixed White and Asian ☐ Any other ethnic background NETET1 ☐	White ☐ Asian ☐ Black African ☐ Black Caribbean ☐ Chinese ☐ Mixed White and Black Caribbean ☐ Mixed White and Black African ☐ Mixed White and Asian ☐ Any other ethnic background NETET2 ☐	White ☐ Asian ☐ Black African ☐ Black Caribbean ☐ Chinese ☐ Mixed White and Black Caribbean ☐ Mixed White and Black African ☐ Mixed White and Asian ☐ Any other ethnic background NETET3 ☐

Q19

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

Yes ☐ → Q20 No ☐ → Q21

SCMOLWP

Q20

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
SCSPUNDFEEL	How much do they really understand the way you feel about things?	☐	☐	☐	☐
SCSPRELY	How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
SCSPOUWURY	How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
SCSPCRITICISE	How much do they criticise you?	☐	☐	☐	☐
SCSPLETDWN	How much do they let you down when you are counting on them?	☐	☐	☐	☐
SCSPIRRITATE	How much do they get on your nerves?	☐	☐	☐	☐

Q21

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 ☐ → Q22 No ☐ → Q23 SCIMFAM

Q22

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
SCRUNDFEEL	How much do they really understand the way you feel about things?	☐	☐	☐	☐
SCRRELY	How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
SCROUWURY	How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
SCRCRITICISE	How much do they criticise you?	☐	☐	☐	☐
SCRLETDWN	How much do they let you down when you are counting on them?	☐	☐	☐	☐
SCRIRRITATE	How much do they get on your nerves?	☐	☐	☐	☐

Q23

Do you have any friends?

Yes ☐ → Q24 No ☐ → Q25

SCNYFREND

Q24

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
SCFUNDFEEL	How much do they really understand the way you feel about things?	☐	☐	☐	☐
SCFRELY	How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
SCFOUWURY	How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
SCFCRITICISE	How much do they criticise you?	☐	☐	☐	☐
SCFLETDWN	How much do they let you down when you are counting on them?	☐	☐	☐	☐
SCFIRRITATE	How much do they get on your nerves?	☐	☐	☐	☐

Q25

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

Male ☐ Female ☐ → Q26 Have no-one to share my feelings with ☐ → Q27

SCSSUP1 SCSSUP1

Q26

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

Q27

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.

Understanding Society

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