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

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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 SCDOBD MM SCDOBM YYYY 1 9 SCDOBY

Q2

Are you male or female?

SCSEX

Male

Female

Q3

What is the current date and time? *Please record time using the 24-hour clock, ie: 4pm is 16.00 hours.*

DD SCSTRTD MM SCSTRTM YYYY 2 0 SCSTRTY4

Hours SCSTRTTH : Minutes SCSTRTTM

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

Q4

In general, would you say your health is?

SCSF1

Excellent	Very good	Good	Fair	Poor

Q5

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			

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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 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					

Q7

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**					

Q8

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					

Q9

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?					

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Q10

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.)?

SCSF7

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

Here are some further 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...

Q11

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

SCGHQA

- Better than usual ☐
- Same as usual ☐
- Less than usual ☐
- Much less than usual ☐

Q12

...lost much sleep over worry?

SCGHQB

- Not at all ☐
- No more than usual ☐
- Rather more than usual ☐
- Much more than usual ☐

Q13

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

SCGHQC

- More so than usual ☐
- Same as usual ☐
- Less so than than usual ☐
- Much less than usual ☐

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Have you recently...

Q14

...felt capable of making decisions about things?

SCGHQD

- More so than usual ☐
- Same as usual ☐
- Less so than usual ☐
- Much less capable ☐

Q15

...felt constantly under strain?

SCGHQE

- Not at all ☐
- No more than usual ☐
- Rather more than usual ☐
- Much more than usual ☐

Q16

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

SCGHQF

- Not at all ☐
- No more than usual ☐
- Rather more than usual ☐
- Much more than usual ☐

Q17

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

SCGHQG

- More so than usual ☐
- Same as usual ☐
- Less so than than usual ☐
- Much less than usual ☐

Q18

...been able to face up to problems?

SCGHQH

- More so than usual ☐
- Same as usual ☐
- Less able than usual ☐
- Much less able ☐

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Have you recently...

Q19

...been feeling unhappy or depressed?

SCGHQI

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

Q20

...been losing confidence in yourself?

SCGHQJ

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

Q21

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

SCGHQK

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

Q22

...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

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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.

Q23

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

Q24

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? SCSLP_30M					
...wake up in the middle of the night or early in the morning? SCSLP_WAK					
...cough or snore loudly? SCSLP_CGH					

Q25

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

SCMED_SLP

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

Q26

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

SCTSTA_AWK

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

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Q27

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

SCSLP_QUAL

- Very good ☐
- Fairly good ☐
- Fairly bad ☐
- Very bad ☐

Q28

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last **2 weeks**.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future SCWEMWBA	☐	☐	☐	☐	☐
I've been feeling useful SCWEMWBB	☐	☐	☐	☐	☐
I've been feeling relaxed SCWEMWBC	☐	☐	☐	☐	☐
I've been dealing with problems well SCWEMWBD	☐	☐	☐	☐	☐
I've been thinking clearly SCWEMWBE	☐	☐	☐	☐	☐
I've been feeling close to other people SCWEMWBF	☐	☐	☐	☐	☐
I've been able to make up my own mind about things SCWEMWBG	☐	☐	☐	☐	☐

Here are a few questions about your friends.

Q29

How many close friends would you say you have?

PLEASE ENTER NUMBER ☐☐

CLOSENUM

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Thinking of up to three of your closest friends, we would like to ask some questions about each of them. None of the things we would like to know allow us to identify your friend. Don't worry about the order in which you tell us about them.

Q30

	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 ☐ NETWR1	No, not a relation ☐ NETWR2	No, not a relation ☐ NETWR3
	Spouse or partner ☐	Spouse or partner ☐	Spouse or partner ☐
	Son or Daughter ☐	Son or Daughter ☐	Son or Daughter ☐
	Brother or Sister ☐	Brother or Sister ☐	Brother or Sister ☐
	Parent ☐	Parent ☐	Parent ☐
	Grandparent ☐	Grandparent ☐	Grandparent ☐
	Grandchild ☐	Grandchild ☐	Grandchild ☐
	Aunt, Uncle or Cousin ☐	Aunt, Uncle or Cousin ☐	Aunt, Uncle or Cousin ☐
	Some other relative ☐ NETRL1	Some other relative ☐ NETRL2	Some other relative ☐ NETRL3
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 ☐	Less than 1 year ☐	Less than 1 year ☐
	1-2 years ☐	1-2 years ☐	1-2 years ☐
	3-10 years ☐	3-10 years ☐	3-10 years ☐
	10 years or more ☐ NETKN1	10 years or more ☐ NETKN2	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 ☐	Most days ☐	Most days ☐
	At least once a week ☐	At least once a week ☐	At least once a week ☐
	At least once a month ☐	At least once a month ☐	At least once a month ☐
	Less often ☐ NETPH1	Less often ☐ NETPH2	Less often ☐ NETPH3

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	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

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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
SCLFSAT1	Your health	1	2	3	4	5	6	7
SCLFSAT2	The income of your household	1	2	3	4	5	6	7
SCLFSAT7	The amount of leisure time you have	1	2	3	4	5	6	7
SCLFSAT0	Your life overall	1	2	3	4	5	6	7

Q32

Which of the following options best describes how you think of yourself?

SEXUOR

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other
- Prefer not to say

Q33

What is the current date and time? *Please record time using the 24-hour clock, ie: 4pm is 16.00 hours.*

DD SCSTRTD MM SCSTRTM YYYY 2 0 SCSTRTY4

Hours SCSTRTTH : Minutes SCSTRTTM

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

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