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

P3026 IP5 v1

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? 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? SCSFI

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?

SCSF2a	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			
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**?

SCSF3a	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					
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)?

SCSF4a	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					
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)?

SCSF5 Not at all A little bit Moderately Quite a bit Extremely

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**...

SCSF6a	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?					
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

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?

SCGHQA

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

Q11

...lost much sleep over worry?

SCGHQB

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

Q12

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

SCGHQC

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

Have you recently...

Q13

...felt capable of making decisions about things?

SCGHQD

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

Q14

...felt constantly under strain?

SCGHQE

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

Q15

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

SCGHQF

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

Q16

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

SCGHQG

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

Q17

...been able to face up to problems?

SCGHQH

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

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

Are you married or living with a partner?

SCMOLWP

- Yes → Q23
- No → Q27

Q23

Please indicate on each question the box which best describes your relationship with your partner at the moment. Please tick one box only for each question.

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
How often do you have a stimulating exchange of ideas? SCRELPAREI						
How often do you calmly discuss something? SCRELPARCD						
How often do you work together on a project? SCRELPARWT						

Q24

Please indicate on each question the box which best describes your relationship with your partner at the moment. Please tick one box only for each question.

	All of the time	Most of the time	More often than not	Occasionally	Rarely	Never
How often do you discuss or consider divorce, separation or terminating your relationship? SCRELPARDS						
Do you ever regret that you married or lived together? SCRELPARRG						
How often do you and your partner quarrel? SCRELPARAR						
How often do you and your partner "get on each other's nerves"? SCRELPARIR						
Do you kiss your partner? SCRELPARKS						

Q25

Do you and your partner engage in outside interests together?

SCPAROUTINT

- All of them
- Most of them
- Some of them
- Very few of them
- None of them

Q26

The boxes on the following line represent different degrees of happiness in your relationship. The middle point, “happy”, represents the degree of happiness of most relationships. Please tick the box which best describes the degree of happiness, all things considered, of your relationship.

Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect

SCRELHAPPY

Q27

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.

SCAGE1DRNK — Write in how old you were then ____ years old → Q28

SCEVERDRNKPCS — Have never had an alcoholic drink → Q35

Q28

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
- Once or twice a month
- Once every couple of months
- Once or twice a year

→ Q29

- Not at all in the last 12 months → Q35

Q29

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

SCALCL7DAY

- Yes → Q30
- No → Q35

Q30

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

SCNALC7DAY

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

Q31

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

Q32

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

Q33

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

Q34

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

Q35

The next set of questions concern your views about yourself. Please indicate your level of agreement or disagreement with each statement.

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
It feels wonderful to assist others in need. NRPERA	☐	☐	☐	☐	☐
Volunteering to help someone is very rewarding. NRPERB	☐	☐	☐	☐	☐
I prefer to make my own way in life rather than find a group I can follow. NRPERC	☐	☐	☐	☐	☐
I often rely on, and act upon, the advice of others. NRPERD	☐	☐	☐	☐	☐
I want my close friends to be predictable. NRPERE	☐	☐	☐	☐	☐
I typically prefer to do things the same way. NRPERF	☐	☐	☐	☐	☐

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