



Understanding
Society

ADULT SELF-COMPLETION QUESTIONNAIRE (AGED 16+)

OFFICE USE ONLY

Point.No

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Address

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HH.No

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P.No

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ChkL

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First name

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Int No

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F/Area

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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 ☒ 1 → Q1
No ☐ 2

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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
Day		Month		Year			

SCDOBD

SCDOBM

SCDOBY4

Q2

Are you male or female?

SCSEX

Male

☐

Female

☐

The first questions are about how you have been feeling recently.

Have you recently...

Q3

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

SCGHQA

Better than usual

☐

Same as usual

☐

Less than usual

☐

Much less than usual

☐

Q4

...lost much sleep over worry?

SCGHQB

Not at all

☐

No more than usual

☐

Rather more than usual

☐

Much more than usual

☐

Q5

...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...

Q6

...felt capable of making decisions about things?

SCGHQD

More so than usual

☐

Same as usual

☐

Less so than usual

☐

Much less capable

☐

Q7

...felt constantly under strain?

SCGHQE

Not at all

☐

No more than usual

☐

Rather more than usual

☐

Much more than usual

☐

Q8

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

SCGHQF

Not at all

☐

No more than usual

☐

Rather more than usual

☐

Much more than usual

☐

Q9

...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

☐

Q10

...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...

Q11

...been feeling unhappy
or depressed?

SCGHQI

Not at all

☐

No more than usual

☐

Rather more than usual

☐

Much more than usual

☐

Q12

...been losing confidence
in yourself?

SCGHQJ

Not at all

☐

Not more than usual

☐

Rather more than usual

☐

Much more than usual

☐

Q13

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

SCGHQK

Not at all

☐

No more than usual

☐

Rather more than usual

☐

Much more than usual

☐

Q14

...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

☐

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.

Q15

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.

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Hours			Minutes	

Hours of sleep per night

SCHRS_SLPH

SCHRS_SLPM

Q16

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCTSLP_30M
...wake up in the middle of the night or early in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCTSLP_WAK
...cough or snore loudly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCTSLP_CGH

Q17

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	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>
Once or twice a week	<input type="checkbox"/>
Three or more times a week	<input type="checkbox"/>

Q18

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	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>
Once or twice a week	<input type="checkbox"/>
Three or more times a week	<input type="checkbox"/>

Q19

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

SCSLP_QUAL

Very good	<input type="checkbox"/>
Fairly good	<input type="checkbox"/>
Fairly bad	<input type="checkbox"/>
Very bad	<input type="checkbox"/>



The next questions are about your opinions on the environment.

For each of the following statements please tick the answer that is closest to your view

Q20

Which of these best describes how you feel about your current lifestyle and the environment?

SCENV_FTST

I'm happy with what I do at the moment

☐

I'd like to do a bit more to help the environment

☐

I'd like to do a lot more to help the environment

☐

Q21

And which of these would you say best describes your current lifestyle?

SCENV_CRLF

I don't really do anything that is environmentally-friendly

☐

I do one or two things that are environmentally-friendly

☐

I do quite a few things that are environmentally-friendly

☐

I'm environmentally-friendly in most things I do

☐

I'm environmentally-friendly in everything I do

☐

Q22

Do you agree or disagree that being green is an alternative lifestyle, it's not for the majority?

SCENV_GRN

Agree strongly

☐

Agree

☐

Disagree

☐

Disagree strongly

☐

Q23

Please tick whether, on the whole, you personally believe or do not believe each of the following statements

Yes, I believe this

No, I do not believe this

I don't believe my behaviour and everyday lifestyle contribute to climate change

☐☐

SCENV_CCLS

I would be prepared to pay more for environmentally friendly products

☐☐

SCENV_PMRE

If things continue on their current course, we will soon experience a major environmental disaster

☐☐

SCENV_DSTR

The so-called 'environmental crisis' facing humanity has been greatly exaggerated

☐☐

SCENV_EXAG

Climate change is beyond control - it's too late to do anything about it

☐☐

SCENV_BCON

Q23 continued

Please tick whether, on the whole, you personally believe or do not believe each of the following statements

	Yes, believe this	No, do not believe this	
The effects of climate change are too far in the future to really worry me	<input type="checkbox"/>	<input type="checkbox"/>	SCENV_FUTR
Any changes I make to help the environment need to fit in with my lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	SCENV_CFIT
It's not worth me doing things to help the environment if others don't do the same	<input type="checkbox"/>	<input type="checkbox"/>	SCENV_CHWO
It's not worth Britain trying to combat climate change, because other countries will just cancel out what we do	<input type="checkbox"/>	<input type="checkbox"/>	SCENV_BRIT
People in the UK will be affected by climate change in the next 30 years	<input type="checkbox"/>	<input type="checkbox"/>	SCOPECL30
People in the UK will be affected by climate change in the next 200 years	<input type="checkbox"/>	<input type="checkbox"/>	SCOPECL200

Next, here are some statements about neighbourhoods

Q24

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPGBHA
The friendships and associations I have with other people in my neighbourhood mean a lot to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPGBHB
If I needed advice about something I could go to someone in my neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPGBHC
I borrow things and exchange favours with my neighbours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPGBHD
I would be willing to work together with others on something to improve my neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPGBHE
I plan to remain a resident of this neighbourhood for a number of years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPGBHF
I like to think of myself as similar to the people who live in this neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPGBHG
I regularly stop and talk with people in my neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPGBHH

Q25

Generally speaking would you say that most people can be trusted, or that you can't be too careful in dealing with people?

SCTRUST

Most people can be trusted ☐

Can't be too careful ☐

Depends ☐

Here are some questions about how you feel about your life

Q26

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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	SCLFSAT1
The income of your household	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	SCLFSAT2
The amount of leisure time you have	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	SCLFSAT7
Your life overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	SCLFSATO

Q27

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBA
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBB
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBC
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBD
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBE
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBF
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBG

Q28

Are you generally a person who is fully prepared to take risks or do you try to avoid taking risks?

SCRISKA

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

Q29

Are you generally a person who is fully prepared to take risks in trusting strangers or do you try to avoid taking such risks?

SCRISKB

Avoid taking risks in trusting strangers ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Fully prepared to take risks in trusting strangers
0 1 2 3 4 5 6 7 8 9 10

Q30

Are you married or living with a partner?

Yes ☐ → Q31

No ☐ → END

SCMOLWP

Q31

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	
Have a stimulating exchange of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPAREI
Calmly discuss something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARCD
Work together on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARWT

Q32

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 have you considered divorce, separation or terminating your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARDS
Do you ever regret that you married or lived together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARRG
How often do you and your partner quarrel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARAR
How often do you and your partner "get on each others nerves"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARIR
Do you kiss your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARKS

Q33

Do you and your partner engage in outside interests together?

SCPAROUTINT

All of them	<input type="checkbox"/>
Most of them	<input type="checkbox"/>
Some of them	<input type="checkbox"/>
Very few of them	<input type="checkbox"/>
None of them	<input type="checkbox"/>

Q34

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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very Happy	Extremely happy	Perfect

SCRELHAPPY

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



Please give the questionnaire either to the interviewer or post it back in the envelope provided.

