

STRICTLY CONFIDENTIAL

FOLLOW UP STUDY OF HEALTH AND DIET

HEALTH QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire. We realise that this may take some time. Please take as much time as you need and do not feel you need to complete it all in one sitting.

All your answers will be treated as completely confidential and will not be released to anyone else. Neither your name nor any other identifying details will be included in any reports that result from this research.

If you have any difficulties with any questions feel free to GET HELP from your relatives or friends or ring Ms Sara Seavill on 0117 928 7324*.

It is important that you fill this in, even if your health is excellent. We need to find out about the health of everyone.

When you have finished, kindly sign page 2 and return the questionnaire to us using the enclosed FREEPOST ENVELOPE. There is no need to use a stamp on this envelope.

THANK YOU FOR YOUR HELP.

SECTION A: ABOUT YOURSELF

The questions below are about your personal characteristics and where you live.

1) What is your date of birth? | | 19 |
Day Month Year

2a) What is your full address, and your postcode?
.....
.....
.....
.....
Postcode Telephone Number:.....

2b) How many years have you lived at this address? |
Years

2c) What is the name and address of your General Practitioner?
Name:
Address:
.....
.....
..... Postcode

We may in the future wish to find out further details about your health (for example blood pressure readings). Please sign below if you agree to us contacting you, your general practitioner or hospitals you have attended. The information will be entirely confidential:

Signed:

2d) What town did your parents live in when you were born?

Address:

.....

.....

Town: County:.....

2e) Where did you live when you were 20 years old?

(Please give your usual address if you were involved in national service at this age)

Address:

.....

.....

Town: County:

2f) Where did you live when you were 40 years old?

Address:

.....

.....

Town: County:

2g) Do you remember taking part in the 1937-39 survey described in the accompanying letter?

Yes ₁ No ₂

3a) What is your height without shoes?

(Height in feet and inches)

Feet

Inches

3b) How tall were you when you were 20 years old?

(Height in feet and inches)

Feet

Inches

3c) What is your inside leg measurement? *(Length in inches)*

(If you do not know please examine a pair of your trousers).

Inches

4a) What is your weight in light clothing?
(Weight in stones and pounds)

<input type="text"/>	<input type="text"/>
Stones	Pounds

4b) About how much did you weigh when you were 20 years old?
(Weight in stones and pounds)

<input type="text"/>	<input type="text"/>
Stones	Pounds

4c) About how much did you weigh when you were 40 years old?
(Weight in stones and pounds)

<input type="text"/>	<input type="text"/>
Stones	Pounds

5a) What was your birthweight? (If you do not know please ask your parents or sisters if you have any and if they are still alive, or someone else who might know)
(Birthweight in pounds and ounces)

<input type="text"/>	<input type="text"/>
Pounds	Ounces

5b) Where did you obtain this information about your birthweight? (Please specify)

.....
.....

5c) If you have had any children, what were the birthweights of the first three?
(Birthweight in pounds and ounces)

Child One	<input type="text"/>	<input type="text"/>	Child Two	<input type="text"/>	<input type="text"/>	Child Three	<input type="text"/>	<input type="text"/>
	Pounds	Ounces		Pounds	Ounces		Pounds	Ounces

Please give the sex of each of these children (Please tick one box only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	1	2	1	2	1	2
Male	Female	Male	Female	Male	Female	Male	Female

6a) About how tall was your natural mother? (Please estimate this if you do not know the answer precisely or tick the box below if you have no idea)

<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
No Idea	Feet	Inches

6b) About how tall was your natural father? (Please estimate this if you do not know the answer precisely or tick the box below if you have no idea)

No Idea

Feet Inches

6c) Was your mother a regular smoker when you were a child?
(Please tick **one** box only)

Yes ₁

No ₂

Don't Know ₃

6d) Was your father a regular smoker when you were a child?
(Please tick **one** box only)

Yes ₁

No ₂

Don't Know ₃

6e) About how old was your mother when you were born?

Years

7a) Is your natural father still alive?

Yes ₁

No ₂

Don't Know ₃

If Yes, go to Question 8a

If No,

7b) How old was your father when he died?

Years

7c) What did he die from?

Heart Attack (coronary)

₁

Stroke

₂

Other heart condition (not a coronary)

₃

Cancer

₄

Other causes (please specify below)

₅

Don't know

₆

Other Causes:

7d) If your father died of cancer what part of the body did it affect?

- Lungs 1
- Other (please specify below) 2
- Don't know 3

Other:

8a) Is your natural mother still alive?

- Yes 1 No 2 Don't Know 3
- If Yes, go to Question 9a**

If No,

8b) How old was your mother when she died?

Years

8c) What did she die from?

- Heart Attack(coronary) 1
- Stroke 2
- Other heart condition (not a coronary) 3
- Cancer 4
- Other causes (please specify below) 5
- Don't know 6

Other:

.....

8d) If your mother died of cancer what part of the body did it affect?

- Lungs 1
- Breast 2
- Other (please specify below) 3
- Don't know 4

Other:

.....

9a) How many brothers were there in your family? (excluding yourself)

9b) How many sisters were there in your family? (excluding yourself)

9c) Please give the dates of birth for all your brothers and sisters and say whether they are alive or dead and their dates and details of death in the table below.

Brothers	Date Of Birth	Alive Or Dead	Year Of Death	Cause Of Death
<i>Example</i>	19.05.30	Dead	1934	Lung Cancer
i				
ii				
iii				
iv				
v				
vi				
vii				
viii				

Sisters	Date Of Birth	Alive Or Dead	Year Of Death	Cause Of Death
<i>Example</i>	25.02.35	Alive		
i				
ii				
iii				
iv				
v				
vi				
vii				
viii				

9d) Did all these brothers and sisters have the same mother and father as you?

Yes 1

No 2

Don't Know 3

SECTION B: YOUR GENERAL HEALTH

10a) Have you ever been told by a doctor that you have, or have had, any of the following?
 (Please tick **one** box on each line)

	Yes	No
Angina	<input type="checkbox"/> 1	<input type="checkbox"/> 2
High cholesterol level	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Heart attack (coronary thrombosis, myocardial infarction)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Nervous trouble or depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Emphysema	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Bronchitis	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Breast Cancer (women only)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2

(Please make sure you have answered all the above questions)

10b) If you have had cancer which part of the body did it affect?

.....

10c) Over the last 12 months would you say your health in general has been?
 (Please tick **one** box only)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very Good	Good	Fair	Bad	Very Bad

10d) When you were a child would you say your general health was?
 (Please tick **one** box only)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very Good	Good	Fair	Bad	Very Bad

10e) When you were 20 years old would you say that your general health was?
(Please tick **one** box only).

₁ ₂ ₃ ₄ ₅
Very Good Good Fair Bad Very Bad

10f) When you were 40 years old would you say that your general health was?
(Please tick **one** box only).

₁ ₂ ₃ ₄ ₅
Very Good Good Fair Bad Very Bad

11a) Do you usually cough first thing in the morning in the winter?

Yes ₁ No ₂

11b) Do you usually bring up any phlegm from your chest first thing in the morning in the winter?

Yes ₁ No ₂

If No, go to Question 12a

If Yes,

11c) Do you usually bring up phlegm in the morning on most days for as much as three months in the winter?

Yes ₁ No ₂

11d) In the past three years have you had a period of increased cough and phlegm lasting for three weeks or more?

None ₁ One period ₂ Two or more periods ₃

12a) Are you disabled from walking by any condition other than heart or lung disease?

Yes ₁ No ₂

If Yes, go to Question 13a

If No,

12b) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes ₁ No ₂

If Yes, go to Question 13a

If No,

12c) Do you get short of breath walking with other people of your own age on level ground?

Yes ₁ No ₂

If Yes, go to Question 13a

If No,

12d) Do you have to stop for breath when walking at your own pace on level ground?

Yes ₁ No ₂

If Yes, go to Question 13a

If No,

12e) Are you short of breath on washing or dressing?

Yes ₁ No ₂

13a) Have you ever had any pain or discomfort in your chest?

Yes ₁ No ₂

If No, go to Question 15a

If Yes,

13b) Do you get this pain and discomfort when you walk uphill or hurry?

Yes ₁ No ₂

13c) Do you get the pain and discomfort when you walk at an ordinary pace on the level?

Yes ₁ No ₂

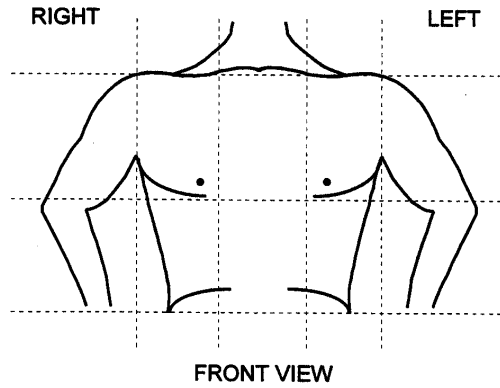
13d) When you get pain or discomfort in your chest what do you do?
(Please tick **one** box only)

- Stop 1
- Slow down 2
- Continue at the same pace 3

13e) Does it go away when you stand still? Yes 1 No 2

13f) How soon? 10 minutes or less 1
More than 10 minutes 2

13g) Where do you get this pain or discomfort? (Mark the place(s) with an X on the diagram below)



14a) Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- Yes 1 No 2

If No, go to Question 15a

If Yes,

14b) Did you talk to a doctor about it?

- Yes 1 No 2

If No, go to Question 15a

If Yes,

14c) What did they say it was?.....
.....
.....

14d) How many of these attacks have you had?

15a) Have you ever had heart trouble suspected or confirmed?

Yes 1 No 2

If No, go to Question 16a

If Yes,

15b) When was the first time? (Give year)

19
Year

15c) Have you ever had either of the following operations to improve the circulation to your heart? (If Yes, please tick box)

Coronary artery bypass surgery 1
Balloon angioplasty 2

16a) Has your blood pressure ever been checked?

Yes 1 No 2

16b) Has a doctor ever told you that your blood pressure was above normal?

Yes 1 No 2

If No, go to Question 17a

If Yes,

16c) When was the first time?

19
Year

16d) Have you ever had drug treatment for high blood pressure? Yes 1 No 2

16e) Are you taking drug treatment for high blood pressure now? Yes 1 No 2

17a) Have you ever been told by a doctor that you have (or have had) diabetes?

Yes 1 No 2

If No, go to Question 18a

If Yes,

17b) In what year was you diabetes first diagnosed?

19
Year

17c) In what year did you begin regular treatment
(with diet, tablets or injections)for your diabetes?

19
Year

17d) Are you on a regular diet for your diabetes?

Yes ₁ No ₂

17e) Are you on regular tablets for your diabetes?
If Yes, please give the name of medication.

Yes ₁ No ₂

.....
.....

17f) Are you on regular treatment with insulin for your diabetes?

Yes ₁ No ₂

18a) Are you currently taking any medicines prescribed by your doctor?

Yes ₁ No ₂

If No, go to Question 19a

If Yes,

18b) Please list all the medicines you are currently taking.
(Please copy from the label on the medicine bottle):

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

19a) Do you smoke cigarettes now?

Yes 1 No 2

If No, go to Question 20a

If Yes,

19b) *Only if you currently smoke cigarettes.*

How many cigarettes (manufactured or hand rolled) do you smoke each day?
(Please tick **one** box only)

Under 10 a day 1
10 or more a day but less than 20 2
20 or more a day but less than 30 3
30 a day or more 4

19c) *Only if you currently smoke cigarettes.*

How old were you when you started smoking cigarettes regularly?

Age |
Years

Now go to Question 21a

20a) *(Only if you **do not** currently smoke cigarettes)*

Have you **ever** smoked cigarettes regularly?

Yes, I used to smoke regularly 1
No, I have never smoked regularly 2

If No, go to Question 21a

If Yes,

20b) *(Only if you have **stopped** smoking cigarettes)*

How old were you when you started smoking cigarettes regularly? Age

|
Years

20c) *(Only if you have **stopped** smoking cigarettes)*

What is the largest number of cigarettes that you used to smoke regularly?
(Please tick **one** box only)

Less than 10 a day 1
10 or more a day but less than 20 2
20 or more a day but less than 30 3
30 a day or more 4

20d) (Only if you have **stopped** smoking cigarettes)
When did you (finally) stop smoking cigarettes?

<input type="text"/>	19	<input type="text"/>
Month		Year

21a) Do you smoke cigars?

Yes 1 No 2

If No, go to Question 21c

If Yes,

21b) How many cigars per week?

<input type="text"/>
Cigars

21c) Do you smoke a pipe?

Yes 1 No 2

If No, go to Question 22a

If Yes,

21d) How many ounces of tobacco do you smoke per week?

<input type="text"/>
Ounces

22a) In the past 12 months have you had an alcoholic drink?
(Please tick **one** box only)

Twice a day or more	<input type="checkbox"/> 1	Once or twice a month	<input type="checkbox"/> 4
Almost daily	<input type="checkbox"/> 2	Special occasions only	<input type="checkbox"/> 5
Once or twice a week	<input type="checkbox"/> 3	Not at all during the last 12 months	<input type="checkbox"/> 6

22b) In the last 5 years have you changed your drinking habits?

Yes 1 No 2

If No, go to Question 23a

If Yes,

22c) Compared with your current habits, did you drink? (Please tick **one** box only)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A lot more	A bit more	A bit less	A lot less

22d) If you have given up or reduced drinking, what was the main reason?
 (Please tick **one** box only)

- Illness/doctor's orders 1
- Health precautions 2
- Finance 3
- Other (Please specify) 4

Other:

.....

If you have not had a drink in the last year, please go to Question 24f

23a) Have you had an alcoholic drink in the last seven days?

Yes 1 No 2

If No, go to Question 24a

If Yes,

23b) In the last seven days how many drinks have you had of each of the following?
 (Please remember that a drink poured at home could be equivalent to 2 or 3 pub measures)

- I) Spirit (whisky, gin, rum, brandy, vodka, etc.) or liqueurs
 Number of pub measures
- II) Wine (including sherry, port, vermouth)
 Number of glasses
- III) Beer (including lager or cider)
 Number of pints

24a) When you drink spirits or wine how many drinks do you **usually** have at one sitting? [If you have both wine and spirits, add them together - e.g. 1 measure of whisky and 2 glasses of wine = 3 drinks] (Please tick **one** box only)

- 1
1-2 drinks
- 2
3-4 drinks
- 3
5 or more drinks
- 4
No wine or spirits

24b) When you drink beer how many *pints* do you **usually** have during one occasion?
 (Please tick **one** box only)

- 1
1-2 pints
- 2
3-4 pints
- 3
5 pints or more
- 4
No beer

24c) What is the **maximum** quantity of spirits you would drink at one sitting nowadays?
(If none write 0)

spirits:
Number of pub measures

24d) What is the **maximum** quantity of wine you would drink at one sitting nowadays?
(If none write 0)

wine:
Number of glasses

24e) What is the **maximum** quantity of beer you would drink during one occasion?
(If none write 0)

beer:
Number of pints

24f) On average how much did you drink **per week** when you were 20 years old?

Spirit (whisky, gin, rum, brandy, vodka, etc.) or liqueurs

Number of pub measures

Wine (including sherry, port, vermouth)

Number of glasses

Beer (including lager or cider)

Number of pints

24g) On average how much did you drink **per week** when you were 40 years old?

Spirit (whisky, gin, rum, brandy, vodka, etc.) or liqueurs

Number of pub measures

Wine (including sherry, port, vermouth)

Number of glasses

Beer (including lager or cider)

Number of pints

(For WOMEN Only - Men go to Section C)

25a) At what age did you first start having your menstrual periods?

Age
Years

25b) At what age did you stop having your menstrual periods (menopause)?

Age
Years

Do not know because I have had a hysterectomy in....

19
Year

25c) Have you ever taken tablets with hormones in?

Yes
Contraceptive pill

Yes
Hormone Replacement Therapy

No

25d) Have you ever been pregnant?

Yes No

If No, go to Section C
on the next page

25e) How many times have you been pregnant?

25f) What was your age the first time you were pregnant?

Age
Years

25g) What was your age the last time you were pregnant?

Age
Years

25h) How many liveborn children have you had?

No. of
children

SECTION C: YOUR DIET

The following section asks about what you eat. This is a very important part of the study. Completing this may take you some time but will provide very valuable information about the effects of diet on health.

Please do not be put off once you've started. It may be quite lengthy but is straight forward and quick to work your way through.

Listed below are food items divided into sections according to food type. Please put a tick in the box to indicate how often on average you have eaten the food during the last 12 months.

Example: If you usually have a helping of chips twice a week you should put a tick in the column headed 2-4 a week.

Foods	Average Use In The Last 12 Months									
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6+ times per day	
Potatoes, Rice and Pasta										
Chips				✓						

Example: If you usually have 4 or 5 slices of white bread per day you should put a tick in the column headed 4-5 per day.

Foods	Average Use in the Last 12 Months									
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6+ times per day	
Bread and Savoury Biscuits (one slice or biscuit)										
White bread and rolls								✓		

If you make a mistake and put a tick in the wrong box just cross through the tick as shown below, and put another tick in the correct box.

Example: If you usually have apples twice a week but ticked the 2-3 times daily by mistake, just cross this through and tick the 2-4 a week box instead.

Foods	Average Use In The Last 12 Months									
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6+ times per day	
Fruit										
Apples				✓			✓			

26a) Please tick **one** box on each line.

Foods	Average Use In The Last 12 Months								
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6 + times per day
Meat and Fish									
Beef including mince									
Beefburgers									
Pork									
Lamb									
Chicken or other poultry									
Ham, Bacon									
Corned beef, spam, luncheon meat									
Sausages									
Savoury pies									
Liver, liver paté, liver sausage, kidney and other offal.									
Fried fish in batter									
Fish fingers, fish cakes									
Other white fish, fresh or frozen e.g. cod, haddock, plaice, sole									
Oily fish, fresh or canned e.g. mackerel, kippers, tuna, salmon, sardines, herring									
Shellfish, e.g. prawns, mussels, crab									

PLEASE CHECK YOU HAVE A TICK (✓) ON EACH LINE.

26b) Please tick one box on each line.

Foods	Average Use In The Last 12 Months								
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6 + times per day
Bread and savoury biscuits									
White bread and rolls									
Brown bread and rolls									
Wholemeal bread and rolls									
Cream crackers, cheese biscuits									
Crispbread e.g. Ryvita									
Cereals									
Porridge, Readybrek									
Other cereal, cornflakes, muesli etc.									
Potatoes, Rice and Pasta									
Potatoes - boiled, mashed, jacket									
Chips									
Roast potatoes									
White rice (not pudding rice)									
Brown rice									
Pasta e.g. spaghetti, macaroni									
Pizza									
Dairy Products and Fats									
Single or sour cream									
Double or clotted cream									

1 2 3 4 5 6 7 8 9

PLEASE CHECK YOU HAVE A TICK (✓) ON EACH LINE.

26b) Cont/... Please tick **one** box on each line.

Foods	Average Use In The Last 12 Months								
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6 + times per day
Dairy Products and Fats Cont/..									
Yoghurt									
Cheese e.g. cheddar									
Cottage cheese, low fat soft cheese									
Eggs - boiled, fried, scrambled etc.									
Quiche									
Low calorie, low fat salad cream									
Salad cream, mayonnaise									
French dressing									
Other salad dressing									
The following on bread or vegetables									
Butter									
Block margarine e.g. Stork, Krona									
Polyunsaturated margarine e.g. Flora, sunflower, Vitalite.									
Other soft margarine, Blue Band, Clover, supermarket own brand.									
Low fat spread e.g. Outline, Gold									

PLEASE CHECK YOU HAVE A TICK (✓) ON EACH LINE.

26c) Please tick **one** box on each line.

Foods	Average Use In The Last 12 Months								
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6 + times per day
Sweets and Snacks									
Chocolate biscuits e.g. chocolate digestive									
Plain sweet biscuits e.g. Nice, ginger, digestive									
Cake e.g. fruit cake, sponge									
Buns, pastries e.g. scones, flapjacks, doughnuts									
Fruit pies, tarts, crumbles									
Sponge puddings									
Milk puddings eg. rice, custard									
Ice cream, choc ices									
Chocolates, single or squares									
Chocolate bars e.g. mars, crunchie (whole bar).									
Sweets, toffees, mints									
Sugar added to tea, coffee, cereal									
Crisps or other packet snacks									
Peanuts or other nuts									
Soups, sauces and spreads									
Meat soup									
Vegetable soup									
Sauces e.g. white sauce, cheese sauce									

1 2 3 4 5 6 7 8 9

PLEASE CHECK YOU HAVE A TICK (✓) ON EACH LINE.

26c) Cont/... Please tick **one** box on each line.

Foods	Average Use In The Last 12 Months								
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6 + times per day
Soups, sauces and spreads Cont/...									
Gravy									
Tomato ketchup									
Brown sauce e.g. HP Sauce									
Pickles, chutney									
Marmite, bovril									
Jam, marmalade, honey									
Peanut butter									
Drinks									
Tea									
Coffee, instant or ground									
Coffee, decaffeinated									
Coffee whitener e.g. Coffee-mate									
Cocoa, hot chocolate									
Horlicks, ovaltine									
Low calorie or diet fizzy soft drink									
Fizzy soft drink eg. Coca cola									
Pure fruit juice e.g. orange, apple									
Fruit squash or cordial									

PLEASE CHECK YOU HAVE A TICK (✓) ON EACH LINE.

26d) Please tick **one** box on each line.

Foods	Average Use In The Last 12 Months								
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6 + times per day
Fruit									
For very seasonal fruits such as strawberries, please estimate your average use when the fruit is in season									
Apples									
Pears									
Oranges, grapefruit, satsumas									
Bananas									
Grapes									
Melon									
Peaches, plums, apricots									
Strawberries, raspberries, kiwi fruit									
Tinned fruit, stewed fruit									
Dried fruit e.g. raisins, prunes (not in cakes).									
Vegetables - Fresh frozen or tinned									
Carrots									
Spinach									
Broccoli, spring greens, kale									
Cabbage, brussels sprouts									
Peas									
Green beans, broad beans									
Marrow, courgettes									

1 2 3 4 5 6 7 8 9

PLEASE CHECK YOU HAVE A TICK (✓) ON EACH LINE.

26d) Cont/... Please tick **one** box on each line.

Foods	Average Use in The Last 12 Months								
	Never or less than once/month	1-3 per month	Once a week	2-4 a week	5-6 a week	Once a day	2-3 per day	4-5 per day	6 + times per day
Vegetables - fresh, frozen or tinned Cont/...									
Cauliflower									
Parsnips, turnips, swedes									
Leeks									
Onions									
Garlic									
Mushrooms									
Sweet peppers									
Green salad, lettuce, cucumber In Summer									
Green salad, lettuce, cucumber In Winter									
Watercress									
Tomatoes - In Summer									
Tomatoes - In Winter									
Sweetcorn									
Beetroot									
Avocado									
Baked beans									
Dried lentils, red beans, kidney beans, dried peas									

PLEASE CHECK YOU HAVE A TICK (✓) ON EACH LINE.

27a) What do you do with the visible fat on meat? (Tick **one** box only)

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Eat most of the fat | Eat some of the fat | Eat as little as possible | Do not eat meat |

27b) What kind of fat do you most often use for frying, roasting, grilling etc.? (Tick **one** box only)

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Butter | Lard/dripping | Vegetable oil | Solid vegetable fat | Margarine | None |

If you use vegetable oil or margarine please give the type below eg corn, sunflower:

.....

27c) What type of milk do you most often use? (Tick **one** box only)

- | | | | | | |
|----------------------------|----------------------------|----------------------------|------------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Full cream / silver top | Skimmed / blue top | Dried milk | Semi-skimmed / red-white top | Channel island / gold top | None |

Other, please specify:

27d) How much milk do you drink each day, including milk with tea, coffee, cereals etc.? (Tick **one** box only)

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| More than one pint | One Pint | $\frac{3}{4}$ of a Pint | $\frac{1}{2}$ of a Pint | $\frac{1}{4}$ of a Pint | None |

27e) How many servings of vegetables or vegetable containing dishes (excluding potatoes) do you usually eat each week?

27f) How many servings of fruit or fruit containing dishes do you usually eat each week?

27g) Do you add salt to your food at table? (Tick **one** box only)

Yes, most of the time 1 Yes, occasionally 3
 Yes, some of the time 2 No, never 4

27h) Do you currently follow any of these diets? (Tick **more than one** box if necessary)

Low Fat Slimming Low Salt Gluten free Diabetic High Fibre

Please give details:

.....

27i) Have you taken any vitamins, minerals, fish oils, fibre or other food supplements during the past year? (Tick **one** box only)

1 Yes 2 No 3 Don't Know

If **Yes**, please complete the table below. If you have taken more than five types of supplements, please put the most frequently consumed brands first.

Vitamin supplements	Dose Please state number of pills, capsules or teaspoons consumed	Average Frequency								
		Tick one box per line to show how often on average you consumed supplements								
Name and brand Please list full name brand and strength		Less than once a month	1 - 3 per month	Once a week	2 - 4 a week	5 - 6 a week	Once a day	2 - 3 per day	4 - 5 per day	6 + times per day
		1	2	3	4	5	6	7	8	9

27j) Have you changed your diet over the last 12 months?

¹
Yes

²
No

³
Don't Know

If **Yes**, please indicate if the change was for any of the reasons listed below.
(Tick more than one box if necessary)

High blood pressure

 1

Bowel Problem (e.g. irritable bowel or diverticulitis)

 1

Concern over family history of illness

 1

Overweight/Obesity

 1

Allergies (e.g. skin rash)

 1

Stomach problems (e.g. ulcer or gastritis)

 1

Concern over eating a healthy diet

 1

High Blood Cholesterol/Lipids

 1

Diabetes

 1

Other please specify:

.....
.....

Describe below how your diet has changed:

.....
.....
.....

SECTION D: YOUR PAST DIET

This section is very like the last one but here we are interested in what you and your family ate in the years before the last war (1937-1939).

28a) When you were a child, **before the war**, how often did your family eat the following foods **each week**. (Please tick **one** box on each line.)

Foods	Never or less than once a week	Once a week	1-3 times a week	4-6 times a week	Daily
Fresh fruit					
Fresh, green, leafy vegetables such as cabbage, kale, spinach					
White fish such as cod, plaice, haddock etc..					
Tinned fish such as salmon, sardines etc..					

1 2 3 4 5

28b) When you were a child, before the war, what type of fat did your family most often use for frying, roasting, grilling, etc.. (Please tick **one** box)

¹
Butter

²
Lard/
dripping

³
Vegetable
oil

⁴
Solid
vegetable fat

⁵
Margarine

⁶
None

CODE
For Data Entry Purposes Only

SECTION E: EXERCISE

29) How often nowadays do you take part in sports or activities that are....?
 (Please tick **one** box for each question a - c)

	Three times a week or more	Once or twice a week	About once to three times a month	Never/hardly ever
a) Mildly energetic (e.g. walking, woodwork, weeding, hoeing, playing darts, general housework)				
b) Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).				
c) Vigorous (e.g. running, hard swimming, cycle racing, tennis, squash, tennis)				

1 2 3 4

Please give the average number of hours per week you spend in such sports or activities.

- a) Mildly energetic hours
- b) Moderately energetic hours
- c) Vigorous hours

30a) When you were at school how much sport did you take part in?

- A lot 1 A little 3
- A Moderate amount 2 None at all 4

30b) Between leaving school and the age of 20 how much sport did you take part in?

- A lot 1 A little 3
- A Moderate amount 2 None at all 4

30c) Between leaving school and the age of 20, would you describe yourself as
(Please also consider the amount of physical activity your job involved at this time)

Very physically active	<input type="checkbox"/> 1	Not very physically active	<input type="checkbox"/> 3
Fairly physically active	<input type="checkbox"/> 2	Not at all physically active	<input type="checkbox"/> 4

30d) At 40, would you have described yourself as
(Please also consider the amount of physical activity your job involved at this time)

Very physically active	<input type="checkbox"/> 1	Not very physically active	<input type="checkbox"/> 3
Fairly physically active	<input type="checkbox"/> 2	Not at all physically active	<input type="checkbox"/> 4

SECTION F: EMPLOYMENT AND OCCUPATIONAL HISTORY

The jobs people do or have done sometimes affect their health. Please answer the following questions concerning you and your family's occupations.

31a) Do you have a paid job at the moment?

If **Yes**, please tick this box and go straight to **BOX A** below.

If **No**, please answer **Questions 31b** and **31c**.

BOX A									
<p>Current Job title (e.g. coal miner, accounts clerk):</p> <p>.....</p> <p>.....</p> <p>(Avoid general titles like clerk, supervisor)</p>	<p>Main things done in the job:</p> <p>.....</p> <p>.....</p> <p>.....</p>								
<p>Is the job Full Time or Part Time ? (Full time: 30 hours per week or more, Part time: up to 30 hours per week) Please tick one box.</p> <p style="text-align: right;">Full time <input type="checkbox"/> 1</p> <p style="text-align: right;">Part time <input type="checkbox"/> 2</p>									
<p>Which one of the following best describes your current position at work? (Please tick one box only)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Self employed (25+ employees*) <input type="checkbox"/> 1</td> <td style="width: 50%;">Manager (25+ employees*) <input type="checkbox"/> 4</td> </tr> <tr> <td>Self employed (less than 25 employees*) <input type="checkbox"/> 2</td> <td>Manager (less than 25 employees*) <input type="checkbox"/> 5</td> </tr> <tr> <td>Self employed (no employees*) <input type="checkbox"/> 3</td> <td>Supervisor <input type="checkbox"/> 6</td> </tr> <tr> <td></td> <td>Employee <input type="checkbox"/> 7</td> </tr> </table> <p>(*Total number in the Company, not just those of whom you are in charge.)</p>		Self employed (25+ employees*) <input type="checkbox"/> 1	Manager (25+ employees*) <input type="checkbox"/> 4	Self employed (less than 25 employees*) <input type="checkbox"/> 2	Manager (less than 25 employees*) <input type="checkbox"/> 5	Self employed (no employees*) <input type="checkbox"/> 3	Supervisor <input type="checkbox"/> 6		Employee <input type="checkbox"/> 7
Self employed (25+ employees*) <input type="checkbox"/> 1	Manager (25+ employees*) <input type="checkbox"/> 4								
Self employed (less than 25 employees*) <input type="checkbox"/> 2	Manager (less than 25 employees*) <input type="checkbox"/> 5								
Self employed (no employees*) <input type="checkbox"/> 3	Supervisor <input type="checkbox"/> 6								
	Employee <input type="checkbox"/> 7								
<p>Please give the date you started this job: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Now go to Question 31d</p> <p style="text-align: center;">month/year</p>									

31b) Are you currently....?(Please tick the boxes that apply.)

- | | |
|--|--|
| Retired <input type="checkbox"/> 1 | Full time student <input type="checkbox"/> 4 |
| Unemployed and seeking work <input type="checkbox"/> 2 | Doing voluntary work <input type="checkbox"/> 5 |
| Early retired through sickness/disability <input type="checkbox"/> 3 | At home doing housework <input type="checkbox"/> 6 |

31c) Have you ever had a paid job?

If **No**, please tick this box 1 and go straight to **Question 32**.

If **Yes**, please fill in **BOX B** giving details of your last main job.

BOX B			
Your last job title (e.g. coal miner, accounts clerk): (Avoid general titles like clerk, supervisor)	Main things done in the job:		
Was the job Full Time or Part Time ? (Full time: 30 hours per week or more, Part time: up to 30 hours per week) Please tick one box.			
Full time	<input type="checkbox"/> 1		
Part time	<input type="checkbox"/> 2		
Which one of the following best described the position you had at work? (Please tick one box only)			
Self employed (25+ employees*)	<input type="checkbox"/> 1	Manager (25+ employees*)	<input type="checkbox"/> 4
Self employed (less than 25 employees*)	<input type="checkbox"/> 2	Manager (less than 25 employees*)	<input type="checkbox"/> 5
Self employed (no employees*)	<input type="checkbox"/> 3	Supervisor	<input type="checkbox"/> 6
		Employee	<input type="checkbox"/> 7
(*Total number in the company, not just those of whom you were in charge.)			
Please state the years you were employed in this job: from: 19 <input type="text"/> <input type="text"/> to 19 <input type="text"/> <input type="text"/>			
Now go to Question 31d			

31d) If the job you have just described is not the one that you have spent most of your working life in please give details of the job that you spent the greatest amount of time doing in **BOX C** below.

BOX C			
Your Main Job title (e.g. coal miner, accounts clerk): (Avoid general titles like clerk, supervisor)	Main things done in this job:		
Was the job Full Time or Part Time ? (Full time: 30 hours per week or more, Part time: up to 30 hours per week) Please tick one box.			
Full time	<input type="checkbox"/> 1		
Part time	<input type="checkbox"/> 2		
Which one of the following best described the position you had at work? (Please tick one box only)			
Self employed (25+ employees*)	<input type="checkbox"/> 1	Manager (25+ employees*)	<input type="checkbox"/> 4
Self employed (less than 25 employees*)	<input type="checkbox"/> 2	Manager (less than 25 employees*)	<input type="checkbox"/> 5
Self employed (no employees*)	<input type="checkbox"/> 3	Supervisor	<input type="checkbox"/> 6
		Employee	<input type="checkbox"/> 7
(*Total number in the company, not just those of whom you were in charge.)			
Please state the years you were employed in this job: from: 19 <input type="text"/> <input type="text"/> to 19 <input type="text"/> <input type="text"/>			
Now go to Question 31e			

31e) Please give details of your **first** job after leaving school in **BOX D** below

BOX D			
Your Main Job title (e.g. coal miner, accounts clerk) (Avoid general titles like clerk, supervisor)	Main things done in this job:		
Was the job Full Time or Part Time ? (Full time: 30 hours per week or more, Part time: up to 30 hours per week) Please tick one box.			
Full time	<input type="checkbox"/> 1		
Part time	<input type="checkbox"/> 2		
Which one of the following best described the position you had at work? (Please tick one box only.)			
Self employed (25+ employees*)	<input type="checkbox"/> 1	Manager (25+ employees*)	<input type="checkbox"/> 4
Self employed (less than 25 employees*)	<input type="checkbox"/> 2	Manager (less than 25 employees*)	<input type="checkbox"/> 5
Self employed (no employees*)	<input type="checkbox"/> 3	Supervisor	<input type="checkbox"/> 6
		Employee	<input type="checkbox"/> 7
(*Total number in the company, not just those of whom you were in charge.)			
Please state the years you were employed in this job: from: 19 <input type="text"/> <input type="text"/> to 19 <input type="text"/> <input type="text"/>			
Now go to Question 32			

32) We are also interested in your father's main occupation, (the occupation that he spent the greatest part of his working life in). Please complete **BOX E** below.

BOX E			
Your father's Main Job title (e.g. coal miner, accounts clerk): (Avoid general titles like clerk, supervisor)	Main things your father did in this job:		
Was the job Full Time or Part Time ? (Full time: 30 hours per week or more, Part time: up to 30 hours per week) Please tick one box.			
Full time	<input type="checkbox"/> 1		
Part time	<input type="checkbox"/> 2		
Which one of the following best described the position he had at work? (Please tick one box only.)			
Self employed (25+ employees*)	<input type="checkbox"/> 1	Manager (25+ employees*)	<input type="checkbox"/> 4
Self employed (less than 25 employees*)	<input type="checkbox"/> 2	Manager (less than 25 employees*)	<input type="checkbox"/> 5
Self employed (no employees*)	<input type="checkbox"/> 3	Supervisor	<input type="checkbox"/> 6
		Employee	<input type="checkbox"/> 7
(*Total number in the company, not just those of whom he was in charge.)			

33a) Are you currently.....?(Please tick one box only.)

- Single, never married 1 Please go to **Question 34**
- Separated 2 Please go to **Question 33c**
- Divorced 3 Please go to **Question 33c**
- Widowed 4 Please go to **Question 33c**
- Married 5 Please go to **Question 33b**
- Living as married 6 Please go to **Question 33b**

33b) Does your spouse/partner currently have a paid job?

If **Yes**, please tick this box 1 and fill in **BOX F**.

If **No**, please tick this box 2 and go to **Question 33c**.

BOX F			
<p>Your Spouse's Current job title (e.g. coal miner, accounts clerk):</p> <p>.....</p> <p>.....</p> <p>(Avoid general titles like clerk, supervisor)</p>	<p>Main things he/she does in this job:</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>Is the job Full Time or Part Time ? (Full time: 30 hours per week or more, Part time: up to 30 hours per week) Please tick one box.</p>			
Full time	<input type="checkbox"/> 1		
Part time	<input type="checkbox"/> 2		
<p>Which one of the following best described the position they had at work? (Please tick <u>one</u> box only)</p>			
Self employed (25+ employees*)	<input type="checkbox"/> 1	Manager (25+ employees*)	<input type="checkbox"/> 4
Self employed (less than 25 employees*)	<input type="checkbox"/> 2	Manager (less than 25 employees*)	<input type="checkbox"/> 5
Self employed (no employees*)	<input type="checkbox"/> 3	Supervisor	<input type="checkbox"/> 6
		Employee	<input type="checkbox"/> 7
<p>(*Total number in the company, not just those of whom they were in charge.)</p> <p>Now go to Question 34</p>			

33c) Has your spouse ever had a job?

If **Yes**, please tick this box 1 and fill in **BOX G** below.

If **No**, please tick this box 2 and go to **Question 34**.

BOX G									
<p>Your Spouse's last job title (e.g. coal miner, accounts clerk):</p> <p>.....</p> <p>.....</p> <p>(Avoid general titles like clerk, supervisor)</p>	<p>Main things he/she did in this last job:</p> <p>.....</p> <p>.....</p> <p>.....</p>								
<p>Was the job Full Time or Part Time ? (Full time: 30 hours per week or more, Part time: up to 30 hours per week) Please tick one box.</p> <p style="text-align: right;">Full time <input type="checkbox"/> 1</p> <p style="text-align: right;">Part time <input type="checkbox"/> 2</p>									
<p>Which one of the following best described the position they had at work? (Please tick one box only)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Self employed (25+ employees*) <input type="checkbox"/> 1</td> <td style="width: 50%;">Manager (25+ employees*) <input type="checkbox"/> 4</td> </tr> <tr> <td>Self employed (less than 25 employees*) <input type="checkbox"/> 2</td> <td>Manager (less than 25 employees*) <input type="checkbox"/> 5</td> </tr> <tr> <td>Self employed (no employees*) <input type="checkbox"/> 3</td> <td>Supervisor <input type="checkbox"/> 6</td> </tr> <tr> <td></td> <td>Employee <input type="checkbox"/> 7</td> </tr> </table> <p>(*Total number in the company, not just those of whom they were in charge.) Now go to Question 34</p>		Self employed (25+ employees*) <input type="checkbox"/> 1	Manager (25+ employees*) <input type="checkbox"/> 4	Self employed (less than 25 employees*) <input type="checkbox"/> 2	Manager (less than 25 employees*) <input type="checkbox"/> 5	Self employed (no employees*) <input type="checkbox"/> 3	Supervisor <input type="checkbox"/> 6		Employee <input type="checkbox"/> 7
Self employed (25+ employees*) <input type="checkbox"/> 1	Manager (25+ employees*) <input type="checkbox"/> 4								
Self employed (less than 25 employees*) <input type="checkbox"/> 2	Manager (less than 25 employees*) <input type="checkbox"/> 5								
Self employed (no employees*) <input type="checkbox"/> 3	Supervisor <input type="checkbox"/> 6								
	Employee <input type="checkbox"/> 7								

SECTION G: YOUR HOME AND HOUSEHOLD

The circumstances in which a person lives frequently have an effect on their health. For this reason, we would like to ask you a few questions about your domestic circumstances.

Please complete all questions by placing a tick in the correct box, please do not use crosses.

34) Do you live in a..? (Please tick one box only.)

- | | | | | | |
|-------------------------------------|--------------------------|---|-------------------------------|--------------------------|---|
| Whole house/bungalow | <input type="checkbox"/> | 1 | Residential/nursing/ | <input type="checkbox"/> | 5 |
| Flat/maisonette in block | <input type="checkbox"/> | 2 | residential carehome | | |
| Part of a house/converted flat/room | <input type="checkbox"/> | 3 | Caravan/houseboat | <input type="checkbox"/> | 6 |
| Dwelling with business premises | <input type="checkbox"/> | 4 | Other (please describe below) | <input type="checkbox"/> | 7 |

Other:

.....

35) How many rooms are there in your house for the use of your family apart from the kitchen, bathroom(s) and toilet(s)?

Rooms

36) Which of the following best describes your home? (Please tick one box only.)

- | | | | | | |
|-------------------------------|--------------------------|---|---------------------------|--------------------------|---|
| I/We own my/our home outright | <input type="checkbox"/> | 1 | Rented from local council | <input type="checkbox"/> | 4 |
| Mortgaged | <input type="checkbox"/> | 2 | (Describe below) Other | <input type="checkbox"/> | 5 |
| Rented from private landlord | <input type="checkbox"/> | 3 | | | |

Other:

.....

37) How old were you when you left school?

Age
Years

38) Have you had any full or part time further or higher education since you left school?

Yes 1 No 2

39) Do you have any of these qualifications? (*Please tick each box that applies*)

No Qualifications <input type="checkbox"/> 1	Membership of Professional Institutions <input type="checkbox"/> 1
CSE/O levels/School Certificate <input type="checkbox"/> 1	A Levels/Highers <input type="checkbox"/> 1
Recognised trade apprenticeship <input type="checkbox"/> 1 <i>(Please give details below)</i>	HND <input type="checkbox"/> 1
City and Guilds Certificate <input type="checkbox"/> 1 <i>(Please give details below)</i>	First degree (BA, BSc etc.) <input type="checkbox"/> 1
Clerical/Commercial qualifications <input type="checkbox"/> 1 <i>(Please give details below)</i>	Higher Degree MSc, PhD etc. <input type="checkbox"/> 1 <i>(Please give details below)</i>
Medical/Nursing/Teaching qualifications <input type="checkbox"/> 1 <i>(Please give details below)</i>	Other <input type="checkbox"/> 1 <i>(Please describe below)</i>

Please give details of all your qualifications in the space below:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

40) Who lives with you? (Please tick **as many boxes as apply.**)

I live alone <input type="checkbox"/> 1 <i>(Please go straight to Question 41)</i>	Brother/sister <input type="checkbox"/> 1																
Husband/wife/partner <input type="checkbox"/> 1	Other family members <input type="checkbox"/> 1																
One elderly parent <input type="checkbox"/> 1	Two elderly parents <input type="checkbox"/> 1																
Your child/children <input type="checkbox"/> 1	Others <input type="checkbox"/> 1 <i>(Please specify below)</i>																
Grandchildren <input type="checkbox"/> 1																	
<p>What are the ages of the people you live with? (exclude yourself)</p> <p>Household member:</p> <table> <tr> <td>1. <input type="text"/> </td> <td>Years</td> <td>5. <input type="text"/> </td> <td>Years</td> </tr> <tr> <td>2. <input type="text"/> </td> <td>Years</td> <td>6. <input type="text"/> </td> <td>Years</td> </tr> <tr> <td>3. <input type="text"/> </td> <td>Years</td> <td>7. <input type="text"/> </td> <td>Years</td> </tr> <tr> <td>4. <input type="text"/> </td> <td>Years</td> <td>8. <input type="text"/> </td> <td>Years</td> </tr> </table>		1. <input type="text"/>	Years	5. <input type="text"/>	Years	2. <input type="text"/>	Years	6. <input type="text"/>	Years	3. <input type="text"/>	Years	7. <input type="text"/>	Years	4. <input type="text"/>	Years	8. <input type="text"/>	Years
1. <input type="text"/>	Years	5. <input type="text"/>	Years														
2. <input type="text"/>	Years	6. <input type="text"/>	Years														
3. <input type="text"/>	Years	7. <input type="text"/>	Years														
4. <input type="text"/>	Years	8. <input type="text"/>	Years														

Others:

.....

.....

.....

41) How many people in total live with you (exclude yourself)? people

42) Amongst your family and friends how many people are available to you with whom you talk frankly without having to watch what you say?

None	<input type="checkbox"/> 1	6 - 10	<input type="checkbox"/> 4
1 - 2	<input type="checkbox"/> 2	More than 10	<input type="checkbox"/> 5
3 - 5	<input type="checkbox"/> 3		

43a) How often do friends and family visit you or you visit them?
(Not necessarily the same person each time)

I see someone....

Almost daily	<input type="checkbox"/> 1	Once every few months	<input type="checkbox"/> 4
About once/week	<input type="checkbox"/> 2	Never/almost never	<input type="checkbox"/> 5
About once/month	<input type="checkbox"/> 3		

43b) How many friends or acquaintances do you see once a month or more?

None	<input type="checkbox"/> 1	6 - 10	<input type="checkbox"/> 4
1 - 2	<input type="checkbox"/> 2	More than 10	<input type="checkbox"/> 5
3 - 5	<input type="checkbox"/> 3		

43c) Do you have any friends or acquaintances with whom you are in contact only by telephone or letter?

Yes 1 No 2

If **Yes**, how often do you have contact with them?

Almost daily	<input type="checkbox"/> 1	Once every few months	<input type="checkbox"/> 4
About once/week	<input type="checkbox"/> 2	Never/almost never	<input type="checkbox"/> 5
About once/month	<input type="checkbox"/> 3		

44a) Does your household have a car which you can use?

(Please tick **Yes**, even if you cannot drive yourself but your household has a car)

Yes 1 No 2

44b) We used to have a car but not since

19
Year

44c) In what year did your household first get a car?

19
Year

45a) What is the total weekly income (gross - before tax) of your household? Please include wages, pension(s), benefits, allowances and share dividends, etc.. The final total should be the combined wages etc. of everyone who lives in your household.

The box below summarises ten different ranges of income. Please indicate the relevant income range for your household. Please tick appropriate answer.
(If you are uncertain, please record the most likely range.)

a) Less than £50 per week	<input type="checkbox"/> 1	g) £600 - 699 per week	<input type="checkbox"/> 7
b) £50 - 99 per week	<input type="checkbox"/> 2	h) £700 - 799 per week	<input type="checkbox"/> 8
c) £100 - 199 per week	<input type="checkbox"/> 3	i) £800 - 899 per week	<input type="checkbox"/> 9
d) £200 - 299 per week	<input type="checkbox"/> 4	j) £900 - 999 per week	<input type="checkbox"/> 10
e) £300 - 399 per week	<input type="checkbox"/> 5	k) £1,000+ per week	<input type="checkbox"/> 11
f) £400 - 599 per week	<input type="checkbox"/> 6		

45b) What was the total weekly income of your household in 1979? Please tick appropriate answer. (If you are uncertain, please record the most likely range.)

a) less than £30 per week	<input type="checkbox"/> 1	e) £300 - 399 per week	<input type="checkbox"/> 5
b) £30 - 99 per week	<input type="checkbox"/> 2	f) £400 - 499 per week	<input type="checkbox"/> 6
c) £100 - 199 per week	<input type="checkbox"/> 3	g) £500+ per week	<input type="checkbox"/> 7
d) £200 - 299 per week	<input type="checkbox"/> 4		

45c) How many people in total lived with you in 1979? (Exclude yourself)

People

45d) In what year did your household first get a TV?
(Please estimate if you are not certain)

19
Year

Have never had a TV 1

45e) In what year did your household first get a colour TV? 19
(Please estimate if you are not certain) Year

Have never had a colour TV 1

45f) All things considered how satisfied are you with your standard of living?
(Please tick one box only)

Very satisfied	<input type="checkbox"/> 1	No feelings either way	<input type="checkbox"/> 3
Moderately satisfied	<input type="checkbox"/> 2	Moderately dissatisfied	<input type="checkbox"/> 4
		Very dissatisfied	<input type="checkbox"/> 5

45g) When you were 20 years old how satisfied were you with your standard of living?
(Please tick one box only)

Very satisfied	<input type="checkbox"/> 1	No feelings either way	<input type="checkbox"/> 3
Moderately satisfied	<input type="checkbox"/> 2	Moderately dissatisfied	<input type="checkbox"/> 4
		Very dissatisfied	<input type="checkbox"/> 5

45h) When you were 40 years old how satisfied were you with your standard of living?
(Please tick one box only)

Very satisfied	<input type="checkbox"/> 1	No feelings either way	<input type="checkbox"/> 3
Moderately satisfied	<input type="checkbox"/> 2	Moderately dissatisfied	<input type="checkbox"/> 4
		Very dissatisfied	<input type="checkbox"/> 5

SECTION H: NATIONAL SERVICE

46a) Did you ever serve in the armed forces?

Yes ₁ No ₂

If No, go to Question 47a

If Yes,

46b) Which of the following did you serve in? (Tick **one** box only)

Army ₁ Navy ₂ RAF ₃

46c) Which Regiment/Squadron/Unit did you serve in?

.....

46d) What was your year of discharge from the services?

19

Year

46e) What was your rank at discharge?

46f) What was your official service number?

46g) What was your height when you entered the services?
(Approximately)

Feet

Inches

46h) What was your weight when you entered the services?
(Approximately)

Stones

Pounds

47) If you did not serve in the armed forces was there a reason for you not doing so?

.....

.....

Thank you for your help with this questionnaire

CODE
For Data Entry Purposes Only