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## 1969 (Age 23)

### Abstract

A postal questionnaire was sent to all cohort members to ask about health, marriage, fertility and training.

Study website: <https://www.nshd.mrc.ac.uk/>

Alternate Title: Further and Technical Education Survey

Creator: Dr James WB Douglas

Publisher: MRC Unit, London School of Economics

### Sample

nshd\_overall - NSHD Overall Population

NSHD Overall Population

All eligible study members.

**LifeStage**

Early adulthood

**LifeStageDescription**

19 - 30 years

### Temporal Coverage

1969

### Spatial Coverage

**Highest Level**

Country

**Country**

GB-ENG

**Country**

GB-WLS

**Country**

GB-SCT

## Funding Information

Funding Information

Funding Information

## Data Collection

nshd\_69\_pq - 1969 Postal Questionnaire

1969 Postal Questionnaire

Collection Events

1969 - 1970

Collection Organization

**Mode of Collection**

Self-administered questionnaire using a traditional paper questionnaire.

 1969 Postal Questionnaire**closer:sourceFileName**


nshd\_69\_pq

Instrument Locations

- [https://discovery.closer.ac.uk/files/instruments/nshd\\_69\\_pq-750362a317ef227e2daa8907dee10df1.pdf](https://discovery.closer.ac.uk/files/instruments/nshd_69_pq-750362a317ef227e2daa8907dee10df1.pdf)

nshd\_69\_pq

Label	Location
nshd_69_pq	Sequence
Type	Order
Sequence	InOrderOfAppearance

 s\_intro\_i

Name	Location
s_intro_i	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

1969/70

s_intro_ii	
Name	Location
s_intro_ii	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

STRICTLY CONFIDENTIAL

s_intro_iii	
Name	Location
s_intro_iii	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

s_intro_iv	
Name	Location
s_intro_iv	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

(Medical Research Council)

s_intro_v	
Name	Location
s_intro_v	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

M.R.C. Unit, London School of Economics,

qi_intro_i - intro i		
Name	Label	Location
qi_intro_i	intro i	Sequence › nshd_69_pq

Type Text	Minimum Length	Maximum Length 255
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**Question**

Ref. No.

qi_intro_ii - intro ii		
Name qi_intro_ii	Label intro ii	Location Sequence › nshd_69_pq
Type Text	Minimum Length	Maximum Length 255

**Question**

Name and Address

qi_intro_iii - intro iii		
Name qi_intro_iii	Label intro iii	Location Sequence › nshd_69_pq
Type Text	Minimum Length	Maximum Length 255
Condition (if changed)		

**Question**

Name

qi_intro_iv - intro iv		
Name qi_intro_iv	Label intro iv	Location Sequence › nshd_69_pq
Type Text	Minimum Length	Maximum Length 255
Condition (if changed)		

**Question**

Address

s_intro_vi	
Name s_intro_vi	Location Sequence › nshd_69_pq
Type Statement	

**Statement Text**

Will you please bring this information on marriage and children up-to-date

**qi\_intro\_v - intro v**

Name	Label	Location
qi_intro_v	intro v	Sequence › nshd_69_pq
Type		
Date		

**Question**

Date of marriage

**qi\_intro\_vi - intro vi**

Name	Label	Location
qi_intro_vi	intro vi	Sequence › nshd_69_pq
Type		
Date		

Condition  
If engaged,

**Question**

date of marriage, if fixed

**qi\_intro\_vii - intro vii**

Name	Label	Location
qi_intro_vii	intro vii	Sequence › nshd_69_pq
Type	Minimum Length	Maximum Length
Text		255

Condition  
For Girls  
If engaged,

**Question**

If engaged, what will be your surname after marriage?

**qg\_intro\_viii - intro viii**

Name	Label	Location
qg_intro_viii	intro viii	Sequence › nshd_69_pq
Type		
Question Grid		

**Question**

CHILDREN

**Rows**

1	1
2	2
3	3

**Columns**

Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Date of birth	DateTime

qi_intro_ix - intro ix		
Name	Label	Location
qi_intro_ix	intro ix	Sequence > nshd_69_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Are you (or your wife) expecting a baby?

**Choices**

1	Yes
0	No

qi_intro_x - intro x		
Name	Label	Location
qi_intro_x	intro x	Sequence > nshd_69_pq
Type		
Date		

Condition  
(If 'Yes')

### Question

What is the expected date of birth?

 s\_intro\_vii

Name s_intro_vii	Location Sequence › nshd_69_pq
Type Statement	

### Statement Text

How to complete this form

 s\_intro\_viii

Name s_intro_viii	Location Sequence › nshd_69_pq
Type Statement	

### Statement Text

Please complete this form yourself. If you have any difficulty you should get someone to help you, but it is important that the answers should be yours.

 s\_intro\_ix

Name s_intro_ix	Location Sequence › nshd_69_pq
Type Statement	

### Statement Text

Either write your answer in the box or space provided or put a circle round the number which is correct

 s\_intro\_x

Name s_intro_x	Location Sequence › nshd_69_pq
Type Statement	


### Statement Text

If you wish to add any comments, please do so below the questions. We enclose a special envelope for the return of this form; it does not need a stamp.

**HOUSING**



Label HOUSING	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

 qi\_1 - 1

Name qi_1	Label 1	Location Sequence › nshd_69_pq › HOUSING
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Where are you living?

**Choices**

1	At home with your parents
2	With your in-laws
3	In lodgings/hostel (some meals provided)
4	In furnished flat/rooms (no meals provided)
5	In unfurnished house/flat you rent
6	In a house/flat you are buying

 qi\_1\_i - 1\_i

Name qi_1_i	Label 1 i	Location Sequence › nshd_69_pq › HOUSING
Type Text	Minimum Length	Maximum Length 255

Condition  
If none of these,

**Question**

please give details

**GENERAL HEALTH**

Label GENERAL HEALTH	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

 qi\_2\_a - 2 a

Name qi_2_a	Label 2 a	Location Sequence › nshd_69_pq › GENERAL HEALTH
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Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

The last accident we have recorded for you was ... We have no accidents recorded for you for a long time. Have you had any accident since then/since you left school in which you were burnt or scalded, you broke a bone, you were badly cut or bruised, or injured by a chemical?

**Choices**

1	Yes
0	No

 qg_2_b - 2 b		
Name qg_2_b	Label 2 b	Location Sequence > nshd_69_pq > GENERAL HEALTH
Type Question Grid		
Condition (if "yes"		

**Question**

please give the following details about each accident, starting with the earliest)

**Rows**

1	ACCIDENT 1
2	ACCIDENT 2

**Columns**

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text





**Choices**

1	Yes
0	No

**qi\_3\_b\_i - 3 b(i)**

Name qi_3_b_i	Label 3 b(i)	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

What hospital was it?

**qi\_3\_b\_ii - 3 b(ii)**

Name qi_3_b_ii	Label 3 b(ii)	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

When did you go in?

**qi\_3\_b\_iii - 3 b(iii)**

Name qi_3_b_iii	Label 3 b(iii)	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

What were you in hospital for?

**qi\_3\_b\_iv - 3 b(iv)**

Name qi_3_b_iv	Label 3 b(iv)	Location Sequence › nshd_69_pq › GENERAL HEALTH
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Type	Minimum Length	Maximum Length
Text		255
Condition (If 'Yes')		

**Question**

How long were you in hospital?

qi_3_b_v-3 b(v)		
Name	Label	Location
qi_3_b_v	3 b(v)	Sequence › nshd_69_pq › GENERAL HEALTH
Type	Minimum Length	Maximum Length
Text		255
Condition (If 'Yes')		

**Question**

What was the doctor's name who looked after you?

qi_4 - 4		
Name	Label	Location
qi_4	4	Sequence › nshd_69_pq › GENERAL HEALTH
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Have you attended a hospital out-patient department or clinic since this time last year?

**Choices**

1	Yes
0	No

qi_4_i-4.i		
Name	Label	Location
qi_4_i	4 i	Sequence › nshd_69_pq › GENERAL HEALTH
Type	Minimum Length	Maximum Length
Text		255
Condition (If 'Yes')		

**Question**

What hospital/clinic was it?

qi_4_ii - 4 ii		
Name qi_4_ii	Label 4 ii	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

When did you go first?

qi_4_iii - 4 iii		
Name qi_4_iii	Label 4 iii	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

Why did you go?

qi_5 - 5		
Name qi_5	Label 5	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Apart from what you have just put in questions 2, 3 and 4, have you consulted a doctor since this time last year?

**Choices**

1	Yes
0	No

l_q5i		
Name l_q5i	Member Label	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Roster	Iteration Source (max )	Display Style
Condition (If 'Yes')		

 qi\_5\_i - 5 i

Name qi_5_i	Label 5 i	Location Sequence › nshd_69_pq › GENERAL HEALTH › I_q5i
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

REASON FOR VISITS (Use one line for a series of visits in connection with the same complaint)

 qi\_5\_ii - 5 ii

Name qi_5_ii	Label 5 ii	Location Sequence › nshd_69_pq › GENERAL HEALTH › I_q5i
Type Integer	Low 0	High
Condition (If 'Yes')		

**Question**

NUMBER OF VISITS At Doctor's surgery

 qi\_5\_iii - 5 iii

Name qi_5_iii	Label 5 iii	Location Sequence › nshd_69_pq › GENERAL HEALTH › I_q5i
Type Integer	Low 0	High
Condition (If 'Yes')		

**Question**

NUMBER OF VISITS At your home

 qi\_6 - 6

Name qi_6	Label 6	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you been off work or indoors through accident or illness since this time last year?



**Choices**

1	Yes
0	No

l_q6i		
Name l_q6i	Member Label	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Roster	Iteration Source (max )	Display Style
Condition (If "yes")		

qi_6_i - 6 i		
Name qi_6_i	Label 6 i	Location Sequence › nshd_69_pq › GENERAL HEALTH › l_q6i
Type Date		
Condition (If "yes")		

**Question**

APPROXIMATE DATE

qi_6_ii - 6 ii		
Name qi_6_ii	Label 6 ii	Location Sequence › nshd_69_pq › GENERAL HEALTH › l_q6i
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

**Question**

NATURE OF ACCIDENT, ILLNESS

qi_6_iii - 6 iii		
Name qi_6_iii	Label 6 iii	Location Sequence › nshd_69_pq › GENERAL HEALTH › l_q6i
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

**Question**

TIME OFF WORK

EMPLOYMENT	
Label EMPLOYMENT	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

qi_7_a - 7 a		
Name qi_7_a	Label 7 a	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you now

**Choices**

1	Working full-time
2	Working part-time
3	A full-time housewife
4	A full-time student
5	Not working (from choice)
6	Unemployed
*	None of these, but

qi_7_a_i - 7 a(i)		
Name qi_7_a_i	Label 7 a(i)	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Integer	Low 0	High 168
Condition If Working part-time to question 7a		

**Question**

how many hours a week?

qi_7_b - 7 b
--------------

Name qi_7_b	Label 7 b	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since your 21st birthday have you been out of work for more than a week? (That is, actually looking for work; do not include holidays or time off due to illness).

**Choices**

1	Yes
0	No

I_q7ci		
Name I_q7ci	Member Label	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Roster	Iteration Source (max )	Display Style
Condition (If 'Yes')		

qi_7_c_i - 7 c(i)		
Name qi_7_c_i	Label 7 c(i)	Location Sequence › nshd_69_pq › EMPLOYMENT › I_q7ci
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

APPROXIMATE DATES

qi_7_c_ii - 7 c(ii)		
Name qi_7_c_ii	Label 7 c(ii)	Location Sequence › nshd_69_pq › EMPLOYMENT › I_q7ci
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

LENGTH OF TIME UNEMPLOYED

qi_7_c_iii - 7 c(iii)		
Name qi_7_c_iii	Label 7 c(iii)	Location Sequence › nshd_69_pq › EMPLOYMENT › I_q7ci
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

WHY WAS THIS?

qi_7_c_iv - 7 c(iv)		
Name qi_7_c_iv	Label 7 c(iv)	Location Sequence › nshd_69_pq › EMPLOYMENT › I_q7ci
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

DID YOU REGISTER AS UNEMPLOYED?

qg_7_d - 7 d		
Name qg_7_d	Label 7 d	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Question Grid		

**Question**

When we last contacted you, you were in the occupation we have written in red. Please bring the record up-to-date with the details of all the jobs you have done since, finishing with what you are doing now. If you have been promoted or changed your work within the same firm, please give the details. If you are still in the same job, please write "still there." If you are a full-time student, please give the name of the college and the course, if the information in red is not correct.

**Rows**

1	1
2	2
3	3
4	4

**Columns**

---

Generic text	Text
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic date	DateTime
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic text	Text
Generic text	Text
Generic text	Text
Generic date	DateTime
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Generic text	Text

 qi\_8 - 8

Name qi_8	Label 8	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Text	Minimum Length	Maximum Length

**Question**

Please describe in detail what you do in your job, what training you have had, and what responsibilities you have.

**EDUCATION**

Label EDUCATION	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

 qg\_9\_a - 9.a

Name qg_9_a	Label 9 a	Location Sequence › nshd_69_pq › EDUCATION
Type Question Grid		

**Question**

Have you been taking any part-time day or evening classes, a correspondence course, or studying at home since September 1968? If so, please fill in details of what you did last year and of what you are registered for or intend to register for this year.

**Rows**

1	Oct.-Sept. 1968/9
2	Oct.-Sept. 1969/70

**Columns**

Generic text	Text
Generic text	Text

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

 qi\_9\_b - 9 b

Name qi_9_b	Label 9 b	Location Sequence › nshd_69_pq › EDUCATION
Type Text	Minimum Length	Maximum Length 255

**Question**


What exams have you passed?

 qi\_9\_c - 9 c

Name qi_9_c	Label 9 c	Location Sequence › nshd_69_pq › EDUCATION
Type Text	Minimum Length	Maximum Length 255

**Question**


What exams are you finally aiming at through part-time study?

 qi\_9\_d - 9 d

Name qi_9_d	Label 9 d	Location Sequence › nshd_69_pq › EDUCATION
Type Text	Minimum Length	Maximum Length 255

**Question**

How will passing these exams affect your future?

 qi\_9\_e - 9 e

Name qi_9_e	Label 9 e	Location Sequence › nshd_69_pq › EDUCATION
Type Text	Minimum Length	Maximum Length 255

**Question**

What assistance do you get from your employer to make part-time study easier?

**GENERAL**

Label GENERAL	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

**qi\_10 - 10**

Name qi_10	Label 10	Location Sequence › nshd_69_pq › GENERAL
Type Text	Minimum Length	Maximum Length

**Question**

On recent questionnaires many of you wrote at length about yourselves and your opinions of life in general. We are still most interested to hear what is happening to you, whether this is inside or outside the special topics we have covered in this questionnaire.

**qi\_outro\_i - outro i**

Name qi_outro_i	Label outro i	Location Sequence › nshd_69_pq
Type Date		

**Question**

TODAY'S DATE

**s\_outro\_i**

Name s_outro_i	Location Sequence › nshd_69_pq
Type Statement	

**Statement Text**

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS THAT APPLY TO YOU.

**s\_outro\_ii**



Name s_outro_ii	Location Sequence › nshd_69_pq
Type Statement	

**Statement Text**

PLEASE POST THE FORM DIRECTLY TO US IN THE SPECIAL ENVELOPE - YOU DON'T NEED A STAMP AS WE WILL PAY THE POSTAGE.



### s\_outro\_iii

Name s_outro_iii	Location Sequence › nshd_69_pq
Type Statement	

**Statement Text**

THANK YOU VERY MUCH FOR ALL YOUR HELP

**Data****Analysis Unit**

Individual

**Kind of Data**

Survey Data

**Kind of Data**

Demographic Data



### 1969 Postal Questionnaire Dataset

Alternate Title: nshd\_69\_pq

**File Name**

doku.php

**closer:sourceFileName**

nshd\_69\_pq

**Case Quantity**

5362

**Variable Count**

6



### COMP4 - Form completion H4 (1969/70)

Type	Code
qi_outro_i	TODAY'S DATE

Value	Label	Frequency
0	Form completed but no accidents	2,619
1	Form completed and 1 or more accidents	401
9	Form not available or not completed for any reason	2,342

Valid	Invalid	Minimum	Maximum	Mean
5362	0	0	9	4.01

#### IH4 - Where are you living at time of H4 form?

Type	Code
qi_1	Where are you living?

Value	Label	Frequency
1	At home with parents	824
2	With in-laws	48
3	In lodgings, hostel (with some meals provided)	81
4	In furnished rooms, flat, room (no meals provided)	329
5	In unfurnished house/flat that you rent	616
6	In a house/flat that you are buying	797
7	Other, namely	216
8	No H4 form received	2,347
9	Form H4 received, but no information	104

Valid	Invalid	Minimum	Maximum	Mean
5362	0	1	9	5.89

#### IH42 - Number of times off work for illness in last 12 mths (or since starting work if that is shorter). Count only 5 days or more in a stretch.

Type	Code
------	------

qi_6	Have you been off work or indoors through accident or illness since this time last year?
------	--

Value	Label	Frequency
-9999	No form H4	2,352
0	Never	2,310
7	Seven or more times	
9	Form H4 received but no information	71


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-4385.73

 IH44 - Total time (wks) off work for illness in last 12 mths (or since starting work if that is shorter). Count only 5 days or more in a stretch.

Type	Code
qi_6	Have you been off work or indoors through accident or illness since this time last year?

Value	Label	Frequency
-9999	No form H4	4,662
1	5-9 days or 1 week	249
2	10-14 days or 2 weeks	172
4	1 month or 4 weeks	41
8	2 months or 8 weeks	20
13	3 months or 13 weeks	3
21	5 months or 21 weeks	1
26	6 months or 26 weeks	
54	Prolonged but episodic illness (usually psychiatric)	
99	H4 received but no information	72


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-8691.96

 IH45 - Longest single spell off work (wks) for illness in last 12 mths or since starting work if that is shorter. Count only 5 days or more in a stretch.

Type	Code
qi_6	Have you been off work or indoors through accident or illness since this time last year?

Value	Label	Frequency
-9999	No form H4	4,662
1	5-9 days or 1 week	271
2	10-14 days or 2 weeks	176
4	1 month or 4 weeks	29
8	2 months or 8 weeks	15
13	3 months or 13 weeks	3
21	5 months or 21 weeks	1
54	Prolonged episodic (usually psychiatric) whenever started & whether or not continuing at time of interview	
55	>1 yr off work in single spell part of which was in this 12 mths but stopped before interview	
66	Time off continuous with episode on previous form, or over 1 year, and still going on at interview	2
77	Still off work at time of interview & >5 days already, having started in this 12 mths.	18
99	Form H4 received but no information	72

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-8691.74

 IH46 - Out-patient or clinic attendance since this time last year. Include whether absent or not, ill or not, at any date.

Type	Code
qi_6	Have you been off work or indoors through accident or illness since this time last year?

Value	Label	Frequency
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- qi\_5\_i - 5 i
- qi\_5\_ii - 5 ii
- qi\_5\_iii - 5 iii
- qi\_6 - 6
- qi\_6\_i - 6 i
- qi\_6\_ii - 6 ii
- qi\_6\_iii - 6 iii
- qi\_7\_a - 7 a
- qi\_7\_a\_i - 7 a(i)
- qi\_7\_b - 7 b
- qi\_7\_c\_i - 7 c(i)
- qi\_7\_c\_ii - 7 c(ii)
- qi\_7\_c\_iii - 7 c(iii)
- qi\_7\_c\_iv - 7 c(iv)
- qi\_8 - 8
- qi\_9\_b - 9 b
- qi\_9\_c - 9 c
- qi\_9\_d - 9 d
- qi\_9\_e - 9 e
- qi\_10 - 10
- qi\_outro\_i - outro i

 qi\_intro\_i - intro i

intro i

**Question**

Ref. No.

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_intro\_ii - intro ii

intro ii

**Question**

Name and Address

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_intro\_iii - intro iii

intro iii

**Question**

Name

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_intro\_iv - intro iv

intro iv

**Question**

Address

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_intro\_v - intro v

intro v



**Question**

Date of marriage

**Type**

Date/Time (Date)

**Label**

Generic date

 qi\_intro\_vi - intro vi

intro vi

**Question**

date of marriage, if fixed

**Type**

Date/Time (Date)

**Label**

Generic date

 qi\_intro\_vii - intro vii

intro vii

**Question**

If engaged, what will be your surname after marriage?

**Type**


Text

**Label**

Generic text

**Maximum Length**

255

 qi\_intro\_ix - intro ix

intro ix

**Question**

Are you (or your wife) expecting a baby?

1	Yes
0	No

 qi\_intro\_x - intro x

intro x

**Question**

What is the expected date of birth?

**Type**

Date/Time (Date)

**Label**

Date of birth

 qi\_1 - 1

1

**Question**

Where are you living?

1	At home with your parents
2	With your in-laws
3	In lodgings/hostel (some meals provided)
4	In furnished flat/rooms (no meals provided)
5	In unfurnished house/flat you rent
6	In a house/flat you are buying

 qi\_1\_i - 1i

1 i

**Question**

please give details

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

qi\_2\_a - 2 a

2 a

**Question**

The last accident we have recorded for you was ... We have no accidents recorded for you for a long time. Have you had any accident since then/since you left school in which you were burnt or scalded, you broke a bone, you were badly cut or bruised, or injured by a chemical?

1	Yes
0	No

qi\_3\_a - 3 a

3 a

**Question**

The last hospital admission we have recorded for you was ... We have no hospital admissions recorded for you for a long time. Have you been in hospital as an in-patient since then/since you left school?

1	Yes
0	No

qi\_3\_b\_i - 3 b(i)

3 b(i)

**Question**

What hospital was it?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

qi\_3\_b\_ii - 3 b(ii)

3 b(ii)

**Question**

When did you go in?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

qi\_3\_b\_iii - 3 b(iii)

3 b(iii)

**Question**

What were you in hospital for?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

qi\_3\_b\_iv - 3 b(iv)

3 b(iv)

**Question**

How long were you in hospital?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_3\_b\_v-3 b(v)

3 b(v)

**Question**

What was the doctor's name who looked after you?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_4 - 4

4

**Question**

Have you attended a hospital out-patient department or clinic since this time last year?

1	Yes
0	No

 qi\_4\_i-4.i

4 i

**Question**

What hospital/clinic was it?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

qi\_4\_ii - 4 ii

4 ii

**Question**

When did you go first?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

qi\_4\_iii - 4 iii

4 iii

**Question**

Why did you go?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

qi\_5 - 5

5

**Question**

Apart from what you have just put in questions 2, 3 and 4, have you consulted a doctor since this time last year?

1	Yes
0	No

 qi\_5\_i-5.i

5 i

**Question**

REASON FOR VISITS (Use one line for a series of visits in connection with the same complaint)

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_5\_ii-5.ii

5 ii

**Question**

NUMBER OF VISITS At Doctor's surgery

**Label**

How many

**Low**

0 (inclusive)

 qi\_5\_iii-5.iii

5 iii

**Question**

NUMBER OF VISITS At your home

**Label**

How many

**Low**

0 (inclusive)

 qi\_6-6

6

**Question**

Have you been off work or indoors through accident or illness since this time last year?

1	Yes
0	No



6 i

**Question**


APPROXIMATE DATE

**Type**

Date/Time (Date)

**Label**

Generic date



6 ii

**Question**

NATURE OF ACCIDENT, ILLNESS

**Type**

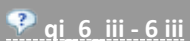
Text

**Label**

Generic text

**Maximum Length**

255



6 iii

**Question**

TIME OFF WORK



**Type**


Text

**Label**

Generic text

**Maximum Length**

255

 qi\_7\_a - 7 a

7 a

**Question**

Are you now

1	Working full-time
2	Working part-time
3	A full-time housewife
4	A full-time student
5	Not working (from choice)
6	Unemployed
*	None of these, but

**Type**


Text

**Label**

Other

**Maximum Length**

255

 qi\_7\_a\_i - 7 a(i)

7 a(i)

**Question**

how many hours a week?

**Label**

Hours in week

**Low**

0 (inclusive)

**High**

168 (inclusive)

 qi\_7\_b-7b

7 b

**Question**

Since your 21st birthday have you been out of work for more than a week? (That is, actually looking for work; do not include holidays or time off due to illness).

1	Yes
0	No

 qi\_7\_c\_i-7c(i)

7 c(i)

**Question**

APPROXIMATE DATES

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_7\_c\_ii-7c(ii)

7 c(ii)

**Question**

LENGTH OF TIME UNEMPLOYED

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_7\_c\_iii - 7 c(iii)

7 c(iii)

**Question**

WHY WAS THIS?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_7\_c\_iv - 7 c(iv)

7 c(iv)

**Question**

DID YOU REGISTER AS UNEMPLOYED?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_8 - 8

8

**Question**

Please describe in detail what you do in your job, what training you have had, and what responsibilities you have.

**Type**

Text

**Label**

Long text

 qi\_9\_b-9\_b

9 b

**Question**

What exams have you passed?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_9\_c-9\_c

9 c

**Question**

What exams are you finally aiming at through part-time study?

**Type**


Text

**Label**

Generic text

**Maximum Length**

255

 qi\_9\_d-9\_d

9 d

**Question**

How will passing these exams affect your future?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_9\_e - 9 e

9 e

**Question**

What assistance do you get from your employer to make part-time study easier?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_10 - 10

10

**Question**

On recent questionnaires many of you wrote at length about yourselves and your opinions of life in general. We are still most interested to hear what is happening to you, whether this is inside or outside the special topics we have covered in this questionnaire.

**Type**

Text

**Label**

Long text

 qi\_outro\_i - outro.i

outro i

### Question

TODAY'S DATE

### Type

Date/Time (Date)

### Label

Generic date

 nshd\_69\_pq\_qgs01

- [qg\\_intro\\_viii - intro viii](#)
- [qg\\_2\\_b - 2 b](#)
- [qg\\_7\\_d - 7 d](#)
- [qg\\_9\\_a - 9 a](#)

 qg\_intro\_viii - intro viii

intro viii

CHILDREN

### [Code List Dimension](#)

1	1
2	2
3	3

### [Code List Dimension](#)

1	Name
2	Sex
3	Date of birth
4	Name of hospital etc. where born

### [Responses](#)

### Type

Text

### Label

Generic text

**Maximum Length**

255

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Type**

Date/Time (Date)

**Label**

Date of birth

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Type**

Date/Time (Date)

**Label**

Date of birth

**Type**

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**Label**

Generic text

**Maximum Length**

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**Type**

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**Label**

Generic text

**Maximum Length**

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**Type**

Date/Time (Date)

**Label**

Date of birth

**Type**

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**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Type**

Date/Time (Date)

**Label**

Date of birth

 qg\_2\_b - 2\_b

2 b

please give the following details about each accident, starting with the earliest)

**Code List Dimension**

1	ACCIDENT 1
2	ACCIDENT 2

**Code List Dimension**

1	What sort of injury? (i.e. burn,cut,broken bone etc.)
2	What part was hurt?
3	When did it happen?
4	Where was it treated?
5	Who by?
6	What sort of scar or trouble does it still give you?
7	How did the accident happen?

8	Where did it happen?
---	----------------------

**Responses****Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Type**

Text

**Label**

Generic text

**Maximum Length**

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**Type**

Text

**Label**

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 qg\_7\_d - 7.d

7 d

When we last contacted you, you were in the occupation we have written in red. Please bring the record up-to-date with the details of all the jobs you have done since, finishing with what you are doing now. If you have been promoted or changed your work within the same firm, please give the details. If you are still in the same job, please write "still there." If you are a full-time student, please give the name of the college and the course, if the information in red is not correct.

**Code List Dimension**

1	1
2	2
3	3
4	4

**Code List Dimension**

1	Job No.
2	Type of job (i.e. what do YOU do?)
3	Type of firm (i.e. what do THEY do?)
4	Date started (Month, year)
5	Date left (Month, year)
6	Reason for leaving

**Responses**

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Type**

Text

**Label**

Generic text

**Maximum Length**

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**Type**

Text

**Label**

Generic text

**Maximum Length**

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**Type**

Date/Time (Date)

**Label**

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**Label**

Generic text

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**Type**

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**Label**

Generic text

**Maximum Length**

255


 qg\_9\_a - 9.a

9 a

Have you been taking any part-time day or evening classes, a correspondence course, or studying at home since September 1968? If so, please fill in details of what you did last year and of what you are registered for or intend to register for this year.

**Code List Dimension**

1	Oct.-Sept. 1968/9
2	Oct.-Sept. 1969/70

**Code List Dimension**

1	Name of COLLEGE or of CORRESPONDENCE COURSE
2	Name of COURSE or SUBJECTS STUDIED
3	Day, Evening, Home or Correspondence

### Responses

#### Type

Text

#### Label

Generic text

#### Maximum Length

255

#### Type

Text

#### Label

Generic text

#### Maximum Length

255

#### Type

Text

#### Label

Generic text

#### Maximum Length

255

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**Label**

Generic text

**Maximum Length**

255

**[Interviewer Instructions](#)** nshd\_69\_pq\_is01

This set has no items.

**[Control Constructs](#)**

 nshd\_69\_pq\_ccs01

 Sequence

 nshd\_69\_pq

[s\\_intro\\_i](#)

1969/70

[s\\_intro\\_ii](#)

STRICTLY CONFIDENTIAL

[s\\_intro\\_iii](#)

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

[s\\_intro\\_iv](#)

(Medical Research Council)

[s\\_intro\\_v](#)

M.R.C. Unit, London School of Economics,

[qi\\_intro\\_i](#)

Ref. No.

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_intro\\_ii](#)

Name and Address

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[Conditional](#)[Branch:](#)[qi\\_intro\\_iii](#)

Name

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_intro\\_iv](#)

Address

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[s\\_intro\\_vi](#)

Will you please bring this information on marriage and children up-to-date

[qi\\_intro\\_v](#)

Date of marriage

**Type**

Date/Time (Date)

**Label**

Generic date

[Conditional](#)[Branch:](#)
 then\_seq\_c\_qintro\_vi
[qi\\_intro\\_vi](#)

date of marriage, if fixed

**Type**

Date/Time (Date)

**Label**

Generic date

[Conditional](#)[Branch:](#)
 then\_seq\_c\_qintro\_vii
[qi\\_intro\\_vii](#)

If engaged, what will be your surname after marriage?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_intro\\_ix](#)

Are you (or your wife) expecting a baby?

1	Yes
0	No



**Conditional****Branch: qc\_intro\_ix == 1** then\_seq\_c\_qintro\_ix**qi\_intro\_x**

What is the expected date of birth?

**Type**

Date/Time (Date)

**Label**

Date of birth

**s\_intro\_vii**

How to complete this form

**s\_intro\_viii**

Please complete this form yourself. If you have any difficulty you should get someone to help you, but it is important that the answers should be yours.

**s\_intro\_ix**

Either write your answer in the box or space provided or put a circle round the number which is correct

**s\_intro\_x**

If you wish to add any comments, please do so below the questions. We enclose a special envelope for the return of this form; it does not need a stamp.

 HOUSING**qi\_1**

Where are you living?

1	At home with your parents
2	With your in-laws
3	In lodgings/hostel (some meals provided)

4	In furnished flat/rooms (no meals provided)
5	In unfurnished house/flat you rent
6	In a house/flat you are buying

**Conditional**

Branch: [qc\\_1 != 1 && qc\\_1 != 2 && qc\\_1 != 3 && qc\\_1 != 4 && qc\\_1 != 5 && qc\\_1 != 6](#)

 then\_seq\_c\_q1

[qi\\_1\\_i](#)

please give details

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 GENERAL HEALTH

[qi\\_2\\_a](#)

The last accident we have recorded for you was ... We have no accidents recorded for you for a long time. Have you had any accident since then/since you left school in which you were burnt or scalded, you broke a bone, you were badly cut or bruised, or injured by a chemical?

1	Yes
0	No

**Conditional**

Branch: [qc\\_2\\_a == 1](#)

 then\_seq\_c\_q2a

[qi\\_3\\_a](#)

The last hospital admission we have recorded for you was ... We have no hospital admissions recorded for you for a long time. Have you been in hospital as an in-patient since then/since you left school?

1	Yes
0	No

**Conditional**

**Branch: qc\_3\_a == 1**

then\_seq\_c\_q3a

**qi\_3\_b\_i**

What hospital was it?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**qi\_3\_b\_ii**

When did you go in?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**qi\_3\_b\_iii**

What were you in hospital for?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**qi\_3\_b\_iv**

How long were you in hospital?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_3\\_b\\_v](#)

What was the doctor's name who looked after you?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_4](#)

Have you attended a hospital out-patient department or clinic since this time last year?

1	Yes
0	No

**Conditional**

[Branch: qc\\_4 == 1](#)

 then\_seq\_c\_q4

[qi\\_4\\_j](#)

What hospital/clinic was it?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_4\\_ii](#)

When did you go first?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_4\\_iii](#)

Why did you go?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_5](#)

Apart from what you have just put in questions 2, 3 and 4, have you consulted a doctor since this time last year?

1	Yes
0	No

**Conditional****Branch: [qc\\_5 == 1](#)**

 then\_seq\_c\_q5
**Loop from [\\_visit = 1](#) to [\\_visit < 3](#) step**

 loop\_seq\_l\_q5i

[qi\\_5\\_i](#)

REASON FOR VISITS (Use one line for a series of visits in connection with the same complaint)

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_5\\_ii](#)

NUMBER OF VISITS At Doctor's surgery

**Label**

How many

**Low**

0 (inclusive)

[qi\\_5\\_iii](#)

NUMBER OF VISITS At your home

**Label**

How many

**Low**

0 (inclusive)

[qi\\_6](#)

Have you been off work or indoors through accident or illness since this time last year?

1	Yes
0	No

**Conditional**

**Branch:** [qc\\_6 == 1](#)

 [then\\_seq\\_c\\_q6](#)

**Loop from** [\\_offwork = 1](#) to [\\_offwork < 3](#) **step**

 loop\_seq\_l\_q6i[qi\\_6\\_i](#)

APPROXIMATE DATE

**Type**

Date/Time (Date)

**Label**

Generic date

[qi\\_6\\_ii](#)

NATURE OF ACCIDENT, ILLNESS

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_6\\_iii](#)

TIME OFF WORK

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 EMPLOYMENT[qi\\_7\\_a](#)

Are you now

1	Working full-time
2	Working part-time

3	A full-time housewife
4	A full-time student
5	Not working (from choice)
6	Unemployed
*	None of these, but

**Type**

Text

**Label**

Other

**Maximum Length**

255

**Conditional****Branch: qc\_7\_a == 2**

then\_seq\_c\_q7a

**qi\_7\_a\_i**

how many hours a week?

**Label**

Hours in week

**Low**

0 (inclusive)

**High**

168 (inclusive)

**qi\_7\_b**

Since your 21st birthday have you been out of work for more than a week? (That is, actually looking for work; do not include holidays or time off due to illness).

1	Yes
0	No

**Conditional****Branch: qc\_7\_b == 1**



 then\_seq\_c\_q7b

[Loop from occasion = 1 to occasion < 3 step](#)

 loop\_seq\_l\_q7ci

[qi\\_7\\_c\\_i](#)

#### APPROXIMATE DATES

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_7\\_c\\_ii](#)

#### LENGTH OF TIME UNEMPLOYED

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_7\\_c\\_iii](#)

#### WHY WAS THIS?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_7\\_c\\_iv](#)

DID YOU REGISTER AS UNEMPLOYED?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_8](#)

Please describe in detail what you do in your job, what training you have had, and what responsibilities you have.

**Type**

Text

**Label**

Long text



[qi\\_9\\_b](#)

What exams have you passed?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_9\\_c](#)

What exams are you finally aiming at through part-time study?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_9\\_d](#)

How will passing these exams affect your future?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_9\\_e](#)

What assistance do you get from your employer to make part-time study easier?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

[qi\\_10](#)

On recent questionnaires many of you wrote at length about yourselves and your opinions of life in general. We are still most interested to hear what is happening to you, whether this is inside or outside the special topics we have covered in this questionnaire.

**Type**

Text

**Label**

Long text

[qi\\_outro\\_i](#)

TODAY'S DATE

**Type**

Date/Time (Date)

**Label**

Generic date

[s\\_outro\\_i](#)

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS THAT APPLY TO YOU.

[s\\_outro\\_ii](#)

PLEASE POST THE FORM DIRECTLY TO US IN THE SPECIAL ENVELOPE - YOU DON'T NEED A STAMP AS WE WILL PAY THE POSTAGE.

[s\\_outro\\_iii](#)

THANK YOU VERY MUCH FOR ALL YOUR HELP

**Instruments** nshd\_69\_pq\_is01

- [1969 Postal Questionnaire](#)

 1969 Postal Questionnaire**closer:sourceFileName**

nshd\_69\_pq

**Instrument Locations**

- [https://discovery.closer.ac.uk/files/instruments/nshd\\_69\\_pq-750362a317ef227e2daa8907dee10df1.pdf](https://discovery.closer.ac.uk/files/instruments/nshd_69_pq-750362a317ef227e2daa8907dee10df1.pdf)

nshd\_69\_pq

Label	Location
nshd_69_pq	Sequence
Type	Order
Sequence	InOrderOfAppearance

 s\_intro\_i

Name	Location
s_intro_i	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

1969/70

s_intro_ii	
Name	Location
s_intro_ii	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

STRICTLY CONFIDENTIAL

s_intro_iii	
Name	Location
s_intro_iii	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

s_intro_iv	
Name	Location
s_intro_iv	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

(Medical Research Council)

s_intro_v	
Name	Location
s_intro_v	Sequence › nshd_69_pq
Type	
Statement	

**Statement Text**

M.R.C. Unit, London School of Economics,

qi_intro_i - intro i		
Name	Label	Location
qi_intro_i	intro i	Sequence › nshd_69_pq
Type	Minimum Length	Maximum Length
Text		255

**Question**

Ref. No.

qi_intro_ii - intro ii		
Name qi_intro_ii	Label intro ii	Location Sequence › nshd_69_pq
Type Text	Minimum Length	Maximum Length 255

**Question**

Name and Address

qi_intro_iii - intro iii		
Name qi_intro_iii	Label intro iii	Location Sequence › nshd_69_pq
Type Text	Minimum Length	Maximum Length 255
Condition (if changed)		

**Question**

Name

qi_intro_iv - intro iv		
Name qi_intro_iv	Label intro iv	Location Sequence › nshd_69_pq
Type Text	Minimum Length	Maximum Length 255
Condition (if changed)		

**Question**

Address

s_intro_vi	
Name s_intro_vi	Location Sequence › nshd_69_pq
Type Statement	

**Statement Text**

Will you please bring this information on marriage and children up-to-date

**qi\_intro\_v - intro v**

Name	Label	Location
qi_intro_v	intro v	Sequence › nshd_69_pq
Type		
Date		

**Question**

Date of marriage

**qi\_intro\_vi - intro vi**

Name	Label	Location
qi_intro_vi	intro vi	Sequence › nshd_69_pq
Type		
Date		

Condition  
If engaged,

**Question**

date of marriage, if fixed

**qi\_intro\_vii - intro vii**

Name	Label	Location
qi_intro_vii	intro vii	Sequence › nshd_69_pq
Type	Minimum Length	Maximum Length
Text		255

Condition  
For Girls  
If engaged,

**Question**

If engaged, what will be your surname after marriage?

**qg\_intro\_viii - intro viii**

Name	Label	Location
qg_intro_viii	intro viii	Sequence › nshd_69_pq
Type		
Question Grid		

**Question**

CHILDREN

**Rows**

1	1
2	2
3	3

**Columns**

Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Date of birth	DateTime

qi_intro_ix - intro ix		
Name qi_intro_ix	Label intro ix	Location Sequence › nshd_69_pq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you (or your wife) expecting a baby?

**Choices**

1	Yes
0	No

qi_intro_x - intro x		
Name qi_intro_x	Label intro x	Location Sequence › nshd_69_pq
Type Date		



Condition  
(If 'Yes')

### Question

What is the expected date of birth?

 s\_intro\_vii

Name s_intro_vii	Location Sequence › nshd_69_pq
Type Statement	

### Statement Text

How to complete this form

 s\_intro\_viii

Name s_intro_viii	Location Sequence › nshd_69_pq
Type Statement	

### Statement Text

Please complete this form yourself. If you have any difficulty you should get someone to help you, but it is important that the answers should be yours.

 s\_intro\_ix

Name s_intro_ix	Location Sequence › nshd_69_pq
Type Statement	

### Statement Text

Either write your answer in the box or space provided or put a circle round the number which is correct

 s\_intro\_x


Name s_intro_x	Location Sequence › nshd_69_pq
Type Statement	

### Statement Text

If you wish to add any comments, please do so below the questions. We enclose a special envelope for the return of this form; it does not need a stamp.

**HOUSING**

Label HOUSING	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

 qi\_1 - 1

Name qi_1	Label 1	Location Sequence › nshd_69_pq › HOUSING
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Where are you living?

**Choices**

1	At home with your parents
2	With your in-laws
3	In lodgings/hostel (some meals provided)
4	In furnished flat/rooms (no meals provided)
5	In unfurnished house/flat you rent
6	In a house/flat you are buying

 qi\_1\_i - 1\_i

Name qi_1_i	Label 1 i	Location Sequence › nshd_69_pq › HOUSING
Type Text	Minimum Length	Maximum Length 255

Condition  
If none of these,

**Question**

please give details

**GENERAL HEALTH**

Label GENERAL HEALTH	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

 qi\_2\_a - 2 a

Name qi_2_a	Label 2 a	Location Sequence › nshd_69_pq › GENERAL HEALTH
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Type Multiple Choice	Selection Type SelectOne	Display Style
-------------------------	-----------------------------	---------------

**Question**

The last accident we have recorded for you was ... We have no accidents recorded for you for a long time. Have you had any accident since then/since you left school in which you were burnt or scalded, you broke a bone, you were badly cut or bruised, or injured by a chemical?

**Choices**

1	Yes
0	No

 qg_2_b - 2_b		
Name qg_2_b	Label 2 b	Location Sequence > nshd_69_pq > GENERAL HEALTH
Type Question Grid		
Condition (if "yes")		

**Question**

please give the following details about each accident, starting with the earliest)

**Rows**

1	ACCIDENT 1
2	ACCIDENT 2

**Columns**

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text





**Choices**

1	Yes
0	No

**qi\_3\_b\_i - 3 b(i)**

Name qi_3_b_i	Label 3 b(i)	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

What hospital was it?

**qi\_3\_b\_ii - 3 b(ii)**

Name qi_3_b_ii	Label 3 b(ii)	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

When did you go in?

**qi\_3\_b\_iii - 3 b(iii)**

Name qi_3_b_iii	Label 3 b(iii)	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

What were you in hospital for?

**qi\_3\_b\_iv - 3 b(iv)**

Name qi_3_b_iv	Label 3 b(iv)	Location Sequence › nshd_69_pq › GENERAL HEALTH
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Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

How long were you in hospital?

qi_3_b_v-3 b(v)		
Name qi_3_b_v	Label 3 b(v)	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

What was the doctor's name who looked after you?

qi_4 - 4		
Name qi_4	Label 4	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you attended a hospital out-patient department or clinic since this time last year?

**Choices**

1	Yes
0	No

qi_4_i-4.i		
Name qi_4_i	Label 4 i	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

What hospital/clinic was it?

qi_4_ii - 4 ii		
Name qi_4_ii	Label 4 ii	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

When did you go first?

qi_4_iii - 4 iii		
Name qi_4_iii	Label 4 iii	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

Why did you go?

qi_5 - 5		
Name qi_5	Label 5	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Apart from what you have just put in questions 2, 3 and 4, have you consulted a doctor since this time last year?

**Choices**

1	Yes
0	No

l_q5i		
Name l_q5i	Member Label	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Roster	Iteration Source (max )	Display Style
Condition (If 'Yes')		



 qi\_5\_i - 5\_i

Name qi_5_i	Label 5 i	Location Sequence › nshd_69_pq › GENERAL HEALTH › I_q5i
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

REASON FOR VISITS (Use one line for a series of visits in connection with the same complaint)

 qi\_5\_ii - 5\_ii

Name qi_5_ii	Label 5 ii	Location Sequence › nshd_69_pq › GENERAL HEALTH › I_q5i
Type Integer	Low 0	High
Condition (If 'Yes')		

**Question**

NUMBER OF VISITS At Doctor's surgery

 qi\_5\_iii - 5\_iii

Name qi_5_iii	Label 5 iii	Location Sequence › nshd_69_pq › GENERAL HEALTH › I_q5i
Type Integer	Low 0	High
Condition (If 'Yes')		

**Question**

NUMBER OF VISITS At your home

 qi\_6 - 6

Name qi_6	Label 6	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you been off work or indoors through accident or illness since this time last year?

**Choices**

1	Yes
0	No

**l\_q6i**

Name l_q6i	Member Label	Location Sequence › nshd_69_pq › GENERAL HEALTH
Type Roster	Iteration Source (max )	Display Style
Condition (If "yes")		

**qi\_6\_i - 6 i**

Name qi_6_i	Label 6 i	Location Sequence › nshd_69_pq › GENERAL HEALTH › l_q6i
Type Date		
Condition (If "yes")		

**Question**

APPROXIMATE DATE

**qi\_6\_ii - 6 ii**

Name qi_6_ii	Label 6 ii	Location Sequence › nshd_69_pq › GENERAL HEALTH › l_q6i
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

**Question**

NATURE OF ACCIDENT, ILLNESS

**qi\_6\_iii - 6 iii**

Name qi_6_iii	Label 6 iii	Location Sequence › nshd_69_pq › GENERAL HEALTH › l_q6i
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

**Question**

TIME OFF WORK

EMPLOYMENT	
Label EMPLOYMENT	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

qi_7_a - 7 a		
Name qi_7_a	Label 7 a	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you now

**Choices**

1	Working full-time
2	Working part-time
3	A full-time housewife
4	A full-time student
5	Not working (from choice)
6	Unemployed
*	None of these, but

qi_7_a_i - 7 a(i)		
Name qi_7_a_i	Label 7 a(i)	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Integer	Low 0	High 168
Condition If Working part-time to question 7a		

**Question**

how many hours a week?

qi_7_b - 7 b
--------------

Name qi_7_b	Label 7 b	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since your 21st birthday have you been out of work for more than a week? (That is, actually looking for work; do not include holidays or time off due to illness).

**Choices**

1	Yes
0	No

I_q7ci		
Name I_q7ci	Member Label	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Roster	Iteration Source (max )	Display Style
Condition (If 'Yes')		

qi_7_c_i - 7 c(i)		
Name qi_7_c_i	Label 7 c(i)	Location Sequence › nshd_69_pq › EMPLOYMENT › I_q7ci
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

APPROXIMATE DATES

qi_7_c_ii - 7 c(ii)		
Name qi_7_c_ii	Label 7 c(ii)	Location Sequence › nshd_69_pq › EMPLOYMENT › I_q7ci
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

LENGTH OF TIME UNEMPLOYED

qi_7_c_iii - 7 c(iii)		
Name qi_7_c_iii	Label 7 c(iii)	Location Sequence › nshd_69_pq › EMPLOYMENT › I_q7ci
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

WHY WAS THIS?

qi_7_c_iv - 7 c(iv)		
Name qi_7_c_iv	Label 7 c(iv)	Location Sequence › nshd_69_pq › EMPLOYMENT › I_q7ci
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

**Question**

DID YOU REGISTER AS UNEMPLOYED?

qg_7_d - 7 d		
Name qg_7_d	Label 7 d	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Question Grid		

**Question**

When we last contacted you, you were in the occupation we have written in red. Please bring the record up-to-date with the details of all the jobs you have done since, finishing with what you are doing now. If you have been promoted or changed your work within the same firm, please give the details. If you are still in the same job, please write "still there." If you are a full-time student, please give the name of the college and the course, if the information in red is not correct.

**Rows**

1	1
2	2
3	3
4	4

**Columns**

---

Generic text	Text
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic date	DateTime
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic text	Text
Generic text	Text
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Generic text	Text

 qi\_8 - 8

Name qi_8	Label 8	Location Sequence › nshd_69_pq › EMPLOYMENT
Type Text	Minimum Length	Maximum Length

**Question**

Please describe in detail what you do in your job, what training you have had, and what responsibilities you have.

**EDUCATION**

Label EDUCATION	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

 qg\_9\_a - 9.a

Name qg_9_a	Label 9 a	Location Sequence › nshd_69_pq › EDUCATION
Type Question Grid		

**Question**

Have you been taking any part-time day or evening classes, a correspondence course, or studying at home since September 1968? If so, please fill in details of what you did last year and of what you are registered for or intend to register for this year.

**Rows**

1	Oct.-Sept. 1968/9
2	Oct.-Sept. 1969/70

**Columns**

Generic text	Text
Generic text	Text

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

? qi_9_b - 9 b		
Name qi_9_b	Label 9 b	Location Sequence › nshd_69_pq › EDUCATION
Type Text	Minimum Length	Maximum Length 255

**Question**

What exams have you passed?

? qi_9_c - 9 c		
Name qi_9_c	Label 9 c	Location Sequence › nshd_69_pq › EDUCATION
Type Text	Minimum Length	Maximum Length 255

**Question**

What exams are you finally aiming at through part-time study?

? qi_9_d - 9 d		
Name qi_9_d	Label 9 d	Location Sequence › nshd_69_pq › EDUCATION
Type Text	Minimum Length	Maximum Length 255

**Question**

How will passing these exams affect your future?

? qi_9_e - 9 e		
----------------	--	--



Name qi_9_e	Label 9 e	Location Sequence › nshd_69_pq › EDUCATION
Type Text	Minimum Length	Maximum Length 255

**Question**

What assistance do you get from your employer to make part-time study easier?

**GENERAL**

Label GENERAL	Location Sequence › nshd_69_pq
Type Sequence	Order InOrderOfAppearance

**qi\_10 - 10**

Name qi_10	Label 10	Location Sequence › nshd_69_pq › GENERAL
Type Text	Minimum Length	Maximum Length

**Question**

On recent questionnaires many of you wrote at length about yourselves and your opinions of life in general. We are still most interested to hear what is happening to you, whether this is inside or outside the special topics we have covered in this questionnaire.

**qi\_outro\_i - outro i**

Name qi_outro_i	Label outro i	Location Sequence › nshd_69_pq
Type Date		

**Question**

TODAY'S DATE

**s\_outro\_i**

Name s_outro_i	Location Sequence › nshd_69_pq
Type Statement	

**Statement Text**


PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS THAT APPLY TO YOU.

**s\_outro\_ii**

Name s_outro_ii	Location Sequence › nshd_69_pq
Type Statement	

**Statement Text**

PLEASE POST THE FORM DIRECTLY TO US IN THE SPECIAL ENVELOPE - YOU DON'T NEED A STAMP AS WE WILL PAY THE POSTAGE.

 s_outro_iii	
Name s_outro_iii	Location Sequence › nshd_69_pq
Type Statement	

**Statement Text**

THANK YOU VERY MUCH FOR ALL YOUR HELP

**Code Lists**

 nshd_69_pq_cos01	
<ul style="list-style-type: none"> <li>• <a href="#">cs_Yes_No</a></li> <li>• <a href="#">cs_q1</a></li> <li>• <a href="#">cs_q7_a</a></li> <li>• <a href="#">cs_q2_b_Y</a></li> <li>• <a href="#">cs_q2_b_X</a></li> <li>• <a href="#">cs_qintro_viii_Y</a></li> <li>• <a href="#">cs_qintro_viii_X</a></li> <li>• <a href="#">cs_q7_d_Y</a></li> <li>• <a href="#">cs_q7_d_X</a></li> <li>• <a href="#">College Year</a></li> <li>• <a href="#">cs_q9_a_X</a></li> </ul>	

 cs_Yes_No	
1	Yes
0	No

 cs_q1	
1	At home with your parents
2	With your in-laws
3	In lodgings/hostel (some meals provided)
4	In furnished flat/rooms (no meals provided)

5	In unfurnished house/flat you rent
6	In a house/flat you are buying

cs_q7_a	
1	Working full-time
2	Working part-time
3	A full-time housewife
4	A full-time student
5	Not working (from choice)
6	Unemployed
*	None of these, but

cs_q2_b_Y	
1	ACCIDENT 1
2	ACCIDENT 2

cs_q2_b_X	
1	What sort of injury? (i.e. burn,cut,broken bone etc.)
2	What part was hurt?
3	When did it happen?
4	Where was it treated?
5	Who by?
6	What sort of scar or trouble does it still give you?
7	How did the accident happen?
8	Where did it happen?

cs_qintro_viii_Y	
1	1
2	2
3	3

cs_qintro_viii_X	
------------------	--

1	Name
2	Sex
3	Date of birth
4	Name of hospital etc. where born

 cs\_q7\_d\_Y

1	1
2	2
3	3
4	4

 cs\_q7\_d\_X

1	Job No.
2	Type of job (i.e. what do YOU do?)
3	Type of firm (i.e. what do THEY do?)
4	Date started (Month, year)
5	Date left (Month, year)
6	Reason for leaving

 College Year

1	Oct.-Sept. 1968/9
2	Oct.-Sept. 1969/70

 cs\_q9\_a\_X

1	Name of COLLEGE or of CORRESPONDENCE COURSE
2	Name of COURSE or SUBJECTS STUDIED
3	Day, Evening, Home or Correspondence