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# nshd\_99\_scq - 1999 Self-Completion Questionnaire

1999 Self-Completion Questionnaire

## Collection Events

1999 - 1999

Collection Organization

### Mode of Collection

Self-administered questionnaire using a traditional paper questionnaire.

## 1999 Self-Completion Questionnaire

### closer:sourceFileName

nshd\_99\_scq

### Instrument Locations

- [https://discovery.closer.ac.uk/files/instruments/nshd\\_99\\_scq-030937977b6dc3dd71ab820249f16521.pdf](https://discovery.closer.ac.uk/files/instruments/nshd_99_scq-030937977b6dc3dd71ab820249f16521.pdf)

## nshd\_99\_scq

Label nshd_99_scq	Location Sequence
Type Sequence	Order InOrderOfAppearance

## s\_intro\_i

Name s_intro_i	Location Sequence › nshd_99_scq
Type Statement	

### Statement Text

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT


## s\_intro\_ii

Name s_intro_ii	Location Sequence › nshd_99_scq
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Type	
Statement	

**Statement Text**


University College London Medical School Department of Epidemiology and Public Health

 s_intro_iii
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Name	Location
s_intro_iii	Sequence › nshd_99_scq
Type	
Statement	

**Statement Text**

SELF-COMPLETION BOOKLET 1999

 qi_intro - intro
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Name	Label	Location
qi_intro	intro	Sequence › nshd_99_scq
Type		
Date		

**Question**

INTERVIEW DATE

 qg_1_1-14 - 1 1-14
--

Name	Label	Location
qg_1_1-14	1 1-14	Sequence › nshd_99_scq
Type		
Question Grid		

**Question**

How often do you normally eat the following types of foods?

**Rows**

1	Apples or pears
2	Biscuits or cakes
3	Carrots
4	Crisps or savoury snacks
5	Chocolate or other confectionary
6	Coffee
7	Chips
8	Fish

9	Fruit juice (not squash or fizzy)
10	Green leafy vegetables or salad
11	Meat (beef, lamb, pork, bacon, ham)
12	Onions
13	Oranges or other citrus fruit
14	Tea

**Columns**

	Code
--	------

qi_2_a - 2 a		
Name	Label	Location
qi_2_a	2 a	Sequence > nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Are you on any special diet at the moment?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

qi_2_b - 2 b		
Name	Label	Location
qi_2_b	2 b	Sequence > nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

**Question**

Is your diet:

**Instructions**

(CIRCLE ALL THAT APPLY)

**Choices**

1	low salt/salt free
2	low fat

3	high fibre/high residue
4	low protein
5	diabetic
6	weight reduction
7	gluten-free
8	other (please describe)

qi_2_c - 2 c		
Name	Label	Location
qi_2_c	2 c	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

**Question**

Was it recommended by a doctor?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

qi_3 - 3		
Name	Label	Location
qi_3	3	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Are you a vegetarian?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

qi_4_a - 4 a		
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Name qi_4_a	Label 4 a	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you eat a main meal or any other food is salt generally added to it: during cooking?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

 qi\_4\_b - 4 b

Name qi_4_b	Label 4 b	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you eat a main meal or any other food is salt generally added to it: at table?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

 qi\_5 - 5

Name qi_5	Label 5	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you drunk alcohol in the last year?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

0	No
1	Only on special occasions

2	More often
---	------------

qi_6_a - 6 a		
Name	Label	Location
qi_6_a	6 a	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

**Question**

In the last seven days have you had any of the following drinks? Spirits or liqueurs (e.g. whisky, gin, brandy, vodka)

**Instructions**

DO NOT COUNT NON-ALCOHOLIC DRINKS

**Choices**

1	Yes
0	No

qi_6_a_i - 6 a(i)		
Name	Label	Location
qi_6_a_i	6 a(i)	Sequence › nshd_99_scq
Type	Low	High
Integer	0	
Condition		
If Yes to question 6a		

**Question**

How many measures?

qi_6_b - 6 b		
Name	Label	Location
qi_6_b	6 b	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

**Question**

In the last seven days have you had any of the following drinks? Wine, sherry, martini or port

**Instructions**

DO NOT COUNT NON-ALCOHOLIC DRINKS

**Choices**

1	Yes
0	No

qi_6_b_i - 6 b(i)		
Name	Label	Location
qi_6_b_i	6 b(i)	Sequence > nshd_99_scq
Type	Low	High
Integer	0	
Condition		
If Yes to question 6b		

**Question**

How many glasses?

qi_6_c - 6 c		
Name	Label	Location
qi_6_c	6 c	Sequence > nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

**Question**

In the last seven days have you had any of the following drinks? Beer lager, cider or stout

**Instructions**

DO NOT COUNT NON-ALCOHOLIC DRINKS

**Choices**

1	Yes
0	No

qi_6_c_i - 6 c(i)		
Name	Label	Location
qi_6_c_i	6 c(i)	Sequence > nshd_99_scq
Type	Low	High
Integer	0	
Condition		
If Yes to question 6c		

**Question**

How many 1/2 pints?

qi_7 - 7		
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Name qi_7	Label 7	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

In the last year, have you felt you ought to cut down on your drinking? DO NOT INCLUDE DIETING

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

? qi_8 - 8		
Name qi_8	Label 8	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

In the last year, have people ever annoyed you by criticising your drinking?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

? qi_9 - 9		
Name qi_9	Label 9	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

In the last year, have you ever felt bad or guilty about your drinking?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

 qi\_10 - 10

Name qi_10	Label 10	Location Sequence > nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**


In the last year, have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

 qi\_11 - 11

Name qi_11	Label 11	Location Sequence > nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you usually wear glasses or contact lenses for distance vision (e.g. for driving a car or watching television)?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

 qi\_12 - 12

Name qi_12	Label 12	Location Sequence > nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you have difficulty recognising a friend across the road (4 yards)? (without distance vision glasses or contact lenses if you have them)

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

 qi\_13 - 13

Name qi_13	Label 13	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you wear a hearing aid?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

 qi\_14 - 14

Name qi_14	Label 14	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you find it very difficult to follow a conversation if there is background noise, such as TV, radio, children playing? (without a hearing aid if you have one)

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

qi\_15\_a - 15 a

Name	Label	Location
qi_15_a	15 a	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

In your spare time do you do any of the following activities? Constructive activities, making things with your hands

**Choices**

1	Yes
0	No

qi\_15\_a\_i - 15 a(i)

Name	Label	Location
qi_15_a_i	15 a(i)	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Condition

If Yes to question 15a

**Question**

How often do you take part?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	weekly
2	monthly
3	less often

qi\_15\_b - 15 b

Name	Label	Location
qi_15_b	15 b	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

In your spare time do you do any of the following activities? Musical, artistic or creative activities

**Choices**

1	Yes
0	No

qi\_15\_b\_i - 15 b(i)

Name	Label	Location
qi_15_b_i	15 b(i)	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
If Yes to question 15b		

### Question

How often do you take part?

### Instructions

(CIRCLE ONE NUMBER)

### Choices

1	weekly
2	monthly
3	less often

qi\_16\_a - 16 a

Name	Label	Location
qi_16_a	16 a	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

### Question

Thinking about the person you have felt closest to in the last 12 months please answer the following questions: Is this person your ...

### Instructions

(CIRCLE ONE NUMBER)

### Choices

1	husband/wife/partner
2	boyfriend/girlfriend
3	parent
4	brother/sister
5	son/daughter
6	other relative
7	neighbour
8	friend from work
9	other friend

10	other (please describe)
11	No-one

qi_16_b - 16 b		
Name	Label	Location
qi_16_b	16 b	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

**Question**

How much in the last 12 months did this person make you feel good about yourself?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

0	Not at all
1	A little
2	Quite a lot
3	A great deal

qi_16_c - 16 c		
Name	Label	Location
qi_16_c	16 c	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

**Question**

How much in the last 12 months did you share interests, hobbies and fun with this person?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

0	Not at all
1	A little
2	Quite a lot
3	A great deal

qi\_16\_d - 16 d

Name	Label	Location
qi_16_d	16 d	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

### Question

How much in the last 12 months did this person give you worries, problems and stress?

### Instructions

(CIRCLE ONE NUMBER)

### Choices

0	Not at all
1	A little
2	Quite a lot
3	A great deal

qi\_16\_e - 16 e

Name	Label	Location
qi_16_e	16 e	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

### Question

How much in the last 12 months did you confide in this person?

### Instructions

(CIRCLE ONE NUMBER)

### Choices

0	Not at all
1	A little
2	Quite a lot
3	A great deal

qi\_16\_f - 16 f

Name	Label	Location
qi_16_f	16 f	Sequence › nshd_99_scq

Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

**Question**

How much in the last 12 months would you have liked to have confided more in this person?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

0	Not at all
1	A little
2	Quite a lot
3	A great deal

? qi_16_g - 16 g		
Name	Label	Location
qi_16_g	16 g	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

**Question**

How much in the last 12 months did talking to this person make things worse?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

0	Not at all
1	A little
2	Quite a lot
3	A great deal

? qi_17 - 17		
Name	Label	Location
qi_17	17	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Overall, do you think you have enough opportunity to talk openly and share your feelings about things?



**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No



s\_q18

Name	Location
s_q18	Sequence › nshd_99_scq
Type	
Statement	

**Statement Text**

Please answer ALL the following questions about how you have been feeling over the past few weeks. Remember that we want to know about your present and recent complaints, not those you had in the past.



qi\_18 - 18

Name	Label	Location
qi_18	18	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

HAVE YOU RECENTLY: Been feeling perfectly well and in good health?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Better than usual
2	Same as usual
3	Worse than usual
4	Much worse than usual



qi\_19 - 19

Name	Label	Location
qi_19	19	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**


HAVE YOU RECENTLY: Been feeling in need of a good tonic?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_20 - 20

Name qi_20	Label 20	Location Sequence > nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Been feeling run down and out of sorts?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_21 - 21

Name qi_21	Label 21	Location Sequence > nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Felt that you are ill?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual

4	Much more than usual
---	----------------------

qi_22 - 22		
Name qi_22	Label 22	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Been getting any pains in your head?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

qi_23 - 23		
Name qi_23	Label 23	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Been getting a feeling of tightness or pressure in your head?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

qi_24 - 24		
Name qi_24	Label 24	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Been having hot or cold spells?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_25 - 25

Name	Label	Location
qi_25	25	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

HAVE YOU RECENTLY: Lost much sleep over worry?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_26 - 26

Name	Label	Location
qi_26	26	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

HAVE YOU RECENTLY: Had difficulty staying asleep once you are off?


**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
---	------------

2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_27 - 27

Name qi_27	Label 27	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Been managing to keep yourself busy and occupied?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	More so than usual
2	Same as usual
3	Rather less than usual
4	Much less than usual

 qi\_28 - 28

Name qi_28	Label 28	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Been taking longer over the things you do?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Quicker than usual
2	Same as usual
3	Longer than usual
4	Much longer than usual

 qi\_29 - 29

Name qi_29	Label 29	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Felt on the whole you were doing things well?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Better than usual
2	About the same as usual
3	Less well than usual
4	Much less well

 qi_30 - 30		
Name qi_30	Label 30	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Been satisfied with the way you've carried out your task?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	More satisfied
2	About the same as usual
3	Less satisfied than usual
4	Much less satisfied

 qi_31 - 31		
Name qi_31	Label 31	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Felt that you are playing a useful part in things?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	More so than usual
2	Same as usual
3	Less useful than usual
4	Much less useful

 qi\_32 - 32

Name qi_32	Label 32	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Felt capable of making decisions about things?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	More so than usual
2	Same as usual
3	Less so than usual
4	Much less capable

 qi\_33 - 33

Name qi_33	Label 33	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Felt constantly under strain?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_34 - 34

Name qi_34	Label 34	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Been able to enjoy your normal day-to-day activities?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	More so than usual
2	Same as usual
3	Less so than usual
4	Much less than usual

 qi\_35 - 35

Name qi_35	Label 35	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


HAVE YOU RECENTLY: Been getting edgy and bad-tempered?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_36 - 36

Name qi_36	Label 36	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**



HAVE YOU RECENTLY: Been getting scared or panicky for no good reason?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

qi\_37 - 37

Name qi_37	Label 37	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Found everything getting on top of you?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

qi\_38 - 38

Name qi_38	Label 38	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Been thinking of yourself as a worthless person?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual

3	Rather more than usual
4	Much more than usual

qi_39 - 39		
Name	Label	Location
qi_39	39	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

HAVE YOU RECENTLY: Felt that life is entirely hopeless?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

qi_40 - 40		
Name	Label	Location
qi_40	40	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

HAVE YOU RECENTLY: Been feeling nervous and strung-up all the time?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

qi_41 - 41		
Name	Label	Location
qi_41	41	Sequence › nshd_99_scq

Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

HAVE YOU RECENTLY: Felt that life isn't worth living?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_42 - 42

Name qi_42	Label 42	Location Sequence > nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Thought of the possibility that you might make away with yourself?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Definitely not
2	I don't think so
3	Has crossed my mind
4	Definitely have

 qi\_43 - 43

Name qi_43	Label 43	Location Sequence > nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


HAVE YOU RECENTLY: Found at times you couldn't do anything because your nerves were too bad?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_44 - 44

Name qi_44	Label 44	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Found yourself wishing you were dead and away from it all?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Not at all
2	No more than usual
3	Rather more than usual
4	Much more than usual

 qi\_45 - 45

Name qi_45	Label 45	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

HAVE YOU RECENTLY: Found that the idea of taking your life kept coming into your mind?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Definitely not
2	I don't think so
3	Has crossed my mind
4	Definitely has



s\_q46

Name	Location
s_q46	Sequence › nshd_99_scq
Type	
Statement	

**Statement Text**

These next five questions are about how you have been feeling over the past year.



qi\_46 - 46

Name	Label	Location
qi_46	46	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Over the past year, have there been times when you felt very happy indeed without a break for days on end?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

2	Yes
1	Unsure
0	No



qi\_47 - 47

Name	Label	Location
qi_47	47	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**


Over the past year, have you felt that your thoughts were directly interfered with or controlled by some outside force or person?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

2	Yes
1	Unsure
0	No

 qi\_48 - 48

Name qi_48	Label 48	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


Over the past year, have there been times when you felt people were against you?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

2	Yes
1	Unsure
0	No

 qi\_49 - 49

Name qi_49	Label 49	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Over the past year, have there been times when you felt that something strange was going on?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

2	Yes
1	Unsure
0	No

 qi\_50 - 50

Name qi_50	Label 50	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Over the past year, have there been times when you heard or saw things that other people couldn't?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

2	Yes
1	Unsure
0	No

s_q51	
Name	Location
s_q51	Sequence > nshd_99_scq
Type	
Statement	
Condition	
MEN ONLY	

**Statement Text**

Many men suffer from bladder problems. We would like to find out more about these common problems and we would be grateful if you would answer these questions.

qi_51 - 51		
Name	Label	Location
qi_51	51	Sequence > nshd_99_scq
Type		
Duration		
Condition		
MEN ONLY		

**Question**

During the last month how long have you usually been able to go during the daytime, without passing water?  
... hours ... minutes

qg_52_a-h - 52 a-h		
Name	Label	Location
qg_52_a-h	52 a-h	Sequence > nshd_99_scq
Type		
Question Grid		
Condition		
MEN ONLY		

**Question**

During the last month have you:

**Rows**

1	Had to get up in the night to pass water?
2	Have you found it difficult to wait to pass water once you feel the need?

3	Once you are ready to pass water have you had to wait before urine comes?
4	Has your stream stopped and then started again?
5	Have you had a weak urinary stream?
6	Have you had a sensation of not emptying your bladder completely after you've finished?
7	Have you had a burning feeling while passing water?
8	Have you dripped urine or wet your clothes in a way you couldn't control?

**Columns**

	Code
--	------

qi_53_a - 53 a		
Name qi_53_a	Label 53 a	Location Sequence > nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition <b>MEN ONLY</b>		

**Question**

How often do you leak urine?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

3	Several times a day
2	Several times a week
1	Less often

qi_53_b - 53 b		
Name qi_53_b	Label 53 b	Location Sequence > nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition <b>MEN ONLY</b>		



**Question**

Do you usually leak?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	A few drops?
2	Enough to wet your underpants?
3	So that it wets your trousers?

qi_53_c - 53 c		
Name	Label	Location
qi_53_c	53 c	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
MEN ONLY		

**Question**

Do you leak urine when you make a physical effort, like lifting, running, coughing, sneezing or laughing?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

qi_53_d - 53 d		
Name	Label	Location
qi_53_d	53 d	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
MEN ONLY		

**Question**

When you feel an urgent need to pass water do you leak urine before you can get to the toilet?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

2	Yes, every time
1	Yes, sometimes
0	No

qi_53_e - 53 e		
Name	Label	Location
qi_53_e	53 e	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
MEN ONLY		

**Question**

What makes you leak when the need is urgent?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Standing up
2	Washing your hands
3	Hearing running water

qi_53_f - 53 f		
Name	Label	Location
qi_53_f	53 f	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
MEN ONLY		

**Question**

Do you leak urine ...

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	without urgency or warning?
2	when you are asleep?
3	after you've finished passing water?

4	during intercourse?
---	---------------------

qi_53_g - 53 g		
Name	Label	Location
qi_53_g	53 g	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
MEN ONLY		

**Question**

Do you take precautions to deal with urine leakage, for example using pads?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	Yes
0	No

qi_53_g_i - 53 g(i)		
Name	Label	Location
qi_53_g_i	53 g(i)	Sequence › nshd_99_scq
Type	Minimum Length	Maximum Length
Text		255
Condition		
If Yes,		
MEN ONLY		

**Question**

describe methods you use:

qi_54_a - 54 a		
Name	Label	Location
qi_54_a	54 a	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
MEN ONLY		

**Question**

Have you ever consulted a doctor about urinary problems?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

0	No
1	Yes

qi_54_b_i - 54 b(i)		
Name	Label	Location
qi_54_b_i	54 b(i)	Sequence › nshd_99_scq
Type	Low	High
Integer	0	
Condition		
MEN ONLY		

**Question**

How old were you when you: first consulted? ... Age

qi_54_b_ii - 54 b(ii)		
Name	Label	Location
qi_54_b_ii	54 b(ii)	Sequence › nshd_99_scq
Type	Low	High
Integer	0	
Condition		
MEN ONLY		

**Question**

How old were you when you: last consulted? ... Age

qi_55 - 55		
Name	Label	Location
qi_55	55	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
MEN ONLY		

**Question**

During the last month, has any urinary problem kept you from doing the kind of things you usually do?

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	None of the time
---	------------------

2	A little of the time
3	Some of the time
4	Most of the time
5	All the time

qi_56 - 56		
Name	Label	Location
qi_56	56	Sequence > nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
MEN ONLY		

**Question**

If your current urinary problem were to last, would you feel

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

0	No problem
1	Happy
2	Pleased
3	Satisfied
4	Mixed
5	Dissatisfied
6	Unhappy
7	Desperate

qi_57_a - 57 a		
Name	Label	Location
qi_57_a	57 a	Sequence > nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
WOMEN ONLY		

**Question**

Have you ever had any of the following operations? (FOR EACH OPERATION CIRCLE O (No) or 1 (Yes). Removal of uterus (womb) and both ovaries (hysterectomy & bilateral oophorectomy)

**Choices**

0	No
1	Yes

qi_57_a_i - 57 a(i)		
Name	Label	Location
qi_57_a_i	57 a(i)	Sequence › nshd_99_scq
Type		
Date		
Condition		
IF YES, WOMEN ONLY		

**Question**

give dates of all operations. If you cannot remember the month and year, give your age at the time of the operation.) Month ... Year ... or Age at the time ... yrs

qi_57_b - 57 b		
Name	Label	Location
qi_57_b	57 b	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
WOMEN ONLY		

**Question**

Have you ever had any of the following operations? (FOR EACH OPERATION CIRCLE 0 (No) or 1 (Yes). Removal of uterus (womb) only (hysterectomy)

**Choices**

0	No
1	Yes

qi_57_b_i - 57 b(i)		
Name	Label	Location
qi_57_b_i	57 b(i)	Sequence › nshd_99_scq
Type		
Date		
Condition		
IF YES, WOMEN ONLY		

**Question**

give dates of all operations. If you cannot remember the month and year, give your age at the time of the operation.) Month ... Year ... or Age at the time ... yrs

qi\_57\_c - 57 c

Name qi_57_c	Label 57 c	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition WOMEN ONLY		

**Question**

Have you ever had any of the following operations? (FOR EACH OPERATION CIRCLE 0 (No) or 1 (Yes). Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)

**Choices**

0	No
1	Yes

qi\_57\_c\_i - 57 c(i)

Name qi_57_c_i	Label 57 c(i)	Location Sequence › nshd_99_scq
Type Date		
Condition IF YES, WOMEN ONLY		

**Question**

give dates of all operations. If you cannot remember the month and year, give your age at the time of the operation.) Month ... Year ... or Age at the time ... yrs

qi\_57\_d - 57 d

Name qi_57_d	Label 57 d	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition WOMEN ONLY		

**Question**

Have you ever had any of the following operations? (FOR EACH OPERATION CIRCLE 0 (No) or 1 (Yes). Removal of both ovaries only (bilateral oophorectomy)

**Choices**

0	No
1	Yes

qi\_57\_d\_i - 57 d(i)

Name	Label	Location
qi_57_d_i	57 d(i)	Sequence › nshd_99_scq
Type		
Date		
Condition		
IF YES, WOMEN ONLY		

### Question

give dates of all operations. If you cannot remember the month and year, give your age at the time of the operation.) Month ... Year ... or Age at the time ... yrs

qi\_57\_e - 57 e

Name	Label	Location
qi_57_e	57 e	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
WOMEN ONLY		

### Question

Have you ever had any of the following operations? (FOR EACH OPERATION CIRCLE 0 (No) or 1 (Yes) Removal of one ovary only (oophorectomy)

### Choices

0	No
1	Yes

qi\_57\_e\_i - 57 e(i)

Name	Label	Location
qi_57_e_i	57 e(i)	Sequence › nshd_99_scq
Type		
Date		
Condition		
IF YES, WOMEN ONLY		

### Question

give dates of all operations. If you cannot remember the month and year, give your age at the time of the operation.) Month ... Year ... or Age at the time ... yrs

qi\_58 - 58

Name	Label	Location
qi_58	58	Sequence › nshd_99_scq



Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
WOMEN ONLY		

**Question**

In the last 12 months have you had a period or menstrual bleeding?

**Choices**

0	No
1	Yes

qi_58_i - 58 i		
Name	Label	Location
qi_58_i	58 i	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
IF NO, WOMEN ONLY		

**Question**

were your periods stopped by:

**Instructions**

(CIRCLE ALL THAT APPLY)

**Choices**

1	Surgery?
2	Chemotherapy or radiation therapy
3	Pregnancy or breastfeeding
4	No obvious reason/menopause?
5	Other reason, please specify

qi_59 - 59		
Name	Label	Location
qi_59	59	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
WOMEN ONLY		

**Question**

In the last 3 months have you had a period or menstrual bleeding?

**Choices**

0	No
1	Yes

qi_60 - 60		
Name	Label	Location
qi_60	60	Sequence › nshd_99_scq
Type		
Date		
Condition		
WOMEN ONLY		

**Question**

When was your last period? (Include current period if bleeding now.) Month ...Year ... If you cannot remember the month and year please give your age at the time. ... yrs

s_q61a	
Name	Location
s_q61a	Sequence › nshd_99_scq
Type	
Statement	
Condition	
WOMEN ONLY	

**Statement Text**

These questions are for all women answering this section.

qi_61_a - 61 a		
Name	Label	Location
qi_61_a	61 a	Sequence › nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
WOMEN ONLY		

**Question**

If you are still having periods, tell us about the most recent changes. If your periods have stopped, tell us about the changes before your last period. In the last few years (in the years before your last period) did your periods:

**Instructions**

(CIRCLE ONE NUMBER)

**Choices**

1	become more regular?
2	become less regular?

3	remain about the same? (i.e. as regular/irregular as before)
---	--

### qi\_61\_b - 61 b

Name qi_61_b	Label 61 b	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

WOMEN ONLY

#### Question

If more regular or less regular, when did you first notice this change?

#### Instructions

(CIRCLE ONE NUMBER)

#### Choices

1	Up to 1 year before last period
2	Up to 2 years before last period
3	Up to 3 years before last period
4	Up to 4 years before last period
5	More than 4 years before last period

### qi\_62 - 62

Name qi_62	Label 62	Location Sequence › nshd_99_scq
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

WOMEN ONLY

#### Question

Have you ever had hormone replacement therapy (HRT)?

#### Choices

0	No
1	Yes

### qi\_63 - 63

Name qi_63	Label 63	Location Sequence › nshd_99_scq
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Type		
Date		
Condition		
WOMEN ONLY		

**Question**

When did you first start HRT? Month ... Year ... If you cannot remember the month and year please give your age at the time. ... yrs

? qi_64 - 64		
Name	Label	Location
qi_64	64	Sequence > nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
WOMEN ONLY		

**Question**

Before you first started HRT had your menstrual periods stopped?

**Choices**

0	No
1	Yes

? qi_64_i - 64 i		
Name	Label	Location
qi_64_i	64 i	Sequence > nshd_99_scq
Type		
Date		
Condition		
If yes,		
WOMEN ONLY		

**Question**

what was the date of your last period before starting HRT? Month ... Year ... If you cannot remember the month and year please give your age at the time. ... yrs

? qi_65 - 65		
Name	Label	Location
qi_65	65	Sequence > nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Condition

WOMEN ONLY

**Question**

Have you ever stopped HRT and then started again?

**Choices**

0	No
1	Yes

qi\_66 - 66

Name	Label	Location
qi_66	66	Sequence > nshd_99_scq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Condition

WOMEN ONLY

**Question**

Are you currently on HRT?

**Choices**

0	No
1	Yes