



P2721

# 1958 National Child Development Study 2008 Survey

Self-completion Questionnaire  
**Leisure, Health and Well-being**

Confidential

## HOW TO FILL IN THIS QUESTIONNAIRE

- Please answer every question
- Please answer the questions by ticking clearly inside the appropriate box – like this
- Please hand this questionnaire back to the interviewer when they come to visit

**THANK YOU**

## OFFICE USE ONLY

Serial number

1001-1007

CKL

1008

Cohort member's first name

1016-1030

Interviewer number

1031-1036

CARD 01  
1009-1010  
BATCH  
1011-1015

SPARE 1037-1045

**1**

**We are interested in the things people do in their leisure time.  
Please indicate how frequently you do each one...**

*Tick one box on each line*

	At least once a week	At least once a month	Several times a year	Once a year or less	Never/ almost never	
	1	2	3	4	5	
Play sport or go walking or swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1046
Go to watch live sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1047
Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1048
Go to a concert, theatre or other live performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1049
	1	2	3	4	5	
Have a meal in a restaurant, cafe or pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1050
Go for a drink at a pub or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1051
Work in the garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1052
Do DIY, home maintenance or car repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1053
	1	2	3	4	5	
Attend leisure activity groups such as evening classes, keep fit, yoga etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1054
Attend meetings for local groups/voluntary organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1055
Do unpaid voluntary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1056
Visit friends or relations or have them visit you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1057

SPARE 1058-1065

*Please check you have completed all the questions*

**2**

**Please use the rating scale to describe how accurately these phrases describe you.**

*Tick one box on each line*

	Very inaccurate	Moderately inaccurate	Neither inaccurate or accurate	Moderately accurate	Very accurate	
	1	2	3	4	5	
I am the life of the party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1066
I feel little concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1067
I am always prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1068
I get stressed out easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1069
<hr/>						
I have a rich vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1070
I don't talk a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1071
I am interested in people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1072
I leave my belongings around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1073
<hr/>						
I am relaxed most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1074
I have difficulty understanding abstract ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1075
I feel comfortable around people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1076
I insult people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1077
<hr/>						
I pay attention to details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1078
I worry about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1079
I have a vivid imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1080
I keep in the background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1081
I sympathise with others' feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1082

*Continued...*

2 continued...

**Please use the rating scale to describe how accurately these phrases describes you.**

***Tick one box on each line***

	Very inaccurate	Moderately inaccurate	Neither inaccurate or accurate	Moderately accurate	Very accurate	
	1	2	3	4	5	
I make a mess of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1083
I seldom feel blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1084
I am not interested in abstract ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1085
I start conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1086
<hr/>						
I am not interested in other people's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1087
I get chores done right away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1088
I am easily disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1089
I have excellent ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1090
<hr/>						
I have little to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1091
I have a soft heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1092
I often forget to put things back in their proper place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1093
I get upset easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1094
<hr/>						
I do not have a good imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1095
I talk to a lot of different people at parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1096
I am not really interested in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1097
I like order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1098
I change my mood a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1099

2 continued...

**Please use the rating scale to describe how accurately these phrases describes you.**

***Tick one box on each line***

	Very inaccurate	Moderately inaccurate	Neither inaccurate or accurate	Moderately accurate	Very accurate	
	1	2	3	4	5	
I am quick to understand things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1100
I don't like to draw attention to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1101
I take time out for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1102
I shirk my duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1103
<hr/>						
I have frequent mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1104
I use difficult words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1105
I don't mind being the centre of attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1106
I feel others' emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1107
<hr/>						
I follow a schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1108
I get irritated easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1109
I spend time reflecting on things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1110
I am quiet around strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1111
<hr/>						
I make people feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1112
I am exacting in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1113
I often feel blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1114
I am full of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1115

*Please check you have completed all the questions*

SPARE 1116-1123

**3**

**Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.**

*Tick one box on each line*

	None of the time	Rarely	Some of the time	Often	All of the time	
	1	2	3	4	5	
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1124
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1125
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1126
I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1127
I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1128
<hr/>						
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1129
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1130
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1131
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1132
I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1133
<hr/>						
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1134
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1135
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1136
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1137

*Please check you have completed all the questions*

SPARE 1138-1145

**4**

**The following items are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much?**

*Tick one box on each line*

	Yes, limited a lot 1	Yes, limited a little 2	No, not limited at all 3	
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1146
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1147
Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1148
Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1149
Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1150
	1	2	3	
Bending, kneeling or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1151
Walking more than one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1152
Walking half a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1153
Walking 100 yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1154
Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1155

*Please check you have completed all the questions*

SPARE 1156-1163

**5**

**During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Have you...**

*Tick one box on each line*

	Yes 1	No 2	
Cut down the amount of time you spent on work or other activities?	<input type="checkbox"/>	<input type="checkbox"/>	1164
Accomplished less than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	1165
Been limited in the kind of work or other activities you were able to do?	<input type="checkbox"/>	<input type="checkbox"/>	1166
Had difficulty performing work or other activities (for example, it took extra effort)?	<input type="checkbox"/>	<input type="checkbox"/>	1167

**6**

**During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Have you...**

*Tick one box on each line*

	Yes 1	No 2	
Cut down the amount of time you spent on work or other activities?	<input type="checkbox"/>	<input type="checkbox"/>	1168
Accomplished less than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	1169
Not done your work or other activities as carefully as usual?	<input type="checkbox"/>	<input type="checkbox"/>	1170

**7**

**During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?**

*Tick one box only*

Not at all	<input type="checkbox"/>	1	1171
Slightly	<input type="checkbox"/>	2	
Moderately	<input type="checkbox"/>	3	
Quite a bit	<input type="checkbox"/>	4	
Extremely	<input type="checkbox"/>	5	

*Please check you have completed all the questions*



8

**How much bodily pain have you had during the past 4 weeks?**

*Tick one box only*

- None  1
- Very mild  2
- Mild  3
- Moderate  4
- Severe  5
- Very severe  6

1172

9

**During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

*Tick one box only*

- Not at all  1
- Slightly  2
- Moderately  3
- Quite a bit  4
- Extremely  5

1173

SPARE 1174-1181

*Please check you have completed all the questions*

10

**These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much time during the past four weeks...**

*Tick one box on each line*

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
	1	2	3	4	5	6	
Did you feel full of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1182
Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1183
Have you felt so down in the dumps nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1184
Have you felt calm and cheerful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1185
Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1186
<hr/>							
Have you felt downhearted and low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1187
Did you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1188
Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1189
Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1190
Has your health limited your social activities (like visiting friends, relatives, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1191

11

**For each of the following statements please choose one answer that best describes how true or false it is for you.**

*Tick one box on each line*

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false	
	1	2	3	4	5	
I seem to get ill a little easier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1192
I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1193
I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1194
My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1195

*Please check you have completed all the questions*

SPARE 1196-1203

**12****During the last four weeks, how long did it usually take for you to fall asleep? Was it...***Tick one box only*0-15 minutes  1

1204

16-30 minutes  231-45 minutes  346-60 minutes  4more than 60 minutes?  5**13****During the past four weeks, how many hours did you sleep each night on average?**  Hours

1205-1206

**14****During the past four weeks, how often did you awaken during your sleep time and have trouble falling back to sleep again? Did this happen...***Tick one box only*All of the time  1

1207

Most of the time  2A good bit of the time  3Some of the time  4A little of the time  5None of the time?  6**15****During the past four weeks, how often did you get enough sleep to feel rested upon waking in the morning? Did this happen...***Tick one box only*All of the time  1

1208

Most of the time  2A good bit of the time  3Some of the time  4A little of the time  5None of the time?  6*Please check you have completed all the questions*

SPARE 1209-1216



***Tick one box on each line***

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	
	1	2	3	4	5	
I would not want a person from another race to be my boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1229
Politicians are mainly in politics for their own benefit and not for the benefit of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1230
There is one law for the rich and one for the poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1231
Once you've got a job it's important to hang on to it even if you don't really like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1232
<hr/>						
Management will always try to get the better of employees if it gets the chance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1233
I would not mind if a family from another race moved in next door to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1234
For some crimes the death penalty is the most appropriate sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1235
It does not really make much difference which political party is in power in Britain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1236
Preserving the environment is more important than any other political issue today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1237

*Please check you have completed all the questions*

**17**

**The following statements are about neighbourhoods.  
Please indicate how strongly you agree or disagree  
with each statement.**

*Tick one box on each line*

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	
	1	2	3	4	5	
I feel like I belong to this neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1238
The friendships and associations I have with other people in my neighbourhood mean a lot to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1239
If I needed advice about something I could go to someone in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1240
I borrow things and exchange favours with my neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1241
	1	2	3	4	5	
I would be willing to work together with others on something to improve my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1242
I plan to remain a resident of this neighbourhood for a number of years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1243
I like to think of myself as similar to the people who live in this neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1244
I regularly stop and talk with people in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1245

SPARE 1246-1253

**18**

**How often do you talk to any of your neighbours?  
Is it ...**

*Tick one box only*

On most days	<input type="checkbox"/>	1	1254
Once or twice a week	<input type="checkbox"/>	2	
Once or twice a month	<input type="checkbox"/>	3	
Less than once a month	<input type="checkbox"/>	4	
Never	<input type="checkbox"/>	5	

*Please check you have completed all the questions*

**19**

**Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think this applies to you?**

*Tick one box on each line*

	Often	Some- times	Not often	Never	
	1	2	3	4	
My age prevents me from doing the things I would like to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1255
I feel what happens to me is out of my control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1256
I feel left out of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1257
I can do the things I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1258
<hr/>					
	1	2	3	4	
Family responsibilities prevent me from doing what I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1259
I feel that I can please myself what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1260
Shortage of money stops me from doing things I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1261
I look forward to each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1262
<hr/>					
	1	2	3	4	
I feel that my life has meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1263
I enjoy the things that I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1264
On balance, I look back on my life with a sense of happiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1265
I feel full of energy these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1266
<hr/>					
	1	2	3	4	
I feel that life is full of opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1267
I feel that the future looks good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1268

*Please check you have completed all the questions*

20

Here is a list of things that people value. For each one please indicate on a scale from 1 to 10 how important each one is to you, where '1' equals 'Not important at all', and '10' equals 'Very important'.

Tick one box on each line

	Not important at all								Very important		
	1	2	3	4	5	6	7	8	9	10	
	01	02	03	04	05	06	07	08	09	10	
Having a lot of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1269-70
Having children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1271-72
Having a fulfilling job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1273-74
Having a good marriage or partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1275-76

SPARE 1277-1300

21

Imagine that you are now 60 years old...please write a few lines about the life you are leading (your interests, your home life, your health and well-being and any work you may be doing).

1301

SPARE 1302-1999