



Understanding
Society

ADULT SELF-COMPLETION QUESTIONNAIRE (AGED 16+)

OFFICE USE ONLY

Point.No

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Address

<input type="text"/>	<input type="text"/>
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HH.No

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P.No

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ChkL

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First name

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Int No

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F/Area

<input type="text"/>



Completing the questionnaire

Please answer questions by ticking the box next to the answer, as in the example below. Some questions have instructions that show which question to answer next. If there are no instructions, just answer the next question.
Please tick only one box for each question.

Example Question

Did you have breakfast
this morning?

Yes 1 → Q1
No 2

Returning the questionnaire

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to them. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can.

Now please go to Q1 and start filling in your answers





Q1

Please write in your date of birth:

				1	9		
Day		Month		Year			

SCDOBD

SCDOBM

SCDOBY4

Q2

Are you male or female?

SCSEX

Male

Female

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

Have you recently...

Q3

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

GHQA

Better than usual

Same as usual

Less than usual

Much less than usual

Q4

...lost much sleep over worry?

GHQB

Not at all

No more than usual

Rather more than usual

Much more than usual

Q5

...felt that you were playing a useful part in things?

GHQC

More so than usual

Same as usual

Less so than usual

Much less than usual





Have you recently...

Q6

...felt capable of making decisions about things?

GHQD

More so than usual

Same as usual

Less so than usual

Much less capable

Q7

...felt constantly under strain?

GHQE

Not at all

No more than usual

Rather more than usual

Much more than usual

Q8

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

GHQF

Not at all

No more than usual

Rather more than usual

Much more than usual

Q9

...been able to enjoy your normal day-to-day activities?

GHQG

More so than usual

Same as usual

Less so than usual

Much less than usual

Q10

...been able to face up to problems?

GHQH

More so than usual

Same as usual

Less able than usual

Much less able



Have you recently...

Q11

...been feeling unhappy
or depressed?

GHQI

Not at all

No more than usual

Rather more than usual

Much more than usual

Q12

...been losing confidence
in yourself?

GHQJ

Not at all

Not more than usual

Rather more than usual

Much more than usual

Q13

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

GHQK

Not at all

No more than usual

Rather more than usual

Much more than usual

Q14

...been feeling reasonably happy,
all things considered?

GHQL

More so than usual

About the same as usual

Less so than usual

Much less than usual

The following questions relate to your usual sleep habits during the last month. Please indicate the most accurate reply for the majority of days and nights in the past month.

Q15

How many hours of actual sleep did you usually get at night during the last month?

This may be different than the actual number of hours you spent in bed.

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

Hours of sleep per night

SCHRS_SLPH

SCHRS_SLPM

Q16

During the **past month**, how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	More than once most nights	
...cannot get to sleep within 30 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCTSLP_30M
...wake up in the middle of the night or early in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCTSLP_WAK
...cough or snore loudly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCTSLP_CGH

Q17

During the past month, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?

SCMED_SLP

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

Q18

During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

SCTSTA_AWK

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

Q19

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

SCSLP_QUAL

Very good

Fairly good

Fairly bad

Very bad

The next questions are about your opinions on the environment.

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

Q20

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

SCENV_FTST

I'm happy with what I do at the moment

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

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

Q21

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

SCENV_CRLF

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

I do one or two things that are environmentally-friendly

I do quite a few things that are environmentally-friendly

I'm environmentally-friendly in most things I do

I'm environmentally-friendly in everything I do

Q22

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

SCENV_GRN

Agree strongly

Agree

Disagree

Disagree strongly

Q23

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

Yes, I believe this

No, I do not believe this

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

SCENV_CCLS

I would be prepared to pay more for environmentally friendly products

SCENV_PMRE

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

SCENV_DSTR

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

SCENV_EXAG

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

SCENV_BCON

Q23 continued

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

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

Next, here are some statements about neighbourhoods

Q24

Please tick the box that indicates how strongly you agree or disagree with each statement.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
I feel like I belong to this neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPNGBHA
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"/>	SCOPNGBHB
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"/>	SCOPNGBHC
I borrow things and exchange favours with my neighbours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCOPNGBHD
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"/>	SCOPNGBHE
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"/>	SCOPNGBHF
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"/>	SCOPNGBHG
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"/>	SCOPNGBHH

Q25

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

Most people can be trusted

Can't be too careful

Depends

SCTRUST

Here are some questions about how you feel about your life

Q26

Please tick the number which you feel best describes how dissatisfied or satisfied you are with the following aspects of your current situation.

1 = Completely Dissatisfied, 7 = Completely Satisfied

	Completely dissatisfied	Mostly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Mostly satisfied	Completely satisfied	
Your health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	SCLFSAT1
The income of your household	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	SCLFSAT2
The amount of leisure time you have	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	SCLFSAT7
Your life overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	SCLFSATO

Q27

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

	None of the time	Rarely	Some of the time	Often	All of the time	
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBA
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBB
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBC
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBD
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBE
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBF
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCWEMWBG

Q28

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

SCRISKA

Avoid taking risks Fully prepared to take risks

0 1 2 3 4 5 6 7 8 9 10

Q29

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

SCRISKB

Avoid taking risks in trusting strangers Fully prepared to take risks in trusting strangers

0 1 2 3 4 5 6 7 8 9 10

Q30

Are you married or living with a partner?

SCMOLWP

Yes → Q31

No → END

Q31

Please indicate on each question the box which best describes your relationship with your partner at the moment. Please tick one box only for each question.

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often	
Have a stimulating exchange of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPAREI
Calmly discuss something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARCD
Work together on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARWT

Q32

Please indicate on each question the box which best describes your relationship with your partner at the moment. Please tick one box only for each question.

	All of the time	Most of the time	More often than not	Occasionally	Rarely	Never	
How often do you discuss or have you considered divorce, separation or terminating your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARDS
Do you ever regret that you married or lived together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARRG
How often do you and your partner quarrel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARAR
How often do you and your partner "get on each others nerves"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARIR
Do you kiss your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRELPARKS

Q33

Do you and your partner engage in outside interests together?

SCPAROUTINT

All of them

Most of them

Some of them

Very few of them

None of them

Q34

The boxes on the following line represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please tick the box which best describes the degree of happiness, all things considered, of your relationship.

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

SCRELHAPPY

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



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

