

Glasgow Effect Three Cities Survey
Main Survey Questionnaire – FINAL

INTRODUCTION

This survey is being conducted on behalf of NHS Health Scotland, NHS Manchester, Liverpool Primary Care Trust and the Glasgow Centre for Population Health to explore the reasons for differences in health between the three cities of Glasgow, Manchester and Liverpool. The questionnaire will take about 30 minutes to complete and your co-operation is purely voluntary. The answers you provide will be treated in strict confidence in accordance with the 1998 Data Protection Act. The information will only be used for research purposes and will not be passed outside the research team in any way that enables you to be identified. You will not be identified in any reporting of the survey and the information you provide will be kept in secure conditions. If you don't want to answer any questions, just let me know. You can stop the interview at any time. **EXPLAIN PRIZE DRAW AND ASK RESPONDENT TO READ AND SIGN THE CONSENT FORM.**

I will start by asking you a few questions about where you live and your relationship with your friends and family, and then I'll ask you to complete some questions yourself. Once you have completed Section H there are a few final questions that I will ask you.

Do you have any questions?

SECTION A

These first questions are about how you feel about living in your neighbourhood and your relationships with other people.

A1. First of all, how long have you lived in this neighbourhood?

1.	Under 6 months	<input type="checkbox"/> 1
2.	6 months or more but less than 12 months	<input type="checkbox"/> 2
3.	One year or more but less than 5 years	<input type="checkbox"/> 3
4.	Over 5 years	<input type="checkbox"/> 4

Now I'd like to ask you a few questions about your immediate neighbourhood, by which I mean your street or block.

A2. In general, what kind of neighbourhood would you say you live in – would you say it is a neighbourhood in which people do things together and try to help each other, or one in which people mostly go their own way? DO NOT PROMPT

1.	Help each other	<input type="checkbox"/> 1
2.	Go own way	<input type="checkbox"/> 2
3.	Mixture	<input type="checkbox"/> 3
4.	Don't know	<input type="checkbox"/> 4

A3. Suppose you lost your (purse/wallet) containing your address details, and it was found in the street by someone living in this neighbourhood. How likely is it that it would be returned to you with nothing missing? Is that very likely, quite likely, not very likely or not at all likely?

1.	Very likely	<input type="checkbox"/> 1
2.	Quite likely	<input type="checkbox"/> 2
3.	Not very likely	<input type="checkbox"/> 3
4.	Not at all likely	<input type="checkbox"/> 4
5.	Don't know	<input type="checkbox"/> 5

Still thinking about your street or block, I am going to read out a list of problems which people face in their neighbourhood. For each one can you tell me how much of a problem it is?

A4.1. How much of a problem are people being drunk or rowdy in public places? SHOWCARD A

1.	Very big problem	<input type="checkbox"/> 1
2.	Fairly big problem	<input type="checkbox"/> 2
3.	Not a very big problem	<input type="checkbox"/> 3
4.	Not a problem at all	<input type="checkbox"/> 4
5.	It happens but it's not a problem	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A4.2. How much of a problem is rubbish or litter lying around?

1.	Very big problem	<input type="checkbox"/> 1
2.	Fairly big problem	<input type="checkbox"/> 2
3.	Not a very big problem	<input type="checkbox"/> 3
4.	Not a problem at all	<input type="checkbox"/> 4
5.	It happens but it's not a problem	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A4.3. How much of a problem are vandalism, graffiti and other deliberate damage to property or vehicles?

1.	Very big problem	<input type="checkbox"/> 1
2.	Fairly big problem	<input type="checkbox"/> 2
3.	Not a very big problem	<input type="checkbox"/> 3
4.	Not a problem at all	<input type="checkbox"/> 4
5.	It happens but it's not a problem	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A4.4. How much of a problem are people using or dealing drugs?

1.	Very big problem	<input type="checkbox"/> 1
2.	Fairly big problem	<input type="checkbox"/> 2
3.	Not a very big problem	<input type="checkbox"/> 3
4.	Not a problem at all	<input type="checkbox"/> 4
5.	It happens but it's not a problem	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A4.5. How much of a problem is people being attacked or harassed because of their skin colour, ethnic origin or religion?

1.	Very big problem	<input type="checkbox"/> 1
2.	Fairly big problem	<input type="checkbox"/> 2
3.	Not a very big problem	<input type="checkbox"/> 3
4.	Not a problem at all	<input type="checkbox"/> 4
5.	It happens but it's not a problem	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A4.6. How much of a problem are teenagers hanging around on the street?

1.	Very big problem	<input type="checkbox"/> 1
2.	Fairly big problem	<input type="checkbox"/> 2
3.	Not a very big problem	<input type="checkbox"/> 3
4.	Not a problem at all	<input type="checkbox"/> 4
5.	It happens but it's not a problem	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A4.7. How much of a problem are troublesome neighbours?

1.	Very big problem	<input type="checkbox"/> 1
2.	Fairly big problem	<input type="checkbox"/> 2
3.	Not a very big problem	<input type="checkbox"/> 3
4.	Not a problem at all	<input type="checkbox"/> 4
5.	It happens but it's not a problem	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A5. In the last 12 months have you taken any of the following actions in an attempt to solve a problem affecting people in your local area? SHOWCARD B

1.	Contacted a local radio station, television station or newspaper	<input type="checkbox"/> 1
2.	Contacted the appropriate organisation to deal with the problem, such as the council	<input type="checkbox"/> 2
3.	Contacted a local councillor or MP	<input type="checkbox"/> 3
4.	Attended a public meeting or neighbourhood forum to discuss local issues	<input type="checkbox"/> 4
5.	Attended a tenants' or local residents' group	<input type="checkbox"/> 5
6.	Attended a protest meeting or joined an action group	<input type="checkbox"/> 6
7.	Helped organise a petition on a local issue	<input type="checkbox"/> 7
8.	No local problems	<input type="checkbox"/> 8
9.	None of these	<input type="checkbox"/> 9
10.	Don't know	<input type="checkbox"/> 10

A6. To what extent do you agree or disagree with the following statement? SHOWCARD C

	Very strongly	Fairly strongly	Not very strongly	Not at all strongly	Don't know
People in this neighbourhood do not share the same values	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The next few questions are about how often you *personally* contact your relatives, friends and neighbours. Not counting the people you live with, how often do you do any of the following? SHOWCARD D

A7.1. Speak to relatives on the phone

1.	On most days	<input type="checkbox"/> 1
2.	Once or twice a week	<input type="checkbox"/> 2
3.	Once or twice a month	<input type="checkbox"/> 3
4.	Less often than once a month	<input type="checkbox"/> 4
5.	Never	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A7.2. Speak to friends on the phone

1.	On most days	<input type="checkbox"/> 1
2.	Once or twice a week	<input type="checkbox"/> 2
3.	Once or twice a month	<input type="checkbox"/> 3
4.	Less often than once a month	<input type="checkbox"/> 4
5.	Never	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A7.3. Speak to neighbours

1.	On most days	<input type="checkbox"/> 1
2.	Once or twice a week	<input type="checkbox"/> 2
3.	Once or twice a month	<input type="checkbox"/> 3
4.	Less often than once a month	<input type="checkbox"/> 4
5.	Never	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A7.4. How often do you meet up with relatives who are not living with you?

1.	On most days	<input type="checkbox"/> 1
2.	Once or twice a week	<input type="checkbox"/> 2
3.	Once or twice a month	<input type="checkbox"/> 3
4.	Less often than once a month	<input type="checkbox"/> 4
5.	Never	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A7.5. How often do you meet up with friends?

1.	On most days	<input type="checkbox"/> 1
2.	Once or twice a week	<input type="checkbox"/> 2
3.	Once or twice a month	<input type="checkbox"/> 3
4.	Less often than once a month	<input type="checkbox"/> 4
5.	Never	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A7.6. How often do you contact relatives using any of the following? Email, text or social networking sites (for example Facebook or Twitter)?

1.	On most days	<input type="checkbox"/> 1
2.	Once or twice a week	<input type="checkbox"/> 2
3.	Once or twice a month	<input type="checkbox"/> 3
4.	Less often than once a month	<input type="checkbox"/> 4
5.	Never	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A7.7. How often do you contact friends using any of the following? Email, text or social networking sites (for example Facebook or Twitter)?

1.	On most days	<input type="checkbox"/> 1
2.	Once or twice a week	<input type="checkbox"/> 2
3.	Once or twice a month	<input type="checkbox"/> 3
4.	Less often than once a month	<input type="checkbox"/> 4
5.	Never	<input type="checkbox"/> 5
6.	Don't know	<input type="checkbox"/> 6

A8. During the last 12 months have you given any unpaid help to any groups, clubs or organisations in any of these ways? SHOWCARD E

1.	Raising or handling money/taking part in sponsored events	<input type="checkbox"/> 1
2.	Leading the group/member of a committee	<input type="checkbox"/> 2
3.	Organising or helping to run an activity or event	<input type="checkbox"/> 3
4.	Visiting people	<input type="checkbox"/> 4
5.	Befriending or mentoring people	<input type="checkbox"/> 5
6.	Giving advice/information/counselling	<input type="checkbox"/> 6
7.	Secretarial, admin or clerical work	<input type="checkbox"/> 7
8.	Providing transport/driving	<input type="checkbox"/> 8
9.	Representing	<input type="checkbox"/> 9
10.	Campaigning	<input type="checkbox"/> 10
11.	Other practical help (e.g. helping out at school, religious group, shopping)	<input type="checkbox"/> 11
12.	Any other help (write in)	<input type="checkbox"/> 12
13.	None of the above	<input type="checkbox"/> 13
14.	Don't know	<input type="checkbox"/> 14

A9.1. Do you ever exchange small favours with the people who live near you? I'm thinking about things like leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shop for each other.

1.	<input type="checkbox"/> Yes	ASK A9.2
2.	<input type="checkbox"/> No	GO TO A10

A9.2. IF YES: How many people do you exchange favours with? _____

WRITE NUMBER IN THE BOX. IF 'NONE' WRITE IN '0', IF MORE THAN 98 WRITE IN '98'. IF 'DON'T KNOW', WRITE IN '99'.

A10. Still thinking about your relatives, friends and neighbours outside your home, can you tell me around how many people could you ask for the following kinds of help? SHOWCARD F

READ OUT. SINGLE CODE ONLY FOR EACH.

		None	One or two	More than two	Would not ask	Don't know
A	To go to the shop for messages/groceries if you are unwell	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B	To lend you money to see you through the next few days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C	To give you advice and support in a crisis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

A11. Another topic we are interested in is trust. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? DO NOT PROMPT

1.	Most people can be trusted	<input type="checkbox"/> 1
2.	Can't be too careful in dealing with people	<input type="checkbox"/> 2
3.	It depends on people/circumstances	<input type="checkbox"/> 3
4.	Don't know	<input type="checkbox"/> 4

A12. Would you say that...

1.	...most of the people in your neighbourhood can be trusted	<input type="checkbox"/> 1
2.	...some can be trusted	<input type="checkbox"/> 2
3.	...a few can be trusted	<input type="checkbox"/> 3
4.	...or that no one can be trusted?	<input type="checkbox"/> 4
5.	(DO NOT READ OUT) Just moved here	<input type="checkbox"/> 5
6.	(DO NOT READ OUT) Don't know	<input type="checkbox"/> 6

HAND COMPUTER TO RESPONDENT FOR SELF-COMPLETION. OFFER TO ADMINISTER THE QUESTIONNAIRE WHERE REQUIRED.

Please complete the next questions by following the instructions on the computer screen. There are no right or wrong answers. If you need help with any of the questions or if you make a mistake just let the interviewer know.

SECTION B

B1 To what extent do you agree or disagree with the following statements about the current UK government, the Scottish government, and your local city council?

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
I1a They are helping me through their policies and actions							
	i) UK government	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	ii) Scottish government	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	iii) City council	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I1b They are doing things to support my local community							
	i) UK government	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	ii) Scottish government	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	iii) City council	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I1c They are undermining this city							
	i) UK government	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	ii) Scottish government	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	iii) City council	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

B2 Now thinking about whether you feel you are able to influence political decisions and local affairs, please say whether you agree or disagree with the following statements?

		Definitely agree	Tend to agree	Tend to disagree	Definitely disagree	Don't know
1.	I am able to influence decisions affecting my local area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2.	I am able to influence decisions affecting my city	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3.	I am able to influence decisions affecting Scotland	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1
4.	I am able to influence decisions affecting the United Kingdom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B3 Please type your age in the box below.

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AUTOMATIC ROUTING (Ask if 16 or older in 1990; otherwise go to SECTION C)

The next few questions are about what it was like living in the 1980s.

B4 Where did you live for most of the 1980s? (Tick one box only)

1.	In the city of Glasgow	<input type="checkbox"/> 1	
2.	In the city of Liverpool	<input type="checkbox"/> 2	
3.	In the city of Manchester	<input type="checkbox"/> 3	
4.	Other place in UK (please specify)	<input type="checkbox"/> 4	
5.	Lived outside UK	<input type="checkbox"/> 5	Go to Section C

B5 Thinking about the different circumstances you experienced during the 1980s, please tick all of the following that apply.

1.	Unemployed	<input type="checkbox"/> 1
2.	On sickness benefits	<input type="checkbox"/> 2
3.	Looking after family members	<input type="checkbox"/> 3
4.	Worked in an industrial job	<input type="checkbox"/> 4
5.	Worked in the public sector (e.g. for the council or a nationalised industry)	<input type="checkbox"/> 5
6.	Worked for a private company	<input type="checkbox"/> 6
7.	Was on a job creation scheme	<input type="checkbox"/> 7
8.	In and out of work	<input type="checkbox"/> 8
9.	Was in education, training or an apprenticeship	<input type="checkbox"/> 9
10.	Other (please specify)	<input type="checkbox"/> 10

B6 Here are some things that people have said about living in the United Kingdom during the 1980s. Please say how far you agree or disagree with each statement?

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/Can't remember
1.	I felt hard done by	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2.	I was optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3.	The area I lived in got worse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4.	I felt I could change things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5.	I felt that the government did not support people like me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6.	I felt the government cared about my local community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7.	The government were working to make the country better	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8.	The local council stood up for the city's best interests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

B7 Still thinking about life in the 1980s, how much did you think that you could trust:

		A lot	A fair amount	Not very much	Not at all	Don't know
1.	Your local city council	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2.	Your local MP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3.	The UK government	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B8 In the 1980s did you take part in any public demonstrations about government policies?
Demonstrations could be public rallies, meetings, strike actions or other similar events.**

1.	Yes	<input type="checkbox"/> 1	ANSWER B9
2.	No	<input type="checkbox"/> 2	GO TO SECTION C

B9 How many demonstrations did you attend in the 1980s? Please give your best estimate of the number you attended if you can't remember exactly.

SECTION C

C1 Are you...

1.	Male	<input type="checkbox"/> 1	ANSWER C2
2.	Female	<input type="checkbox"/> 2	GO TO C3

C2 MALE RESPONDENTS

Here we briefly describe some people. Please read each description and tick the box on each line that shows how much each person is or is not like you.

How much like you is this person?

		Very much like me	Like me	Some-what like me	A little like me	Not like me	Not like me at all
1.	Thinking up new ideas and being creative is important to him. He likes to do things in his own original way.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2.	It is important to him to be rich. He wants to have a lot of money and expensive things.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3.	He thinks it is important that every person in the world should be treated equally. He believes everyone should have equal opportunities in life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4.	It's important to him to show his abilities. He wants people to admire what he does.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5.	It is important to him to live in secure surroundings. He avoids anything that might endanger his safety.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6.	He likes surprises and is always looking for new things to do. He thinks it is important to do lots of different things in life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7.	He believes that people should do what they're told. He thinks people should follow rules at all times, even when no one is watching.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8.	It is important to him to listen to people who are different from him. Even when he disagrees with them, he still wants to understand them.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9.	It is important to him to be humble and modest. He tries not to draw attention to himself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10.	Having a good time is important to him. He likes to 'spoil' himself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11.	It is important to him to make his own	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

		Very much like me	Like me	Some- what like me	A little like me	Not like me	Not like me at all
	decisions about what he does. He likes to be free and not depend on others.						
12.	It's very important to him to help the people around him. He wants to care for their wellbeing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13.	Being very successful is important to him. He hopes people will recognise his achievements.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
14.	It is important to him that the government ensures his safety against all threats. He wants the state to be strong so it can defend its citizens.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
15.	He looks for adventures and likes to take risks. He wants to have an exciting life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
16.	It is important to him always to behave properly. He wants to avoid doing anything people would say is wrong.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
17.	It is important to him to get respect from others. He wants people to do what he says.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
18.	It is important to him to be loyal to his friends. He wants to devote himself to people close to him.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
19.	He strongly believes that people should care for nature. Looking after the environment is important to him.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20.	Tradition is important to him. He tries to follow the customs handed down by his religion or his family.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
21.	He seeks every chance he can to have fun. It is important to him to do things that give him pleasure.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
22.	He believes that people are judged on the possessions they own.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
23.	He believes that it's every one for themselves.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

MALES GO TO SECTION D

C3 FEMALE RESPONDENTS

Here we briefly describe some people. Please read each description and tick the box on each line that shows how much each person is or is not like you.

How much like you is this person?

		Very much like me	Like me	Some-what like me	A little like me	Not like me	Not like me at all
1.	Thinking up new ideas and being creative is important to her. She likes to do things in her own original way.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2.	It is important to her to be rich. She wants to have a lot of money and expensive things.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3.	She thinks it is important that every person in the world should be treated equally. She believes everyone should have equal opportunities in life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4.	It's important to her to show her abilities. She wants people to admire what she does.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5.	It's important to her to live in secure surroundings. She avoids anything that might endanger her safety.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6.	She likes surprises and is always looking for new things to do. She thinks it is important to do lots of different things in life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7.	She believes that people should do what they're told. She thinks people should follow rules at all times, even when no one is watching.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8.	It is important to her to listen to people who are different from her. Even when she disagrees with them, she still wants to understand them.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9.	It is important to be humble and modest. She tries not to draw attention to herself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10.	Having a good time is important to her. She likes to 'spoil' herself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11.	It is important to her to make her own decisions about what she does. She likes to be free and not depend on others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
12.	It's very important to her to help the people around her. She wants to care for their wellbeing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13.	Being very successful is important to her. She hopes people will recognise her achievements.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
14.	It is important to her that the government ensures her safety against all threats. She wants the state to be strong so it can defend its citizens.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
15.	She looks for adventures and likes to take risks. She wants to have an exciting life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
16.	It is important to her always to behave properly. She wants to avoid doing anything people would say is wrong.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
17.	It is important to her to get respect from others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

		Very much like me	Like me	Some- what like me	A little like me	Not like me	Not like me at all
	She wants people to do what she says.						
18.	It is important to her to be loyal to her friends. She wants to devote herself to people close to her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
19.	She strongly believes that people should care for nature. Looking after the environment is important to her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20.	Tradition is important to her. She tries to follow the customs handed down by her religion or her family.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
21.	She seeks every chance she can to have fun. It is important to her to do things that give her pleasure.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
22.	She believes that people are judged on the possessions they own.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
23.	She believes that it's every one for themself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

SECTION D

Imagine the following:

You will experience a spell of ill-health in which you will suffer from muscle and joint pain, headaches and unrefreshing sleep. You will also have impaired concentration severe enough to cause you problems with performing your usual activities (e.g. study, housework, family or leisure activities).

Now imagine that you have a choice between two situations – these choices are different depending on when this illness starts and how long it lasts for. There are no right or wrong answers.

Question 1**A1 Which option is least bad?**

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 2A1
B	You are ill for 26 days in five years' time	<input type="checkbox"/> 2	GO TO 2A2

Question 2**2A1 Which option is least bad?**

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 3A1
B	You are ill for 20 days in five years' time	<input type="checkbox"/> 2	GO TO 3A2

2A2 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 3A3
B	You are ill for 36 days in five years' time	<input type="checkbox"/> 2	GO TO 3A4

Question 3**3A1 Which option is least bad?**

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 4A1
B	You are ill for 16 days in five years' time	<input type="checkbox"/> 2	GO TO 4A2

3A2 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 4A3
B	You are ill for 23 days in five years' time	<input type="checkbox"/> 2	GO TO 4A4

3A3 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 4A5
B	You are ill for 31 days in five years' time	<input type="checkbox"/> 2	GO TO 4A6

3A4 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 4A7
B	You are ill for 42 days in five years' time	<input type="checkbox"/> 2	GO TO 4A8

Question 4**4A1 Which option is least bad?**

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 15 days in five years' time	<input type="checkbox"/> 2	GO TO 5A1

4A2 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 18 days in five years' time	<input type="checkbox"/> 2	GO TO 1B

4A3 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 21 days in five years' time	<input type="checkbox"/> 2	GO TO 1B

4A4 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 25 days in five years' time	<input type="checkbox"/> 2	GO TO 1B

4A5 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 29 days in five years' time	<input type="checkbox"/> 2	GO TO 1B

4A6 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 34 days in five years' time	<input type="checkbox"/> 2	GO TO 1B

4A7 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 39 days in five years' time	<input type="checkbox"/> 2	GO TO 1B

4A8 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 45 days in five years' time	<input type="checkbox"/> 2	GO TO 5A2

Question 5**5A1 Which option is least bad?**

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 13 days in five years' time	<input type="checkbox"/> 2	GO TO 1B

5A2 Which option is least bad?

A	You are ill for 20 days starting today	<input type="checkbox"/> 1	GO TO 1B
B	You are ill for 49 days in five years' time	<input type="checkbox"/> 2	GO TO 1B

Question 1B

This time the ill health occurs in two years' time in option A and in seven years' time in option B.

1B Which option is least bad?

A	You are ill for 20 days starting in two years' time	<input type="checkbox"/> 1	GO TO 2B1
B	You are ill for 26 days in seven years' time	<input type="checkbox"/> 2	GO TO 2B2

Question 2B**2B1 Which option is least bad?**

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 3B1
B	You are ill for 20 days in seven years' time	<input type="checkbox"/> 2	GO TO 3B2

2B2 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 3B3
B	You are ill for 36 days in seven years' time	<input type="checkbox"/> 2	GO TO 3B4

Question 3B**3B1 Which option is least bad?**

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 4B1
B	You are ill for 16 days in seven years' time	<input type="checkbox"/> 2	GO TO 4B2

3B2 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 4B3
B	You are ill for 23 days in seven years' time	<input type="checkbox"/> 2	GO TO 4B4

3B3 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 4B5
B	You are ill for 31 days in seven years' time	<input type="checkbox"/> 2	GO TO 4B6

3B4 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 4B7
B	You are ill for 42 days in seven years' time	<input type="checkbox"/> 2	GO TO 4B8

Question 4B**4B1 Which option is least bad?**

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 15 days in seven years' time	<input type="checkbox"/> 2	GO TO 5B1

4B2 Which option is least bad?

A	You are ill for 20 days starting in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 18 days in seven years' time	<input type="checkbox"/> 2	GO TO 1C

4B3 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 21 days in seven years' time	<input type="checkbox"/> 2	GO TO 1C

4B4 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 25 days in seven years' time	<input type="checkbox"/> 2	GO TO 1C

4B5 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 29 days in seven years' time	<input type="checkbox"/> 2	GO TO 1C

4B6 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 34 days in seven years' time	<input type="checkbox"/> 2	GO TO 1C

4B7 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 39 days in seven years' time	<input type="checkbox"/> 2	GO TO 1C

4B8 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 45 days in seven years' time	<input type="checkbox"/> 2	GO TO 5B2

Question 5B**5B1 Which option is least bad?**

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 13 days in seven years' time	<input type="checkbox"/> 2	GO TO 1C

5B2 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 1C
B	You are ill for 49 days in seven years' time	<input type="checkbox"/> 2	GO TO 1C

Question 1C

This time the ill health occurs in two years' time in option A and in 11 years' time in option B.

1C Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 2C1
B	You are ill for 33 days in 11 years' time	<input type="checkbox"/> 2	GO TO 2C2

Question 2C**2C1 Which option is least bad?**

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 3C1
B	You are ill for 20 days in 11 years' time	<input type="checkbox"/> 2	GO TO 3C2

2C2 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 3C3
B	You are ill for 58 days in 11 years' time	<input type="checkbox"/> 2	GO TO 3C4

Question 3C**3C1 Which option is least bad?**

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 4C1
B	You are ill for 14 days in 11 years' time	<input type="checkbox"/> 2	GO TO 4C2

3C2 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 4C3
B	You are ill for 26 days in 11 years' time	<input type="checkbox"/> 2	GO TO 4C4

3C3 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 4C5
B	You are ill for 44 days in 11 years' time	<input type="checkbox"/> 2	GO TO 4C6

3C4 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO 4C7
B	You are ill for 77 days in 11 years' time	<input type="checkbox"/> 2	GO TO 4C8

Question 4C**4C1 Which option is least bad?**

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 11 days in 11 years' time	<input type="checkbox"/> 2	GO TO 5C1

4C2 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 17 days in 11 years' time	<input type="checkbox"/> 2	GO TO SECTION E

4C3 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 23 days in 11 years' time	<input type="checkbox"/> 2	GO TO SECTION E

4C4 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 29 days in 11 years' time	<input type="checkbox"/> 2	GO TO SECTION E

4C5 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 38 days in 11 years' time	<input type="checkbox"/> 2	GO TO SECTION E

4C6 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 51 days in 11 years' time	<input type="checkbox"/> 2	GO TO SECTION E

4C7 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 67 days in 11 years' time	<input type="checkbox"/> 2	GO TO SECTION E

4C8 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 88 days in 11 years' time	<input type="checkbox"/> 2	GO TO 5C2

Question 5C**5C1 Which option is least bad?**

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 9 days in 11 years' time	<input type="checkbox"/> 2	GO TO SECTION E

5C2 Which option is least bad?

A	You are ill for 20 days in two years' time	<input type="checkbox"/> 1	GO TO SECTION E
B	You are ill for 100 days in 11 years' time	<input type="checkbox"/> 2	GO TO SECTION E

SECTION E

Please answer the following questions about yourself by indicating the extent of your agreement using the following scale:

- 0 = strongly disagree
- 1 = disagree
- 2 = neutral
- 3 = agree
- 4 = strongly agree

Be as honest as you can throughout, and try not to let your responses to one question influence your response to other questions. There are no right or wrong answers.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	In uncertain times, I usually expect the best.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2	It's easy for me to relax.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3	If something can go wrong for me it will.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4	I'm always optimistic about my future.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5	I enjoy my friends a lot.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6	It's important for me to keep busy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7	I hardly ever expect things to go my way.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8	I don't get upset too easily.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9	I rarely count on good things happening to me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10	Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

SECTION F

Here is a series of questions on various aspects of life. Each question has seven possible answers. Please tick the box which expresses your answer, with numbers 1 and 7 being the extreme answers. If the words beside 1 are right for you tick 1, if the words beside 7 are right for you tick 7. If you feel differently tick the number which best expresses your feeling.

1.	Do you have the feeling that you don't really care about what goes on around you?	Very seldom or never	1	2	3	4	5	6	7	Very often
2.	Has it happened in the past that you were surprised by the behaviour of people whom you thought you knew well?	Never happened	1	2	3	4	5	6	7	Always happened
3.	Has it happened that people whom you counted on disappointed you?	Never happened	1	2	3	4	5	6	7	Always happened
4.	Until now your life has had:	No clear goals or purpose at all	1	2	3	4	5	6	7	Very clear goals and purpose
5.	Do you have the feeling that you're being treated unfairly?	Very often	1	2	3	4	5	6	7	Very seldom or never
6.	Do you ever have the feeling that you are in an unfamiliar situation and don't know what to do?	Very often	1	2	3	4	5	6	7	Very seldom or never
7.	Doing the things you do every day is:	A source of deep pleasure and satisfaction	1	2	3	4	5	6	7	A source of pain and boredom
8.	Do you have very mixed-up feelings and ideas?	Very often	1	2	3	4	5	6	7	Very seldom or never
9.	Does it happen that you have feelings inside you that you would rather not feel?	Very often	1	2	3	4	5	6	7	Very seldom or never
10.	Many people – even those with a strong character – sometimes feel like losers in certain situations. How often have you felt this way in the past?	Very seldom or never	1	2	3	4	5	6	7	Very often
11.	When something happened, have you generally found that:	You over-estimated or under-estimated its importance	1	2	3	4	5	6	7	You saw things in the right proportions
12.	How often do you have the feeling that there's little meaning in the things you do in your daily life?	Very often	1	2	3	4	5	6	7	Very seldom or never
13.	How often do you have the feeling that you're not sure you can keep under control?	Very often	1	2	3	4	5	6	7	Very seldom or never

F14. Are you generally a person who is fully prepared to take risks or do you try to avoid taking risks?

Unwilling to take risks	<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	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Fully prepared to take risks
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SECTION G

Here is a list of statements about how you feel you cope in certain situations. Please tick the box which describes how true each statement is about you.

		Not at all true	Barely true	Moderately true	Exactly true
1.	I can always manage to solve difficult problems if I try hard enough.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	If someone opposes me, I can find means and ways to get what I want.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	It is easy for me to stick to my aims and accomplish my goals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	I am confident that I could deal efficiently with unexpected events.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	I can solve most problems if I invest the the necessary effort.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	When I am confronted with a problem, I can usually find several solutions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	If I am in a bind, I can usually think of something to do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	No matter what comes my way, I'm usually able to handle it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

SECTION H**H1 How is your health in general?**

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

H2 Please read the statements below and tick the box beside the statement that describes you best:

1.	I have never smoked	<input type="checkbox"/> 1
2.	I have smoked only once or twice	<input type="checkbox"/> 2
3.	I used to smoke but I don't now	<input type="checkbox"/> 3
4.	I sometimes smoke, but I don't smoke every week	<input type="checkbox"/> 4
5.	I smoke regularly, once a week or more	<input type="checkbox"/> 5

H3 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include problems related to old age)

1.	Yes – limited a lot	<input type="checkbox"/> 1
2.	Yes – limited a little	<input type="checkbox"/> 2
3.	No	<input type="checkbox"/> 3

H4 To what extent would you agree with the following statement?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have high self-esteem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H5 Thinking back, how would you rate your childhood on a scale from 1 to 5, where 1 is very unhappy and 5 is very happy? By 'childhood', we mean the time from birth to age 15. Please tick which best expresses your feeling.

1.	Very unhappy	<input type="checkbox"/> 1
2.	Fairly unhappy	<input type="checkbox"/> 2
3.	Neither unhappy nor happy	<input type="checkbox"/> 3
4.	Fairly happy	<input type="checkbox"/> 4
5.	Very happy	<input type="checkbox"/> 5

H6 How would you rate your childhood relationship with your parent(s) or guardian on a scale from 1 to 5? Please tick which best expresses your feeling, where 1 is very bad and 5 is very good?

1.	Very bad	<input type="checkbox"/> 1
2.	Fairly bad	<input type="checkbox"/> 2
3.	Neither bad nor good	<input type="checkbox"/> 3
4.	Fairly good	<input type="checkbox"/> 4
5.	Very good	<input type="checkbox"/> 5

THANK YOU FOR COMPLETING THE QUESTIONS. PLEASE TELL THE INTERVIEWER YOU HAVE FINISHED.

SECTION I

Finally I would like to ask a few questions about you and other members of your household to help us analyse the data.

I1 Does your household own or rent this accommodation? SHOWCARD G

1.	Owns outright	<input type="checkbox"/> 1	GO TO I3
2.	Owns with a mortgage or loan	<input type="checkbox"/> 2	GO TO I3
3.	Part owns and part rents (shared ownership)	<input type="checkbox"/> 3	
4.	Rents (with or without housing benefit)	<input type="checkbox"/> 4	
5.	Live here rent-free	<input type="checkbox"/> 5	

I2 Who is your landlord?

1.	Council (local authority)	<input type="checkbox"/> 1	
2.	Housing association/Registered social landlord	<input type="checkbox"/> 2	
3.	Private landlord or letting agency	<input type="checkbox"/> 3	
4.	Employer of a household member	<input type="checkbox"/> 4	
5.	Relative or friend of a household member	<input type="checkbox"/> 5	
6.	Other (please specify)	<input type="checkbox"/> 6	

I3 How long have you lived at this address?

1.	Less than 12 months	<input type="checkbox"/> 1
2.	Twelve months or more but less than two years	<input type="checkbox"/> 2
3.	Two years or more but less than three years	<input type="checkbox"/> 3
4.	Three years or more but less than five years	<input type="checkbox"/> 4
5.	Five years or more but less than ten years	<input type="checkbox"/> 5
6.	Ten years or more but less than 20 years	<input type="checkbox"/> 6
7.	Twenty years or longer	<input type="checkbox"/> 7

I4 Which of these qualifications do you have? Tick all that apply. SHOWCARD H

1.	O Grade, Standard Grade, O Level, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent	<input type="checkbox"/> 1
2.	SCE Higher Grade, Higher, Advanced Higher, CSYS, A level, AS Level, Advanced Senior Certificate or equivalent	<input type="checkbox"/> 2
3.	GNVQ/GSVQ Foundation or Intermediate, NVQ/SVQ Level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent	<input type="checkbox"/> 3
4.	GNVQ/GSVQ Advanced, NVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent	<input type="checkbox"/> 4
5.	HNC, HND, NVQ/SVQ level 4 or equivalent	<input type="checkbox"/> 5
6.	First Degree, Postgraduate qualifications, Masters, PhD, NVQ/SVQ Level 5 or equivalent	<input type="checkbox"/> 6
7.	Professional qualifications e.g.: teaching, accountancy	<input type="checkbox"/> 7
8.	Other school qualifications not already mentioned (including foreign qualifications)	<input type="checkbox"/> 8
9.	Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)	<input type="checkbox"/> 9
10.	Other Higher Education qualifications not already mentioned (including foreign qualifications)	<input type="checkbox"/> 10
11.	No qualifications	<input type="checkbox"/> 11
12.	Other vocational/work related qualifications (write in)	<input type="checkbox"/> 12

I5 I'd like to ask about the main wage earner in the household. If there is no wage earner, this could be the person who draws a pension or simply brings in most of the household's income. Are you the main wage earner in the household?

1.	Yes	<input type="checkbox"/> 1	GO TO I9
2.	No	<input type="checkbox"/> 2	

I6 Which one of these best describes the main wage earner in your household? IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE CODE AS EMPLOYED FULL- OR PART-TIME. SHOWCARD I

		Main Wage Earner
1.	Employed full-time	<input type="checkbox"/> 1
2.	Employed part-time	<input type="checkbox"/> 2
3.	Unemployed and seeking work	<input type="checkbox"/> 3
4.	Unable to work due to illness or disability	<input type="checkbox"/> 4
5.	Retired	<input type="checkbox"/> 5
6.	Looking after home/family	<input type="checkbox"/> 6
7.	In full-time education/training	<input type="checkbox"/> 7
8.	In part-time education/training	<input type="checkbox"/> 8
9.	Other (write in)	<input type="checkbox"/> 9

I7 What is or was the main wage earner's full and specific job title? Job (write in verbatim). IF 'NEVER WORKED' CODE AS N/A. IF RETIRED ENTER PREVIOUS OCCUPATION

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I8 How many people is/was he/she responsible for? If none, write in '0'.

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I9 Which one of these describes you best? IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE CODE AS EMPLOYED FULL- OR PART-TIME. SHOWCARD I

		Respondent if not main wage earner
1.	Employed full-time	<input type="checkbox"/> 1
2.	Employed part-time	<input type="checkbox"/> 2
3.	Unemployed and seeking work	<input type="checkbox"/> 3
4.	Unable to work due to illness or disability	<input type="checkbox"/> 4
5.	Retired	<input type="checkbox"/> 5
6.	Looking after home/family	<input type="checkbox"/> 6
7.	In full-time education/training	<input type="checkbox"/> 7
8.	In part-time education/training	<input type="checkbox"/> 8

I10 What is or was your full and specific job title? Job (write in verbatim). IF 'NEVER WORKED' CODE AS N/A. IF RETIRED ENTER PREVIOUS OCCUPATION

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I11 How many people are/were you responsible for? If none, write in '0'.

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I12 What is your legal marital or same-sex civil partnership status? SHOWCARD J

1.	Never married and never registered a same sex civil partnership	<input type="checkbox"/> 1
2.	Married	<input type="checkbox"/> 2
3.	Separated, but still legally married	<input type="checkbox"/> 3
4.	Divorced	<input type="checkbox"/> 4
5.	Widowed	<input type="checkbox"/> 5
6.	In a registered same-sex civil partnership	<input type="checkbox"/> 6
7.	Separated, but still legally in a same-sex civil partnership	<input type="checkbox"/> 7
8.	Formerly in a same-sex civil partnership which is now legally dissolved	<input type="checkbox"/> 8
9.	Surviving partner from a same-sex civil partnership	<input type="checkbox"/> 9

I13 What is your ethnic group? SHOWCARD K

White		
1.	Scottish	<input type="checkbox"/> 1
2.	English	<input type="checkbox"/> 2
3.	Welsh	<input type="checkbox"/> 3
4.	Northern Irish	<input type="checkbox"/> 4
5.	British	<input type="checkbox"/> 5
6.	Irish	<input type="checkbox"/> 6
7.	Gypsy / Traveller	<input type="checkbox"/> 7
8.	Polish	<input type="checkbox"/> 8
9.	Other white ethnic group (write in)	<input type="checkbox"/> 9
Mixed		
10.	White and Black Caribbean	<input type="checkbox"/> 10
11.	White and Black African	<input type="checkbox"/> 11
12.	White and Asian	<input type="checkbox"/> 12
13.	Any other mixed or multiple ethnic groups (write in)	<input type="checkbox"/> 13
Asian, Asian Scottish, Asian English, Asian Welsh or other Asian British		
14.	Indian	<input type="checkbox"/> 14
15.	Pakistani	<input type="checkbox"/> 15
16.	Bangladeshi	<input type="checkbox"/> 16
17.	Chinese	<input type="checkbox"/> 17
18.	Any other Asian background (write in)	<input type="checkbox"/> 18
Black, Black Scottish, Black English, Black Welsh or other Black British		
19.	African	<input type="checkbox"/> 19
20.	Caribbean	<input type="checkbox"/> 20
21.	Black	<input type="checkbox"/> 21
22.	Any other Black / African / Caribbean background (write in)	<input type="checkbox"/> 22
Other ethnic group		
23.	Arab	<input type="checkbox"/> 23
24.	Any other ethnic group (write in)	<input type="checkbox"/> 24
25.	Refused	<input type="checkbox"/> 25

I14 What religion, religious denomination or body do you belong to? SHOWCARD L

1.	None	<input type="checkbox"/> 1
2.	Church of Scotland	<input type="checkbox"/> 2
3.	Church of England	<input type="checkbox"/> 3
4.	Roman Catholic	<input type="checkbox"/> 4
5.	Other Christian	<input type="checkbox"/> 5
6.	Muslim	<input type="checkbox"/> 6
7.	Buddhist	<input type="checkbox"/> 7
8.	Sikh	<input type="checkbox"/> 8
9.	Jewish	<input type="checkbox"/> 9
10.	Hindu	<input type="checkbox"/> 10
11.	Pagan	<input type="checkbox"/> 11
12.	Another religion (please specify)	<input type="checkbox"/> 12

I15 How many people live in this household including yourself? IF '01' SINGLE PERSON HOUSEHOLD GO TO I17

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I16 Could you tell me the age and gender of the other people who live in this household? (DO NOT ASK FOR RESPONDENT)

Person	Age (write in)	Gender	
		Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2
2		Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2
3		Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2
4		Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2
5		Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2
6		Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2
7		Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2

I17 It is important for us to be able to understand how health is affected by what people earn. Looking at the SHOWCARD please can you tell me the letter which best corresponds to your household's total income from all sources over the last 12 months? By total income I mean all income added together before deductions for income tax, National Insurance etc. SHOWCARD M

	Per Week	Per Year	
A.	Less than £100	Less than £5,200	<input type="checkbox"/> A
F.	£100 to £199	£5,200 to £10,399	<input type="checkbox"/> F
B.	£200 to £299	£10,400 to £15,599	<input type="checkbox"/> B
G.	£300 to £499	£15,600 to £25,999	<input type="checkbox"/> G
C.	£500 to £699	£26,000 to £36,399	<input type="checkbox"/> C
H.	£700 to £949	£36,400 to £49,399	<input type="checkbox"/> H
D.	£950 to £1,199	£49,400 to £62,399	<input type="checkbox"/> D
I.	£1,200 to £1,499	£62,400 to £77,999	<input type="checkbox"/> I
E.	£1,500 or more	£78,000 or more	<input type="checkbox"/> E
J.	Refused		<input type="checkbox"/> J

If Respondent selects J (Refused), please reassure respondent about confidentiality and ask again before recording as a refusal.

I18 There is a possibility that the research team would like to contact you in the future to ask if you would like to take part in more research on the health and wellbeing of people in Glasgow, Liverpool and Manchester. Would you be willing to be re-contacted in relation to this research in the future?

1.	Yes	<input type="checkbox"/> 1
2.	No	<input type="checkbox"/> 2

ASK I19 FOR RECONTACT AND ACCURACY CHECK IF YES TO I18, OR ACCURACY CHECK ONLY IF NO TO I18.

I19 Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out and to check we have recorded your answers correctly. So that we can re-contact you in relation to this research/check your interview can I have the following contact details?

Full name	
Telephone number (home)	
Telephone number (mobile)	
Email address	

ASK IF TELEPHONE NUMBER PROVIDED AT I19; OTHERWISE GO TO I21

I20 If yours is one of the interviews that is checked can we contact you by telephone?

1.	YES	<input type="checkbox"/> 1	
2.	NO	<input type="checkbox"/> 2	

I21 Would you like to be entered into the PRIZE DRAW? One prize of £1,000 is to be given to one respondent drawn at random.

1.	Yes	<input type="checkbox"/> 1
2.	No	<input type="checkbox"/> 2

IF YES AND CONTACT DETAILS NOT COMPLETED IN I19 THEN COMPLETE HERE.

Full name	
Telephone number (home)	
Telephone number (mobile)	

I22 As we mentioned in the information sheet about the study, another part of the research is the option of linking the answers you have given us today to your health records in the future. Here is the information and consent form for this part of the study. Please take a moment to read and think about what it says and if you agree, add your name and signature to say you are happy for this to happen. This is purely optional and you can say 'no'. If you have any questions about this please ask me. **HAND OUT CONSENT FORM**

Would you be willing to consent to your details being linked to health records?

1.	Yes	<input type="checkbox"/> 1
2.	No	<input type="checkbox"/> 2

IF YES TO I22 ASK

I23 In order for us to link your details to health records could you tell me your:

First name	
Middle names (if any)	
Surname	
Previous surname (if applicable)	
Date of birth	Day ... Month Year

DOUBLE CHECK I23 DETAILS (AND SPELLING) ARE CORRECTLY NOTED

THANK RESPONDENT

Interviewer to complete by observation:

I24 Who was present during the interview?

No one else in room during interview	CLOSE	<input type="checkbox"/> 1
Child(ren) under 16		<input type="checkbox"/> 2
Husband, wife, partner		<input type="checkbox"/> 3
Other adult, including visitor		<input type="checkbox"/> 4

I25 Did anyone else look at or discuss any part of the questionnaire during the interview?

Looked at/read/filled in together	Yes	<input type="checkbox"/> 1
Discussed only	Yes	<input type="checkbox"/> 2
	No	<input type="checkbox"/> 3

I26 Did someone else answer any of the questions on behalf of the respondent (i.e. proxy responses)?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

I27 Did you help the respondent by entering any of their answers into the computer for them?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2