

Your Study Code (office use only): \_\_\_\_\_

Please specify how much you disagree or agree with each statement concerning YOU AND YOUR FAMILY.

You may define *family* in any way you wish (e.g., immediate family or extended family, etc.).

Please tick ✓ ONE box on each line below.

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
I feel a bond with my 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	<input type="checkbox"/> 7
I feel similar to the other members of my 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	<input type="checkbox"/> 7
I have a sense of belonging to my 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	<input type="checkbox"/> 7
I have a lot in common with the members of my 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	<input type="checkbox"/> 7
I will receive moral support from other members of my family if I need it.	<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
I can count on other members of my family for help and assistance.	<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
I can rely on other members of my family for advice on how to resolve problems.	<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

Please respond to the following questions regarding YOU AND YOUR FAMILY:

On average, with how many different members of your family do you have a face-to-face conversation in a SINGLE WEEK?

(Please specify a number) \_\_\_\_\_

On average, with how many different members of your family do you have a telephone/Internet conversation in a SINGLE WEEK?

(Please specify a number) \_\_\_\_\_

On average, how many family-related events (for instance meals out, parties, gatherings, trips, etc.) do you attend in a SINGLE MONTH?

(Please specify a number) \_\_\_\_\_

Please specify how much you disagree or agree with each statement concerning **YOU AND YOUR LOCAL COMMUNITY**. Local community means your neighbourhood, village, city area, or any other way you may define it. Please tick ✓ ONE box on each line below.

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
I feel a bond with 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	<input type="checkbox"/> 7
I feel similar to the other members of 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	<input type="checkbox"/> 7
I have a sense of belonging to 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	<input type="checkbox"/> 7
I have a lot in common with the members of 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	<input type="checkbox"/> 7
I will receive moral support from other members of my local community if I need it.	<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
I can count on other members of my local community for help and assistance.	<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
I can rely on other members of my local community for advice on how to resolve problems.	<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

**Please respond to the following questions regarding YOU AND YOUR LOCAL COMMUNITY:**

On average, with how many different members of your local community do you have a face-to-face conversation in a SINGLE WEEK?  
*(Please specify a number)* \_\_\_\_

On average, with how many different members of your local community do you have a telephone/Internet conversation in a SINGLE WEEK?  
*(Please specify a number)* \_\_\_\_

On average, how many local community-related events (for instance parties, gatherings, trips, fundraising events, etc.) do you attend in a SINGLE YEAR?  
*(Please specify a number)* \_\_\_\_

Please choose a **SOCIAL GROUP** to which you belong, using the list of groups below. Please place a tick ✓ in the box beside your chosen group. If none of the listed groups correspond to the group you want to choose, please select **Other** and specify what type of group that is.

Sport team/class/club	<input type="checkbox"/>	Hobby/interest group	<input type="checkbox"/>	Support group	<input type="checkbox"/>
Voluntary/charity group	<input type="checkbox"/>	Workplace group	<input type="checkbox"/>	Reading/study group	<input type="checkbox"/>
Group of friends	<input type="checkbox"/>	Religious group/institution	<input type="checkbox"/>	Other <input type="checkbox"/> Please specify: .....	

Please specify how much you disagree or agree with each statement concerning **YOU AND YOUR CHOSEN GROUP**. Please tick ✓ **ONE** box on each line below.

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
I feel a bond with my chosen group.	<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
I feel similar to the other members of my chosen group.	<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
I have a sense of belonging to my chosen group.	<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
I have a lot in common with the members of my chosen group.	<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
I will receive moral support from other members of my chosen group if I need it.	<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
I can count on other members of my chosen group for help and assistance.	<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
I can rely on other members of my chosen group for advice on how to resolve problems.	<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

Please respond to the following questions regarding **YOU AND YOUR CHOSEN GROUP**:

On average, with how many different members of your chosen group do you have a face-to-face conversation in a SINGLE WEEK?  
(Please specify a number) \_\_\_\_

On average, with how many different members of your chosen group do you have a telephone/Internet conversation in a SINGLE WEEK?  
(Please specify a number) \_\_\_\_

On average, how many events related to your chosen group (for instance parties, gatherings, trips etc.) do you attend in a SINGLE YEAR?  
(Please specify a number) \_\_\_\_

Please specify how much you agree or disagree with each statement by ticking ✓ ONE box on each line

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
In most ways my life is close to ideal.	<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
The conditions of my life are excellent.	<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
I am satisfied with my 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	<input type="checkbox"/> 7
So far I have gotten the important things I want 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	<input type="checkbox"/> 7
If I could live my life over, I would change almost nothing.	<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

Below is a list of the ways you might have felt or behaved in the past two weeks. Please specify how often you have felt or behaved this way during the past two weeks by ticking ✓ ONE box on each line.

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
Felt low in spirits or sad.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Lost interest in your daily activities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Felt lacking in energy and strength.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Felt less self-confident.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Had a bad conscience or feelings of guilt.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Felt that life wasn't worth living.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Had difficulty in concentrating. (e.g. when reading the newspaper or watching tv)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Felt very restless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Felt subdued or slowed down.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Had trouble sleeping at night.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Suffered from reduced appetite.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Suffered from increased appetite.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please respond the following questions.

How many units of alcohol do you consume in an average WEEK? \_\_\_\_\_

(1 unit = a small glass of wine OR a pub measure of spirits OR a half pint of beer.)

How many cigarettes/cigars/pipes do you smoke in an average DAY? \_\_\_\_\_

How many portions of fruit and vegetables do you eat in an average DAY? \_\_\_\_\_

(1 portion = one medium-sized fruit like an apple OR two small fruits like plums OR one or two handfuls of berries/grapes OR three tablespoons of vegetables like peas.)

On how many days do you exercise in an average WEEK? \_\_\_\_\_

(Exercise = any type of physical activity carried out to improve your fitness, e.g. swimming, walking.)

What is your employment status? Please tick the ONE box that is most relevant.

Employed ☐ Student ☐ Housewife/Househusband ☐ Unemployed ☐ Retired ☐

If you are employed, what is your occupation?

If you are retired, what was your occupation?

What is your highest level of education?

Less than high school ☐ High school ☐ College diploma ☐ University degree ☐  
Master degree ☐ PhD/Doctorate ☐ Professional qualification ☐

Think of this ladder as representing where people stand in the UK.

At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off – those who have the least money, the least education and the least respected jobs or no jobs at all. The higher up you are on this ladder the closer you are to the people at the very top, the lower you are the closer you are to the people at the very bottom.

Where would you put yourself on this ladder?

Please place a large “X” on the rung where you think you stand at this point in your life, relative to other people in the UK.



Gender: Male ☐ Female ☐ Age: \_\_\_\_\_ years Nationality: \_\_\_\_\_

Marital status: Single ☐ Married ☐ In a relationship ☐ Separated ☐ Divorced ☐ Widowed ☐

The name of my doctor's surgery is: St. Serf's Medical Practice ☐ Craigmillar Medical Group ☐

DATE OF QUESTIONNAIRE COMPLETION: \_\_\_\_\_

Please check you have answered all the questions. Many thanks for your participation!  
Please return this questionnaire in the FREEPOST envelope provided (no stamp needed)