



**MEDICAL RESEARCH COUNCIL**

UNIVERSITY OF  
**Southampton**

# **Health & Employment After Fifty (HEAF Study): Follow-up Questionnaire**

The answers given on this form are confidential.  
Replies will only be seen by a small medical research team

# Section One: About Yourself and Your Work

Please fill in today's date

  
Day  
Month  
Year

1. Please fill in your date of birth

  
Day  
Month  
Year

2. What is your current marital status? (Tick one box)

- |            |                          |             |                          |                          |                          |
|------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|
| a) Married | <input type="checkbox"/> | b) Single   | <input type="checkbox"/> | c) Civil partnership     | <input type="checkbox"/> |
| d) Widowed | <input type="checkbox"/> | e) Divorced | <input type="checkbox"/> | f) Living with a partner | <input type="checkbox"/> |

3. In an average week, roughly how many hours would you spend doing the following activities? (Please answer each question)

Hours per week

- |                                                                                                         |                                           |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------|
| a) Working in a paid job (whether employed or self-employed)                                            | <input type="text"/> <input type="text"/> |
| b) Giving personal care to someone in your home or family                                               | <input type="text"/> <input type="text"/> |
| c) Working in an unpaid job for others outside your home and family (e.g. as a volunteer for a charity) | <input type="text"/> <input type="text"/> |
| d) Doing hobbies                                                                                        | <input type="text"/> <input type="text"/> |

4. In an average week, and outside any paid jobs that you do, roughly how many hours would you spend doing the following activities? (Please answer each question)

Hours per week

- |                                                                                                               |                                           |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| a) Physical activities sufficient to make you hot or sweaty (e.g. heavy gardening, dancing, cycling, jogging) | <input type="text"/> <input type="text"/> |
| b) Meeting or doing things with friends or relatives who do not live in your home                             | <input type="text"/> <input type="text"/> |

5. Which of the following best describes your present work situation? (Tick one box)

- |             |                          |                      |                          |                           |                          |
|-------------|--------------------------|----------------------|--------------------------|---------------------------|--------------------------|
| a) Employed | <input type="checkbox"/> | b) Self-employed     | <input type="checkbox"/> | c) Unemployed             | <input type="checkbox"/> |
| d) Retired  | <input type="checkbox"/> | e) Employed off sick | <input type="checkbox"/> | f) Self-employed off sick | <input type="checkbox"/> |

6. Has your employment position changed since we last contacted you about a year ago? (Please tick the box that best applies to you and follow the instructions).

I did not have a paid job when you last contacted me, and I do not have a paid job now  
(Please go to **Section 2** on **page 7**, starting at **Question 46**)

☐

I have the same main job as when you last contacted me  
(Please continue with **Question 7**)

☐

My employment position has changed since you last contacted me.  
(Please skip the next two questions and go to **Question 9** on **page 2**)

☐

## Section One: About Yourself and Your Work

Questions 7 and 8 are only for people who are still in the same main job as when last contacted.

7. Is your main job more or less the same as when we last contacted you (i.e. hours worked, tasks involved, support from managers and colleagues)?

a) No ☐ b) Yes ☐ If yes, please move on to **Question 29 on page 5**

8. If **no**, how has your job changed since we last contacted you?

i) How has it changed?

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ii) Have you reduced or changed what you do at work because of a health problem?

No ☐

Yes ☐ Please describe the health problems and any changes your employer may have made to help

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If you have answered questions 7 and 8 and are still in the same main job as when we last contacted you please go to **Question 29 on page 5**

9. In the time since we last contacted you, have you left the main job you were doing at that time?

No, I did not have a job when last contacted.  
(Please skip the next three questions and go to **Question 13 on page 3**)

☐

Yes  
(Please continue with **Question 10**)

☐

10. When did you leave the job?

Month

Year

11. Did you leave because of a health problem? (Tick one box)

a) No, not at all ☐

b) Yes, a health problem was **the main** reason for leaving ☐

c) Yes, a health problem was **part of** the reason for leaving ☐

## Section One: About Yourself and Your Work

**12. If there was a health problem, what type of problem was it? (Tick all the boxes that apply)**

- a) A problem with your back, neck, arm, shoulder or leg ☐ b) A mental health problem or stress ☐  
c) A problem with your heart or lungs ☐ d) Another type of health problem ☐  
e) Not applicable, no health problem ☐

**13. Do you have a new paid job (whether employed or self-employed) since we last contacted you?**

- a) No ☐ (Please go to **Section 2** on **page 7** starting at **Question 46**)  
b) Yes ☐ (Please continue with **Question 14**)

**14. What is your MAIN occupation at the moment?**

- a) Occupation (e.g. secretary, teacher, builder) \_\_\_\_\_

**and in what industry do you work?**

- b) Industry (e.g. farming, shipyard, car factory, shoe shop, hospital, insurance office) \_\_\_\_\_

**15. When did you start this job?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Year			

**16. Is your contract of employment permanent or temporary/renewable?**

- a) Permanent ☐ b) Temporary/renewable ☐ c) Not applicable (self-employed) ☐

**17. Roughly how many people in total work for your employer?**

(If self-employed, please indicate the number of people in total you employ)

- a) Just you ☐ b) 2 – 9 ☐ c) 10 – 29 ☐  
d) 30 – 499 ☐ e) 500 or more ☐

**18. Does your main job involve rotating or variable shifts?**

- a) Often ☐ b) Sometimes ☐ c) Rarely/never ☐

**19. Does your main job involve night work (i.e. between 2.00 a.m. and 4.00 a.m.)?**

- a) Often ☐ b) Sometimes ☐ c) Rarely/never ☐

**20. Is driving part of your main job?**

(Tick one box. NB This does not include travel to or from your main place of work)

- a) Essential to the job ☐ b) A part of the job, but not essential ☐ c) No ☐

# Section One: About Yourself and Your Work

**21. In your main job, does an average day at work involve any of the following activities?**  
(Please tick yes or no for each activity)

	Yes	No
a) Kneeling or squatting for longer than 1 hour per day in total	<input type="checkbox"/>	<input type="checkbox"/>
b) Climbing a ladder	<input type="checkbox"/>	<input type="checkbox"/>
c) Climbing up and down more than 30 flights of stairs per day	<input type="checkbox"/>	<input type="checkbox"/>
d) Digging or shovelling	<input type="checkbox"/>	<input type="checkbox"/>
e) Lifting weights of 10 kg (25 lbs) or more by hand	<input type="checkbox"/>	<input type="checkbox"/>
f) Standing or walking for most of the day	<input type="checkbox"/>	<input type="checkbox"/>
g) Standing or walking for more than 3 hours at a time	<input type="checkbox"/>	<input type="checkbox"/>
h) Hard physical work that makes you hot or sweaty	<input type="checkbox"/>	<input type="checkbox"/>

**22. Ignoring overtime, does your main job give you a fixed salary, or are you paid according to your output (e.g. the number of tasks you do or things you make)?** (Tick one box)

a) Fixed salary ☐      b) Paid by output ☐

**23. In your main job, do you have a choice in deciding what you do, how you do things, or when you do things?** (Tick one box)

a) Often ☐      b) Sometimes ☐      c) Rarely/never ☐

**24. Do you have a fixed time when you have to begin work?** (Tick one box)

a) All work days ☐      b) Most work days ☐      c) Some work days ☐  
d) Never (I choose for myself) ☐

**25. How much holiday are you allowed from your job per year (including Bank Holidays)?**  
(Answer a, or b)

a)  Days      or      b) ☐ No fixed limit (Please tick)

**26. How much holiday do you take each year in your job (including Bank Holidays)?**

days

**27. If you fell ill and were off work, how long could you get your normal full pay (excluding bonuses)?** (Tick one box)

a) Less than one week ☐      b) 1 to 4 weeks ☐      c) 1 to 6 months ☐  
d) More than 6 months ☐      e) Not sure ☐

**28. If you had a long-term health problem, might you qualify for an ill-health retirement pension (from your employer or insurance)?** (Tick one box)

a) Yes ☐      b) No ☐      c) Don't know ☐

## Section One: About Yourself and Your Work

29. Do you have a zero hours contract?

a) Yes ☐

b) No ☐

30. When you have difficulties at work, how often do you get help and support from your colleagues, supervisor or manager? *(Tick one box)*

a) Often ☐

b) Sometimes ☐

c) Rarely/never ☐

d) Not applicable  
(work alone) ☐

31. Do you ever lie awake at night worrying about work or angry about work? *(Tick one box)*

a) Often ☐

b) Sometimes ☐

c) Rarely/never ☐

32. How satisfied are you with the amount you are paid in your job, all things considered? *(Tick one box)*

a) Very satisfied ☐

b) Satisfied/fairly satisfied ☐

c) Dissatisfied ☐

d) Very dissatisfied ☐

33. How satisfied are you with your working hours and your work timetable (e.g. start and finish time), all things considered? *(Tick one box)*

a) Very satisfied ☐

b) Satisfied/fairly satisfied ☐

c) Dissatisfied ☐

d) Very dissatisfied ☐

34. Does your work give you a feeling of achievement? *(Tick one box)*

a) Often ☐

b) Sometimes ☐

c) Rarely/never ☐

35. In your work, do you feel appreciated by others (managers, colleagues, customers etc)? *(Tick one box)*

a) Often ☐

b) Sometimes ☐

c) Rarely/never ☐

36. Do you have friends at work with whom you also spend time outside work? *(Tick one box)*

a) Yes ☐

b) No ☐

37. Is there anyone at work you find very difficult to get on with? *(Tick one box)*

a) Yes ☐

b) No ☐

38. Do you ever get criticised unfairly at work? *(Tick one box)*

a) Often ☐

b) Sometimes ☐

c) Rarely/never ☐

## Section One: About Yourself and Your Work

**39. How satisfied have you been with your job as a whole, taking everything into consideration?**  
(Tick one box)

- a) Very satisfied ☐      b) Satisfied/fairly satisfied ☐  
c) Dissatisfied ☐      d) Very dissatisfied ☐

**40. Provided that you stay well, how secure do you feel your job is?**  
(Tick one box)

- a) Very secure ☐      b) Secure ☐  
c) Rather insecure ☐      d) Very insecure ☐

**41. How secure do you feel your job would be if you had an illness that kept you off work for three months or more?** (Tick one box)

- a) Very secure ☐      b) Secure ☐  
c) Rather insecure ☐      d) Very insecure ☐

**42. Currently, how well do you cope with the physical demands of your job?** (Tick one box)

- a) Easily ☐      b) Just about ☐      c) With some difficulty ☐  
d) With great difficulty ☐      e) Not coping ☐

**43. Currently, how well do you cope with the mental demands of your job?** (Tick one box)

- a) Easily ☐      b) Just about ☐      c) With some difficulty ☐  
d) With great difficulty ☐      e) Not coping ☐

**44. Do you expect that you will still be able (physically and mentally) to carry out the same kind of work in two years time?** (Tick one box)

- a) Yes ☐      b) No ☐      c) Not sure ☐

**45. Does your job involve sitting for most of the day?**

- a) Yes ☐      b) No ☐

## Section Two: Personal Finance

**46. How well do you feel you are managing financially these days?** *(Tick the box that best applies)*

- |                                                |                          |                                           |                          |
|------------------------------------------------|--------------------------|-------------------------------------------|--------------------------|
| a) Living comfortably                          | <input type="checkbox"/> | b) Doing alright                          | <input type="checkbox"/> |
| c) Just about getting by                       | <input type="checkbox"/> | d) Finding it difficult to make ends meet | <input type="checkbox"/> |
| e) Finding it very difficult to make ends meet | <input type="checkbox"/> |                                           |                          |

**47. Are there things which you used to have, and which you would like to have now, but can no longer afford?** *(Tick one box)*

- |       |                          |                 |                          |                |                          |
|-------|--------------------------|-----------------|--------------------------|----------------|--------------------------|
| a) No | <input type="checkbox"/> | b) A few things | <input type="checkbox"/> | c) Many things | <input type="checkbox"/> |
|-------|--------------------------|-----------------|--------------------------|----------------|--------------------------|

**48. Are there things which your friends or family have, that you would like to have but cannot afford?** *(Tick one box)*

- |       |                          |                 |                          |                |                          |
|-------|--------------------------|-----------------|--------------------------|----------------|--------------------------|
| a) No | <input type="checkbox"/> | b) A few things | <input type="checkbox"/> | c) Many things | <input type="checkbox"/> |
|-------|--------------------------|-----------------|--------------------------|----------------|--------------------------|

**49. Have you ever received any of the following benefits?** *(Please tick all that apply)*

- |                                        |                          |                                           |                          |
|----------------------------------------|--------------------------|-------------------------------------------|--------------------------|
| a) Incapacity benefit                  | <input type="checkbox"/> | b) Invalidity benefit                     | <input type="checkbox"/> |
| c) Disability Living Allowance (DLA)   | <input type="checkbox"/> | d) Severe Disablement Allowance           | <input type="checkbox"/> |
| e) Personal Independence Payment (PIP) | <input type="checkbox"/> | f) Employment and Support Allowance (ESA) | <input type="checkbox"/> |
| g) None of the above                   | <input type="checkbox"/> |                                           |                          |

**50. If yes, has a benefit ever been stopped as a result of an assessment?** *(Tick one box)*

- |        |                          |       |                          |                   |                          |
|--------|--------------------------|-------|--------------------------|-------------------|--------------------------|
| a) Yes | <input type="checkbox"/> | b) No | <input type="checkbox"/> | c) Not applicable | <input type="checkbox"/> |
|--------|--------------------------|-------|--------------------------|-------------------|--------------------------|

**51. If yes, when was this?** *(if more than one benefit has been stopped, please record the first time this happened)*

Month		Year			

**52. Are you currently receiving an ill-health retirement pension?**

- |       |                          |        |                          |
|-------|--------------------------|--------|--------------------------|
| a) No | <input type="checkbox"/> | b) Yes | <input type="checkbox"/> |
|-------|--------------------------|--------|--------------------------|

**53. If you are already fully retired, please tick this box and move to Section 3 on page 8, starting at Question 57.** *(Otherwise, please continue with question 54).*

☐

**54. At what age do you expect to retire fully?**

- a)   years old

**55. Do you expect to reduce your paid work before you retire fully? (e.g. by working shorter hours for less pay)** *(Tick one box)*

- |       |                          |        |                          |             |                          |
|-------|--------------------------|--------|--------------------------|-------------|--------------------------|
| a) No | <input type="checkbox"/> | b) Yes | <input type="checkbox"/> | c) Not sure | <input type="checkbox"/> |
|-------|--------------------------|--------|--------------------------|-------------|--------------------------|



## Section Two: Personal Finance

56. In an ideal world, at what age would you like to retire fully?

a)  years old or never

## Section Three: Health

57. In general would you say your health is? (Tick one box)

a) Excellent ☐ b) Very good ☐ c) Good ☐ d) Fair ☐ e) Poor ☐

58. How much of the following do you drink per week, on average?

a) Beer, cider,  Pints b) Wine, sherry  Glasses c) Spirits, Liqueurs  measures

59. Please give your weight

Weight  st  lbs or  kg

60. Below are some statements about feelings and thoughts. Please tick the box in each row that best describes your experience of each over the last 2 weeks (One tick for each row)

	None of the time	Rarely	Some of the time	Often	All of the time
a) I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 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"/>
l) I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section Three: Health

**61. Which of the following best describes your walking speed? (Tick one box)**

- a) Unable to walk ☐      b) Very slow ☐      c) Stroll at an easy pace ☐  
 d) Normal pace ☐      e) Fairly brisk ☐      f) Fast ☐

**62. Have you had any falls in the past 12 months? (Tick one box)**

- a) No falls ☐      b) One fall ☐      c) More than one fall ☐

**63. Do you have difficulty with any of the following activities? (One tick for each row)**

	No problem	Mild Problem	Moderate Problem	Severe Problem
a) Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Getting up from sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Opening jars that have never been opened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**64. How much have you been troubled by the following sleep problems in the past 3 months? (One tick for each row)**

	No problem	Mild Problem	Moderate Problem	Severe Problem
a) Difficulty falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Difficulty staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Waking up too early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Not feeling refreshed in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section Three: Health

65. Below is a list of ways you might have **felt or behaved** – please tell us how often you have felt this way during the **past 7 days** including **today** (One tick for each row)

		During the past 7 days			
		Rarely or none of the time (less than one day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a)	I was bothered by things that usually didn't bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	I did not feel like eating; my appetite was poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	I felt that I could not shake off feeling low, even with help from my family and/or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	I felt I was just as good as other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	I had trouble keeping my mind on what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	I felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	I felt that everything I did was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	I felt hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i)	I thought my life had been a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j)	I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k)	My sleep was restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l)	I was happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m)	I talked less than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n)	I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o)	People were unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p)	I enjoyed life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q)	I had crying spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r)	I felt sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s)	I felt that people dislike me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t)	I could not get "going"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On the next two pages we are going to ask you a few questions about the food you eat.

## Section Three: Health

66. Approximately how many times, over the past 3 months, have you have eaten each of the particular foods found within the table below.

Please complete the table, by circling the number in the appropriate box. Please circle a number on every line.

FOOD AND AMOUNTS		AVERAGE USE IN PAST 3 MONTHS									
		Never	Less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
1.	White bread (one slice)	0	1	2	3	4	5	6	7	8	9
2.	Brown and wholemeal bread (one slice)	0	1	2	3	4	5	6	7	8	9
3.	Biscuits eg digestive (one)	0	1	2	3	4	5	6	7	8	9
4.	Apples (one fruit)	0	1	2	3	4	5	6	7	8	9
5.	Bananas (one fruit)	0	1	2	3	4	5	6	7	8	9
6.	Melon, pineapple, kiwi and other tropical fruits (medium serving)	0	1	2	3	4	5	6	7	8	9
7.	Green salad eg lettuce, cucumber, celery	0	1	2	3	4	5	6	7	8	9
8.	Garlic – raw and cooked dishes	0	1	2	3	4	5	6	7	8	9
9.	Marrow and courgettes	0	1	2	3	4	5	6	7	8	9
10.	Peppers – cooked & fresh	0	1	2	3	4	5	6	7	8	9
11.	Yogurt (125g pot)	0	1	2	3	4	5	6	7	8	9
12.	Eggs as boiled, fried, scrambled etc. (one egg)	0	1	2	3	4	5	6	7	8	9
13.	White fish eg cod, haddock, plaice, sole (not in batter/crumbs)	0	1	2	3	4	5	6	7	8	9
14.	Oily fish, eg. mackerel, tuna, salmon	0	1	2	3	4	5	6	7	8	9
15.	Bacon and Gammon	0	1	2	3	4	5	6	7	8	9
16.	Meat pies, eg. pork pie, pasties, steak & kidney, sausage rolls	0	1	2	3	4	5	6	7	8	9
17.	Boiled, mashed and jacket potatoes (one egg size potato)	0	1	2	3	4	5	6	7	8	9
18.	Chips	0	1	2	3	4	5	6	7	8	9
19.	Pasta eg spaghetti, macaroni	0	1	2	3	4	5	6	7	8	9
Which is the main spreading fat you have used for example on bread, toast or vegetables?											
20.	Spreading fat (teaspoon) Please name the spreading fat you use - _____	0	1	2	3	4	5	6	7	8	9

## Section Three: Health

67. Which types of milk have you used regularly in drinks and added to breakfast cereals over the past three months?

*In the table below, please write in, on average, how much of each milk type you have consumed per day, over the past 3 months.*

*If you **do not** consume milk please place a tick beside **None** and continue to **Question 68**.*

	<u>Type of milk</u>	<u>Please tick</u>	<u>On average, over the past 3 months, how much milk have you consumed per day?</u>
EXAMPLE	<b>Whole</b>	✓	0.5 pints or ½ pint per day
a)	<b>Whole</b> pasteurised or UHT		_____ pints per day
b)	<b>Semi-skimmed</b> pasteurised (include 1% milks) or UHT		_____ pints per day
c)	<b>Skimmed</b> pasteurised or UHT		_____ pints per day
d)	<b>Other (Please specify)</b> _____		_____ pints per day
e)	<b>None (go to Q68)</b>		

68. Have you added sugar to tea and coffee or breakfast cereals in the past 3 months?

a) Yes ☐

b) No ☐

69. If yes, approximately how many teaspoons of sugar have you added each day?

teaspoons

## Section Three: Health

### Past 12 months

70. In the past 12 months have you lost more than 10 pounds (4.5 kg) *unintentionally* (i.e. without dieting or exercise)?

- a) Yes ☐ b) No ☐

71. During the past 12 months, have you had pain in your BACK or NECK for a month or longer that made it difficult or impossible to get washed or dressed or do household chores?

- a) No ☐ b) Yes ☐

72. During the past 12 months, have you had pain in your ARM(S) or SHOULDER(S) for a month or longer that made it difficult or impossible to get washed or dressed or to do household chores?

- a) No ☐ b) Yes ☐

73. During the past 12 months, have you had pain in your LEG(S) for a month or longer that made it difficult or impossible to get washed or dressed or do household chores?

- a) No ☐ b) Yes ☐

74. During the past 12 months, how many days have you had off work in total because of problems with your health? (Tick one box)

- a) No time ☐ b) Less than 5 days ☐ c) 5 to 20 days ☐  
d) More than 20 days ☐ or e) Not applicable (not working over this time) ☐

75. During the past 12 months, how many days have you had off work in total because of pain in your back, neck, arms, shoulders or legs? (Tick one box)

- a) No time ☐ b) Less than 5 days ☐ c) 5 to 20 days ☐  
d) More than 20 days ☐ or e) Not applicable (not working over this time) ☐

76. During the past 12 months, have you had to cut down, avoid or change what you normally do at work because of health problems? (Tick one box)

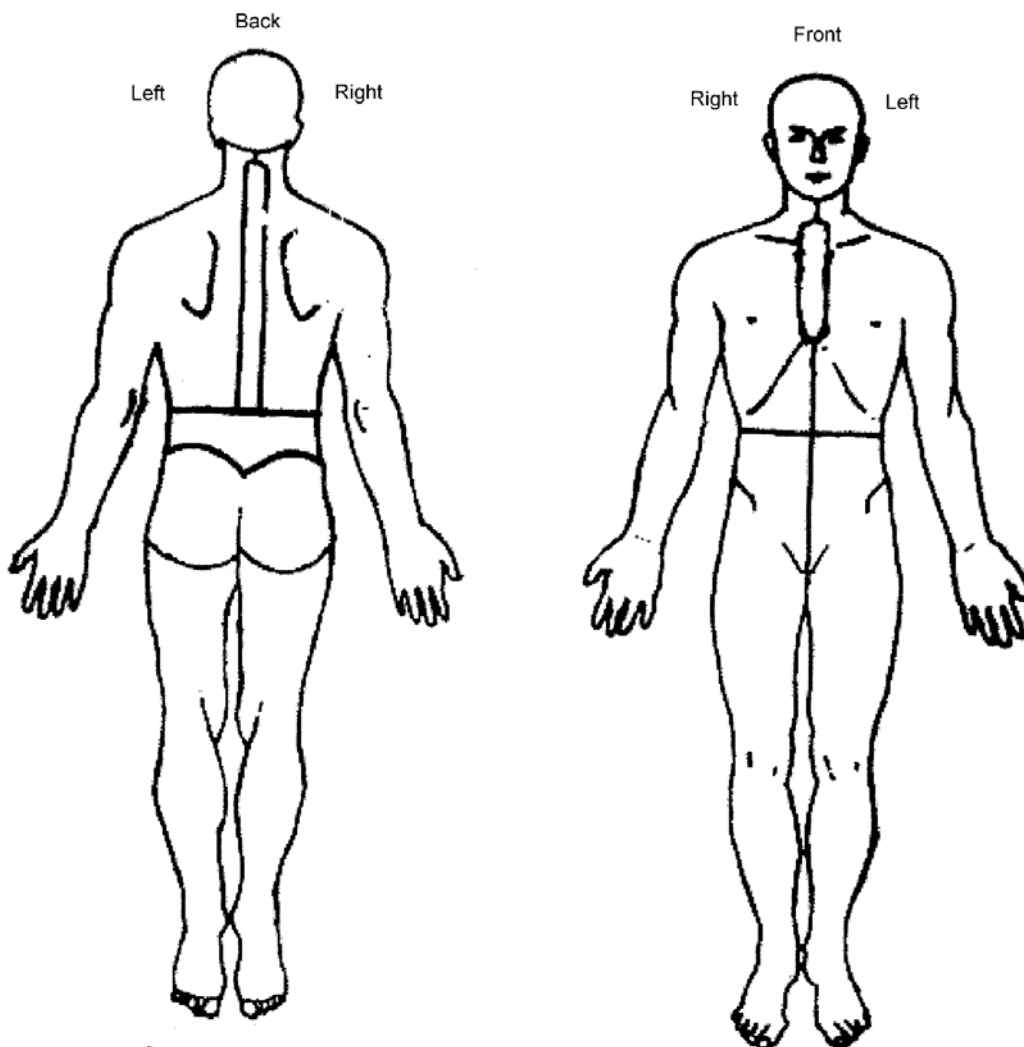
- a) Yes, a lot ☐ b) Yes, a little ☐ c) No, not at all ☐  
d) Not applicable (not working over this time) ☐

## Section Three: Health

77. Thinking back over the past month, have you had any aches or pains that have lasted for one day or longer? (Tick one box)

- a) Yes ☐ b) No ☐

If YES, please shade in the diagrams below where you feel, or have felt, these aches and pains:



78. Referring to the aches and pains you shaded in the diagram above, have you been aware of these pains for more than three months? (Tick one box)

- a) Yes ☐ b) No ☐ c) Not applicable ☐

79. Has a doctor ever told you that you have osteoarthritis? (Tick one box)

- a) Yes ☐ b) No ☐ c) Not sure ☐

**You have now finished FORM A.  
Please also complete FORM B, and post both forms back in the pre-paid  
envelope supplied. THANK YOU!**

