FORM A **SERIAL NO:**

MRC Lifecourse Epidemiology Unit

MEDICAL RESEARCH COUNCIL

UNIVERSITY OF Southampton

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

EMPLOYMENT
H E A F
HEALTH AFTER FIFTY

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

VERSION 4 13 December 2016

Section One: About Yourself and Your Work

Please fill in today's date

Day	Month	Year
		2 0 1

1. Please fill in your date of birth

Day	Month	Year

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

a) Married ☐ b) Single ☐ c) Civil partnership ☐

d) Widowed ☐ e) Divorced ☐ f) Living with a partner ☐

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)	
b) Giving personal care to someone in your home or family	
c) Working in an unpaid job for others outside your home and family (e.g. as a volunteer for a charity)	

4. In an average week, and <u>outside any paid jobs that you do</u>, 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)	
b) Meeting or doing things with friends or relatives who do not live in your home	

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

a) Employed ☐ b) Self-employed ☐ c) Unemployed ☐

d) Retired ☐ e) Employed off sick ☐ f) Self-employed off sick ☐

6. Has your employment position changed since we last contacted you <u>about a year ago</u>?
(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 **Question 40 on page 6**)*

I have the same main job as when you last contacted me ☐
*(Please go to **Question 12 on the next page**)*

My employment position has changed since you last contacted me. ☐
*(Please continue with **Question 7 on the next page**)*

Section One: About Yourself and Your Work

7. 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 11**)*

Yes ☐
*(Please continue with **Question 8**)*

8. When did you leave the job?

☐☐ Month ☐☐☐☐ Year

9. 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 ☐

10. 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 ☐

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

a) No ☐ *(Please go to **Question 40 on page 6**)*

b) Yes ☐ *(Please continue with **Question 12**)*

12. 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) ----------

13. When did you start this job?

☐☐ Month ☐☐☐☐ Year

Section One: About Yourself and Your Work

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

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

15. 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 ☐

16. Does your main job involve rotating or variable shifts?

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

17. 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 ☐

18. 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 ☐

19. 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	☐	☐
b)	Climbing a ladder	☐	☐
c)	Climbing up and down more than 30 flights of stairs per day	☐	☐
d)	Digging or shovelling	☐	☐
e)	Lifting weights of 10 kg (25 lbs) or more by hand	☐	☐
f)	Standing or walking for most of the day	☐	☐
g)	Standing or walking for more than 3 hours at a time	☐	☐
h)	Hard physical work that makes you hot or sweaty	☐	☐
i)	Sitting for most of the day	☐	☐

20. 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 ☐

Section One: About Yourself and Your Work

21. 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 ☐

22. 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) ☐

23. 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)*

24. 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 ☐

25. 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 ☐

26. Do you have a zero hours contract?

a) Yes ☐ b) No ☐

27. 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) ☐

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

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

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

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

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

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

Section One: About Yourself and Your Work

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

a) Yes ☐ b) No ☐

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

a) Yes ☐ b) No ☐

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

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

34. 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 ☐

35. 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 ☐

36. 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 ☐

37. 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 ☐

38. 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 ☐

39. 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 ☐

Section Two: Personal Finance

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

a) Living comfortably ☐ b) Doing alright ☐

c) Just about getting by ☐ d) Finding it difficult to make ends meet ☐

e) Finding it very difficult to make ends meet ☐

41. 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 ☐ b) A few things ☐ c) Many things ☐

42. Apart from any state pension, do you currently receive a private or employers' pension? *(Tick one box)*

a) No ☐ b) Yes ☐

43. If yes, do you receive an employers' ill health pension? *(Tick one box)*

a) No ☐ b) Yes ☐ c) Not applicable ☐
(do not receive an employers' pension)

44. If you are already fully retired, please tick this box and move to Section 3, starting at Question 48 on the next page. *(Otherwise, please continue with **Question 45**).* ☐

45. At what age do you expect to retire fully?

a) ☐☐ years old

46. 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 ☐ b) Yes ☐ c) Not sure ☐

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

a) ☐☐ years old or never ☐

Section Three: Health

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

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

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

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

50. In the past 12 months have you smoked regularly? *(at least once a day for a month or longer)*

a) No ☐ b) Yes ☐

51. In the past 12 months have you used E-Cigarettes (vaping) regularly? *(at least once a day for a month or longer)*

a) No ☐ b) Yes ☐

52. Do you think your memory has got worse over the past 2 years? *(Tick one box)*

a) No ☐ b) A bit worse ☐ c) A lot worse ☐

53. 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 <u>2 weeks</u> *(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	☐	☐	☐	☐	☐
b)	I've been feeling useful	☐	☐	☐	☐	☐
c)	I've been feeling relaxed	☐	☐	☐	☐	☐
d)	I've been feeling interested in other people	☐	☐	☐	☐	☐
e)	I've had energy to spare	☐	☐	☐	☐	☐
f)	I've been dealing with problems well	☐	☐	☐	☐	☐
g)	I've been thinking clearly	☐	☐	☐	☐	☐
h)	I've been feeling good about myself	☐	☐	☐	☐	☐
i)	I've been feeling close to other people	☐	☐	☐	☐	☐
j)	I've been feeling confident	☐	☐	☐	☐	☐
k)	I've been able to make up my own mind about things	☐	☐	☐	☐	☐
l)	I've been feeling loved	☐	☐	☐	☐	☐
m)	I've been interested in new things	☐	☐	☐	☐	☐
n)	I've been feeling cheerful	☐	☐	☐	☐	☐

Section Three: Health

54. 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 ☐

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

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

56. 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	☐	☐	☐	☐
b)	Getting up from sitting	☐	☐	☐	☐
c)	Opening jars that have never been opened	☐	☐	☐	☐

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

		No problem	Mild Problem	Moderate Problem	Severe Problem
a)	Difficulty falling asleep	☐	☐	☐	☐
b)	Difficulty staying asleep	☐	☐	☐	☐
c)	Waking up too early	☐	☐	☐	☐
d)	Not feeling refreshed in the morning	☐	☐	☐	☐

58. Do you get short of breath walking with other people of your age on level ground?

a) Yes ☐ b) No ☐

59. Do you have to stop for breath when walking at your own pace on level ground?

a) Yes ☐ b) No ☐

60. Do you get pain or discomfort in your chest when hurrying or walking uphill?

a) Yes ☐ b) No ☐

61. Do you wear a hearing aid?

No ☐ Yes ☐ *(If **Yes**, please answer the next question (**Q62**) assuming that you are <u>not</u> wearing the aid at the time).*

62. How well can you hear a person who is talking to you in a quiet room? *(tick one box)*

a) With no or slight difficulty ☐ b) With moderate difficulty ☐ c) With great difficulty or not at all ☐

Section Three: Health

63. Below is a list of ways you might have <u>felt or behaved</u> – please tell us how often you have felt this way during the <u>past 7 days</u> including <u>today</u> *(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	☐	☐	☐	☐
b)	I did not feel like eating; my appetite was poor	☐	☐	☐	☐
c)	I felt that I could not shake off feeling low, even with help from my family and/or friends	☐	☐	☐	☐
d)	I felt I was just as good as other people	☐	☐	☐	☐
e)	I had trouble keeping my mind on what I was doing	☐	☐	☐	☐
f)	I felt depressed	☐	☐	☐	☐
g)	I felt that everything I did was an effort	☐	☐	☐	☐
h)	I felt hopeful about the future	☐	☐	☐	☐
i)	I thought my life had been a failure	☐	☐	☐	☐
j)	I felt fearful	☐	☐	☐	☐
k)	My sleep was restless	☐	☐	☐	☐
l)	I was happy	☐	☐	☐	☐
m)	I talked less than usual	☐	☐	☐	☐
n)	I felt lonely	☐	☐	☐	☐
o)	People were unfriendly	☐	☐	☐	☐
p)	I enjoyed life	☐	☐	☐	☐
q)	I had crying spells	☐	☐	☐	☐
r)	I felt sad	☐	☐	☐	☐
s)	I felt that people dislike me	☐	☐	☐	☐
t)	I could not get "going"	☐	☐	☐	☐

Section Three: Health

64. In the <u>past 12 months</u> have you lost more than 10 pounds (4.5 kg) <u>unintentionally</u> (i.e. without dieting or exercise)?

a) Yes ☐ b) No ☐

65. During the <u>past 12 months</u>, 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 ☐

66. During the <u>past 12 months</u>, 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 ☐

67. During the <u>past 12 months</u>, 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 ☐

68. During the <u>past 12 months</u>, 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)* ☐

69. During the <u>past 12 months</u>, 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)* ☐

70. During the <u>past 12 months</u>, 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

71. We are interested in any health problems you have that may have impacted on your work during the past 7 days. *(If you do not currently have a paid job please go to **Question 74** on the next page)*

Hours in total

a) During the past 7 days, how many hours did you miss from work for a health reason? *(if none, write 0)* ***AND*** ☐☐

b) During the past 7 days, how many hours did you miss from work for a reason other than health (e.g. holiday)? *(if none, write 0)* ☐☐

72. *(Please tick No or Yes for each activity)*

a) During the past 7 days, did you find yourself making more mistakes at work than usual because of a health problem? No ☐ Yes ☐

b) During the past 7 days, have you felt you were letting down your boss or colleagues because of a health problem? *(If self-employed and without work colleagues, please tick no)* No ☐ Yes ☐

c) During the past 7 days, was the quality of work you did poorer than normal because of a health problem? No ☐ Yes ☐

d) During the past 7 days, have you struggled, or taken longer, over work tasks that you used to manage without difficulties, because of a health problem? No ☐ Yes ☐

73. During the past 7 days how much did health problems affect your productivity (what you could manage at work) while you were working? *(please circle a number)*

Health had no effect — **Health completely prevented me from working**

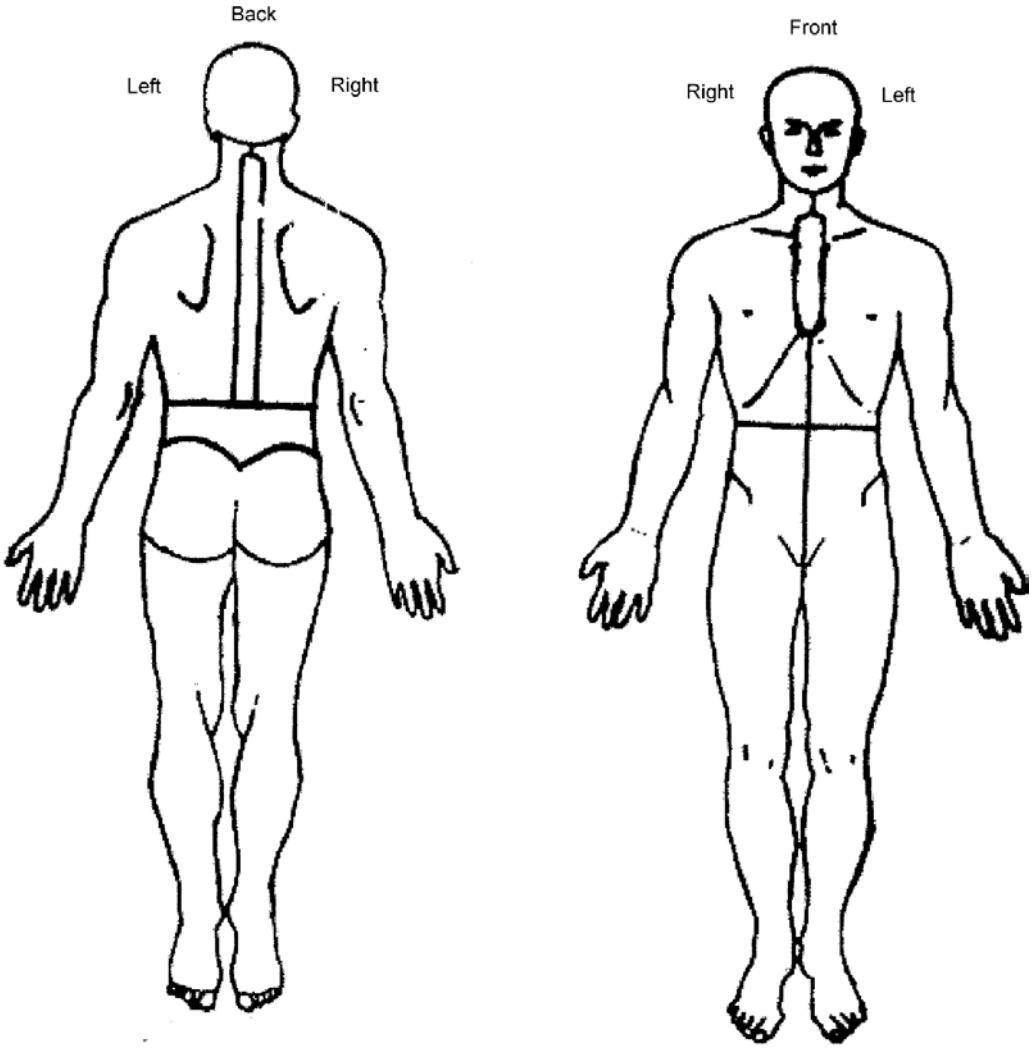
0 1 2 3 4 5 6 7 8 9 10

Section Three: Health

74. Thinking back over the <u>past month</u>, have you had any aches or pains that have lasted for one day or longer? *(Tick one box)*

a) Yes ☐ b) No ☐ *(If no please go to **Question 77 on page 14**)*

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



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

a) Yes ☐ b) No ☐ c) Not applicable ☐

We would be interested to know a bit more detail about any pain you may have. We would be grateful for your responses on the next page even if you are not currently experiencing any problems with pain at the moment.

Section Three: Health

76. How would you rate your pain and its impact on a 1-10 scale, where zero is no pain/no impact and 10 is pain/impact as bad as it can be? *(Circle the number that applies; please circle a number on every line)*

		No pain ⟷ Pain as bad as it could be										
a)	How is your pain right now?	0	1	2	3	4	5	6	7	8	9	10
b)	During the past 6 months, how bad was *your worst* pain?	0	1	2	3	4	5	6	7	8	9	10
c)	During the past 6 months, how bad *on average* was your pain?	0	1	2	3	4	5	6	7	8	9	10

		Not at all ⟷ Extremely										
d)	In the past 6 months, how much has pain interfered with your daily activities?	0	1	2	3	4	5	6	7	8	9	10
e)	In the past 6 months how much has pain changed your ability to take part in recreational, social and family activities?	0	1	2	3	4	5	6	7	8	9	10
f)	In the past 6 months how much has pain changed your ability to work (including housework)?	0	1	2	3	4	5	6	7	8	9	10
g)	About how many days in the past 6 months have you been kept from your usual activities because of your pain? *(Please write number of days lost because of disability)*											☐☐ days

Section Three: Health

77. <u>In the past 12 months</u> have you had healthcare for any of the following problems?
(Please tick all answers that apply).

		Did you see a doctor for the problem?	Have you visited a hospital for the problem?	Have you had any prescribed medicine for the problem?	Has the problem stopped you doing things?
a)	Heart disease	☐	☐	☐	☐
b)	Stroke / “TIA”	☐	☐	☐	☐
c)	High blood pressure	☐	☐	☐	☐
d)	Asthma	☐	☐	☐	☐
e)	Chronic bronchitis or emphysema	☐	☐	☐	☐
f)	Other lung disease	☐	☐	☐	☐
g)	Diabetes	☐	☐	☐	☐
h)	Epilepsy	☐	☐	☐	☐
i)	Ulcer or stomach disease	☐	☐	☐	☐
j)	Kidney disease	☐	☐	☐	☐
k)	Liver disease	☐	☐	☐	☐
l)	Anaemia or other blood disease	☐	☐	☐	☐
m)	Cancer	☐	☐	☐	☐
n)	Depression	☐	☐	☐	☐
o)	Anxiety	☐	☐	☐	☐
p)	Osteoarthritis	☐	☐	☐	☐
q)	Back pain	☐	☐	☐	☐
r)	Neck pain	☐	☐	☐	☐
s)	Pain in the arm or hand	☐	☐	☐	☐
t)	Pain in the leg, knee or foot	☐	☐	☐	☐
u)	Rheumatoid arthritis	☐	☐	☐	☐

Section Three: Health

78. <u>In the past 2 years</u>, have you had any surgery or operations in hospital?

No ☐ Yes ☐

*If **none** please go to **Question 79** below.*

*If **yes**,* please give the name of the operation and the date. If you have had more than 3 operations please record the 3 most serious. (If you can't remember the exact month(s), please try to give the year(s)).

Name of operation	Month	Year
_____	☐☐	☐☐☐☐
_____	☐☐	☐☐☐☐
_____	☐☐	☐☐☐☐

79. <u>In the past 2 years</u>, have you started a prescribed medication for a new health problem that went on to last 3 months or longer?

No ☐ Yes ☐

*If **none** please go to **Question 80** on the next page*

*If **yes***, please give the name of the health problem and the date you were first prescribed the treatment. If you have had more than 3 health problems please record the 3 most serious. (If you can't remember the exact month(s), please try to give the year(s)).

Name of health problem	Month	Year
_____	☐☐	☐☐☐☐
_____	☐☐	☐☐☐☐
_____	☐☐	☐☐☐☐

Section Three: Health

80. How do you manage the following activities? *(If you do not do any of the activities, try to estimate how well you would be able to do them. Circle the number that applies; please circle a number on every line).*

		Without difficulty										Impossible
a)	Dressing (without help)	0	1	2	3	4	5	6	7	8	9	10
b)	Out-door walks	0	1	2	3	4	5	6	7	8	9	10
c)	Climbing stairs	0	1	2	3	4	5	6	7	8	9	10
d)	Sitting for a long time	0	1	2	3	4	5	6	7	8	9	10
e)	Standing bent over a sink	0	1	2	3	4	5	6	7	8	9	10
f)	Carrying a bag	0	1	2	3	4	5	6	7	8	9	10
h)	Making a bed	0	1	2	3	4	5	6	7	8	9	10
i)	Running	0	1	2	3	4	5	6	7	8	9	10
j)	Light work	0	1	2	3	4	5	6	7	8	9	10
k)	Heavy work	0	1	2	3	4	5	6	7	8	9	10
l)	Lifting heavy objects	0	1	2	3	4	5	6	7	8	9	10
m)	Participating in exercise/sports	0	1	2	3	4	5	6	7	8	9	10

81. Below are some statements about how you *usually* feel. Please tick the box in each row that best describes your experience of each *(Please tick one box for each row)*

		Never	Sometimes	Regularly	Often	Always
a)	I am bothered by fatigue	☐	☐	☐	☐	☐
b)	I get tired very quickly	☐	☐	☐	☐	☐
c)	I don't do much during the day	☐	☐	☐	☐	☐
d)	I have enough energy for everyday life	☐	☐	☐	☐	☐
e)	Physically, I feel exhausted	☐	☐	☐	☐	☐
f)	I have problems starting activities	☐	☐	☐	☐	☐
g)	I have problems thinking clearly	☐	☐	☐	☐	☐
h)	I feel no desire to do anything	☐	☐	☐	☐	☐
i)	Mentally, I feel exhausted	☐	☐	☐	☐	☐
j)	When I am doing something, I can concentrate quite well	☐	☐	☐	☐	☐

Section Three: Health

Finally, although we realise we have asked you previously about work problems and your health, we would like to check that we have a record of any health problem that <u>caused you to leave a job</u>. (*If you have already given this information in Questions 9 and 10 of this form please skip to the end – you have finished!*)

82. Have you <u>ever</u> left a job for a health reason?

No ☐ (*Please skip to the end – you have finished!*)

Yes ☐ *(Please continue with **Question 83**)*

83. Thinking back to the <u>last time</u> this occurred *(please give the date and tick one box)*

Please give the month and year that you left your job (if you can't remember the exact month, please try to give the year) Month ☐☐ Year ☐☐☐☐

Was the health problem **<u>the main</u>** reason for leaving? ☐

Or was the health problem **<u>part of</u>** the reason for leaving? ☐

84. Please indicate what type of health problem it was? *(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 ☐

You have now finished.

Please place this form in the pre-paid envelope supplied and post it back to us

THANK YOU!

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