



The Science of Ageing: Questionnaire

Thank you for taking part in Cam-CAN research. This questionnaire is designed to contribute to the science of ageing. With your help, we can better understand the influences that affect our psychological and physical health as we grow older, and learn more about how we can age more healthily. The questions asked here are purely to help us understand you and your circumstances a little better, it is not a test. Because people's circumstances and experiences change over time, we sometimes ask the same questions on different occasions to strengthen our research, so you may recognise some of the questions asked here. Some of the questions may not be relevant to you, in which case you will be asked to skip some questions. Simply respond as honestly as possible. Please remember that your answers will be treated as strictly confidential, and will be used only for scientific research. Your name does not appear on this questionnaire.

Please complete the following before beginning the questionnaire:

Today's date: ____/____/____ (dd/mm/yyyy)

Current age: ____ (in years)

Section A: Demographics

Your Current Demographic

The first few questions are about your current demographic.

1. Which of the following describes your current situation? You can tick **more than one**:
 - ☐ In paid employment, full time (at least 30 hours per week)
 - ☐ In paid employment, part- time (less than 30 hours per week)
 - ☐ Employed in organisation with 10 or less employees
 - ☐ Employed in organisation with more than 10 employees
 - ☐ Self-employed
 - ☐ Employer with less than 10 employees
 - ☐ Employer with more than 10 employees
 - ☐ Retired, age of retirement: ____ (years)
 - ☐ Looking after home and/or family
 - ☐ Unable to work because of sickness or disability
 - ☐ Unemployed, short term (< 12 months)
 - ☐ Unemployed, long term (> 12 months)
 - ☐ Never worked
 - ☐ Doing unpaid or voluntary work
 - ☐ Student
 - ☐ Other (please state): _____

2. Which of the following best fits your current job, or (if no longer working) your last held job?
 - ☐ Unskilled job that usually doesn't need any schooling
 - ☐ Job that usually needs secondary school qualifications or specific training, but not college/vocational training
 - ☐ Job that usually needs a college/vocational training, but not a university degree
 - ☐ Job that usually needs a university degree
 - ☐ I have never had a job

3. What is the specific job title, level of function and responsibility for other personnel (if any) of your current or last held profession? If applicable, please describe the nature and size of the organization you work for:

For example: Lead nurse, in charge of 35 nurses in a group of hospital wards in a hospital (1000 employees); Retail assistant in a clothes shop (7 employees); Self-employed builder, responsible for 5 staff working for me; no responsibility for other staff.

4. Do you live with others? Please tick **all that apply**:
 - ☐ No, I live by myself
 - ☐ Yes, I live with:
 - ☐ A partner
 - ☐ Family
 - ☐ Friends
 - ☐ House share with previously unknown housemates (including student accommodation)
 - ☐ Other (please state): _____

The next two questions are about your total household income.

This refers to the combined income that is distributed across those in your household (e.g. partners, children, other relatives). This does not include household members with whom you are financially independent (i.e. those who you do not share finances with).

5. Including yourself, how many people share your total household income (please include any dependent children)? If you are financially independent, please write 1: _____
6. What is your total household income after tax (per annum)? If you are financially independent, please tick your own income after tax. Please include any child support or benefits that you may receive:
 - ☐ £0 - £9,999
 - ☐ £10,000 - £19,999
 - ☐ £20,000 - £29,999
 - ☐ £30,000 - £39,999
 - ☐ £40,000 - £49,999
 - ☐ £50,000 - £59,999
 - ☐ £60,000 - £69,999
 - ☐ £70,000 - £79,999
 - ☐ >£80,000
 - ☐ Prefer not to answer
7. How would you rate your current economic standing compared to others?
 - ☐ Poor/difficult
 - ☐ Below average
 - ☐ Average
 - ☐ Above average
 - ☐ Well-off

Education and Profession of Caregivers

The next questions are about you and your caregivers' backgrounds.

By caregiver, we refer to parents, guardians, or other figures that took care of you during your childhood and upbringing (0-16 years). These can be either biological or non-biological carers (e.g. mother, father, step-parents, grandparents or other relatives, adoptive/foster parents).

Based on this definition, please select up to two caregivers present during your childhood and upbringing (0-16yrs), and specify who they were on the table in question 8 (e.g. mother, grandfather, adoptive father).

If you did not have any caregivers, please tick 'Not Applicable' in the appropriate columns.

8. What is the highest level of education completed by you and your caregiver(s)? Please tick **one** for each person.

	You	Caregiver 1: (specify below)	Caregiver 2: (specify below)
Not applicable			
I don't know			
No education			
Primary school			
Special educational school			
Secondary school			
Vocational training			
University degree			
Postgraduate degree			

9. During your childhood, what was your caregiver(s)'s longest held profession? Refer to your primary caregiver(s) specified in question 8, and tick **one** for each person. If you did not have any caregivers, please tick 'Not Applicable'.

	Caregiver 1:	Caregiver 2:
Not applicable		
I don't know		
No job		
Unskilled job that usually doesn't need any schooling		
Job that usually needs secondary school qualifications or specific training, but not college/vocational training		
Job that usually needs a college/vocational training, but not university degree		
Job that usually needs a university degree/bachelor or master's degree		

10. What was your caregivers' highest attained profession, throughout their life? Refer to your primary caregiver(s) specified in question 8, and tick **one** for each person. If you did not have any caregivers, please tick 'Not Applicable'.

	Caregiver 1:	Caregiver 2:
Not applicable		
I don't know		
No job		
Unskilled job that usually doesn't need any schooling		
Job that usually needs secondary school qualifications or specific training, but not college/vocational training		
Job that usually needs a college/vocational training, but not university degree		
Job that usually needs a university degree/bachelor or master's degree		

Section B: Early Life Experiences

Birth

The next few questions are about the nature of your birth.

11. What was your birth weight? (You may be able to find this info on a birth announcement card, engraved on a birth gift or from your parents).

Please specify in lbs **OR** grams, and whether it is an estimation **OR** from a record.

- _____ gs **OR** _____ lbs
- ☐ This is an estimation
- ☐ This is from a record
- ☐ I don't know.

12. Were you born via caesarean section?

- ☐ Yes
- ☐ No
- ☐ I don't know

13. Were you born too early/prematurely? (Normal pregnancy duration is 40 weeks)

- ☐ Yes, born at _____ weeks
- ☐ Yes, but I don't know how early
- ☐ No
- ☐ I don't know

Childhood & Upbringing

The next few questions are about your childhood and upbringing (from birth to 16 years of age).

Please tick **one** box for statements 14-19.

14. There was someone in my family who helped me feel that I was important or special:
☐ Never true
☐ Rarely true
☐ Sometimes true
☐ Often true
☐ Very often true
15. I felt loved:
☐ Never true
☐ Rarely true
☐ Sometimes true
☐ Often true
☐ Very often true
16. People in my family looked out for each other:
☐ Never true
☐ Rarely true
☐ Sometimes true
☐ Often true
☐ Very often true
17. People in my family felt close to each other:
☐ Never true
☐ Rarely true
☐ Sometimes true
☐ Often true
☐ Very often true
18. My family was a source of strength and support:
☐ Never true
☐ Rarely true
☐ Sometimes true
☐ Often true
☐ Very often true
19. During your childhood, how would you rate your family's economic standing compared to other families?
☐ Poor/difficult
☐ Below average
☐ Average
☐ Above average
☐ Well-off

Section C: Your Health & Well-Being

Your General Health & Well-Being

The next few questions are about your general health and well-being, at this moment in time.

Please tick **one** box for statements 20 and 21:

20. Would you say for someone of your age, your general health is:
- ☐ Excellent
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
21. Over the last twelve months would you say your health has on the whole been:
- ☐ Excellent
 - ☐ Good
 - ☐ Fair
 - ☐ Poor

Please respond to questions 22-25 using the scale 1-10 below:

Not at all ----- Intermediate ----- Completely
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

22. Overall, how satisfied are you with your life nowadays? ____
23. Overall, to what extent do you feel the things you do in your life are worthwhile? ____
24. Overall, how happy did you feel yesterday? ____
25. Overall, how anxious did you feel yesterday? ____

Falls

The next few questions are about any falls you have had. By falling, we refer to times where you have unintentionally come to the floor, ground, or lower level such as landing on a chair or stair.

Please tick **one** box for statements 26-28:

26. Have you ever fallen?
- ☐ No ➤ [Skip to question 29](#)
 - ☐ Yes
27. When was the last time you fell?
- ☐ Date: ____/____/____ (dd/mm/yyyy)
 - ☐ How many times _____
 - ☐ I don't know
28. For the most recent fall, as far as you are aware, did you: (Please tick **all that apply**):
- ☐ Lose consciousness, blackout
 - ☐ Trip, slip or stumble
 - ☐ Fall for no obvious reason

Back Pain

The next few questions are about any back pain you have experienced.

29. a) Have you ever experienced back pain?

☐ Yes
☐ No ➤ [Skip to question 34](#)

- b) When was your first experience of back pain?

☐ Less than 1 year ago
☐ 1-3 years ago
☐ 4-10 years ago
☐ Over 10 years ago

30. Have you ever experienced episodes of back pain lasting over 3 months?

☐ Yes
☐ No

31. a) Have you had back pain over the past 7 days?

☐ Yes
☐ No ➤ [Skip to question 34](#)

- b) In the past 7 days, how would you rate your back pain on average? Please tick **one** box:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
No back pain								Worst back pain imaginable		

32. In the past 7 days, how much has this back pain interfered with your day-to-day activity? Please tick **one** box:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

33. Please indicate how you are managing back pain now? Please tick **all that apply**:

☐ Using medications prescribed by doctors
☐ Seeing a physical therapist (physiotherapist, chiropractor, masseur etc.)
☐ Seeing a counsellor or psychologist
☐ Managing on my own
☐ Other (please state): _____

Sleep

The next few questions are about your sleep patterns and problems.

34. On average, how many hours of sleep do you get per night? _____

35. One hears about "morning" (lark) and "evening" (owl) types of people. Which one of these types do you consider yourself to be?

☐ Definitely a "morning" type
☐ Rather more a "morning" type than an "evening" type
☐ Rather more an "evening" type than a "morning" type
☐ Definitely an "evening" type

36. Over the last few years, has your sleep got:

- ☐ No Change
- ☐ Better, (please state reason): _____
- ☐ Worse, (please state reason): _____

Section D: Memory

Questions 37-47 are about your memory.

37. Do you feel you have any problems with your memory?

- ☐ Yes
- ☐ No

Even if you answered 'No' to the previous question, please read statements 38-47 below and tick **one** box for each:

38. I find myself asking again and again what day of the week it is:

- ☐ Never happens
- ☐ Has happened once or twice
- ☐ Happens occasionally
- ☐ Happens all the time
- ☐ Don't know

39. I find myself repeating the same story/message again and again:

- ☐ Never happens
- ☐ Has happened once or twice
- ☐ Happens occasionally
- ☐ Happens all the time
- ☐ Don't know

40. I forget that family members or friends have died:

- ☐ Never happens
- ☐ Has happened once or twice
- ☐ Happens occasionally
- ☐ Happens all the time
- ☐ Don't know

41. I forget what month or the year it is:

- ☐ Never happens
- ☐ Has happened once or twice
- ☐ Happens occasionally
- ☐ Happens all the time
- ☐ Don't know

42. I can do something again and again, not realising I have done it before:

- ☐ Never happens
- ☐ Has happened once or twice
- ☐ Happens occasionally
- ☐ Happens all the time
- ☐ Don't know

43. I have great difficulty in finding my way around places that I once knew well:
- ☐ No change
 - ☐ A little worse
 - ☐ Somewhat worse
 - ☐ Very much worse
 - ☐ Don't know
44. I have problems in knowing where things are kept in the house:
- ☐ No change
 - ☐ A little worse
 - ☐ Somewhat worse
 - ☐ Very much worse
 - ☐ Don't know
45. I have great difficulty in remembering what I have read:
- ☐ No change
 - ☐ A little worse
 - ☐ Somewhat worse
 - ☐ Very much worse
 - ☐ Don't know
46. I have great difficulty in following a TV programme:
- ☐ No change
 - ☐ A little worse
 - ☐ Somewhat worse
 - ☐ Very much worse
 - ☐ Don't know
47. My memory difficulties have a major impact on my ability to do everyday things I was once able to do easily:
- ☐ No
 - ☐ To a slight extent
 - ☐ To some degree
 - ☐ A great deal
 - ☐ Don't know

Section E: Your Current Psychological Health

The next few questions are about your current psychological health and emotional state. Please tick **one** box for statements 48-61:

48. I feel tense or 'wound up':
- ☐ Most of the time
 - ☐ A lot of the time
 - ☐ Occasionally, from time to time
 - ☐ Not at all
49. I still enjoy the things I used to enjoy:
- ☐ Definitely as much
 - ☐ Not quite so much
 - ☐ Only a little
 - ☐ Hardly at all

50. I get a sort of frightened feeling as if something awful is about to happen:

- ☐ Very definitely and quite badly
- ☐ Yes, but not too badly
- ☐ A little, but it doesn't worry me
- ☐ Not at all

51. I can laugh and see the funny side of things:

- ☐ As much as I always could
- ☐ Not quite so much now
- ☐ Definitely not so much now
- ☐ Not at all

52. Worrying thoughts go through my mind:

- ☐ A great deal of the time
- ☐ A lot of the time
- ☐ From time to time, but not too often
- ☐ Only occasionally

53. I feel cheerful:

- ☐ Not at all
- ☐ Not often
- ☐ Sometimes
- ☐ Most of the time

54. I can sit at ease and feel relaxed:

- ☐ Definitely
- ☐ Usually
- ☐ Not often
- ☐ Not at all

55. I feel as if I am slowed down:

- ☐ Nearly all the time
- ☐ Very often
- ☐ Sometimes
- ☐ Not at all

56. I get a sort of frightened feeling like 'butterflies' in the stomach:

- ☐ Not at all
- ☐ Occasionally
- ☐ Quite often
- ☐ Very often

57. I have lost interest in my appearance:

- ☐ Definitely
- ☐ I don't take as much care as I should
- ☐ I may not take quite as much care
- ☐ I take just as much care as ever

58. I feel restless as if I have to be on the move:
- ☐ Very much indeed
 - ☐ Quite a lot
 - ☐ Not very much
 - ☐ Not at all
59. I look forward with enjoyment to things:
- ☐ As much as I ever did
 - ☐ Rather less than I used to
 - ☐ Definitely less than I used to
 - ☐ Hardly at all
60. I get sudden feelings of panic:
- ☐ Very often indeed
 - ☐ Quite often
 - ☐ Not very often
 - ☐ Not at all
61. I can enjoy a good book or radio or TV program:
- ☐ Often
 - ☐ Sometimes
 - ☐ Not often
 - ☐ Very seldom

Section F: History of Psychological Health

Personal Treatment History

The following question is about any treatments you have received throughout your life.

62. Did you ever have any of the following treatments? Please tick **all that apply**:
- ☐ Antidepressants
 - ☐ Psychotherapy (for example cognitive behavioural therapy, interpersonal therapy or other consultations with a psychologist or psychotherapist)
 - ☐ Online help program or e-health intervention
 - ☐ Running therapy or physical activity
 - ☐ Light therapy (exposure to artificial light for conditions such as Seasonal Affective Disorder/SAD)
 - ☐ Hospitalisation in psychiatric hospital
 - ☐ Electroconvulsive therapy (ECT)
 - ☐ Other (please state): _____
 - ☐ None of these treatments

Family History (Biological Relatives)

The following question is about the psychological health of you and your biological relatives.

63. **On the next page** there is a list of disorders in a table. Please indicate on this table if you or your biological relatives have ever been diagnosed/treated by a professional or medical doctor for any of these disorders.

Specifically, we are interested in your biological mother and father (if known). If you have other biological relatives (e.g. siblings, children, grandparents), that have been diagnosed or treated for any disorders, please specify who they are in the following table, and tick all that apply. Please note that we are NOT asking about adoptive parents and other unrelated carers.

- If applicable, please write in the appropriate box:
 - “D” for Diagnosed (by a medical professional)
 - “T” for Treated (e.g. they have had medication or medical attention)
- For each person, please indicate for **all** disorders that apply
- You may indicate **more than one** disorder
- You can indicate that it was **both** diagnosed and treated in one row (write “D” and “T”)
- If you, or the specified relatives, have no history or diagnoses and treatments, please tick:
 - “No history of diagnoses & treatments” (1st row)
- If you do not know the specified relative, or their medical history, please tick:
 - “Don’t know relative” (2nd row)
 - or
 - “Know relative, but don’t know relative’s medical history” (3rd row)
- For example, your table might look something like this:

	You	Biological Mother (if known)	Biological Father (if known)	Other biological relative: (specify below) <i>Sister</i>	Other biological relative: (specify below) <i>Son</i>
No history of diagnoses & treatments		✓			
Don’t know relative					
Know relative, but don’t know relative’s medical history			✓		
Example Disorder 1	D & T				D
Example Disorder 2				D & T	

	You	Biological Mother (if known)	Biological Father (if known)	Other biological relative: (specify below) <input type="text"/>	Other biological relative: (specify below) <input type="text"/>
Don't know relative					
Know relative, but don't know relative's medical history					
ADD/ADHD					
Alcohol addiction					
Anxiety disorder					
Autistic Spectrum Disorder (ASD)					
Bipolar Disorder (manic depression)					
Cancer					
Dementia					
Depression					
Diabetes					
Down's syndrome					
Drug addiction					
Dyscalculia					
Dyslexia					
Eating disorder					
Epilepsy					
Hearing problems					
Heart disease/heart infarct					
High blood pressure					
Neurological problems (e.g. epilepsy)					
Obsessive Compulsive Disorder (OCD)					
Other genetic mutation or deletion					
Panic disorder					
Personality Disorder					
Phobia					
Post-traumatic Stress Disorder (PTSD)					
Schizophrenia or psychosis					
Sensory problems					
Specific Language or Reading Impairment					
Stroke					
Undiagnosed reading or spelling problems					
Visual problems					
Williams syndrome					
No history of diagnoses & treatments					
Other (please state):					

Section G: Lifestyle

The next questions are about your physical activity, smoking, and drinking. We have already asked you some of these questions during our home interview, but we'd like to update any information we have.

Physical Activity

Vigorous activity over the last 7 days: Think about all the vigorous activities that you did for at least 10 minutes, i.e. activities that take hard physical effort and make you breathe much harder than normal.

64. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?
- _____ days per week
 - ☐ No vigorous physical activities ➤ [Skip to question 66](#)

65. How much time did you usually spend doing vigorous physical activities on one of those days?

Please provide hours AND minutes

- _____ hours **and** _____ minutes per day
- ☐ Don't know/Not sure

Moderate activity over the last 7 days: Now think about all the moderate activities that you did for at least 10 minutes, i.e. activities that take moderate physical effort and make you breathe somewhat harder than normal.

66. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, cycling at a regular pace, or doubles tennis? Do not include walking.
- _____ days per week
 - ☐ No moderate physical activities ➤ [Skip to question 68](#)

67. How much time did you usually spend doing moderate physical activity on one of those days?

Please provide hours AND minutes

- _____ hours **and** _____ minutes per day
- ☐ Don't know/Not sure

Walking activity over the last 7 days: Now, please think about the time you spent walking including at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

68. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?
- _____ days per week
 - ☐ No walking ➤ [Skip to question 70](#)

69. How much time did you usually spend walking on one of those days?

Please provide hours AND minutes

- _____ hours **and** _____ minutes per day
- ☐ Don't know/Not sure

Sedentary behaviour over the last 7 days: Finally, please think about the time you spent sitting including time spent at work, home, and during leisure time, e.g. sitting at a desk, reading, watching television.

70. During the last 7 days, how much time did you spend sitting on a week day?

Please provide hours AND minutes

- _____ hours **and** _____ minutes per day
- ☐ Don't know/Not sure

Smoking & Drinking Habits

71. Do you smoke? (Please include cigarettes, cigars, pipes, and E-cigarettes)
- ☐ No, I have never smoked ➤ [Skip to question 73](#)
 - ☐ No, but I have smoked in the past, for _____ years, and stopped smoking at _____ years
 - ☐ Occasionally, at least monthly. On average _____ cigarettes per month
 - ☐ Yes, daily. On average _____ cigarettes per day
72. Which of the following do you smoke? Please tick **all that apply**:
- ☐ Cigarettes
 - ☐ Cigars
 - ☐ Pipes
 - ☐ E-cigarettes
73. How often do you have a drink containing alcohol?
- ☐ Never ➤ [Skip to question 75](#)
 - ☐ Monthly or less
 - ☐ 2-4 times a month
 - ☐ 2-3 times a week
 - ☐ 4 or more times a week
74. How many units of alcohol do you have on a typical day when you are drinking? One unit of alcohol is approximately 1 medium glass of wine; half a pint of beer/cider; or one 25ml measure of spirits:
- ☐ 1 or 2
 - ☐ 3 or 4
 - ☐ 5 or 6
 - ☐ 7 to 9
 - ☐ 10 or more

Section H: Social Contacts

The next few questions are about your social relationships and activities. We have already asked you these questions during our home interview, but we'd like to update any information we have.

75. Which of the following best describes your current marital/relationship status?
- ☐ Married
 - ☐ Civil Partnership
 - ☐ In a stable relationship, not married
 - ☐ Not in a stable relationship
 - ☐ Divorced
 - ☐ Widowed
- } ➤ [Skip to question 77](#)
76. What is the duration of your current relationship?
_____ (in years)
77. Do you have any children of your own? (include adopted children)
- ☐ No
 - ☐ Yes
- How many children: _____ Enter number of living children: _____

78. Do any of your close relatives live in the area or within easy reach of the area?

- ☐ No relatives ► [Skip to question 82](#)
- ☐ No relatives in area
- ☐ Yes

79. How often do you see any of your relatives to speak to?

- ☐ Daily
- ☐ 2-3 times a week
- ☐ At least weekly
- ☐ At least monthly
- ☐ Less often
- ☐ Never

80. How often do you speak to your relatives over the phone?

- ☐ Daily
- ☐ 2-3 times a week
- ☐ At least weekly
- ☐ At least monthly
- ☐ Less often
- ☐ Never

81. How often do you text/email your relatives?

- ☐ Daily
- ☐ 2-3 times a week
- ☐ At least weekly
- ☐ At least monthly
- ☐ Less often
- ☐ Never

82. How often do you visit friends or family or they visit you?

- ☐ Almost daily
- ☐ 2-4 times a week
- ☐ About once a week
- ☐ About once a month
- ☐ Once every few months
- ☐ Never or almost never
- ☐ No friends/family outside household ► [Skip to question 85](#)

83. How often do you speak to your friends over the phone?

- ☐ Daily
- ☐ 2-3 times a week
- ☐ At least weekly
- ☐ At least monthly
- ☐ Less often
- ☐ Never

84. How often do you text/email your friends?

- ☐ Daily
- ☐ 2-3 times a week
- ☐ At least weekly
- ☐ At least monthly
- ☐ Less often
- ☐ Never

85. How often do you see any of your neighbours to have a chat or do something with?

- ☐ Daily
- ☐ 2-3 times a week
- ☐ At least weekly
- ☐ At least monthly
- ☐ Less often
- ☐ Never
- ☐ No neighbours

86. Is there someone who is frail or unwell and needs your help with day to day tasks?

- ☐ No
- ☐ Yes - is your help required due to
 - ☐ Mental frailty
 - ☐ Physical frailty
 - ☐ Both

87. Do you attend meetings for any sports, communities, religious or social groups (e.g. WI, evening classes)?

- ☐ No, I do not attend any clubs ➤ [Skip to question 89](#)
- ☐ Yes, I attend the following (Please tick **all that apply**, you may tick **more than one**):

	Less than yearly	Occasionally (if unpredictably or less than monthly)	Regularly (daily, weekly, monthly or predictably)
Political parties			
Arts, music or singing group			
Charity, volunteer or community group			
Church/religious group			
Environmental groups			
Evening classes			
Group for the elderly			
Other adult learning			
Social club (rotary, working men's)			
Sports club, gym, exercise group			
Tenants, residents group or neighbourhood watch			
Trade unions (including student union)			
U3A			
Women's Institute			
Youth group (guides, scouts, youth club)			
Other group or organisation			

88. Do you have friends in this community?

- ☐ No
- ☐ Yes

Section I: Masculinity & Femininity

The next few questions are about how masculine or feminine you perceive yourself to be.

People often identify themselves as somewhere on a spectrum between totally masculine and totally feminine. The next few questions are based on your perceptions of where you see yourself along this spectrum.

89. On a scale of 1 (totally masculine) to 7 (totally feminine), please rate yourself for statements a-f. Your ratings should be irrespective of the gender assigned to you at birth:

Totally Masculine -----Intermediate -----Totally Feminine
1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

- ☐ Prefer not to answer
- a) I consider myself as ____
- b) Ideally, I would like to be ____
- c) Traditionally, my interests would be considered as ____
- d) Traditionally, my attitudes and beliefs would be considered as ____
- e) Traditionally, my behaviour would be considered as ____
- f) Traditionally, my outer appearance would be considered as ____

Section J: For Women Only

The next few questions are about menstruation and are for women only. If you are male, please ignore questions 90-93, and continue to question 94.

90. How old were you when your periods started?
- Enter age: _____ years
 - ☐ I don't know
 - ☐ Never had a period ➤ [Skip to question 94](#)
91. Have you had your menopause (periods stopped)?
- ☐ No ➤ [Skip to question 94](#)
 - ☐ No but have had hysterectomy
 - ☐ Perimenopause (e.g. early stages of menopause)
 - ☐ Yes
 - ☐ Yes and have had a hysterectomy
 - ☐ Yes, medically induced menopause
 - ☐ Not sure
92. How old were you when your periods stopped?
- Enter age: _____ years
 - ☐ Do not know
93. Have you ever been on hormone replacement therapy (HRT) due to menopause?
- ☐ Yes
 - ☐ No