INSTRUCTIONS

This questionnaire is a part of The Irish Longitudinal Study on Ageing (TILDA). We greatly value your participation in our study, and we hope that you will find this questionnaire interesting to complete. Your answers are extremely important to us. Please remember that your participation is voluntary and that you may skip over any questions that you would prefer not to answer.

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this ☑

Or circling an answer like this 1 2 (3) 4 5

Or writing a number in a box like this [3]

Sometimes you will find an instruction telling you which questions to answer next, like this

YES ☐

NO ☑ IF 'NO' GO TO QUESTION 1

HOW TO RETURN THIS QUESTIONNAIRE

Please give the questionnaire to the interviewer or post it back in the prepaid envelope provided.

If you have any questions about the questionnaire, please feel free to call us at 01 896 2509.

1. WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT PARTICIPATION IN SOCIAL ACTIVITIES. HOW OFTEN, IF AT ALL, DO YOU DO ANY OF THE FOLLOWING ACTIVITIES?

PLEASE TICK ONE BOX PER LINE	DAILY/ ALMOST DAILY	ONCE A WEEK OR MORE	TWICE A MONTH OR MORE	ABOUT ONCE A MONTH	EVERY FEW MONTHS	ABOUT ONCE OR TWICE A YEAR	LESS THAN ONCE A YEAR	NEVER
Watch television.	☐	☐	☐	☐	☐	☐	☐	☐
Go out to films, plays and concerts.	☐	☐	☐	☐	☐	☐	☐	☐
Attend classes and lectures.	☐	☐	☐	☐	☐	☐	☐	☐
Travel for pleasure.	☐	☐	☐	☐	☐	☐	☐	☐
Work in the garden, or your home, or on a car.	☐	☐	☐	☐	☐	☐	☐	☐
Read books or magazines for pleasure.	☐	☐	☐	☐	☐	☐	☐	☐
Listen to music, radio.	☐	☐	☐	☐	☐	☐	☐	☐
Spend time on hobbies or creative activities.	☐	☐	☐	☐	☐	☐	☐	☐
Play cards, bingo, games in general.	☐	☐	☐	☐	☐	☐	☐	☐
Go to the pub.	☐	☐	☐	☐	☐	☐	☐	☐
Eat out of the house.	☐	☐	☐	☐	☐	☐	☐	☐
Participate in sport activities or exercise.	☐	☐	☐	☐	☐	☐	☐	☐
Visit to or from family or friends, either in person or talking on the phone.	☐	☐	☐	☐	☐	☐	☐	☐
Do voluntary work.	☐	☐	☐	☐	☐	☐	☐	☐

2. ARE YOU A MEMBER OF ANY OF THESE ORGANISATIONS, CLUBS OR SOCIETIES?

PLEASE TICK ONE BOX PER LINE	YES	NO
Political Party, trade union or environmental groups	☐	☐
Tenants groups, resident groups, neighbourhood watch	☐	☐
Church or other religious groups	☐	☐
Charitable associations	☐	☐
Education, arts or music groups or evening classes	☐	☐
Social clubs	☐	☐
Sports clubs, GAA or gym exercise classes	☐	☐
Any other organisations, clubs or societies	☐	☐

3. WHICH, IF ANY, CLUBS/GROUPS ARE YOU A MEMBER OF?

PLEASE TICK ALL THAT APPLY

GAA	☐	Bridge	☐
Soccer	☐	Dance	☐
Rugby	☐	Art	☐
Golf	☐	Gym	☐
Tennis	☐	Singing (Choir)	☐
Other (please specify)	☐		

Specify:

4. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR USE OF INFORMATION TECHNOLOGY. WHICH OF THE FOLLOWING DEVICES DO YOU HAVE ACCESS TO IN YOUR HOME?

PLEASE TICK ALL THAT APPLY

- Desktop computer ☐
- Laptop computer ☐
- Tablet computer (e.g. iPad, Samsung Galaxy Tab) ☐
- Smartphone (e.g. iPhone, Blackberry) ☐
- TV (e.g. games console or set top box) ☐
- Other mobile devices (that you have access to in the home) ☐

Specify:

5. DO YOU HAVE ACCESS TO THE INTERNET?

PLEASE TICK ALL THAT APPLY

- I can access it at home ☐
- I can access it elsewhere (friend/relative's house, library, community centre, etc.) ☐
- I have no access to the internet ☐

IF YOU HAVE 'NO ACCESS' TO THE INTERNET, PLEASE GO TO QUESTION 9

6. ON WHICH OF THE FOLLOWING DEVICES DO YOU ACCESS THE INTERNET?

PLEASE TICK ALL THAT APPLY

- Desktop computer ☐
- Laptop computer ☐
- Tablet computer (e.g. iPad, Samsung Galaxy Tab) ☐
- Smartphone (e.g. iPhone, Blackberry) ☐
- TV (e.g. games console or set top box) ☐
- Other mobile devices (please specify) ☐

Specify:

7. ON AVERAGE, HOW OFTEN DO YOU USE THE INTERNET OR EMAIL?

PLEASE TICK ONE BOX

- Every day, or almost every day ☐
- At least once a week (but not every day) ☐
- At least once a month (but not every week) ☐
- At least once every 3 months ☐
- Never ☐

IF YOU 'NEVER' ACCESS THE INTERNET OR EMAIL, PLEASE GO TO QUESTION 9

8. FOR WHICH OF THE FOLLOWING ACTIVITIES DID YOU USE THE INTERNET IN THE LAST 3 MONTHS?

PLEASE TICK ALL THAT APPLY

Sending/receiving e-mails	☐
Telephoning or using video calls (via webcam) over the internet to stay in contact with family or friends (e.g. Skype)	☐
Searching for information for learning, research, fact finding	☐
Financial transactions (e.g. online shopping, buying or selling goods or services, banking, paying bills, bookings flights)	☐
Using social networking sites (e.g. Facebook, Twitter, Myspace)	☐
News / newspaper / blog websites	☐
Gaming/Apps	☐
Other (please specify)	☐

Specify:

9. THE NEXT QUESTIONS ARE ABOUT HOW YOU FEEL ABOUT DIFFERENT ASPECTS OF YOUR LIFE. FOR EACH ONE, PLEASE SAY HOW OFTEN YOU FEEL THAT WAY.

PLEASE TICK ONE BOX PER LINE	OFTEN	SOME OF THE TIME	HARDLY EVER OR NEVER
How often do you feel you lack companionship?	☐	☐	☐
How often do you feel left out?	☐	☐	☐
How often do you feel isolated from others?	☐	☐	☐
How often do you feel in tune with the people around you?	☐	☐	☐
How often do you feel lonely?	☐	☐	☐

10. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR SPOUSE OR PARTNER WITH WHOM YOU LIVE.

IF YOU DO NOT HAVE A HUSBAND, WIFE OR PARTNER WITH WHOM YOU LIVE, PLEASE GO TO QUESTION 12

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT	A LOT	SOME	A LITTLE	NOT AT ALL
How much does he/she really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on him/her if you have a serious problem?	☐	☐	☐	☐
How much can you open up to him/her if you need to talk about your worries?	☐	☐	☐	☐
How much does he/she make too many demands on you?	☐	☐	☐	☐
How much does he/she criticise you?	☐	☐	☐	☐
How much does he/she let you down when you are counting on him/her?	☐	☐	☐	☐
How much does he/she get on your nerves?	☐	☐	☐	☐

11. HOW CLOSE IS YOUR RELATIONSHIP WITH YOUR SPOUSE OR PARTNER WITH WHOM YOU LIVE?

PLEASE TICK ONE BOX

- ☐ Very close
- ☐ Quite close
- ☐ Not very close
- ☐ Not at all close

12. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR CHILDREN.

IF YOU DO NOT HAVE CHILDREN, PLEASE GO TO QUESTION 13

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT	A LOT	SOME	A LITTLE	NOT AT ALL
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How much do they make too many demands on you?	☐	☐	☐	☐
How much do they criticise you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

13. APART FROM YOUR SPOUSE/PARTNER AND CHILDREN (IF ANY), DO YOU HAVE ANY OTHER FAMILY MEMBERS (SUCH AS BROTHERS, SISTERS, PARENTS, COUSINS, ETC.)?

PLEASE TICK ONE BOX

YES ☐

NO ☐ IF 'NO' GO TO QUESTION 15

14. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THESE FAMILY MEMBERS.

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT	A LOT	SOME	A LITTLE	NOT AT ALL
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How much do they make too many demands on you?	☐	☐	☐	☐
How much do they criticise you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

15. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR FRIENDS.

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT	A LOT	SOME	A LITTLE	NOT AT ALL
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How much do they make too many demands on you?	☐	☐	☐	☐
How much do they criticise you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

16. WE WOULD NOW LIKE TO ASK ABOUT ANY PET/PETS YOU MAY HAVE. DO YOU CURRENTLY HAVE ANY PETS?

PLEASE TICK ONE BOX

YES ☐

NO ☐ IF 'NO' GO TO QUESTION 21

17. WHAT KIND OF PET/PETS ARE THESE?

PLEASE TICK ONE BOX PER LINE	YES	NO
Dog	☐	☐
Cat	☐	☐
Small mammal (rabbit, gerbit, hamster)	☐	☐
Bird	☐	☐
Fish	☐	☐
Other (please specify)	☐	☐

Specify:

18. WHAT ARE YOUR REASONS FOR HAVING A PET/PETS?

PLEASE TICK ONE BOX PER LINE	YES	NO
Enjoy (love) animals	☐	☐
Protection	☐	☐
Companionship	☐	☐
Playmate for child	☐	☐
Want something I could take care of	☐	☐
Want something to keep me busy (occupy the time)	☐	☐
Want something to keep me active (get exercise)	☐	☐
Therapy (e.g. guide dog)	☐	☐
Was given the pet	☐	☐
Other (please specify)	☐	☐

Specify:

19. THINKING ABOUT THE PET YOU HAVE HAD THE LONGEST, HOW LONG HAVE YOU HAD YOUR PET?

PLEASE TICK ONE BOX

- Less than 1 year ☐
- 1-2 years ☐
- 3-5 years ☐
- 6-9 years ☐
- 10+ years ☐

20. ON AVERAGE, HOW MANY DAYS PER WEEK DO YOU WALK YOUR DOG?

IF YOU DO NOT HAVE A DOG, PLEASE GO TO QUESTION 21

☐ Days per week

21. THE NEXT FOUR QUESTIONS ARE ABOUT HOW YOU HAVE FELT IN THE PAST MONTH.

PLEASE TICK ONE BOX PER LINE	HARDLY EVER	ALMOST NEVER	SOMETIMES	FAIRLY OFTEN	VERY OFTEN
In the last month, how often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
In the last month, how often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
In the last month, how often have you felt that things were going your way?	☐	☐	☐	☐	☐
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

WE WOULD NOW LIKE TO ASK YOU ABOUT YOUR TYPICAL SLEEP BEHAVIOUR OVER THE PAST 4 WEEKS. WE ASK ABOUT WORK DAYS AND WORK-FREE DAYS SEPARATELY. PLEASE RESPOND TO THE QUESTIONS ACCORDING TO YOUR PERCEPTION OF A STANDARD WEEK THAT INCLUDES YOUR USUAL WORK DAYS AND WORK-FREE DAYS.

IF YOU ARE NOT CURRENTLY WORKING, PLEASE GO TO QUESTION 23

PLEASE USE 24-HOUR CLOCK (E.G. 4.00PM = 16:00)

22. ON WORK DAYS

I have to get up at _____ o'clock

I need _____ minutes to wake up

I regularly wake up ☐ Before the alarm ☐ After the alarm **PLEASE TICK ONE BOX**

From _____ o'clock, I am fully awake

At around _____ o'clock, I have an energy dip

On nights before work days, I go to bed at _____ o'clock

If I get a chance, I would like to take a siesta/nap ☐ Yes ☐ No **PLEASE TICK ONE BOX**

IF YES: I then sleep for _____ minutes

IF NO: I would feel terrible afterwards ☐ Yes ☐ No **PLEASE TICK ONE BOX**

23. ON WORK-FREE DAYS (PLEASE ONLY JUDGE NORMAL FREE DAYS, I.E. WITHOUT PARTIES ETC)

PLEASE USE 24-HOUR CLOCK (E.G. 4.00PM = 16:00)

My dream would be to sleep until _____ o'clock

I normally wake up at _____ o'clock

If I wake up at around the normal (workday) alarm time, I try to get back to sleep

☐ Correct
☐ Not correct

PLEASE TICK ONE BOX

If I get back to sleep, I sleep for another _____ minutes

I need _____ minutes to wake up

From _____ o'clock, I am fully awake

At around _____ o'clock, I have an energy dip

On nights before free days, I go to bed at _____ o'clock

If I get a chance, I would like to take a siesta/nap

☐ Yes
☐ No

PLEASE TICK ONE BOX

IF YES: I then sleep for _____ minutes

IF NO: I would feel terrible afterwards

☐ Yes
☐ No

PLEASE TICK ONE BOX

Once I am in bed, I would like to read for _____ minutes

...but generally fall asleep after no more than _____ minutes

I prefer to sleep in a completely dark room

☐ Correct

☐ Not correct

PLEASE TICK ONE BOX

I wake up more easily when morning light shines into my room

☐ Correct

☐ Not correct

PLEASE TICK ONE BOX

IN WINTER: How long do you spend on average outside (really outside) exposed to day light?

On work days: _____ hours _____ minutes

On free days: _____ hours _____ minutes

IN SUMMER: How long do you spend on average outside (really outside) exposed to day light?

On work days: _____ hours _____ minutes

On free days: _____ hours _____ minutes

I used:

☐ 12 hour clock

☐ 24 hour clock

PLEASE TICK ONE BOX

24. HERE IS A LIST OF STATEMENTS THAT PEOPLE HAVE USED TO DESCRIBE THEIR LIVES OR HOW THEY FEEL. HOW OFTEN DO YOU FEEL LIKE THIS?

PLEASE TICK ONE BOX PER LINE	OFTEN	SOMETIMES	RARELY	NEVER
My age prevents me from doing the things I would like to.	☐	☐	☐	☐
I feel that what happens to me is out of my control.	☐	☐	☐	☐
I feel free to plan for the future.	☐	☐	☐	☐
I feel left out of things.	☐	☐	☐	☐
I feel that I can please myself in what I can do.	☐	☐	☐	☐
My health stops me from doing the things I want to do.	☐	☐	☐	☐
Shortage of money stops me from doing the things that I want to do.	☐	☐	☐	☐
I look forward to each day.	☐	☐	☐	☐
I feel that my life has meaning.	☐	☐	☐	☐
I enjoy being in the company of others.	☐	☐	☐	☐
I feel satisfied with the way my life has turned out.	☐	☐	☐	☐
I feel that life is full of opportunities.	☐	☐	☐	☐

25. HAVE YOU EVER HAD DRINKS CONTAINING ALCOHOL, E.G. GLASS OF WINE, GLASS OF BEER, ETC.?

PLEASE TICK ONE BOX

YES ☐

NO ☐ IF 'NO' GO TO QUESTION 39

26. HAVE YOU HAD DRINKS CONTAINING ALCOHOL OF ANY KIND IN THE LAST 6 MONTHS?

PLEASE TICK ONE BOX

YES ☐

NO ☐ IF 'NO' GO TO QUESTION 39

27. DURING THE LAST 6 MONTHS, HOW OFTEN HAVE YOU HAD DRINKS CONTAINING ALCOHOL, LIKE BEER, CIDER, WINE, SPIRITS OR COCKTAILS?

PLEASE TICK ONE BOX

Daily ☐

4-6 days a week ☐

2-3 days a week ☐

Once a week ☐

2-3 days a month ☐

Once a month ☐

One or a couple of days per year ☐ GO TO QUESTION 29

28. MORE RECENTLY (I.E. IN THE LAST MONTH), WOULD YOU DESCRIBE YOUR CURRENT ALCOHOL INTAKE AS:

PLEASE TICK ONE BOX

- Daily ☐
- 4-6 days a week ☐
- 2-3 days a week ☐
- Once a week ☐
- 2-3 days a month ☐
- Once a month ☐

29. FROM THE PICTURES BELOW, PLEASE TICK THE BOX THAT REPRESENTS THE DRINK YOU WOULD BE MOST LIKELY TO DRINK

PLEASE TICK ONE BOX

Full pint of beer/ cider/lager	Full pint of stout	1/2 pint or glass of stout/beer/ cider/lager	Large glass of wine	Measure of spirit	Pre-mixed spirit drink (e.g. Smirnoff Ice)
					
☐	☐	☐	☐	☐	☐

30. THINKING ABOUT YOUR DRINK OF CHOICE, ON AVERAGE, IN THE LAST 6 MONTHS ON THE DAYS THAT YOU DRANK, ABOUT HOW MANY DID YOU HAVE?

PLEASE TICK ONE BOX

1	☐	5	☐	9	☐
2	☐	6	☐	10	☐
3	☐	7	☐	11 or more	☐
4	☐	8	☐		

31. THINKING ABOUT YOUR DRINK OF CHOICE, DURING THE LAST 6 MONTHS, APPROXIMATELY WHAT WAS THE LARGEST NUMBER OF DRINKS YOU HAD ON ANY ONE DAY?

PLEASE TICK ONE BOX

1	☐	5	☐	9	☐
2	☐	6	☐	10	☐
3	☐	7	☐	11 or more	☐
4	☐	8	☐		

32. HOW OFTEN IN THE LAST 6 MONTHS WOULD YOU SAY YOU DRANK THE MAXIMUM NUMBER OF DRINKS YOU INDICATED IN THE LAST QUESTION?

PLEASE TICK ONE BOX

Daily or almost daily ☐

Weekly ☐

Monthly ☐

Less than monthly ☐

33. HAVE YOU EVER FELT THAT YOU SHOULD CUT DOWN ON DRINKING?

PLEASE TICK ONE BOX

YES ☐

NO ☐

34. HAVE YOU REDUCED YOUR ALCOHOL INTAKE IN THE LAST 2 YEARS?

PLEASE TICK ONE BOX

YES ☐

NO ☐ IF 'NO' GO TO QUESTION 36

35. WHY DID YOU REDUCE YOUR ALCOHOL INTAKE?

PLEASE TICK ONE BOX

Personal choice ☐

Doctor's advice ☐

Medication ☐

Illness or ill health ☐

Other reasons (please specify) ☐

36. HAVE PEOPLE EVER ANNOYED YOU BY CRITICISING YOUR DRINKING?

PLEASE TICK ONE BOX

YES ☐

NO ☐

37. HAVE YOU EVER FELT BAD OR GUILTY ABOUT DRINKING?

PLEASE TICK ONE BOX

YES ☐

NO ☐

38. HAVE YOU EVER TAKEN A DRINK FIRST THING IN THE MORNING TO STEADY YOUR NERVES OR GET RID OF A HANGOVER?

PLEASE TICK ONE BOX

YES ☐

NO ☐

39. IN THE PAST TWO YEARS, HAVE YOU PERSONALLY FELT DISCRIMINATED AGAINST BECAUSE OF YOUR AGE IN ANY OF THE FOLLOWING SITUATIONS?

PLEASE TICK ONE BOX PER LINE	YES	NO	NOT APPLICABLE	DON'T KNOW
The workplace?	☐	☐	☐	☐
While looking for work?	☐	☐	☐	☐
In places such as shops, pubs or restaurants?	☐	☐	☐	☐
Using services of banks, insurance companies or other financial institutes?	☐	☐	☐	☐
In relation to education?	☐	☐	☐	☐
While you were looking for housing or accommodation?	☐	☐	☐	☐
While accessing health services (e.g. getting access to a GP, access to hospital, access to specialist treatment)?	☐	☐	☐	☐
Using transport services?	☐	☐	☐	☐
Accessing other public services either at a local or national level?	☐	☐	☐	☐

40. WE WOULD NOW LIKE TO ASK SOME QUESTIONS ABOUT HOW MUCH YOU WORRY ABOUT THINGS. PLEASE INDICATE HOW TYPICAL OR CHARACTERISTIC EACH STATEMENT IS OF YOU.

PLEASE TICK ONE BOX PER LINE	NOT AT ALL TYPICAL		SOMEWHAT TYPICAL		VERY TYPICAL
My worries overwhelm me.	☐	☐	☐	☐	☐
Many situations make me worry.	☐	☐	☐	☐	☐
I know I should not worry about things, but I just cannot help it.	☐	☐	☐	☐	☐
When I am under pressure, I worry a lot.	☐	☐	☐	☐	☐
I am always worrying about something.	☐	☐	☐	☐	☐
As soon as I finish one task, I start to worry about everything else I must do.	☐	☐	☐	☐	☐
I have been a worrier all my life.	☐	☐	☐	☐	☐
I have been worrying about things.	☐	☐	☐	☐	☐

41. HAVE ANY OF YOUR CLOSE FRIENDS DIED IN THE PAST TWO YEARS?

PLEASE TICK ONE BOX

YES ☐

NO ☐

42. WHAT IS THE MAIN WAY IN WHICH YOU HEAT YOUR ACCOMMODATION IN THE WINTER

PLEASE TICK ONE BOX

Central heating ☐

Open fire only ☐

Portable heaters only ☐

Open fire and portable heaters ☐

Closed solid fuel appliance only ☐

Closed solid fuel appliance and portable heaters ☐

43. DOES THE HOUSEHOLD KEEP THE HOME ADEQUATELY WARM? (IF NO, IS IT BECAUSE THE HOUSEHOLD CAN NOT AFFORD TO OR IS THERE ANOTHER REASON)?

PLEASE TICK ONE BOX

Yes ☐

No because cannot afford ☐

No, other reason (please specify) ☐

Specify: ☐

44. HAVE YOU EVER HAD TO GO WITHOUT HEATING DURING THE LAST 12 MONTHS THROUGH LACK OF MONEY? (I.E. HAVE YOU HAD TO GO WITHOUT A FIRE ON A COLD DAY, OR GO TO BED TO KEEP WARM OR LIGHT THE FIRE LATE BECAUSE OF LACK OF COAL/FUEL?)

PLEASE TICK ONE BOX

YES ☐

NO ☐

45. THINK OF THIS LADDER AS REPRESENTING WHERE PEOPLE STAND IN OUR SOCIETY.

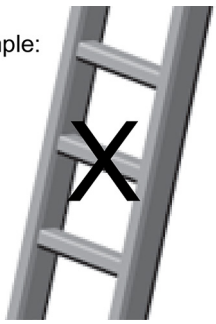
At the top of the ladder are the people who are the best off - those who have the most money, most education and best jobs.

At the bottom are the people who are the worst off - those who have the least money, least education and the worst jobs or no jobs.

The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

Please mark a cross on the rung of the ladder where you would place yourself.

Example:



46. WE ARE INTERESTED IN YOUR OWN PERSONAL VIEWS AND EXPERIENCES ABOUT GETTING OLDER. PLEASE INDICATE HOW STRONGLY YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS

PLEASE TICK ONE BOX PER LINE	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
I always classify myself as old	☐	☐	☐	☐	☐
I am always aware of the fact that I am getting older	☐	☐	☐	☐	☐
I feel my age in everything that I do	☐	☐	☐	☐	☐
As I get older I get wiser	☐	☐	☐	☐	☐
As I get older I continue to grow as a person	☐	☐	☐	☐	☐
As I get older I appreciate things more	☐	☐	☐	☐	☐
The quality of my social life in later years depends on me	☐	☐	☐	☐	☐
The quality of my relationships with others in later life depends on me	☐	☐	☐	☐	☐
Whether I continue living life to the full depends on me	☐	☐	☐	☐	☐
Getting older makes me less independent	☐	☐	☐	☐	☐
As I get older I can take part in fewer activities	☐	☐	☐	☐	☐
As I get older I do not cope well with problems that arise	☐	☐	☐	☐	☐
Slowing down with age is not something that I can control	☐	☐	☐	☐	☐
I have no control over the effects which getting older has on my social life	☐	☐	☐	☐	☐
I get depressed when I think about how ageing might affect the things that I can do	☐	☐	☐	☐	☐
I worry about the effects that getting older may have on my relationships with others	☐	☐	☐	☐	☐
I feel angry when I think about getting older	☐	☐	☐	☐	☐

47. PLEASE FILL IN THE DATE ON WHICH YOU COMPLETED YOUR BOOKLET.

D	D	/	M	M	/	Y	Y

48. IF THERE IS ANYTHING YOU WOULD LIKE TO TELL US, PLEASE WRITE IN THE SPACE BELOW. FEEL FREE TO ADD A PAGE IF THIS SPACE IS INSUFFICIENT.
WE SHALL BE VERY INTERESTED TO READ WHAT YOU HAVE TO SAY.

THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER OUR QUESTIONS. PLEASE GIVE THE QUESTIONNAIRE TO THE INTERVIEWER OR POST IT BACK IN THE PREPAID ENVELOPE PROVIDED. ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL.