

					Household-ID								Person-ID	
1	2	0	4	2							0	0		

Interview Date: / /

Interviewer ID: _____

Respondent's Initials: _____

"50+ in Europe"

The Survey of Health, Ageing and Retirement in Europe

Self-Administered Questionnaire

How to FILL IN this questionnaire

Most of the questions on the following pages can be answered by simply checking the box below or alongside the answer that applies to you.

Please check **ONE (1)** box:

Correct or
Incorrect

Please proceed question by question. Skip questions only if there is an explicit instruction to do so.

Example:

Do you have children?

₁ Yes

₅ No



Go to question ...



If you check "Yes" in this example, you go on to the next question!

If you check "No" in this example, you go on to the question given in the instruction box!

How to RETURN this Questionnaire

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to him or her. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can. *If you need a replacement envelope, please call [national survey agency] at [toll-free telephone number].*

PLEASE START THE QUESTIONNAIRE AT QUESTION 1 ON THE NEXT PAGE

ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL. THANK YOU AGAIN FOR YOUR HELP

1. How satisfied are you with your life in general?

(Please tick one box)

Very satisfied	<input type="checkbox"/> ₁
Somewhat satisfied	<input type="checkbox"/> ₂
Somewhat dissatisfied	<input type="checkbox"/> ₃
Very dissatisfied	<input type="checkbox"/> ₄

2. Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think this applies to you.

(Please tick one box in each row)

	Often ₁	Sometimes ₁	Rarely ₁	Never ₁
	▼ ₁	▼ ₁	▼ ₁	▼ ₁
a) My age prevents me from doing the things I would like to	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) I feel that what happens to me is out of my control	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) I feel left out of things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) I can do the things that I want to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) Family responsibilities prevent me from doing what I want to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f) Shortage of money stops me from doing the things I want to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g) I look forward to each day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h) I feel that my life has meaning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i) On balance, I look back on my life with a sense of happiness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j) I feel full of energy these days	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k) I feel that life is full of opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l) I feel that the future looks good for me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
	▲ ₁	▲ ₁	▲ ₁	▲ ₁
	Often ₁	Sometimes ₁	Rarely ₁	Never ₁

3. Here are some more statements that people have used to describe their lives and how they feel. Please tell us how much you agree or disagree with each statement for you personally.

(Please tick one box in each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	▼ ₁	▼ ₂	▼ ₃	▼ ₄	▼ ₅
a) I pursue my goals with lots of energy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) In uncertain times, I usually expect the best	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) I'm always optimistic about my future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) I hardly ever expect things to go my way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) I still find ways to solve a problem if others have given up	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) I rarely count on good things happening to me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) Given my previous experiences I feel well prepared for my future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	▲ ₁	▲ ₂	▲ ₃	▲ ₄	▲ ₅
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

4. How often have you experienced the following feelings over the last week

(Please tick one box in each row)

	Almost all of the time ▼ ₁	Most of the time ▼ ₂	Some of the time ▼ ₃	Almost none of the time ▼ ₄
a) I felt depressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) I felt that everything I did was an effort	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) My sleep was restless	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) I was happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) I felt lonely	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f) I felt people were unfriendly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g) I enjoyed life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h) I felt sad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i) I felt that people disliked me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j) I couldn't get going	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k) I didn't feel like eating; my appetite was poor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l) I had a lot of energy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m) I felt tired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n) I felt really rested when I woke up in the morning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
	▲ ₁	▲ ₂	▲ ₃	▲ ₄
	Almost all of the time	Most of the time	Some of the time	Almost none of the time

5. The following statements are about people's expectations of each other. Please tell us how much you agree or disagree with each statement for you personally.

a) I have always been satisfied with the balance between what I have given my partner and what I have received in return

₁ Strongly agree

₈ Does not apply

₂ Agree

₃ Neither agree nor disagree

₄ Disagree

₅ Strongly disagree

b) I have always received adequate appreciation for providing help in my family

₁ Strongly agree

₈ Does not apply

₂ Agree

₃ Neither agree nor disagree

₄ Disagree

₅ Strongly disagree

c) In my current major activity (job, looking after home, voluntary work) I have always been satisfied with the rewards I received for my efforts

₁ Strongly agree

₂ Agree

₃ Neither agree nor disagree

₄ Disagree

₅ Strongly disagree

d) I have been seriously disappointed or hurt by someone to whom I gave my trust

₁ Strongly agree

₂ Agree

₃ Neither agree nor disagree

₄ Disagree

₅ Strongly disagree

6. The following statements are related to the duties people may have in their family. Please tell us how much you agree or disagree with each statement.

(Please tick one box in each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	▼ ₁	▼ ₂	▼ ₃	▼ ₄	▼ ₅
a) Parents' duty is to do their best for their children even at the expense of their own well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Grandparents' duty is to be there for grandchildren in cases of difficulty (such as divorce of parents or illness).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Grandparents' duty is to contribute towards the economic security of grandchildren and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Grandparents' duty is to help grandchildren's parents in looking after young grandchildren.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In your opinion, who – the family or the State -- should bear the responsibility for each of the following...:

(Please tick one box in each row)

	Totally family	Mainly family	Both equally	Mainly state	Totally state
	▼ ₁	▼ ₂	▼ ₃	▼ ₄	▼ ₅
a) Financial support for older persons who are in need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Help with household chores for older persons who are in need such as help with cleaning, washing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Personal care for older persons who are in need such as nursing or help with bathing or dressing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. There are sometimes important questions about which we have a disagreement with persons close to us, and which therefore may lead to conflicts. Please tell us how often, if at all, you experience conflict with each of the following persons. (Please tick one box in each row)

	Often	Some-times	Rarely	Never	Does not Apply
a) Parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
b) Parents-in-law	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
c) Partner/spouse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
d) Children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
e) Other family members	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
f) Friends, coworkers, acquaintances	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈

9. How often do you experience conflicts with your children or children-in-law over the education and bringing up of your grandchild(ren)? (Please tick one box)

	Often	Some-times	Rarely	Never	Does not Apply
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈

10. Do you or did you ever share a household with a husband, wife or partner?

₁ Yes

₅ No



Go to question 12.



11. Who in the couple takes or took the main responsibility for the following tasks... (Please tick one box in each row)

	Myself only	Myself mainly	Myself and my partner equally	My partner mainly	My partner only	Does Not Apply
a) Bringing up children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
b) Earning money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
c) Cooking, cleaning the house, laundry and ironing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
d) Caring for elderly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈

12. In the following, we are interested in aspects of medical advice and prevention.. Do you have a "general practitioner" (i.e. a doctor you usually turn to for your common health problems)?

₁ Yes

₅ No

➔ Go to question 14.



13. How often does your general practitioner...

	At every visit ▼ ₁	At some visits ▼ ₂	Never ▼ ₃
a) ...ask how much physical activity you do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) ...tell you that you should get regular exercise?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c) ...ask you about falling down?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d) ...check your balance or the way you walk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e) ...check your weight?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f) ...ask you about any drugs you take, either bought over-the-counter or drugs prescribed by another doctor?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

14. In the last year, have you had a flu vaccination?

₁ Yes



Go to question 16.

₅ No



15. In the last year, were you advised by any doctor to have a flu vaccination?

₁ Yes

₅ No

16. In the last two years, have you had an eye exam performed by an eye care professional such as an ophthalmologist or optometrist?

₁ Yes

₅ No

17. ***If you are a woman:*** In the last two years, have you had a mammogram (x-ray of the breast)?

₁ Yes

₈ Does not apply (for men)

₅ No

18. Some health care providers do tests such as sigmoidoscopy or colonoscopy to check for colon cancer. In the past ten years, did a health care provider ever recommend any of these tests?

₁ Yes

₅ No

19. Have you ever had a sigmoidoscopy or colonoscopy? If so, about how long ago did you have the most recent one?

₁ Yes, I had one of these tests less than 10 years ago

₂ Yes, I had one of these tests 10 or more years ago

₃ No, I never had any of these tests

20. Another test detects hidden blood in your stool. For this test, you put a small stool sample on a special card. In the last ten years, have you had this test?

₁ Yes → Go to question 22.

₅ No



21. In the last ten years, did a health care provider ever recommend this test?

₁ Yes

₅ No

22. The next questions concern joint pain. Have you been bothered by pain in hips, knees or other joints (upper or lower limbs) for at least 6 months?

₁ Yes

₅ No



[Go to question 30.](#)



23. Can you specify the location of your joint pain? (Please tick all that apply)

₁ a) Pain in hips

₁ b) Pain in knees

₁ c) Pain in other joints (upper or lower limbs)

24. Do you have joint pain on most days?

₁ Yes

₅ No

25. Do you currently take drugs for your joints pain?

₁ Yes

₅ No



[Go to question 27.](#)



26. Is the pain controlled when you take drugs?

₁ Yes

₂ Somewhat

₃ No

27 Did you tell your general practitioner or any other doctor about your joint pain?

₁ Yes

₅ No



[Go to question 30.](#)



28. When you told the doctor about your pain, did he or she...

Yes

No

▼₁

▼₅

a) ... check your joints?

₁

₅

b) ... suggest a drug treatment for this pain?

₁

₅

c) ... tell you about the possible side effects or risks from anti-inflammatories?

₁

₅

29. Have you ever been...

Yes

No

▼₁

▼₅

a) ... sent to physiotherapy or an exercise program for your joint pain?

₁

₅

b) ... told by a doctor that you should have surgery or joint replacement for the pain that you presently have?

₁

₅

c) ... sent by a doctor to an orthopedic surgeon for the joint pain that you presently have?

₁

₅

30. The following questions are about your accommodation. Please answer each question by ticking either “yes” or “no”. Does your accommodation have...?

	Yes ▼ ₁	No ▼ ₅
a) An indoor bath or shower only for your household's personal use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
b) An indoor flushing toilet only for your household's personal use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
c) Central heating	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
d) Air condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
e) An elevator	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
f) A balcony, terrace or garden	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅

31. Further, with respect to your accommodation, would you say it...

	Yes ▼ ₁	No ▼ ₅
a) ...has not enough space	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
b) ...costs too much	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
c) ...has not enough light	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
d) ...has insufficient heating or cooling facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅

32. And, how about the area immediately surrounding your accommodation, would you say it....

	Yes ▼ ₁	No ▼ ₅
a) ... has sufficient supply of facilities such as pharmacy, medical care, grocery and the like within reasonable distance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
b) ... has sufficient possibilities for public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
c) ... has pollution, noise or other environmental problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅
d) ... suffers from vandalism or crime	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅

33. Do you currently have one or more of the following pets in your household?
(Please tick all that apply)

a) Dog	<input type="checkbox"/>	No pets in household	<input type="checkbox"/>
b) Cat	<input type="checkbox"/>		
c) Bird	<input type="checkbox"/>		
d) Fish	<input type="checkbox"/>		
e) Other pets	<input type="checkbox"/>		

34. Finally, we have some questions about your background. What religion do you belong or feel attached to mostly?
(Please tick one box)

Protestant (e.g., Lutheran or Anglican church)	<input type="checkbox"/>	1
Protestant (evangelist) free church / other protestant	<input type="checkbox"/>	2
Roman Catholic	<input type="checkbox"/>	3
Greek or Russian Orthodox	<input type="checkbox"/>	4
Jewish	<input type="checkbox"/>	5
Islam	<input type="checkbox"/>	6
Hinduist	<input type="checkbox"/>	7
Buddhist	<input type="checkbox"/>	8
Esoteric, New Age	<input type="checkbox"/>	9
Other (Please specify): _____	<input type="checkbox"/>	10
I do not belong or feel attached to any religion	<input type="checkbox"/>	96

35. Thinking about the present, about how often do you pray?
(Please tick one box)

More than once a day	<input type="checkbox"/>	1
Once daily or almost daily	<input type="checkbox"/>	2
A couple of times a week	<input type="checkbox"/>	3
Once a week	<input type="checkbox"/>	4
Less than once a week	<input type="checkbox"/>	5
Never	<input type="checkbox"/>	6

36. Have you been educated religiously by your parents?

(Please tick one box)

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5

37. Many people in [COUNTRY] lean towards one political party in the long term, even if they occasionally vote for another party. Toward which party do you lean?

(Please tick one box)

Conservative	<input type="checkbox"/>	1
Labour	<input type="checkbox"/>	2
Liberal democratic	<input type="checkbox"/>	3
Scottish National Party (SNP)	<input type="checkbox"/>	4
Plaid Cymru	<input type="checkbox"/>	5
Green Party	<input type="checkbox"/>	6
Other party: _____	<input type="checkbox"/>	7
None	<input type="checkbox"/>	96

38. Finally, please state your sex and birth year:

a) I am...

Male	<input type="checkbox"/>	1
Female	<input type="checkbox"/>	2

b) I was born in (year)

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 envelope provided.