

NICOLA Self-Completion Questionnaire



FOR OFFICE USE ONLY

Participant Unique reference

ISSUE CODE: Please circle

1

2

3

1 - Home interview (Interviewer)

2 - With Certificate

3 - Reissue

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How to complete the questionnaire:

Please answer questions by ticking the box next to the answer, as in the example below.

Some questions have instructions that show which question to answer next.

If there are no instructions, just answer the next question.

Example Question

| | Yes | No |
|--------------------------------------|--|---------------------------------------|
| Did you have breakfast this morning? | <div>1 <input checked="" type="checkbox"/></div> | <div>2 <input type="checkbox"/></div> |

Now please go to Q1 and start filling in your answers

The following are questions about computers, please tick the one box that best describes your answer.

| | | |
|---|----------------------------|----------------------------|
| Q1. Do you use a computer, telephone with internet access or tablet (for example an ipad)? | Yes | No |
| | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

If **No** – Please skip to **Question 24**.

How often have you used computers and the internet in the last 12 months to:

| | Very often | Fairly often | Rarely | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Q2. - - - play games? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q3. - - - write and edit letters, reports and other documents? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q4. - - - make films or animation? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q5. - - - create and manipulate images e.g. (photographs)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q6. - - - watch DVD's/Videos? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Please continue overleaf

| | Very often | Fairly often | Rarely | Never |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Q7. - - - make music? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q8. - - - listen to music (CD's / MP3's)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q9. - - - fiddle around/explore different bits on the computer to develop your own knowledge? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q10. - - - organise the computers files / memory? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q11. - - - program the computer? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q12. - - - learn something e.g. from Google? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q13. - - - Send / read emails? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q14. - - - make or maintain your own website? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q15. - - - look for products and services/ gather product information online? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q16. - - - buy goods or services online? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q17. - - - online banking/management of personal finances? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q18. - - - look for information related to work / business / study ? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q19. - - - download software, music, films or images? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q20. - - - participate in educational courses / lessons? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q21. - - - use adult entertainment? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q22. - - - browse / surf for no specific purpose? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q23. - - - use internet newsgroups bulletin boards, chat rooms or instant messages? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Here are some questions regarding the way you have been feeling over the last few weeks. For each question please tick the box next to the answer that best describes the way you felt.

Have you recently . . .

| | Better than usual | Same as usual | Less than usual | Much less than usual |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Q24. - - - been able to concentrate on whatever you are doing? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

| | Not at all | No more than usual | Rather more than usual | Much more than usual |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Q25. - - - lost much sleep over worry? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

| | More so than usual | No more than usual | Rather more than usual | Much less than usual |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Q26. - - - felt that you are playing a useful part in things? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Q27. - - - felt capable of making decisions about things? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Have you recently . .

| | Not at all | No more than usual | Rather more than usual | Much more than usual |
|---|------------------------|-----------------------------|---------------------------------|-------------------------------|
| Q28. - - - felt constantly under strain? | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| Q29. - - - felt you couldn't overcome your difficulties? | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |

| | More so than usual | Same as usual | Less so than usual | Much less than usual |
|--|--------------------------|------------------------|--------------------------|-------------------------------|
| Q30. - - - been able to enjoy your day-to-day activities? | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| Q31. - - - been able to face up to your problems? | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |

| | Not at all | No more than usual | Rather more than usual | Much more than usual |
|--|------------------------|-----------------------------|---------------------------------|-------------------------------|
| Q32. - - - been feeling unhappy or depressed? | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| Q33. - - - been losing confidence in yourself? | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| Q34. - - - been thinking of yourself as a worthless person? | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |

Have you recently . .

| | More so than usual | Same as usual | Less so than usual | Much less than usual |
|--|--------------------------|------------------------|--------------------------|-------------------------------|
| Q35. - - - been feeling reasonably happy, All things considered? | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |

Q36. Are you taking any medicine or
tablets for stress / anxiety?

Yes

No

1

2

Q37. Are you taking any medicine or
tablets for depression?

Yes

No

1

2

Q38. Do you think you have a nervous
illness?

Yes

No

1

2

The following are questions about your vision.

Q39. At the present time, would you say your eyesight (with glasses or contact lenses, if you wear them) is:

| Excellent | Good | Fair | Poor | Are you completely blind |
|------------------------|------------------------|------------------------|------------------------|--------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q40. How much of the time do you worry about your eyesight?

| None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q41. How much difficulty do you have reading ordinary print in newspapers?

| No difficulty at all | A little difficulty | Moderate difficulty | Extreme difficulty | Stopped doing because of your eyesight | Stopped doing this for other reasons or not interested in doing this |
|------------------------|------------------------|------------------------|------------------------|--|--|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> |

Q42. How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, sewing, fixing things around the house, or using hand tools?

| | | | | | |
|-------------------------|------------------------|------------------------|------------------------|--|--|
| No difficulty at all | A little difficulty | Moderate difficulty | Extreme difficulty | Stopped doing because of your eyesight | Stopped doing this for other reasons or not interested in doing this |
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> |

Q43. Because of your eyesight, how much difficulty do you have going down steps, stairs or curbs in dim light or at night?

| | | | | | |
|-------------------------|------------------------|------------------------|------------------------|--|--|
| No difficulty at all | A little difficulty | Moderate difficulty | Extreme difficulty | Stopped doing because of your eyesight | Stopped doing this for other reasons or not interested in doing this |
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> |

Q44. How much difficulty do you have driving during the daytime in familiar places?

| | | | | | |
|-------------------------|------------------------|------------------------|------------------------|--|--|
| No difficulty at all | A little difficulty | Moderate difficulty | Extreme difficulty | Stopped doing because of your eyesight | Stopped doing this for other reasons or not interested in doing this |
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> |

Code '8' if non-driver.

Q45. Are you limited in how long you can walk or do other activities such as house work, childcare, school or community activities because of your vision?

| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Q46. Because of your eyesight, how much difficulty do you have noticing objects off to the side while you are walking along?

| No difficulty at all | A little difficulty | Moderate difficulty | Extreme difficulty | Stopped doing because of your eyesight | Stopped doing this for other reasons or not interested in doing this |
|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

Q47. Because of your eyesight, how much difficulty do you have finding something on a crowded shelf?

| No difficulty at all | A little difficulty | Moderate difficulty | Extreme difficulty | Stopped doing because of your eyesight | Stopped doing this for other reasons or not interested in doing this |
|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

The following questions are about how you feel.

| How often do you feel..... | Hardly ever | Some- times | Often |
|--|------------------------|------------------------|------------------------|
| Q48. ... lonely | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| Q49. ... you lack companionship | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| Q50. ... isolated from others | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| Q51. ... left out | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |
| Q52. ... in tune with the people around you | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> |

The following are questions about your health.

Q53. Overall in the last 30 days, what degree of aches and pains have you had?

| None | Mild | Moderate | Severe | Extreme |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q54. In the last 30 days, how much difficulty have you had with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

| None | Mild | Moderate | Severe | Extreme |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q55. Overall, in the last 30 days, how much of a problem have you had with moving?

| None | Mild | Moderate | Severe | Extreme |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q56. Overall, in the last 30 days, how much difficulty have you had with concentrating or remembering things?

| None | Mild | Moderate | Severe | Extreme |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q57. Overall, in the last 30 days, how much of a problem have you had because of shortness of breath?

| None | Mild | Moderate | Severe | Extreme |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q58. Overall, in the last 30 days, how much of a problem have you had with feeling sad, low or depressed?

| None | Mild | Moderate | Severe | Extreme |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q59. How much are you limited in the kind of amount of activity or work that you can do due to an impairment or health problem?

| None | Mild | Moderate | Severe | Extreme |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

In these next questions we will give you some examples of people with health problems. We would like to indicate the extent to which you think these people would be limited in the kind or amount of work they can do. Please assume that the people have the same age, education and work history that you have. Other than the conditions mentioned you should imagine the individual is in reasonably good health.

Q60. Dorothy has almost constant pain in her back and this sometimes prevents her from doing her work.

How much is Dorothy limited in the kind or amount of work she could do?

| Not limited | Mildly | Moderately | Severely | Extremely |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q61. Patrick suffers from back pain that cause stiffness in his back especially at work but it is relieved with low doses of medication. He does not have any other pains other than this generalised discomfort.

How much is Patrick limited in the kind or amount of work he could do?

| Not limited | Mildly | Moderately | Severely | Extremely |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q62. Bernadette has pain in her back and legs, and the pain is present almost all the time. It gets worse while she is working. Although medication helps, she feels uncomfortable when moving around, holding and lifting things at work.

How much is Bernadette limited in the kind or amount of work she could do?

| Not limited | Mildly | Moderately | Severely | Extremely |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q63. Samuel feels worried all the time. He gets depressed once a week at work for a couple of days in a row, thinking about what could go wrong and that his boss will disapprove of his condition. But he is able to come out of this mood if he concentrates on something else.

How much is Samuel limited in the kind or amount of work he could do?

| Not limited | Mildly | Moderately | Severely | Extremely |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q64. Irene has mood swings whilst at work. When she gets depressed, everything she does at work is an effort for her and she no longer enjoys her usual activities at work. These mood swings are not predictable and occur two or three times a month.

How much is Irene limited in the kind or amount of work she could do?

| Not limited | Mildly | Moderately | Severely | Extremely |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q65. Gerard generally enjoys his work. He gets depressed every three weeks for a day or two and loses interest in what he usually enjoys but is able to carry on with his day-to-day activities at work.

How much is Gerard limited in the kind or amount of work he could do?

| Not limited | Mildly | Moderately | Severely | Extremely |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q66. Bridget has had heart problems in the past and she has been told to watch her cholesterol level. Sometimes if she feels stressed at work she feels pain in her chest and occasionally her arms.

How much is Bridget limited in the kind or amount of work she could do?

| Not limited | Mildly | Moderately | Severely | Extremely |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q67. Kenneth has been diagnosed with high blood pressure. His blood pressure goes up quickly if he feels under stress. Kenneth does not exercise much and is overweight.

How much is Kenneth limited in the kind or amount of work he could do?

| Not limited | Mildly | Moderately | Severely | Extremely |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Q68. Francis has undergone triple bypass heart surgery. He is a heavy smoker and still experiences severe chest pain sometimes.

How much is Francis limited in the kind or amount of work he could do?

| Not limited | Mildly | Moderately | Severely | Extremely |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> |

Please continue overleaf

The following are questions about your experience of the Troubles in Northern Ireland. This includes questions about physical injury you personally experienced or the injury or death to a close friend or relative. Questions about imprisonment are also included. If you feel uncomfortable answering these questions, then you do not need to answer them. All answers will be kept strictly confidential.

Close friends means no more than the few people whom you would confide in and trust most closely.

Close relatives means those who are part of your household, parents and grand-parents, and any other relatives (such as uncles, aunts and cousins) whom you would see on a regular basis.

Q69. Thinking of the Troubles, did you experience any of the following?
(Tick **ALL** that apply)

| | | |
|---|--------------------------------|-------------------------------|
| (a). A close friend was killed | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (b). A close relative was killed | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (c). Someone that you knew personally was killed | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (d). No close friend or relative was killed | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |

Please continue overleaf

Q70. Again, thinking of the troubles, did you experience any of the following?
(Tick **ALL** that apply)

| | | |
|---|--------------------------------|-------------------------------|
| (a). I was physically injured | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (b). A close friend was physically injured | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (c). A close relative was physically injured | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (d). Someone else you know personally was physically injured | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |

Q71. Have you yourself directly witnessed any of the following events?
(Tick **ALL** that apply)

| | | |
|-------------------------------------|--------------------------------|-------------------------------|
| (a). A bomb explosion | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (b). A murder | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (c). Gunfire | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (d). Rioting | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (g). Someone being assaulted | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (h). Other serious violence | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |

| | | | |
|--|----------------------------|----------------------------|----------------------------|
| Q72. Have you, or anyone you know spent time in prison because of the troubles? | Yes | No | Do not wish to say |
| | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

If 'No' or 'Do not wish to say' please go to **Question 74**

Q73. Did these people include (tick **ALL** that apply)

| | | |
|-----------------------------|--------------------------------|-------------------------------|
| (a). Yourself | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (b). Close friends | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (c). Close relatives | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (d). Other relatives | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| (e). Others | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |

Q74. Did you ever have your house searched by the police or army?

| | |
|--------------------------------|-------------------------------|
| Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
|--------------------------------|-------------------------------|

If 'No' please go to **Question 76**

Q75. How many times was your house searched?

Q76. Did you ever have to move house due to attack, intimidation, threats or harassment?

Yes

1

No

2

Q77. Did you ever have to leave a job because of an attack, intimidation, threats or harassment?

Yes

1

No

2

Q78. Thinking of the worst thing that happened to you because of the Troubles, when was this?

1969-
1973

1974-
1978

1979-
1983

1984-
1988

1989-
1993

1994-
1998

After
1998

N/A

1

2

3

4

5

6

7

8

If 'N/A' please go to **Question 80**

Q79. Because of this event, did you
(Tick **ALL** that apply)

| | | |
|---|--------------------------------|-------------------------------|
| Seek help from your GP | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| Join a support group | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| Go to a counselor or other mental health professional | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| Join a campaign | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| Other | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |
| Did not seek help from any professional or group | 0 <input type="checkbox"/> | |

Q80. How much was the community you live in affected by the Troubles?

| None | A little bit | A moderate amount | Quite a bit | An extreme amount |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Q81. In general, what impact do you think the Troubles have had on your life?

| None | A little bit | A moderate Amount | Quite a bit | An extreme amount |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

The following are questions about traumatic events. This means any event you consider traumatic and not just those related to the Troubles.

| | | | |
|---|----------------------------|----------------------------|----------------------------|
| Q82a. Have you ever experienced a traumatic event? | Yes | No | Do not wish to say |
| | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

If 'No' or 'Do not wish to answer' please go to **Question 84**

Q82b. The event happened on ____ / ____ / _____. Please give an approximate date.

Q82c. Please describe an event in your life that you found stressful or traumatic by completing the following sentence.

The stressful or traumatic event that I experienced was

Q83 Below is a list of problems and complaints that are experienced sometimes in response to stressful life events. Please put an ✓ in the appropriate box to indicate how much you have been bothered by that problem in the past month.

| | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a). Repeated, disturbing memories, thoughts or images of a stressful experience from the past | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (b). Repeated, disturbing dreams of a stressful experience from the past | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (c). Suddenly acting or feeling as if a stressful experience was happening again (as if you were reliving it) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (d). Feeling very upset when something reminded you of a stressful experience from the past | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (e). Having physical reactions (e.g. heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (f). Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (g). Avoid activities or situations because they remind you of a stressful experience from the past | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (h). Trouble remembering important parts of a stressful experience from the past | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (i). Loss of interest in things that you used to enjoy | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Please put an ✓ in the appropriate box to
indicate how much you have been bothered by that problem in the past month

| | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (j). Feeling distant or cut off from other people | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (k). Feeling emotionally numb or being unable to have loving feelings for those close to you | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (l). Feeling as if your future will somehow be cut short | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (m). Trouble falling or staying asleep | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (n). Feeling irritable or having angry outbursts | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (o). Having difficulty concentrating | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (p). Being 'super alert' or watchful on guard | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (q). Feeling jumpy or easily startled | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Please continue overleaf

The following questions are designed to find out about your physical activity in your everyday life in the last 4 weeks.

Q84. Which form of transport have you used most often in the last 4 weeks apart from journey to and from work (paid, regular or organised voluntary work)?

(Please tick **ONE** box only)

| Car/Motor vehicle | Walk | Public Transport | Cycle |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Computer use at home but NOT at work (e.g. internet, email, Xbox, Playstation, Wii etc.)

| Hours of home computer use per day Please put a tick (✓) on every line | Average over the last four weeks | | | | | |
|---|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | None | Less than 1 hour a day | 1 to 2 hours a day | 2 to 3 hours a day | 3 to 4 hours a day | More than 4 hours a day |
| Q85. On a weekday before 6pm | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q86. On a weekday after 6pm | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q87. On a weekend day before 6pm | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q88. On a weekend day after 6pm | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Stair climbing at home

| Number of times you climbed up a flight of stairs (approx 10 steps) each day at home Please put a tick (✓) on every line | Average over the last four weeks | | | | | |
|---|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | None | 1-5 times a day | 6-10 times a day | 11-15 times a day | 16-20 times a day | 20+ times a day |
| Q89. On a weekday | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q90. On a weekend day | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Activity at work

Please answer this section to describe if you have been in paid employment at any time during the last 4 weeks or if you have done regular, organised voluntary work such as a co-ordinated organisation or church group. It is not informal or irregular activities such as help given to friends and family.

Q91. Have you been in employment or done regular, organised voluntary work during the last 4 weeks?

| | | | |
|-----|----------------------------|----|----------------------------|
| Yes | 1 <input type="checkbox"/> | No | 2 <input type="checkbox"/> |
|-----|----------------------------|----|----------------------------|

If 'No', please go to **Question 103**

Q92. During the last 4 weeks how many hours did you do per week?

| Work hours excluding travel | 4 weeks | 3 weeks | 2 weeks | 1 week |
|--------------------------------|---|---|---|---|
| | 1 <input type="text"/> <input type="text"/> | 2 <input type="text"/> <input type="text"/> | 3 <input type="text"/> <input type="text"/> | 4 <input type="text"/> <input type="text"/> |

We would like to know the type and amount of physical activity involved in your work.

Q93. Please tick the option that best corresponds with your occupation(s) in the last 4 weeks from the following four possibilities.

| | |
|--|----------------------------|
| Sedentary occupation – you spend most of your time sitting (e.g. in the office) | 1 <input type="checkbox"/> |
| Standing occupation – you spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser) | 2 <input type="checkbox"/> |
| Manual work – this involves some physical effort including handling of heavy objects and use of tools (e.g. electrician or carpenter) | 3 <input type="checkbox"/> |
| Heavy manual work – this implies a very vigorous physical activity including handling of heavy objects (e.g. dock workers, miner, bricklayer, or construction worker) | 4 <input type="checkbox"/> |

Q94. Travel to and from work in the last 4 weeks. What is the approximate distance from your home to your work?

IN EITHER:

| | | | | | | | |
|-------|----------------------|----------------------|----------------------|------------|----------------------|----------------------|----------------------|
| Miles | <input type="text"/> | <input type="text"/> | <input type="text"/> | Kilometers | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-------|----------------------|----------------------|----------------------|------------|----------------------|----------------------|----------------------|

Q95. How many times a week did you travel from your home to your main work?
Please count outward journeys only

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Please tick (✓) **ONE** box per line

| How do you normally travel to work | More so than usual | Same as usual | Less so than usual | Much less than usual |
|--|--------------------------|------------------------|--------------------------|-------------------------------|
| Q97. By car / motor vehicle | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| Q98. By works or public transport | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| Q99. By bicycle | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |
| Q100. Walking | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> |

Q101. What is the postcode for your main place of work during the last 4 weeks?

Q102. If not known, please give your work address.

Please continue overleaf

The following questions ask about how you spent your leisure time. Please indicate how often you did each activity on average over the last 4 weeks.

Please indicate the average length of time that you spent doing the activity on each occasion.

Example:

- If you had done weeding or pruning every fortnight and took 1 hour and 10 minutes on each occasion.

- If you went walking for pleasure for 40 minutes once a week.

You would complete the table below as follows:

| | Number of times you did the activity in the last 4 weeks | | | | | | | Average time per episode | |
|----------------------|--|--------------------------|---------------------------------------|---------------------------------------|------------------------|------------------------|------------------------|--------------------------|------|
| | None | Once in the last 4 weeks | 2-3 times in the last 4 weeks | Once a week | 2-3 times a week | 4-5 times a week | Every day | Hours | Mins |
| Weeding & pruning | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input checked="" type="checkbox"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | 1 | 10 |
| Walking for pleasure | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input checked="" type="checkbox"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | | 40 |

Please give an answer for the **NUMBER OF TIMES** you did the following activities in the past 4 weeks and the **AVERAGE** time you spent on each activity.

PLEASE COMPLETE EACH LINE

| | Number of times you did the activity in the last 4 weeks | | | | | | | Average time per episode | |
|---|--|--------------------------|-------------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------|----------------------|
| | None | Once in the last 4 weeks | 2-3 times in the last 4 weeks | Once a week | 2-3 times a week | 4-5 times a week | Every day | Hours | Mins |
| Q103. Swimming – competitive | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q104. Swimming - leisurely | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q105. Backpacking or mountain climbing | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q106. Walking for pleasure (not as a means of transport) | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q107. Racing or rough terrain cycling | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q108. Cycling for pleasure (not as a means of transport) | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q109. Mowing the lawn | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q110. Watering the lawn or garden | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q111. Digging, shoveling or chopping wood | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q112. Weeding or pruning | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q113. DIY e.g. carpentry, home or car maintenance | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |

PLEASE COMPLETE EACH LINE

| | Number of times you did the activity in the last 4 weeks | | | | | | | Average time per episode | |
|---|--|--------------------------|-------------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------|----------------------|
| | None | Once in the last 4 weeks | 2-3 times in the last 4 weeks | Once a week | 2-3 times a week | 4-5 times a week | Every day | Hours | Mins |
| Q114. High impact aerobics or step aerobics | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q115. Other types of aerobics | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q116. Exercise with weights | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q117. Conditioning exercises e.g. using a rowing machine or bike | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q118. Floor exercises e.g. stretching, bending, keep fit or yoga | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q119. Dancing e.g. ballroom or disco | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q120. Competitive running | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q121. Jogging | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q122. Bowling – indoor, lawn or 10 pin | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q123. Tennis or badminton | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q124. Squash | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q125. Table tennis | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |

PLEASE COMPLETE EACH LINE

| | Number of times you did the activity in the last 4 weeks | | | | | | | Average time per episode | |
|--|--|--------------------------|-------------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------|----------------------|
| | None | Once in the last 4 weeks | 2-3 times in the last 4 weeks | Once a week | 2-3 times a week | 4-5 times a week | Every day | Hours | Mins |
| Q126. Golf | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q127. Football, rugby or hockey | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q128. Cricket | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q129. Rowing | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q130. Netball, volleyball or basketball | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q131. Fishing | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q132. Snooker, billiards or darts | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q133. Musical instrument playing or singing | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q134. Ice-skating | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q135. Sailing, wind-surfing or boating | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Q136. Martial arts, boxing or wrestling | 0 <input type="text"/> | 1 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |

The following questions are about risk.

Q137. How do you see yourself: are you generally a person that is fully prepared to take risks or do you try to avoid taking risks? Please tick on the scale below, where the value 0 means “unwilling to take risks” and the value 10 means “fully prepared to take risks”.

Unwilling to take risks

Fully prepared to

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 |

Q138. Are you a person that is fully prepared to take financial risks or do you try to avoid taking financial risks? Please tick on the scale below, where the value 0 means “unwilling to take risks” and the value 10 means “fully prepared to take risks”.

Unwilling to take risks

Fully prepared to

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 |

Please continue overleaf

The following questions ask you to make some decisions about different hypothetical situations. You are the sole provider of your household and you have the choice between two equally good incomes. The incomes mentioned should be considered net income (after all taxes and social security).

Imagine the following hypothetical situations. For each of the three choices below, which income do you choose?

Q139.

- 1 ☐ **Income A**, which will with certainty give you a £1,500 per month for the rest of your life.
- 2 ☐ **Income B** which will give you a 50-50 chance of £3,000 and a 50-50 chance of £1,000 per month for the rest of your life.

Q140.

- 1 ☐ **Income A**, which will with certainty give you a £1,500 per month for the rest of your life.
- 2 ☐ **Income B** which will give you a 50-50 chance of £3,000 and a 50-50 chance of £1,200 per month for the rest of your life.

Q141.

- 1 ☐ **Income A**, which will with certainty give you a £1,500 per month for the rest of your life.
- 2 ☐ **Income B** which will give you a 50-50 chance of £3,000 and a 50-50 chance of £1,300 per month for the rest of your life.

Please continue overleaf

Now please consider the following hypothetical scenarios. The money amounts mentioned will be without any risk involved and should be considered as net income (after all taxes and social security).

Imagine the following hypothetical situations. For each of the choices below, which option would you prefer?

Q142. Would you rather have £1,500 now or £1,506 a month from now

₁ (a) £1,500

₂ (b) £1,506 a month from now

Q143. Would you rather have £1,500 now or £1,512 a month from now

₁ (a) £1,500

₂ (b) £1,512 a month from now

Q144. Would you rather have £1,500 now or £1,518 a month from now

₁ (a) £1,500

₂ (b) £1,518 a month from now

Q145. Would you rather have £1,500 now or £1,524 a month from now

₁ (a) £1,500

₂ (b) £1,524 a month from now

Q146. Would you rather have a (£1,500 now or (b) £1,536 a month from now

₁ (a) £1,500

₂ (b) £1,536 a month from now

Q147. Would you rather have a (£1,500 now or (b) £1,548 a month from now

₁ (a) £1,500

₂ (b) £1,548 a month from now

Q148. Would you rather have a (£1,500 now or (b) £1,596 a month from now

₁ (a) £1,500

₂ (b) £1,596 a month from now

Please continue overleaf

The following are questions about trust.

Q149. Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people? Please tick on the scale below, where the value 0 means “need to be very careful” and the value 10 means “most people can be trusted”.

Need to be very careful

Most people can be trusted

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 |

Q150. Do you think most people would try to take advantage of you if they got a chance, or would they try to be fair? Please tick on the scale below, where the value 0 means “would take advantage of me” and the value 10 means “would treat me correctly”.

Would take advantage of me

Would treat me fairly

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 |

The following questions ask about your general feelings or attitudes. Please indicate how much you agree with each statement.

Q151. In uncertain times, you usually expect the best.

Strongly disagree

Strongly agree

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 |

Q152. If something can go wrong for me, it will.

Strongly disagree

Strongly agree

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 |

Q153. You are always optimistic about your future.

Strongly disagree

Strongly agree

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 |

The following questions ask about your personality.

Please indicate how strongly you agree or disagree with each of the following statements.

| Please tick ONE box per line | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Q154. I am not a worrier | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q155. I like to have a lot of people around me | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q156. I enjoy concentrating on a fantasy or a daydream and exploring all its possibilities, letting it grow and develop | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q157. I try to be courteous to everyone I meet | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q158. I keep my belongings neat and clean | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q159. At times I feel bitter and resentful | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q160. I laugh easily | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q161. I think it's interesting to learn and develop new hobbies | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q162. At times I bully or flatter people into doing what I want them to | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q163. I'm pretty good about pacing myself so as to get things done on time | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| Please tick ONE box per line | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Q164. When I'm under a great deal of stress, sometimes I feel like going to pieces | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q165. I prefer jobs that let me work alone without being bothered by other people | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q166. I am intrigued by patterns I find in art and nature | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q167. Some people think I'm selfish and egotistical | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q168. I often come into situations without being fully prepared | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q169. I rarely feel lonely and blue | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q170. I really enjoy talking to people | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q171. I believe letting students hear controversial speakers can only confuse and mislead them | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q172. If someone starts a fight, I'm ready to fight back | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q173. I try to perform all the tasks assigned to be conscientious | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q174. I often feel tense and jittery | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| Please tick ONE box per line | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Q175. I like to be where the action is | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q176. Poetry has little or no effect on me | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q177. I'm better than most people and I know it | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q178. I have a clear set of goals and work towards them in an orderly fashion | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q179. Sometimes I feel Completely worthless | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q180. I shy away from crowds of people | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q181. I would have difficulty just letting my mind wander without control or guidance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q182. When I've been insulted I just try to forgive and forget | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q183. I waste a lot of time before settling down to work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q184. I rarely feel fearful or anxious | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q185. I often feel as if I'm bursting with energy | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| Please tick ONE box per line | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Q186. I seldom notice the moods or feelings that different environments produce | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q187. I tend to assume the best about people | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q188. I work hard to accomplish my goals | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q189. I often get angry at the way people treat me | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q190. I am a cheerful, high spirited person | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q191. I experience a wide range of emotions and feelings | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q192. Some people think of me as cold and calculating | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q193. When I make a commitment I can always be counted on to follow through | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q194. Too often, when things go wrong, I get discouraged and feel like giving up | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q195. I don't get much pleasure from chatting with people | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q196. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or a wave of excitement | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| Please tick ONE box per line | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Q197. I have no sympathy for beggars | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q198. Sometimes I'm not as dependable or reliable as I should be | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q199. I am seldom sad or depressed | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q200. My life is fast-paced | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q201. I have little interest in speculating on the nature of the universe or the human condition | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q202. I generally try to be thoughtful and considerate | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q203. I am a productive person who always gets the job done | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q204. I often feel helpless and want someone else to solve my problems | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q205. I am a very active person | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q206. I have a lot of intellectual curiosity | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q207. If I don't like people I let them know it | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| Please tick ONE box per line | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Q208. I never seem to get organised | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q209. At times I have been so ashamed I just want to hide | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q210. I would rather go on my own than be a leader of others | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q211. I often enjoy playing with theories or abstract ideas | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q212. If necessary, I am willing to manipulate people to get what I want | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q213. I strive for excellence in everything I do | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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Thank you very much for taking the time to answer our questions.

To help us in our research can you please let us know if you would have preferred to complete this questionnaire online?

Yes

No

1

☐

2

☐

Can you please tell us the reason for your answer?

Please return this questionnaire in the pre-paid envelope provided