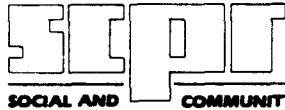


**Great Britain**  
**ISSP 1986 – Social Networks and Support**  
**Systems**  
**Questionnaire**



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BRITISH SOCIAL ATTITUDES: 1986

Interviewer to enter:

Area No.

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SELF-COMPLETION QUESTIONNAIRE

Serial No.

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April 1986 P.860A

To the selected respondent

We hope very much that you will agree to participate in this important study - the fourth in an annual series of surveys to be published each summer. The study consists of this self-completion questionnaire and an interview. Some of the questions are also being asked in America, West Germany, Austria and Australia, as part of an international survey of social attitudes.

Completing the questionnaire

The questions inside cover a wide range of subjects, but each one can be answered simply by placing a tick (✓) in one or more of the boxes provided. No special knowledge is required: we are confident that everyone will be able to offer an opinion on all questions. And we want *all* people to take part, not just those with strong views or particular viewpoints. The questionnaire should not take very long to complete, and we hope you will find it interesting and enjoyable. It should be completed by the person selected by the interviewer at your address. Your participation will be treated as confidential and anonymous.

Returning the questionnaire

Your interviewer will arrange with you the most convenient way of returning the questionnaire. If the interviewer has arranged to call back for it, please complete it and keep it safely until then. If not, please complete it and post it back in the stamped, addressed envelope as soon as you possibly can.

Thank you for your help.

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*Social and Community Planning Research is an independent social research institute registered as a charitable trust. Its projects are funded by government departments, local authorities, universities and foundations to provide information on social issues in Britain. SCPR interviewers carry out around 50,000 interviews per year. This study has been funded mainly by the Monument Trust, a Sainsbury foundation and the Nuffield Foundation, with contributions also from government departments, universities and industry. Please contact us if you require further information.*

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In the first part of this questionnaire, we would like to ask you about your family and friends. For example, about how often you see or visit them, and when you turn to them for help and advice.

MOTHER

OFFICE  
USE  
ONLY

CARD 18

18.08

A = 1

Q1.a) First, your mother, Is she still alive?

(✓)  
Yes ☐ 1 → PLEASE ANSWER Q.1b) BELOW

No ☐ 2 → GO TO Q.2

18.09

b) How often do you see or visit your mother?

PLEASE TICK  
ONE BOX

She lives in the same household ☐ 1 → GO TO Q.2

Daily ☐ 2

At least several times a week ☐ 3

At least once a week ☐ 4

At least once a month ☐ 5

Several times a year ☐ 6

Less often ☐ 7

18.10

c) About how long would it take you to get to where your mother lives? Think of the time it usually takes door to door.

PLEASE TICK  
ONE BOX

Less than 15 minutes ☐ 1

Between 15 and 30 minutes ☐ 2

Between 30 minutes and 1 hour ☐ 3

Between 1 and 2 hours ☐ 4

Between 2 and 3 hours ☐ 5

Between 3 and 5 hours ☐ 6

Between 5 and 12 hours ☐ 7

Over 12 hours ☐ 8

18.11

d) And how often do you have any other contact with your mother, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

(✓)  
Daily ☐ 1

At least several times a week ☐ 2

At least once a week ☐ 3

At least once a month ☐ 4

Several times a year ☐ 5

Less often ☐ 6

18.12

FATHER

OFFICE  
USE  
ONLY

Q2.a) Is your father still alive?

(✓)  
Yes ☐ 1 → PLEASE ANSWER Q.2b) BELOW  
No ☐ 2 → GO TO Q.3

18.13

b) How often do you see or visit your father?

PLEASE TICK  
ONE BOX

He lives in the same household ☐ 1 → GO TO Q.3

18.14

Daily ☐ 2

At least several times a week ☐ 3

At least once a week ☐ 4

At least once a month ☐ 5

Several times a year ☐ 6

Less often ☐ 7

c) About how long would it take you to get to where your father lives? Think of the time it usually takes door to door.

PLEASE TICK  
ONE BOX

Less than 15 minutes ☐ 1

18.15

Between 15 and 30 minutes ☐ 2

Between 30 minutes and 1 hour ☐ 3

Between 1 and 2 hours ☐ 4

Between 2 and 3 hours ☐ 5

Between 3 and 5 hours ☐ 6

Between 5 and 12 hours ☐ 7

Over 12 hours ☐ 8

d) And how often do you have any other contact with your father, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

(✓)  
Daily ☐ 1

18.16

At least several times a week ☐ 2

At least once a week ☐ 3

At least once a month ☐ 4

Several times a year ☐ 5

Less often ☐ 6

/Continued over ...

SISTERS

OFFICE  
USE  
ONLY

Q3.a) How many sisters aged 18 or older do you have?  
(We mean sisters who are still alive; please include step-sisters, half sisters and adopted sisters.)

PLEASE TICK ONE BOX

- (✓)
- None ☐ 0 → GO TO Q.4
- One ☐ 1
- Two ☐ 2
- Three ☐ 3
- Four ☐ 4
- Five or more ☐ 5
- PLEASE ANSWER Q.3b) BELOW

18.17

The questions on this page are about your sister. If you have more than one adult sister, please think about the sister you have most contact with.

b) How often do you see or visit your sister?

PLEASE TICK ONE BOX

- (✓)
- She lives in the same household ☐ 1 → GO TO Q.4
- Daily ☐ 2
- At least several times a week ☐ 3
- At least once a week ☐ 4
- At least once a month ☐ 5
- Several times a year ☐ 6
- Less often ☐ 7

18.18

c) About how long would it take you to get to where your sister lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

- (✓)
- Less than 15 minutes ☐ 1
- Between 15 and 30 minutes ☐ 2
- Between 30 minutes and 1 hour ☐ 3
- Between 1 and 2 hours ☐ 4
- Between 2 and 3 hours ☐ 5
- Between 3 and 5 hours ☐ 6
- Between 5 and 12 hours ☐ 7
- Over 12 hours ☐ 8

18.19

d) And how often do you have any other contact with your sister, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

- (✓)
- Daily ☐ 1
- At least several times a week ☐ 2
- At least once a week ☐ 3
- At least once a month ☐ 4
- Several times a year ☐ 5
- Less often ☐ 6

18.20

BROTHERS

OFFICE  
USE  
ONLY

Q4.a) How many brothers aged 18 or older do you have?  
(We mean brothers who are still alive; please  
include step-brothers, half brothers and adopted  
brothers.)

PLEASE TICK ONE BOX

- (✓)
- None ☐ 0 → GO TO Q.5
- One ☐ 1
- Two ☐ 2
- Three ☐ 3
- Four ☐ 4
- Five or more ☐ 5
- PLEASE ANSWER  
Q.4b) BELOW

18.21

*The questions on this page are about your brother. If you have more  
than one adult brother, please think about the brother you have most  
contact with.*

b) How often do you see or visit your brother? (✓)

PLEASE TICK  
ONE BOX

- He lives in the same household ☐ 1 → GO TO Q.5
- Daily ☐ 2
- At least several times a week ☐ 3
- At least once a week ☐ 4
- At least once a month ☐ 5
- Several times a year ☐ 6
- Less often ☐ 7

18.22

c) About how long would it take you to get to  
where your brother lives? Think of the time  
it usually takes door to door.

PLEASE TICK ONE BOX

- (✓)
- Less than 15 minutes ☐ 1
- Between 15 and 30 minutes ☐ 2
- Between 30 minutes and 1 hour ☐ 3
- Between 1 and 2 hours ☐ 4
- Between 2 and 3 hours ☐ 5
- Between 3 and 5 hours ☐ 6
- Between 5 and 12 hours ☐ 7
- Over 12 hours ☐ 8

18.23

d) And how often do you have any other contact with  
your brother, besides visiting, either by telephone  
or letter?

PLEASE TICK  
ONE BOX

- (✓)
- Daily ☐ 1
- At least several times a week ☐ 2
- At least once a week ☐ 3
- At least once a month ☐ 4
- Several times a year ☐ 5
- Less often ☐ 6

18.24

/Continued  
over ....

DAUGHTERS

OFFICE  
USE  
ONLY

- Q5.a) How many daughters aged 18 or older do you have?  
(We mean daughters who are still alive; please include step-daughters and adopted daughters.)

PLEASE TICK ONE BOX

(✓)

None	<input type="checkbox"/> 0	} PLEASE ANSWER Q.5b) BELOW
One	<input type="checkbox"/> 1	
Two	<input type="checkbox"/> 2	
Three	<input type="checkbox"/> 3	
Four	<input type="checkbox"/> 4	
Five or more	<input type="checkbox"/> 5	

→ GO TO Q.6

18.25

*The questions on this page are about your daughter. If you have more than one adult daughter, please think about the daughter you have most contact with.*

- b) How often do you see or visit your daughter?

PLEASE TICK ONE BOX

(✓)

She lives in the same household	<input type="checkbox"/> 1	} PLEASE ANSWER Q.5b) BELOW
Daily	<input type="checkbox"/> 2	
At least several times a week	<input type="checkbox"/> 3	
At least once a week	<input type="checkbox"/> 4	
At least once a month	<input type="checkbox"/> 5	
Several times a year	<input type="checkbox"/> 6	
Less often	<input type="checkbox"/> 7	

→ GO TO Q.6

18.26

- c) About how long would it take you to get to where your daughter lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

(✓)

Less than 15 minutes	<input type="checkbox"/> 1
Between 15 and 30 minutes	<input type="checkbox"/> 2
Between 30 minutes and 1 hour	<input type="checkbox"/> 3
Between 1 and 2 hours	<input type="checkbox"/> 4
Between 2 and 3 hours	<input type="checkbox"/> 5
Between 3 and 5 hours	<input type="checkbox"/> 6
Between 5 and 12 hours	<input type="checkbox"/> 7
Over 12 hours	<input type="checkbox"/> 8

18.27

- d) And how often do you have any other contact with your daughter, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

(✓)

Daily	<input type="checkbox"/> 1
At least several times a week	<input type="checkbox"/> 2
At least once a week	<input type="checkbox"/> 3
At least once a month	<input type="checkbox"/> 4
Several times a year	<input type="checkbox"/> 5
Less often	<input type="checkbox"/> 6

18.28

SONS

OFFICE  
USE  
ONLY

Q6.a) How many sons aged 18 or older do you have?  
(We mean sons who are still alive; please  
include stepsons and adopted sons.)

PLEASE TICK ONE BOX

- (✓)
- None ☐ 0 → GO TO Q.7
- One ☐ 1
- Two ☐ 2
- Three ☐ 3
- Four ☐ 4
- Five or more ☐ 5
- PLEASE ANSWER  
Q.6b BELOW

18.29

*The questions on this page are about your son. If you have more than  
one adult son, please think about the son you have most contact with.*

b) How often do you see or visit your son?

PLEASE TICK ONE BOX

- (✓)
- He lives in the same household ☐ 1 → GO TO Q.7
- Daily ☐ 2
- At least several times a week ☐ 3
- At least once a week ☐ 4
- At least once a month ☐ 5
- Several times a year ☐ 6
- Less often ☐ 7

18.30

c) About how long would it take you to get to where  
your son lives? Think of the time it usually  
takes door to door.

PLEASE TICK ONE BOX

- (✓)
- Less than 15 minutes ☐ 1
- Between 15 and 30 minutes ☐ 2
- Between 30 minutes and 1 hour ☐ 3
- Between 1 and 2 hours ☐ 4
- Between 2 and 3 hours ☐ 5
- Between 3 and 5 hours ☐ 6
- Between 5 and 12 hours ☐ 7
- Over 12 hours ☐ 8

18.31

d) And how often do you have any other contact with  
your son, besides visiting, either by telephone  
or letter?

PLEASE TICK  
ONE BOX

- (✓)
- Daily ☐ 1
- At least several times a week ☐ 2
- At least once a week ☐ 3
- At least once a month ☐ 4
- Several times a year ☐ 5
- Less often ☐ 6

18.32

/Continued over ...



Q7. Which of these statements applies to you?

PLEASE TICK  
ONE BOX

I am married and living in the same household as my husband or wife

(✓)  
☐ 1

18.33

I am living as married and my partner and I live together in the same household

☐ 2

I have a husband or wife or steady partner but we don't live in the same household

☐ 3

I don't have a steady partner

☐ 4

Q8.a) Now thinking of all your other adult relatives - those still living and aged 18 or older.

How many of each do you have?

(Begin with your grandparents. Please write in a number to show how many grandparents you have. If you have none, tick 'NONE', and then go on to the next relative.)

NUMBER OR NONE

(✓)

Grandmother, grandfather

OR ☐ 0

18.34

Adult grandchildren

OR ☐ 00

18.35-36

Aunts, uncles

OR ☐ 00

18.37-38

Parents-in-law and adult brothers-in-law and sisters-in-law

OR ☐ 00

18.39-40

Adult nieces, nephews, cousins and other relatives (AN APPROXIMATE NUMBER WILL DO)

OR ☐ 00

18.41-42

b) Thinking of all these adult relatives, which one do you have most contact with?

PLEASE TICK ONE BOX

Grandmother

(✓)  
☐ 01

18.43-44

Grandfather

☐ 02

Granddaughter

☐ 03

Grandson

☐ 04

Aunt

☐ 05

Uncle

☐ 06

Mother-in-law

☐ 07

Father-in-law

☐ 08

Sister-in-law

☐ 09

Brother-in-law

☐ 10

Other adult female relative

☐ 11

Other adult male relative

☐ 12

None of these

☐ 13

PLEASE ANSWER  
Q.8c OPPOSITE

GO TO Q.9  
ON PAGE 10

OFFICE  
USE  
ONLY

The questions on this page are about the adult relative you have just ticked, that is the one you have most contact with.

- Q8.c) How often do you see or visit this relative? (✓)
- PLEASE TICK ONE BOX
- He/she lives in the same household ☐ 1 → GO TO Q.9
- Daily ☐ 2
- At least several times a week ☐ 3
- At least once a week ☐ 4
- At least once a month ☐ 5
- Several times a year ☐ 6
- Less often ☐ 7
- PLEASE ANSWER Q.8d) BELOW
- d) About how long would it take you to get to where this relative lives? Think of the time it usually takes door to door. (✓)
- PLEASE TICK ONE BOX
- Less than 15 minutes ☐ 1
- Between 15 and 30 minutes ☐ 2
- Between 30 minutes and 1 hour ☐ 3
- Between 1 and 2 hours ☐ 4
- Between 2 and 3 hours ☐ 5
- Between 3 and 5 hours ☐ 6
- Between 5 and 12 hours ☐ 7
- Over 12 hours ☐ 8
- e) And how often do you have any other contact with this relative, besides visiting, either by telephone or letter? (✓)
- PLEASE TICK ONE BOX
- Daily ☐ 1
- At least several times a week ☐ 2
- At least once a week ☐ 3
- At least once a month ☐ 4
- Several times a year ☐ 5
- Less often ☐ 6

18.45

18.46

18.47

/Continued over ...

OFFICE  
USE  
ONLY

9. Thinking now of close friends - not your husband, or wife, or partner, or family members - but people you feel fairly close to.

a) How many close friends would you say you have?

(✓)

NONE

PLEASE WRITE IN NUMBER \_\_\_\_\_

OR

18.48

b) How many of these friends are people you work with now?

(✓)

NONE

PLEASE WRITE IN NUMBER \_\_\_\_\_

OR

18.49

c) How many of these friends are your close neighbours?

(✓)

NONE

PLEASE WRITE IN NUMBER \_\_\_\_\_

OR

18.50

d) Now thinking of your best friend, or the friend you feel closest to. Is this friend a man or a woman?

(✓)

Man

18.51

PLEASE TICK ONE BOX

Woman

e) How often do you see or visit this friend?

(✓)

PLEASE TICK  
ONE BOX

He/she lives in the same household

→ GO TO Q.10

18.52

Daily

At least several times a week

At least once a week

At least once a month

Several times a year

Less often



f) About how long would it take you to get to where this friend lives? Think of the time it usually takes door to door.

(✓)

Less than 15 minutes

18.53

PLEASE TICK  
ONE BOX

Between 15 and 30 minutes

Between 30 minutes and 1 hour

Between 1 and 2 hours

Between 2 and 3 hours

Between 3 and 5 hours

Between 5 and 12 hours

Over 12 hours




g) And how often do you have any other contact with this friend, besides visiting, either by telephone or letter?

(✓)

Daily

18.54

PLEASE TICK  
ONE BOX

At least several times a week

At least once a week

At least once a month

Several times a year

Less often

Q10. Now we'd like to ask you about some problems that can happen to anyone.

First, there are some household and garden jobs you really can't do alone - for example, you may need someone to hold a ladder, or to help you move furniture.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Social services, or home help	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Someone you <u>pay</u> to help	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Other (PLEASE WRITE IN) FIRST _____	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND _____		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

18.55-56 /  
18.57-58

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

/Continued over ...

Q11. Suppose you had the 'flu and you had to stay in bed for a few days, and needed help around the home, with shopping and so on.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Health visitor	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Church, clergy or priest	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Someone you <u>pay</u> to help	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Other (PLEASE WRITE IN) FIRST _____	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND _____		<input type="checkbox"/> 97
No one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

18.59-60  
18.61-62

OFFICE  
USE  
ONLY

Q12. Suppose you needed to borrow a large sum of money.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Bank, building society or other financial institution	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Employer	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Government or social services	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Other (PLEASE WRITE IN) FIRST _____	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND _____		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

18.63-6  
18.65-6

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

/Continued over ...

Q13. Suppose you were very upset about a problem with your husband, wife or partner, and haven't been able to sort it out with them.

Even if you are not married or have no partner, what would you do if you were?

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Church, clergy or priest	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Family doctor (GP)	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Psychologist, psychiatrist, marriage guidance or other professional counsellor	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Other (PLEASE WRITE IN) FIRST _____	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND _____		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

18.67-6  
18.69-7

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

OFFICE  
USE  
ONLY

Q14. Now suppose you felt just a bit down or depressed, and you wanted to talk about it.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Church, clergy or priest	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Family doctor (GP)	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Psychologist, psychiatrist, or other professional counsellor	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Other (PLEASE WRITE IN) FIRST _____	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND _____		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

18.71-72,  
18.73-74

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

/Continued over ...



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Q15. And suppose you needed advice about an important change in your life - for example about a job, or moving to another part of the country.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONE ONLY AS YOUR FIRST CHOICE AND ONE ONLY AS YOUR SECOND CHOICE

	a) FIRST (✓)	b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Church, clergy or priest	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Family doctor (GP)	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Psychologist, psychiatrist or other professional counsellor	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Solicitor /lawyer	<input type="checkbox"/> 16	<input type="checkbox"/> 16
Other (PLEASE WRITE IN) FIRST _____	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND _____		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

18.75-76/  
18.77-78

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

18.79-80

Q 16. Here are some qualities which parents can try to teach their children. Please choose *up to five* that you consider to be especially important.

PLEASE READ THROUGH THE WHOLE LIST

PLEASE TICK ONLY UP TO FIVE BOXES

Especially  
Important  
(✓)

- |                                |                          |
|--------------------------------|--------------------------|
| Good manners                   | <input type="checkbox"/> |
| Cleanness and neatness         | <input type="checkbox"/> |
| Independence                   | <input type="checkbox"/> |
| Hard work                      | <input type="checkbox"/> |
| Honesty                        | <input type="checkbox"/> |
| To act responsibly             | <input type="checkbox"/> |
| Patience                       | <input type="checkbox"/> |
| Imagination                    | <input type="checkbox"/> |
| Respect for other people       | <input type="checkbox"/> |
| Leadership                     | <input type="checkbox"/> |
| Self-control                   | <input type="checkbox"/> |
| Being careful with money       | <input type="checkbox"/> |
| Determination and perseverance | <input type="checkbox"/> |
| Religious faith                | <input type="checkbox"/> |
| Unselfishness                  | <input type="checkbox"/> |
| Obedience                      | <input type="checkbox"/> |
| Loyalty                        | <input type="checkbox"/> |

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/Continued over ...

Q17. Please tick one box for *each* statement to show how much you agree or disagree with it.

PLEASE TICK ONE BOX  
ON EACH LINE

	AGREE STRONGLY	JUST AGREE	NEITHER AGREE NOR DISAGREE	JUST DISAGREE	DISAGREE STRONGLY	
Divorce in Britain should be made more difficult to obtain than it is now	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.1)
Most young couples start their married life well prepared for its ups and downs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.1)
As a society, we ought to do more to safeguard the institution of marriage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.1)
To grow up happily, children need a home with both their own father and mother	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.1)
Most people nowadays take marriage too lightly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.1)

Q18.a) Central government provides financial support to housing in two main ways.  
First, by means of allowances to low income tenants.  
Second, by means of tax relief to people with mortgages.

On the whole, which of these three types of family would you say benefits *most* from central government support for housing? (✓)

PLEASE TICK ONE BOX

Families with high incomes	<input type="checkbox"/> 1	(19.1)
Families with middle incomes	<input type="checkbox"/> 2	
Families with low incomes	<input type="checkbox"/> 3	

b) Which of these three views comes closest to your own on the sale of council houses and flats to tenants?

PLEASE TICK  
ONE BOX

Council tenants <i>should not</i> be allowed to buy their houses or flats	<input type="checkbox"/> 1	(19.1)
Council tenants <i>should</i> be allowed to buy but <i>only</i> in areas with no housing shortage	<input type="checkbox"/> 2	
Council tenants <i>should generally</i> be allowed to buy their houses or flats	<input type="checkbox"/> 3	

				OFFICE USE ONLY			
Q19.	Which of the following statements do you think are generally true and which false?	True	False				
<u>PLEASE TICK ONE BOX ON EACH LINE</u>							
	Council tenants pay low rents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.17)			
	Councils give a poor standard of repairs and maintenance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.18)			
	Council estates are generally pleasant places to live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.19)			
Q20.a)	Suppose a newly-married young couple, both with steady jobs, asked your advice about whether to buy or rent a home. If they had the choice, what would you advise them to do?						
	<u>PLEASE TICK ONE BOX</u>						
	To buy a home as soon as possible	<input type="checkbox"/> 1	(✓)	(19.20)			
	To wait a bit, then try to buy a home	<input type="checkbox"/> 2					
	Not to plan to buy a home at all	<input type="checkbox"/> 3					
	Can't choose	<input type="checkbox"/> 8					
b)	Still thinking of what you might say to this young couple, please tick one box for each statement below to show how much you agree or disagree with it.						
	<u>PLEASE TICK ONE BOX ON EACH LINE</u>						
		AGREE STRONGLY	JUST AGREE	NEITHER AGREE NOR DIS- -AGREE	JUST DIS- AGREE	DISAGREE STRONGLY	
	Owning your home can be a risky investment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.21)
	Over time, buying a home works out less expensive than paying rent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.22)
	Owning your home makes it easier to move when you want to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.23)
	Owning a home ties up money you may need urgently for other things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.24)
	Owning a home gives you the freedom to do what you want to it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.25)
	Owning a home is a big financial burden to repair and maintain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.26)
	Your own home will be something to leave your family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.27)
	Owning a home is just too much of a responsibility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.28)
	Owning a home is too much of a risk for couples without secure jobs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.29)
	Couples who buy their own homes would be wise to wait before starting a family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.30)

/Continued over ...

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Q21

Please tick one box for each statement below, to show how much you agree or disagree with it.

PLEASE TICK ONE BOX  
ON EACH LINE

	AGREE STRONGLY	JUST AGREE	NEITHER AGREE NOR DIS -AGREE	JUST DIS- AGREE	DISAGREE STRONGLY	
The courts are too hard on people who break traffic laws	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.3
Most traffic offences occur because of lack of concentration, rather than drivers deliberately breaking the law	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.3
Drivers should be prosecuted even for minor traffic offences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.3
The roads would be safer if speed limits were lower	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.34
Police spend too much time and energy enforcing traffic laws	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.35
Road traffic laws are too complicated for the average driver to understand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.36
The roads would be safer if drivers kept to the speed limit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.37
Parking regulations should be more strictly enforced	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	(19.38

Q 22. Please tick one box for each statement, to show how much you agree or disagree with it.

PLEASE TICK ONE BOX  
ON EACH LINE

	AGREE STRONGLY	JUST AGREE	NEITHER AGREE NOR DIS -AGREE	JUST DIS- AGREE	DISAGREE STRONGLY
Food that is good for you generally tastes nicer than other food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Food that is good for you is usually more expensive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Food that is good for you generally takes too long to prepare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It is easy to find food that is good for you in supermarkets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Many people would eat healthier food if the rest of their families would let them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
As long as you take enough exercise you can eat whatever foods you want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
If heart disease is in your family, there is little you can do to reduce your chances of getting it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The experts contradict each other over what makes a healthy diet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People worry too much about their weight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Good health is just a matter of good luck	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A proper meal should include meat and vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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Q 23. Here are a number of circumstances in which a woman might consider an abortion. Please say whether or not you think the law should allow an abortion in each case.

PLEASE TICK ONE BOX  
ON EACH LINE

Should abortion be  
allowed by law?

	Yes	No	
The woman decides on her own she does not wish to have the child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.50
The couple agree they do not wish to have the child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.51
The woman is not married and does not wish to marry the man	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.52
The couple cannot afford any more children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.53
There is a strong chance of a defect in the baby	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.54
The woman's health is seriously endangered by the pregnancy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.55
The woman became pregnant as a result of rape	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(19.56

/Continued over ...

Q.24 To help us plan better in future, please tell us about  
how long it took you to complete this questionnaire?

PLEASE TICK ONE BOX

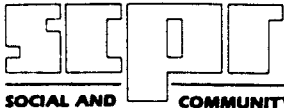
- (✓)
- Less than 15 minutes ☐ 1
- Between 15 and 20 minutes ☐ 2
- Between 20 and 30 minutes ☐ 3
- Between 30 and 45 minutes ☐ 4
- Between 45 and 60 minutes ☐ 5
- Over one hour ☐ 6

19.5

THANK YOU VERY MUCH FOR YOUR HELP

19.58-

Please keep the completed questionnaire for the interviewer  
if he or she has arranged to call for it. Otherwise,  
please post it as soon as possible in the stamped, addressed  
envelope provided.



Head Office: 35 Northampton Square London EC1V 0AX. Tel: 01-250 1866  
Northern Field Office: Charazel House Gainford Darlington Co. Durham DL2 3EG. Tel: 0325 730 888

BRITISH SOCIAL ATTITUDES: 1986

Interviewer to enter:

Area No.

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SELF-COMPLETION QUESTIONNAIRE

Serial No.

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April 1986 P.860A

To the selected respondent

We hope very much that you will agree to participate in this important study - the fourth in an annual series of surveys to be published each summer. The study consists of this self-completion questionnaire and an interview. Some of the questions are also being asked in America, West Germany, Austria and Australia, as part of an international survey of social attitudes.

Completing the questionnaire

The questions inside cover a wide range of subjects, but each one can be answered simply by placing a tick (✓) in one or more of the boxes provided. No special knowledge is required: we are confident that everyone will be able to offer an opinion on all questions. And we want *all* people to take part, not just those with strong views or particular viewpoints. The questionnaire should not take very long to complete, and we hope you will find it interesting and enjoyable. It should be completed by the person selected by the interviewer at your address. Your participation will be treated as confidential and anonymous.

Returning the questionnaire

Your interviewer will arrange with you the most convenient way of returning the questionnaire. If the interviewer has arranged to call back for it, please complete it and keep it safely until then. If not, please complete it and post it back in the stamped, addressed envelope as soon as you possibly can.

Thank you for your help.

---

*Social and Community Planning Research is an independent social research institute registered as a charitable trust. Its projects are funded by government departments, local authorities, universities and foundations to provide information on social issues in Britain. SCPR interviewers carry out around 50,000 interviews per year. This study has been funded mainly by the Monument Trust, a Sainsbury foundation and the Nuffield Foundation, with contributions also from government departments, universities and industry. Please contact us if you require further information.*

---



In the first part of this questionnaire, we would like to ask you about your family and friends. For example, about how often you see or visit them, and when you turn to them for help and advice.

MOTHER

Q1.a) First, your mother, Is she still alive?

(✓)  
Yes ☐ 1 → PLEASE ANSWER Q.1b) BELOW  
No ☐ 2 → GO TO Q.2

b) How often do you see or visit your mother?

PLEASE TICK  
ONE BOX

(✓)  
She lives in the same household ☐ 1 → GO TO Q.2  
Daily ☐ 2  
At least several times a week ☐ 3  
At least once a week ☐ 4  
At least once a month ☐ 5  
Several times a year ☐ 6  
Less often ☐ 7

c) About how long would it take you to get to where your mother lives? Think of the time it usually takes door to door.

PLEASE TICK  
ONE BOX

(✓)  
Less than 15 minutes ☐ 1  
Between 15 and 30 minutes ☐ 2  
Between 30 minutes and 1 hour ☐ 3  
Between 1 and 2 hours ☐ 4  
Between 2 and 3 hours ☐ 5  
Between 3 and 5 hours ☐ 6  
Between 5 and 12 hours ☐ 7  
Over 12 hours ☐ 8

d) And how often do you have any other contact with your mother, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

(✓)  
Daily ☐ 1  
At least several times a week ☐ 2  
At least once a week ☐ 3  
At least once a month ☐ 4  
Several times a year ☐ 5  
Less often ☐ 6

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FATHER

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Q2.a) Is your father still alive?

(✓)  
Yes ☐ 1 → PLEASE ANSWER Q.2b) BELOW  
No ☐ 2 → GO TO Q.3

8  
18.13

b) How often do you see or visit your father?

PLEASE TICK  
ONE BOX

He lives in the same household ☐ 1 → GO TO Q.3

Daily ☐ 2

At least several times a week ☐ 3

At least once a week ☐ 4

At least once a month ☐ 5

Several times a year ☐ 6

Less often ☐ 7

9  
18.14

c) About how long would it take you to get to where your father lives? Think of the time it usually takes door to door.

PLEASE TICK  
ONE BOX

Less than 15 minutes ☐ 1

Between 15 and 30 minutes ☐ 2

Between 30 minutes and 1 hour ☐ 3

Between 1 and 2 hours ☐ 4

Between 2 and 3 hours ☐ 5

Between 3 and 5 hours ☐ 6

Between 5 and 12 hours ☐ 7

Over 12 hours ☐ 8

10  
18.15

d) And how often do you have any other contact with your father, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

(✓)  
Daily ☐ 1

At least several times a week ☐ 2

At least once a week ☐ 3

At least once a month ☐ 4

Several times a year ☐ 5

Less often ☐ 6

11  
18.16

/Continued over ...

## SISTERS

OFFICE  
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- Q3.a) How many sisters aged 18 or older do you have?  
(We mean sisters who are still alive; please include step-sisters, half sisters and adopted sisters.)

PLEASE TICK ONE BOX

(✓)

None	<input type="checkbox"/>	→ GO TO Q.4
One	<input type="checkbox"/>	} PLEASE ANSWER Q.3b) BELOW
Two	<input type="checkbox"/>	
Three	<input type="checkbox"/>	
Four	<input type="checkbox"/>	
Five or more	<input type="checkbox"/>	

The questions on this page are about your sister. If you have more than one adult sister, please think about the sister you have most contact with.

- b) How often do you see or visit your sister?

PLEASE TICK  
ONE BOX

(✓)

She lives in the same household	<input type="checkbox"/>	→ GO TO Q.4
Daily	<input type="checkbox"/>	
At least several times a week	<input type="checkbox"/>	
At least once a week	<input type="checkbox"/>	
At least once a month	<input type="checkbox"/>	
Several times a year	<input type="checkbox"/>	
Less often	<input type="checkbox"/>	

- c) About how long would it take you to get to where your sister lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

(✓)

Less than 15 minutes	<input type="checkbox"/>
Between 15 and 30 minutes	<input type="checkbox"/>
Between 30 minutes and 1 hour	<input type="checkbox"/>
Between 1 and 2 hours	<input type="checkbox"/>
Between 2 and 3 hours	<input type="checkbox"/>
Between 3 and 5 hours	<input type="checkbox"/>
Between 5 and 12 hours	<input type="checkbox"/>
Over 12 hours	<input type="checkbox"/>

- d) And how often do you have any other contact with your sister, besides visiting, either by telephone or letter?

PLEASE TICK  
ONE BOX

(✓)

Daily	<input type="checkbox"/>
At least several times a week	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>
Several times a year	<input type="checkbox"/>
Less often	<input type="checkbox"/>

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18.1814  
18.1915  
18.20

BROTHERS

OFFICE  
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- Q4.a) How many brothers aged 18 or older do you have?  
(We mean brothers who are still alive; please include step-brothers, half brothers and adopted brothers.)

PLEASE TICK ONE BOX

None	<input type="checkbox"/>	} PLEASE ANSWER Q.4b) BELOW
One	<input type="checkbox"/>	
Two	<input type="checkbox"/>	
Three	<input type="checkbox"/>	
Four	<input type="checkbox"/>	
Five or more	<input type="checkbox"/>	

→ GO TO Q.5

*The questions on this page are about your brother. If you have more than one adult brother, please think about the brother you have most contact with.*

- b) How often do you see or visit your brother?

PLEASE TICK  
ONE BOX

He lives in the same household

<input type="checkbox"/>	→ GO TO Q.5
<input type="checkbox"/>	

Daily

At least several times a week

At least once a week

At least once a month

Several times a year

Less often

- c) About how long would it take you to get to where your brother lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

Less than 15 minutes

Between 15 and 30 minutes

Between 30 minutes and 1 hour

Between 1 and 2 hours

Between 2 and 3 hours

Between 3 and 5 hours

Between 5 and 12 hours

Over 12 hours

- d) And how often do you have any other contact with your brother, besides visiting, either by telephone or letter?

PLEASE TICK  
ONE BOX

At least several times a week

At least once a week

At least once a month

Several times a year

Less often

/Continued  
over ....

16  
18.21

17  
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18  
18.23

19  
18.24

DAUGHTERS

OFFICE  
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- Q5.a) How many daughters aged 18 or older do you have?  
(We mean daughters who are still alive; please include step-daughters and adopted daughters.)

PLEASE TICK ONE BOX

(✓)  
None ☐ 0 → GO TO Q.6

One ☐ 1

Two ☐ 2

Three ☐ 3

Four ☐ 4

Five or more ☐ 5

PLEASE ANSWER  
Q.5b) BELOW

*The questions on this page are about your daughter. If you have more than one adult daughter, please think about the daughter you have most contact with.*

- b) How often do you see or visit your daughter?

PLEASE TICK  
ONE BOX

She lives in the same household ☐ 1 → GO TO Q.6

Daily ☐ 2

At least several times a week ☐ 3

At least once a week ☐ 4

At least once a month ☐ 5

Several times a year ☐ 6

Less often ☐ 7

- c) About how long would it take you to get to where your daughter lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

Less than 15 minutes ☐ 1

Between 15 and 30 minutes ☐ 2

Between 30 minutes and 1 hour ☐ 3

Between 1 and 2 hours ☐ 4

Between 2 and 3 hours ☐ 5

Between 3 and 5 hours ☐ 6

Between 5 and 12 hours ☐ 7

Over 12 hours ☐ 8

- d) And how often do you have any other contact with your daughter, besides visiting, either by telephone or letter?

PLEASE TICK  
ONE BOX

Daily ☐ 1

At least several times a week ☐ 2

At least once a week ☐ 3

At least once a month ☐ 4

Several times a year ☐ 5

Less often ☐ 6

20  
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21  
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22  
18.27

23  
18.28

SONS

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- Q6.a) How many sons aged 18 or older do you have?  
(We mean sons who are still alive; please include stepsons and adopted sons.)

PLEASE TICK ONE BOX

(✓)

None ☐ 0 → GO TO Q.7

One ☐ 1

Two ☐ 2

Three ☐ 3

Four ☐ 4

Five or more ☐ 5

PLEASE ANSWER Q.6b BELOW

24  
18.29

The questions on this page are about your son. If you have more than one adult son, please think about the son you have most contact with.

- b) How often do you see or visit your son?

PLEASE TICK ONE BOX

He lives in the same household ☐ 1 → GO TO Q.7

Daily ☐ 2

At least several times a week ☐ 3

At least once a week ☐ 4

At least once a month ☐ 5

Several times a year ☐ 6

Less often ☐ 7

25  
18.30

- c) About how long would it take you to get to where your son lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

Less than 15 minutes ☐ 1

Between 15 and 30 minutes ☐ 2

Between 30 minutes and 1 hour ☐ 3

Between 1 and 2 hours ☐ 4

Between 2 and 3 hours ☐ 5

Between 3 and 5 hours ☐ 6

Between 5 and 12 hours ☐ 7

Over 12 hours ☐ 8

26  
18.31

- d) And how often do you have any other contact with your son, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

At least several times a week ☐ 2

At least once a week ☐ 3

At least once a month ☐ 4

Several times a year ☐ 5

Less often ☐ 6

27  
18.32

/Continued over ...

OFFICE  
USE  
ONLY

7. Which of these statements applies to you?

PLEASE TICK  
ONE BOX

I am married and living in the same household as  
my husband or wife

(✓)  
☐ 1

I am living as married and my partner and I live together  
in the same household

☐ 2

I have a husband or wife or steady partner but we don't  
live in the same household

☐ 3

I don't have a steady partner

☐ 4

18.33

28

8.a) Now thinking of all your other adult relatives - those still living and  
aged 18 or older.

How many of each do you have?

(Begin with your grandparents. Please write in a number to show how  
many grandparents you have. If you have none, tick 'NONE', and then  
go on to the next relative.)

NUMBER OR NONE

(✓)

Grandmother, grandfather \_\_\_\_\_ OR ☐ 0

18.34

29

Adult grandchildren \_\_\_\_\_ OR ☐ 00

18.35-36

30

Aunts, uncles \_\_\_\_\_ OR ☐ 00

18.37-38

31

Parents-in-law and adult brothers-in-law  
and sisters-in-law \_\_\_\_\_ OR ☐ 00

18.39-40

32

Adult nieces, nephews, cousins and other  
relatives (AN APPROXIMATE NUMBER WILL DO) \_\_\_\_\_ OR ☐ 00

18.41-42

33

b) Thinking of all these adult relatives, which one do  
you have most contact with?

PLEASE TICK ONE BOX

Grandmother ☐ 01

18.43-44

34

Grandfather ☐ 02

Granddaughter ☐ 03

Grandson ☐ 04

Aunt ☐ 05

Uncle ☐ 06

Mother-in-law ☐ 07

Father-in-law ☐ 08

Sister-in-law ☐ 09

Brother-in-law ☐ 10

Other adult female relative ☐ 11

Other adult male relative ☐ 12

None of these ☐ 13

PLEASE ANSWER  
Q.8c OPPOSITE

GO TO Q.9  
ON PAGE 10

OFFICE  
USE  
ONLY

The questions on this page are about the adult relative you have just ticked, that is the one you have most contact with.

Q8.c) How often do you see or visit this relative? (✓)

PLEASE TICK  
ONE BOX

He/she lives in the same household

☐ 1

→ GO TO Q.9

Daily

☐ 2

At least several times a week

☐ 3

At least once a week

☐ 4

At least once a month

☐ 5

Several times a year

☐ 6

Less often

☐ 7

PLEASE  
ANSWER  
Q.8d) BELOW

d) About how long would it take you to get to where this relative lives? Think of the time it usually takes door to door.

PLEASE TICK ONE BOX

Less than 15 minutes

☐ 1

Between 15 and 30 minutes

☐ 2

Between 30 minutes and 1 hour

☐ 3

Between 1 and 2 hours

☐ 4

Between 2 and 3 hours

☐ 5

Between 3 and 5 hours

☐ 6

Between 5 and 12 hours

☐ 7

Over 12 hours

☐ 8

e) And how often do you have any other contact with this relative, besides visiting, either by telephone or letter?

PLEASE TICK ONE BOX

Daily

☐ 1

At least several times a week

☐ 2

At least once a week

☐ 3

At least once a month

☐ 4

Several times a year

☐ 5

Less often

☐ 6

/Continued over ...

35  
18.45

36  
18.46

37  
18.47



OFFICE  
USE  
ONLY

9. Thinking now of close friends - not your husband, or wife, or partner, or family members - but people you feel fairly close to.

a) How many close friends would you say you have?

(✓)

NONE

PLEASE WRITE IN NUMBER \_\_\_\_\_

OR

18.48 38

b) How many of these friends are people you work with now?

(✓)

NONE

PLEASE WRITE IN NUMBER \_\_\_\_\_

OR

18.49 39

c) How many of these friends are your close neighbours?

(✓)

NONE

PLEASE WRITE IN NUMBER \_\_\_\_\_

OR

18.50 40

d) Now thinking of your best friend, or the friend you feel closest to. Is this friend a man or a woman?

(✓)

Man

18.51 41

PLEASE TICK ONE BOX

Woman

e) How often do you see or visit this friend?

(✓)

PLEASE TICK  
ONE BOX

He/she lives in the same household

→ GO TO Q.10

18.52 42

Daily

At least several times a week

At least once a week

At least once a month

Several times a year

Less often

f) About how long would it take you to get to where this friend lives? Think of the time it usually takes door to door.

(✓)

Less than 15 minutes

18.53 43

PLEASE TICK  
ONE BOX

Between 15 and 30 minutes

Between 30 minutes and 1 hour

Between 1 and 2 hours

Between 2 and 3 hours

Between 3 and 5 hours

Between 5 and 12 hours

Over 12 hours

g) And how often do you have any other contact with this friend, besides visiting, either by telephone or letter?

(✓)

Daily

18.54 44

PLEASE TICK  
ONE BOX

At least several times a week

At least once a week

At least once a month

Several times a year

Less often

husbria 45-48

OFFICE  
USE  
ONLY

Q10. Now we'd like to ask you about some problems that can happen to anyone.

First, there are some household and garden jobs you really can't do alone - for example, you may need someone to hold a ladder, or to help you move furniture.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	V 49 a) FIRST (✓)	b) VS 0 SECOND (✓)
Husband/wife/partner	01	01
Mother	02	02
Father	03	03
Daughter	04	04
Son	05	05
Sister	06	06
Brother	07	07
Other relative, including in-laws	08	08
Closest friend	09	09
Other friend	10	10
Neighbour	11	11
Someone you work with	12	12
Social services, or home help	13	13
Someone you <u>pay</u> to help	14	14
Other (PLEASE WRITE IN) FIRST	97	
Other (PLEASE WRITE IN) SECOND		97
No-one	00	00

18.55-56/  
18.57-58

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

/Continued over ...

OFFICE  
USE  
ONLY

Q11. Suppose you had the 'flu and you had to stay in bed for a few days, and needed help around the home, with shopping and so on.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	51 a) FIRST (✓)	52 b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Health visitor	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Church, clergy or priest	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Someone you <u>pay</u> to help	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Other (PLEASE WRITE IN) FIRST	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND		<input type="checkbox"/> 97
No one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

18.59-60/  
18.61-62

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

OFFICE  
USE  
ONLY

Q12. Suppose you needed to borrow a large sum of money.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	53 a) FIRST (✓)	54 b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Bank, building society or other financial institution	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Employer	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Government or social services	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Other (PLEASE WRITE IN) FIRST _____	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND _____		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

18.63-6  
18.65-6

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

/Continued over ...

OFFICE  
USE  
ONLY

Q13. Suppose you were very upset about a problem with your husband, wife or partner, and haven't been able to sort it out with them.

Even if you are not married or have no partner, what would you do if you were?

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	a) <sup>55</sup> FIRST (✓)	b) <sup>56</sup> SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Church, clergy or priest	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Family doctor (GP)	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Psychologist, psychiatrist, marriage guidance or other professional counsellor	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Other (PLEASE WRITE IN) FIRST	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

18.67-68/  
18.69-70

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

OFFICE  
USE  
ONLY

Q14. Now suppose you felt just a bit down or depressed, and you wanted to talk about it.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONLY ONE AS YOUR FIRST CHOICE AND ONE AS YOUR SECOND CHOICE

	57 a) FIRST (✓)	58 b) SECOND (✓)
Husband/wife/partner	01	01
Mother	02	02
Father	03	03
Daughter	04	04
Son	05	05
Sister	06	06
Brother	07	07
Other relative, including in-laws	08	08
Closest friend	09	09
Other friend	10	10
Neighbour	11	11
Someone you work with	12	12
Church, clergy or priest	13	13
Family doctor (GP)	14	14
Psychologist, psychiatrist, or other professional counsellor	15	15
Other (PLEASE WRITE IN) FIRST	97	
Other (PLEASE WRITE IN) SECOND		97
No-one	00	00

18.71-72/  
18.73-74

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE

/Continued over ...

Q15. And suppose you needed advice about an important change in your life - for example about a job, or moving to another part of the country.

- a) Who would you turn to first for help?  
b) And who would you turn to second?

PLEASE TICK ONE ONLY AS YOUR FIRST CHOICE AND ONE ONLY AS YOUR SECOND CHOICE

	59 a) FIRST (✓)	60 b) SECOND (✓)
Husband/wife/partner	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Mother	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Father	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Daughter	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Son	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Sister	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Brother	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Other relative, including in-laws	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Closest friend	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Other friend	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Neighbour	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Someone you work with	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Church, clergy or priest	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Family doctor (GP)	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Psychologist, psychiatrist or other professional counsellor	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Solicitor /lawyer	<input type="checkbox"/> 16	<input type="checkbox"/> 16
Other (PLEASE WRITE IN) FIRST	<input type="checkbox"/> 97	
Other (PLEASE WRITE IN) SECOND		<input type="checkbox"/> 97
No-one	<input type="checkbox"/> 00	<input type="checkbox"/> 00

18.75-76/  
18.77-78

BEFORE GOING ON TO THE NEXT QUESTION, PLEASE CHECK TO SEE THAT YOU HAVE ONLY ONE FIRST CHOICE AND ONE SECOND CHOICE