

Personal Relationships Questionnaire

This section of the questionnaire asks in detail about your personal relationships and in particular about issues such as how you resolve arguments and how you behave towards each other. The questionnaire does contain sensitive questions, such as whether you suffer / have suffered from or used physical or verbal abuse. Even if you do not think that this topic applies to you we would appreciate your help as we would like to get a wide range of responses. Questions on the first page ask about your age, ethnicity etc, this is because we would like to hear from a wide range of people from a variety of backgrounds.

Although we would like you to attempt each question, you can leave questions blank if you do not wish to answer. If you feel distressed by any of the questions, there are sources of support at the end of the questionnaire. Even if you start answering the questions you can withdraw by simply not returning this questionnaire. After you have sent the questionnaire back we cannot withdraw your information as we do not take your name.

Please read the instructions on the top of each page as the instructions will differ slightly for each questionnaire. The answers that you give are anonymous and you will be identified by a participant number (the one at the top of the page) only. The only people who will see this information are the members of the research team.

Thank you for taking part. If you have any questions about the study please contact a member of the research team.

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Background Information

1	What is your age? _____ years	
2	Which one best represents your ethnicity? (Please circle)	
	<ul style="list-style-type: none"> a. White British b. White Irish c. Other White d. Mixed e. Indian f. Pakistani 	<ul style="list-style-type: none"> g. Bangladeshi h. Other Asian i. Black Caribbean j. Black African k. Chinese l. Other (please specify) -----
3	Are you:	<input type="checkbox"/> Male <input type="checkbox"/> Female
4	How many children less than 18 years of age live in your household? _____	
5	Please read the following statements and decide which one best describes the highest level of school and college education you have completed? (please circle one)	
	<ul style="list-style-type: none"> a. I did not attend school beyond junior/infants b. I left school without formal qualifications (e.g. GCSE) c. I left school having gained GCSEs (or other school certificates) d. I left school having gained A levels (or NVQ level xxx) 	<ul style="list-style-type: none"> e. I have obtained NVQ level ____ vocational qualifications f. I graduated from University with a degree/diploma g. I have postgraduate qualification (e.g. MSc / PhD)
6	Which of the following best describes your current employment status? (please circle one)	
	<ul style="list-style-type: none"> a. Full-time Employed for wages b. Part-time Employed for wages (less than 25hrs per week) c. Part-time Employed for wages in several jobs (for more than 40hrs per week) d. Self-employed e. Out of work for less than 1 year 	<ul style="list-style-type: none"> f. Out of work for more than 1 year g. Stay at home for reasons of parenting/childcare h. Full-time student i. Retired j. Unable to work
7	Please indicate your annual household/family income from all sources e.g. wages, benefits etc (please circle one)	
	<ul style="list-style-type: none"> a. Less than £5,199 b. £5,200 - £10,399 c. £10,400 - £15,599 d. £15,600 - £20,799 e. £20,800 - £33,799 	<ul style="list-style-type: none"> f. £33,800 – £39,999 g. £40,000 - £49,999 h. £50,000 - £69,999 i. £70,000 - £99,999 j. £100,000 or more

Personal Relationships Questionnaire

This questionnaire asks in detail about your personal relationship and in particular about issues such as how you resolve arguments and how you behave towards each other.

This will include items asking about verbal and physical abuse.

This is not a test, so there are no right or wrong answers.

1	If you are not currently in a relationship, please answer the following based on a previous relationship that you have had. Are you going to answer the survey based on: (Please circle)	
	A current relationship.	A previous relationship.
2	Is/was this relationship with? (Please circle)	
	A man.	A woman.

Answer each item carefully and as accurately as you can by circling beside each one as follows:

1 = None of the time

4 = Some of the time

7 = All of the time

2 = Very rarely

5 = A good part of the time

3 = A little of the time

6 = Most of the time

3	My partner physically forces me to have sex:	1	2	3	4	5	6	7
4	My partner pushes and shoves me around violently:	1	2	3	4	5	6	7
5	My partner hits and punches my arms and body:	1	2	3	4	5	6	7
6	My partner threatens me with a weapon:	1	2	3	4	5	6	7
7	My partner beats me so hard I must seek medical help:	1	2	3	4	5	6	7
8	My partner slaps me around my face and head:	1	2	3	4	5	6	7
9	My partner beats me when he or she drinks:	1	2	3	4	5	6	7
10	My partner makes me afraid for my life:	1	2	3	4	5	6	7
11	My partner physically throws me around the room:	1	2	3	4	5	6	7
12	My partner hits and punches my face and head:	1	2	3	4	5	6	7
13	My partner beats me in the face so badly that I am ashamed to be seen in public:	1	2	3	4	5	6	7
14	My partner acts like he or she would like to kill me:	1	2	3	4	5	6	7
15	My partner threatens to cut or stab me with a knife or other sharp object:	1	2	3	4	5	6	7
16	My partner tries to choke or strangle me:	1	2	3	4	5	6	7

Answer each item carefully and as accurately as you can by circling beside each one as follows:

1 = None of the time

4 = Some of the time

7 = All of the time

2 = Very rarely

5 = A good part of the time

3 = A little of the time

6 = Most of the time

17	My partner knocks me down and then kicks or stamps on me:	1	2	3	4	5	6	7
18	My partner twists my fingers, arms or legs:	1	2	3	4	5	6	7
19	My partner throws dangerous objects at me:	1	2	3	4	5	6	7
20	My partner bites or scratches me so badly I bleed or have bruises:	1	2	3	4	5	6	7
21	My partner violently pinches or twists my skin:	1	2	3	4	5	6	7
22	My partner badly hurts me while we are having sex:	1	2	3	4	5	6	7
23	My partner injures my breast or genitals:	1	2	3	4	5	6	7
24	My partner tries to suffocate me with pillows, towels, or other objects:	1	2	3	4	5	6	7
25	My partner pokes or jabs me with pointed objects:	1	2	3	4	5	6	7
26	My partner has broken one or more of my bones:	1	2	3	4	5	6	7
27	My partner kicks my face and head:	1	2	3	4	5	6	7
28	My partner belittles me:	1	2	3	4	5	6	7
29	My partner demands obedience to his or her whims:	1	2	3	4	5	6	7
30	My partner becomes surly and angry if I say he or she is drinking too much:	1	2	3	4	5	6	7
31	My partner demands that I perform sex acts that I do not enjoy or like:	1	2	3	4	5	6	7
32	My partner becomes very upset if my work is not done when he or she thinks it should be:	1	2	3	4	5	6	7
33	My partner does not want me to have any friends of the opposite sex:	1	2	3	4	5	6	7
34	My partner tells me that I am ugly and unattractive:	1	2	3	4	5	6	7
35	My partner tells me I couldn't manage or take care of myself without him or her:	1	2	3	4	5	6	7
36	My partner acts like I am his or her personal servant:	1	2	3	4	5	6	7
37	My partner insults or shames me in front of others:	1	2	3	4	5	6	7
38	My partner becomes very angry if I disagree with his or her point of view:	1	2	3	4	5	6	7
39	My partner is stingy in giving me money:	1	2	3	4	5	6	7
40	My partner belittles me intellectually:	1	2	3	4	5	6	7
41	My partner demands that I stay home:	1	2	3	4	5	6	7
42	My partner feels that I should not work or go to school:	1	2	3	4	5	6	7
43	My partner does not want me to socialize with my same-sex friends:	1	2	3	4	5	6	7

Answer each item carefully and as accurately as you can by circling beside each one as follows:

1 = None of the time

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44	My partner demands sex whether I want it or not:	1	2	3	4	5	6	7
45	My partner screams and yells at me:	1	2	3	4	5	6	7
46	My partner shouts and screams at me when he or she drinks:	1	2	3	4	5	6	7
47	My partner orders me around:	1	2	3	4	5	6	7
48	My partner has no respect for my feelings:	1	2	3	4	5	6	7
49	My partner acts like a bully towards me:	1	2	3	4	5	6	7
50	My partner frightens me:	1	2	3	4	5	6	7
51	My partner treats me like a dunce:	1	2	3	4	5	6	7
52	My partner is surly and rude to me:	1	2	3	4	5	6	7
53	I physically force my partner to have sex:	1	2	3	4	5	6	7
54	I push and shove my partner around violently:	1	2	3	4	5	6	7
55	I hit and punch my partner's arms and body:	1	2	3	4	5	6	7
56	I threaten my partner with a weapon:	1	2	3	4	5	6	7
57	I beat my partner so hard he or she must seek medical help:	1	2	3	4	5	6	7
58	I slap my partner around his or her face and head:	1	2	3	4	5	6	7
59	I beat my partner when I'm drinking:	1	2	3	4	5	6	7
60	I make my partner afraid for his or her life:	1	2	3	4	5	6	7
61	I physically throw my partner around the room:	1	2	3	4	5	6	7
62	I hit and punch my partner's face and head:	1	2	3	4	5	6	7
63	I beat my partner in the face so that he or she is ashamed to be seen in public:	1	2	3	4	5	6	7
64	I act like I would like to kill my partner:	1	2	3	4	5	6	7
65	I threaten to cut or stab my partner with a knife or other sharp object:	1	2	3	4	5	6	7
66	I try to choke or strangle my partner:	1	2	3	4	5	6	7
67	I knock my partner down and then kick or stamp on him or her:	1	2	3	4	5	6	7
68	I twist my partner's fingers, arms or legs:	1	2	3	4	5	6	7
69	I throw dangerous objects at my partner:	1	2	3	4	5	6	7
70	I bite or scratch my partner so badly that he or she bleeds or has bruises:	1	2	3	4	5	6	7

Answer each item carefully and as accurately as you can by circling beside each one as follows:

1 = None of the time
time

4 = Some of the time

7 = All of the

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5 = A good part of the time

71	I violently pinch or twist my partner's skin:	1	2	3	4	5	6	7
72	I hurt my partner while we are having sex:	1	2	3	4	5	6	7
73	I hurt my partner's breast or genitals:	1	2	3	4	5	6	7
74	I try to suffocate my partner with pillows, towels, or other objects:	1	2	3	4	5	6	7
75	I poke or jab my partner with pointed objects:	1	2	3	4	5	6	7
76	I have broken one or more of my partner's bones:	1	2	3	4	5	6	7
77	I kick my partner's face and head:	1	2	3	4	5	6	7
78	I make fun of my partner's ability to do things:	1	2	3	4	5	6	7
79	I expect my partner to obey:	1	2	3	4	5	6	7
80	I become very upset and angry if my partner says that I have been drinking too much:	1	2	3	4	5	6	7
81	I demand my partner to perform sex acts that he or she does not enjoy or like:	1	2	3	4	5	6	7
82	I become very upset if my partner's work is not done when I think it should be:	1	2	3	4	5	6	7
83	I don't want my partner to have any friends of the opposite sex:	1	2	3	4	5	6	7
84	I tell my partner he or she is ugly and unattractive:	1	2	3	4	5	6	7
85	I tell my partner to hop to it when I give him or her an order:	1	2	3	4	5	6	7
86	I expect my partner to hop it when I give him or her an order:	1	2	3	4	5	6	7
87	I insult or shame my partner in front of others:	1	2	3	4	5	6	7
88	I become angry if my partner disagrees with my point of view:	1	2	3	4	5	6	7
89	I carefully control the money I give my partner:	1	2	3	4	5	6	7
90	I tell my partner that he or she is dumb or stupid:	1	2	3	4	5	6	7
91	I demand that my partner stay home:	1	2	3	4	5	6	7
92	I don't want my partner to work or go to school:	1	2	3	4	5	6	7
93	I don't want my partner socializing with his or her same-sex friends:	1	2	3	4	5	6	7
94	I demand sex whether my partner wants it or not:	1	2	3	4	5	6	7
95	I scream and yell at my partner:	1	2	3	4	5	6	7
96	I shout and scream at my partner when I'm drinking:	1	2	3	4	5	6	7

Answer each item carefully and as accurately as you can by circling beside each one as follows:

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97	I order my partner around:	1	2	3	4	5	6	7
98	I have no respect for my partner's feelings:	1	2	3	4	5	6	7
99	I act like a bully towards my partner:	1	2	3	4	5	6	7
100	I frighten my partner:	1	2	3	4	5	6	7
101	I treat my partner like he or she is a dimwit:	1	2	3	4	5	6	7
102	I'm rude to my partner:	1	2	3	4	5	6	7

Relationship Behaviours Questionnaire

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences.

Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

- | | |
|--|--|
| 0 = This has never happened. | 4 = 6-10 times in the past year. |
| 1 = Once in the past year. | 5 = 11-20 times in the past year. |
| 2 = Twice in the past year. | 6 = More than 20 times in the past year. |
| 3 = 3-5 times in the past year. | 7 = Not in the past year, but it did happen before. |

1	I showed my partner I cared even though we disagreed.	0	1	2	3	4	5	6	7
2	My partner showed care for me even though we disagreed.	0	1	2	3	4	5	6	7
3	I explained my side of a disagreement to my partner.	0	1	2	3	4	5	6	7
4	My partner explained his or her side of a disagreement to me.	0	1	2	3	4	5	6	7
5	I insulted or swore at my partner.	0	1	2	3	4	5	6	7
6	My partner insulted or swore at me.	0	1	2	3	4	5	6	7
7	I threw something at my partner that could hurt.	0	1	2	3	4	5	6	7
8	My partner threw something at me that could hurt.	0	1	2	3	4	5	6	7
9	I twisted my partner's arm or hair.	0	1	2	3	4	5	6	7
10	My partner twisted my arm or hair.	0	1	2	3	4	5	6	7
11	I had a sprain, bruise, or small cut because of a fight with my partner.	0	1	2	3	4	5	6	7
12	My partner had a sprain, bruise, or small cut because of a fight with me.	0	1	2	3	4	5	6	7
13	I showed respect for my partner's feelings about an issue.	0	1	2	3	4	5	6	7
14	My partner showed respect for my feelings about an issue.	0	1	2	3	4	5	6	7
15	I made my partner have sex without a condom.	0	1	2	3	4	5	6	7
16	My partner made me have sex without a condom.	0	1	2	3	4	5	6	7
17	I pushed or shoved my partner.	0	1	2	3	4	5	6	7
18	My partner pushed or shoved me.	0	1	2	3	4	5	6	7

Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

0 = This has never happened.
 1 = Once in the past year.
 2 = Twice in the past year.
 3 = 3-5 times in the past year.

4 = 6-10 times in the past year.
 5 = 11-20 times in the past year.
 6 = More than 20 times in the past year.
 7 = Not in the past year, but it did happen before.

19	I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex.	0	1	2	3	4	5	6	7
20	My partner used force (like hitting, holding down, or using a weapon) to make me have oral or anal sex.	0	1	2	3	4	5	6	7
21	I used a knife or gun on my partner.	0	1	2	3	4	5	6	7
22	My partner used a knife or gun on me.	0	1	2	3	4	5	6	7
23	I passed out from being hit on the head by my partner in a fight.	0	1	2	3	4	5	6	7
24	My partner passed out from being hit on the head in a fight with me.	0	1	2	3	4	5	6	7
25	I called my partner fat or ugly.	0	1	2	3	4	5	6	7
26	My partner called me fat or ugly.	0	1	2	3	4	5	6	7
27	I punched or hit my partner with something that could hurt.	0	1	2	3	4	5	6	7
28	My partner punched or hit me with something that could hurt.	0	1	2	3	4	5	6	7
29	I destroyed something belonging to my partner.	0	1	2	3	4	5	6	7
30	My partner destroyed something belonging to me.	0	1	2	3	4	5	6	7
31	I went to a doctor because of a fight with my partner.	0	1	2	3	4	5	6	7
32	My partner went to a doctor because of a fight with me.	0	1	2	3	4	5	6	7
33	I choked my partner.	0	1	2	3	4	5	6	7
34	My partner choked me.	0	1	2	3	4	5	6	7
35	I shouted or yelled at my partner.	0	1	2	3	4	5	6	7
36	My partner shouted or yelled at me.	0	1	2	3	4	5	6	7
37	I slammed my partner against a wall.	0	1	2	3	4	5	6	7
38	My partner slammed me against a wall.	0	1	2	3	4	5	6	7
39	I said I was sure we could work out a problem.	0	1	2	3	4	5	6	7
40	My partner was sure we could work it out.	0	1	2	3	4	5	6	7
41	I needed to see a doctor because of a fight with my partner, but I didn't.	0	1	2	3	4	5	6	7
42	My partner needed to see a doctor because of a fight with me, but didn't.	0	1	2	3	4	5	6	7

Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

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4 = 6-10 times in the past year.

5 = 11-20 times in the past year.

6 = More than 20 times in the past year.

7 = Not in the past year, but it did happen before.

43	I beat up my partner.	0	1	2	3	4	5	6	7
44	My partner beat me up.	0	1	2	3	4	5	6	7
45	I grabbed my partner.	0	1	2	3	4	5	6	7
46	My partner grabbed me.	0	1	2	3	4	5	6	7
47	I used force (like hitting, holding down, or using a weapon) to make my partner have sex.	0	1	2	3	4	5	6	7
48	My partner used force (like hitting, holding down, or using a weapon) to make me have sex.	0	1	2	3	4	5	6	7
49	I stomped out of the room or house or yard during a disagreement.	0	1	2	3	4	5	6	7
50	My partner stomped out of the room or house or yard during a disagreement.	0	1	2	3	4	5	6	7
51	I insisted on sex when my partner did not want to (but did not use physical force).	0	1	2	3	4	5	6	7
52	My partner insisted on sex when I did not want to (but did not use physical force).	0	1	2	3	4	5	6	7
53	I slapped my partner.	0	1	2	3	4	5	6	7
54	My partner slapped me.	0	1	2	3	4	5	6	7
55	I had a broken bone from a fight with my partner.	0	1	2	3	4	5	6	7
56	My partner had a broken bone from a fight with me.	0	1	2	3	4	5	6	7
57	I used threats to make my partner have oral or anal sex.	0	1	2	3	4	5	6	7
58	My partner I used threats to make me have oral or anal sex.	0	1	2	3	4	5	6	7
59	I suggested a compromise to a disagreement.	0	1	2	3	4	5	6	7
60	My partner suggested a compromise to a disagreement.	0	1	2	3	4	5	6	7
61	I burned or scalded my partner on purpose.	0	1	2	3	4	5	6	7
62	My partner burned or scalded me on purpose.	0	1	2	3	4	5	6	7
63	I insisted my partner have oral or anal sex (but did not use physical force).	0	1	2	3	4	5	6	7
64	My partner insisted I have oral or anal sex (but did not use physical force).	0	1	2	3	4	5	6	7

Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

**0 = This has never happened.
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**4 = 6-10 times in the past year.
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65	I accused my partner of being a lousy lover.	0	1	2	3	4	5	6	7
66	My partner accused me of being a lousy lover.	0	1	2	3	4	5	6	7
67	I did something to spite my partner.	0	1	2	3	4	5	6	7
68	My partner did something to spite me.	0	1	2	3	4	5	6	7
69	I threatened to hit or throw something at my partner.	0	1	2	3	4	5	6	7
70	My partner threatened to hit or throw something at me.	0	1	2	3	4	5	6	7
71	I felt physical pain that still hurt the next day because of a fight with my partner.	0	1	2	3	4	5	6	7
72	My partner still felt physical pain the next day because of a fight we had.	0	1	2	3	4	5	6	7
73	I kicked my partner.	0	1	2	3	4	5	6	7
74	My partner kicked me.	0	1	2	3	4	5	6	7
75	I used threats to make my partner have sex.	0	1	2	3	4	5	6	7
76	My partner used threats to make me have sex.	0	1	2	3	4	5	6	7
77	I agreed to try a solution to a disagreement my partner suggested.	0	1	2	3	4	5	6	7
78	My partner agreed to try a solution I suggested.	0	1	2	3	4	5	6	7

Attitude Questionnaire

Read each statement and decide whether it is true as applied to you or false as applied to you. If a statement is TRUE or MOSTLY TRUE as applied to you, check the box in the TRUE column. If a statement is FALSE or MOSTLY FALSE as applied to you, check the box in the FALSE column.

Remember to give YOUR OWN opinion of yourself.

Do not leave any boxes blank if you can avoid it.

1	When I take a new job, I like to be tipped off on who I should get along with.	True	False
2	When someone does me a wrong, I feel I should pay him back if I can, just for the principle of the thing.	True	False
3	I prefer to pass by school friends, or people I know but have not seen for a long time, unless they speak to me first.	True	False
4	I have often had to take orders from someone who did not know as much as I did.	True	False
5	I think a great many people exaggerate their misfortunes in order to gain the sympathy and help of others.	True	False
6	It takes a lot of argument to convince most people of the truth.	True	False
7	I think most people would lie to get ahead.	True	False
8	Someone has it in for me.	True	False
9	Most people are honest chiefly through fear of getting caught.	True	False
10	Most people will use somewhat unfair means to gain profit or an advantage rather than lose it.	True	False
11	I commonly wonder what hidden reason another person may have for doing something nice for me.	True	False
12	It makes me impatient to have people ask my advice or otherwise interrupt me when I am working on something important.	True	False
13	I feel that I have often been punished without cause.	True	False
14	I am against giving money to beggars.	True	False
15	Some of my family have habits that bother and annoy me very much.	True	False
16	My relatives are nearly all in sympathy with me.	True	False
17	My way of doing things is apt to be misunderstood by others.	True	False
18	I don't blame anyone for trying to grab everything he can get in this world.	True	False
19	No one cares much what happens to you.	True	False
20	I can be friendly with people who do things I consider wrong.	True	False

Read each statement and decide whether it is true as applied to you or false as applied to you. If a statement is TRUE or MOSTLY TRUE as applied to you, check the box in the TRUE column. If a statement is FALSE or MOSTLY FALSE as applied to you, check the box in the FALSE column.

21	It is safer to trust nobody.	True	False
22	I do not blame a person for taking advantage of someone who lays himself open to it.	True	False
23	I have often felt that strangers were looking at me critically.	True	False
24	Most people make friends because friends are likely to be useful to them.	True	False
25	I am sure I am being talked about.	True	False
26	I am likely not to speak to people until they speak to me.	True	False
27	Most people inwardly dislike putting themselves out to help other people.	True	False
28	I tend to be on my guard with people who are somewhat more friendly than I had expected.	True	False
29	I have sometimes stayed away from another person because I feared doing or saying something I might regret afterwards.	True	False
30	People often disappoint me.	True	False
31	I like to keep people guessing what I'm going to do next.	True	False
32	I frequently ask people for advice.	True	False
33	I am not easily angered.	True	False
34	I have often met people who were supposed to be experts who were no better than I.	True	False
35	I would certainly enjoy beating a crook at his own game.	True	False
36	It makes me feel like a failure when I hear of the success of someone I know well.	True	False
37	I have at times had to be rough with people who were rude or annoying.	True	False
38	People generally demand more respect for their own rights than they are willing to allow for others.	True	False
39	There are certain people whom I dislike so much that I am inwardly pleased when they are catching it for something they have done.	True	False
40	I am often inclined to go out of my way to win a point with someone who has opposed me.	True	False
41	I am quite often not in on the gossip and talk of the group I belong to.	True	False
42	The man who had the most to do with me when I was a child (such as my father, stepfather, etc.) was very strict with me.	True	False

Read each statement and decide whether it is true as applied to you or false as applied to you. If a statement is TRUE or MOSTLY TRUE as applied to you, check the box in the TRUE column. If a statement is FALSE or MOSTLY FALSE as applied to you, check the box in the FALSE column.

43	I have often found people jealous of my good ideas, just because they had not thought of them first.	True	False
44	When a man is with a woman, he is usually thinking about things related to her sex.	True	False
45	I do not try to cover up my poor opinion or pity of a person so that they won't know how I feel.	True	False
46	I have frequently worked under people who seem to have things arranged so that they get credit for good work but are able to pass off mistakes onto those under them.	True	False
47	I strongly defend my own opinions as a rule.	True	False
48	People can pretty easily change me even though I thought that my mind was already made up on a subject.	True	False
49	Sometimes I am sure that other people can tell what I am thinking.	True	False
50	A large number of people are guilty of bad sexual conduct.	True	False

Quality of Life Questionnaire

These questions are about physical, mental, or emotional health / problems or limitations you may have in your daily life.

1	Would you say that in general your health is: (circle one)	
	a. Excellent b. Very Good c. Good	d. Fair e. Poor f. Don't Know / Not Sure

2	Are you LIMITED in any way in any activities because of any impairment or health problem? (circle one)
	a. Yes b. No c. Don't Know / Not Sure

3	What is the MAJOR impairment or health problem that limits your activities? (Circle One)		
	a. Arthritis/rheumatism b. Back or neck problem c. Fractures, bone/joint injury d. Walking problem e. Lung/breathing problem	f. Hearing problem g. Eye/vision problem h. Heart problem i. Stroke problem j. Hypertension/high blood pressure	k. Diabetes l. Cancer m. Depression/anxiety/emotional problem n. Other impairment / problem o. Don't know/Not sure

4	For HOW LONG have your activities been limited because of your major impairment or health problem? (circle one and specify if relevant)	
	a. Days ____ b. Weeks ____ c. Months ____	d. Years ____ e. Don't Know / Not Sure

Quality of Life Questionnaire

These questions are about physical, mental, or emotional health / problems or limitations you may have in your daily life.

Please circle and include number of days if applicable.

5	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	Number of days _____	None	Don't Know / Not Sure
6	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	Number of days _____	None	Don't Know / Not Sure
7	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	Number of days _____	None	Don't Know / Not Sure
8	Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?	Number of days _____	None	Don't Know / Not Sure
9	Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	Number of days _____	None	Don't Know / Not Sure
10	During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?	Number of days _____	None	Don't Know / Not Sure
11	During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?	Number of days _____	None	Don't Know / Not Sure
12	During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?	Number of days _____	None	Don't Know / Not Sure
13	During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP?	Number of days _____	None	Don't Know / Not Sure
14	During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY?	Number of days _____	None	Don't Know / Not Sure

Social Support Questionnaire

Next are some questions about the support that is available to you.

1

About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Write the number of close friends and close relatives: _____

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kind of support available to you if you need it? (Circle one number on each line)

1 = None of the time

4 = Most of the time

2 = A little of the time

5 = All of the time

3 = Some of the time

2	Someone to help you if you were confined to bed.	1	2	3	4	5
3	Someone you can count on to listen to you when you need to talk.	1	2	3	4	5
4	Someone to give you good advice about a crisis.	1	2	3	4	5
5	Someone to take you to the doctor if you needed it.	1	2	3	4	5
6	Someone who shows you love and affection.	1	2	3	4	5
7	Someone to have a good time with.	1	2	3	4	5
8	Someone to give you information to help you understand a situation.	1	2	3	4	5
9	Someone to confide in or talk to about yourself or your problems.	1	2	3	4	5
10	Someone who hugs you.	1	2	3	4	5
11	Someone to get together with for relaxation.	1	2	3	4	5
12	Someone to prepare your meals if you were unable to do it yourself.	1	2	3	4	5
13	Someone whose advice you really want.	1	2	3	4	5
14	Someone to do things with to help you get your mind off things.	1	2	3	4	5
15	Someone to help with daily chores if you were sick.	1	2	3	4	5
16	Someone to share your most private worries and fears with.	1	2	3	4	5
17	Someone to turn to for suggestions about how to deal with a personal problem.	1	2	3	4	5
18	Someone to do something enjoyable with.	1	2	3	4	5
19	Someone who understands your problems.	1	2	3	4	5
20	Someone to love and make you feel wanted.	1	2	3	4	5

Thank you for taking part, it is much appreciated.

This is the first part of the questionnaire and can be returned using the Stamped Addressed Envelope provided.

The second part of the questionnaire can be completed now or if you prefer completed later (and returned using the second Stamped Addressed Envelope).

The second part does not mention domestic violence but if you feel unsafe providing information or that your partner would react badly if they knew you were taking part please do not fill this out at home.

If you have been distressed by any of the questionnaire items or believe that you need further support, one of these agencies may be able to help. This page can be detached for you reference – *however if your partner would react badly to you having this information please ensure that you keep it in a safe place.*

General relationship support

Association for Marriage Enrichment

(Workshops for couples, teaching skills for better communication, mutual appreciation, and resolution of conflict.)

Church Cottage North, Sea Lane, Kilve, North Bridgwater, Somerset TA5 1EG

Tel: 01278 741 302

Domestic violence support

Women's Aid

(A national charity supporting a network of over 500 women's domestic and sexual violence services across the UK)

PO Box Bristol 391

BS99 7WS

Tel: 0117 944 4411

<http://www.womensaid.org.uk/>

The Mankind Initiative

(Support organization to male victims of domestic violence and domestic abuse as well as calls from friends and family members of victims).

Contact: 46 Hamilton Square, Birkenhead,

Merseyside CH41 5AR.

Tel. 01823 334244 (Weekdays 10.00am – 4pm and 7pm – 9pm)

Email: admin@mankind.org.uk

Respect

(UK association for domestic violence perpetrator programmes and associated support services)

Tel: 0845 122 8609. This is an information line and does not provide counselling. (Monday and Friday 10am to 1pm and 2pm to 5pm, Tuesday and Wednesday 10am to 1pm and 2pm to 8pm)

Web: www.respect.uk.net.

For more information on support groups go

to: <http://www.dfes.gov.uk/marriageandrelationshipsupport/famtxtfr.shtml>

If you would like more information about the study please contact one of the research team

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