



Enduring Love? Couple relationships in the 21st century

Questionnaire

We are studying long-term adult couple relationships and what these relationships mean for people today. Please complete this questionnaire and tell us about your relationship experience.

Filling out this questionnaire should take about 10-15 minutes. We appreciate your time and your thoughts.

All answers will be treated as strictly confidential and data will be anonymised. No personal information will be shared with any third party. This research operates within the 'Statement of Ethical Practice' issued by the British Sociological Association (BSA).

You are also not obliged to answer every question should you choose not to.

1 Are you currently in a long-term couple relationship?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (we will be unable to use your data)
<input type="checkbox"/>		<input type="checkbox"/>	Other (please specify)

2 Approximately, how long have you been in this current relationship?			
<input type="checkbox"/>	Under 1 year	<input type="checkbox"/>	1-5 years
<input type="checkbox"/>	6-10 years	<input type="checkbox"/>	11-15 years
<input type="checkbox"/>	16-20 years	<input type="checkbox"/>	More than 20 years

3 How would you best describe your relationship?			
<input type="checkbox"/>	Married	<input type="checkbox"/>	Civil Partnership
<input type="checkbox"/>	Living together	<input type="checkbox"/>	Going out with someone
<input type="checkbox"/>	Couple—not living together	<input type="checkbox"/>	Other (please specify)

4 What is your Gender?			
<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
<input type="checkbox"/>		<input type="checkbox"/>	Other (please state)

5 How old are you?			
<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-34 years
<input type="checkbox"/>	35-44 years	<input type="checkbox"/>	45-54 years
<input type="checkbox"/>	55-64 years	<input type="checkbox"/>	65+

6 Sexual orientation			
<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Gay/Lesbian
<input type="checkbox"/>		<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Other (please specify)		

7 In general, how would you define a long-term relationship?					
Tick as many as apply					
<input type="checkbox"/>	Length of time spent together	<input type="checkbox"/>	Having children	<input type="checkbox"/>	Being a family
<input type="checkbox"/>	Shared commitment	<input type="checkbox"/>	Being married	<input type="checkbox"/>	Other (please specify)

8 Have you had other long-term relationships?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, how many?					
Approximately, how long did your last long-term relationship last?					
<input type="checkbox"/>	Under 1 year	<input type="checkbox"/>	1-5 years	<input type="checkbox"/>	6-10 years
<input type="checkbox"/>	11-15 years	<input type="checkbox"/>	16-20 years	<input type="checkbox"/>	More than 20 years

9 Your relationship					
Each statement below is followed by a series of five possible responses. Read each statement carefully and decide which response best describes your relationship with your partner.					
Please tick the corresponding response.					
sd = strongly disagree					
d = disagree					
nad = neither agree/disagree					
a = agree					
sa = strongly agree					
	sd	d	nad	a	sa
We enjoy each other's company	<input type="checkbox"/>				
Family members get too involved in our relationship	<input type="checkbox"/>				
Compromise is crucial in our relationship	<input type="checkbox"/>				
Our relationship goes through ups and downs	<input type="checkbox"/>				
Our relationship is mainly about practicalities such as domestic chores and money	<input type="checkbox"/>				
We are both equally affectionate	<input type="checkbox"/>				
I am totally committed to making this relationship work	<input type="checkbox"/>				
This is the relationship I always dreamed of	<input type="checkbox"/>				
We have shared values	<input type="checkbox"/>				
Sex is an important part of our relationship	<input type="checkbox"/>				
Faith shapes our relationship	<input type="checkbox"/>				
I am content in our relationship	<input type="checkbox"/>				
Raising children together makes our relationship stronger (leave blank if you are not a parent)	<input type="checkbox"/>				

10 You and your partner¹

Each statement is followed by a series of five possible responses. Read each statement carefully and decide which response best describes your partner and your feelings towards them.

Please tick the corresponding response. sd = strongly disagree d = disagree nad = neither agree/disagree a = agree sa = strongly agree	sd	d	nad	a	sa
My partner is usually aware of my needs	<input type="checkbox"/>				
My partner makes me laugh	<input type="checkbox"/>				
I think of my partner as my soul mate	<input type="checkbox"/>				
My partner doesn't always listen to me	<input type="checkbox"/>				
Infidelity would break our relationship	<input type="checkbox"/>				
I think I love my partner more than they love me	<input type="checkbox"/>				
I can forgive my partner	<input type="checkbox"/>				
We enjoy an open, non-monogamous relationship	<input type="checkbox"/>				
I sometimes feel lonely even when I am with my partner	<input type="checkbox"/>				
Being with my partner broadens my horizons	<input type="checkbox"/>				
My partner wants to have sex more often than I do	<input type="checkbox"/>				
My partner has annoying habits	<input type="checkbox"/>				
We have grown apart over time	<input type="checkbox"/>				

¹ Partner can mean can mean husband, wife, boyfriend, girlfriend, other half etc.

11 What you 'do' in your relationship					
Each statement is followed by five possible responses. Read each statement carefully and decide which response best describes what you and your partner do together on a regular basis.					
Please tick the corresponding response.					
1 = never					
2 = occasionally					
3 = sometimes					
4 = often					
5 = always	1	2	3	4	5
We make time to be together, on our own	<input type="checkbox"/>				
We share our domestic chores fairly	<input type="checkbox"/>				
We say "I love you" to each other	<input type="checkbox"/>				
We lead separate lives	<input type="checkbox"/>				
We share our financial resources fairly	<input type="checkbox"/>				
We give each other gifts and/or cards	<input type="checkbox"/>				
We argue over money	<input type="checkbox"/>				
We are there for each other	<input type="checkbox"/>				
We talk to each other about everything	<input type="checkbox"/>				
We share a bedroom	<input type="checkbox"/>				
I support my partner financially	<input type="checkbox"/>				
We take part in our local community	<input type="checkbox"/>				
We pursue shared interests	<input type="checkbox"/>				

12 Take a few moments to think about the following questions and decide which response best describes how you are feeling.					
Take a few moments to think about the following questions and decide which response best describes how you are feeling.					
Please tick the corresponding response.					
1 = very unhappy					
2 = unhappy					
3 = neither					
4 = happy					
5 = very happy	1	2	3	4	5
How happy are you with your life overall?	<input type="checkbox"/>				
How happy are you with your relationship overall?	<input type="checkbox"/>				
How happy are you with your partner overall?	<input type="checkbox"/>				

13 Who is the most important person in your life?	
Please tick only one box	
<input type="checkbox"/> My child/ren	<input type="checkbox"/> Friend
<input type="checkbox"/> My partner	<input type="checkbox"/> Mother
<input type="checkbox"/> Father	<input type="checkbox"/> Brother
<input type="checkbox"/> Sister	<input type="checkbox"/> Self
<input type="checkbox"/> Other family members	<input type="checkbox"/> Other (please specify)
Can you explain why?	

14 Do you talk about your relationship to any of the following people?			
Please tick as many as apply			
<input type="checkbox"/> My child/ren	<input type="checkbox"/> Father	<input type="checkbox"/> Colleagues	
<input type="checkbox"/> My partner	<input type="checkbox"/> Brother	<input type="checkbox"/> Religious community	
<input type="checkbox"/> Friend/s	<input type="checkbox"/> Sister	<input type="checkbox"/> Other family members	
<input type="checkbox"/> Mother	<input type="checkbox"/> Neighbours	<input type="checkbox"/> I don't talk to anybody about it	
<input type="checkbox"/> Other (please specify)			

15 Would you consider turning to any of the following for support, help or advice with your relationship?		
Please tick only one box		
<input type="checkbox"/> Health Visitor	<input type="checkbox"/> GP	
<input type="checkbox"/> Couple Counselling	<input type="checkbox"/> Individual Counselling	
<input type="checkbox"/> Websites	<input type="checkbox"/> Solicitor	
<input type="checkbox"/> Religious community	<input type="checkbox"/> Agony aunts	
<input type="checkbox"/> None	<input type="checkbox"/> Other (please specify)	
Have you made use of any of the above for relationship support in the past?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, which?		
If yes, was this		
<input type="checkbox"/> Helpful	<input type="checkbox"/> Unhelpful	<input type="checkbox"/> Other (please specify)
Why do you say this?		

16a	Identify two things that you like <i>best</i> about your relationship.
16b	Identify two things that you like <i>least</i> about your relationship.
16c	Identify two things that your partner does for you that make you <i>feel appreciated</i>.

Questions about yourself

17	Children	
Are there children living in your household?		
<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, how many children live in your household?		
How old are they?		
Do you have children who do not live at home?		
<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, how old are they?		

18	What is your religion?	
<input type="checkbox"/>	Buddhist	<input type="checkbox"/> Sikh
<input type="checkbox"/>	Christian (incl. Church of England, Protestant & other Christian denominations)	<input type="checkbox"/> Jewish
<input type="checkbox"/>	Hindu	<input type="checkbox"/> No religion
<input type="checkbox"/>	Muslim	<input type="checkbox"/> Other (please specify)

19 How would you best describe your employment status?	
<input type="checkbox"/>	Employed or self-employed, working 1-34 hours per week
<input type="checkbox"/>	Employed or self-employed, working 35 or more hours per week
<input type="checkbox"/>	Not employed, looking for work
<input type="checkbox"/>	Full-time student
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Full-time homemaker or carer
<input type="checkbox"/>	Disabled, not able to work
<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Other (please specify)

20 What is your highest educational qualification?			
<input type="checkbox"/>	No formal qualification	<input type="checkbox"/>	GCSE (O levels)
<input type="checkbox"/>	NVQ level	<input type="checkbox"/>	A levels/AS levels
<input type="checkbox"/>	Other vocational qualification (please specify)	<input type="checkbox"/>	Professional qualifications (please specify)
<input type="checkbox"/>	Undergraduate degree	<input type="checkbox"/>	Postgraduate (Masters/PhD)
<input type="checkbox"/>	Other (please specify)		

21 Which of the following groups most adequately describes your ethnic origin?			
White		Mixed	
<input type="checkbox"/>	British	<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	Other White background	<input type="checkbox"/>	White and Black African
Black or Black British		<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other – Mixed background
<input type="checkbox"/>	African	Other	
<input type="checkbox"/>	Other Black background	<input type="checkbox"/>	Other Ethnic background
Asian or Asian British		<input type="checkbox"/>	Not known
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Would rather not say
<input type="checkbox"/>	Pakistani		
<input type="checkbox"/>	Bangladeshi		
<input type="checkbox"/>	Chinese		
<input type="checkbox"/>	Other Asian background		

22	Have any of the following events happened to you and/or your partner in the past two years?	
<input type="checkbox"/>	House move	<input type="checkbox"/> Separation and/or divorce
<input type="checkbox"/>	Marriage	<input type="checkbox"/> Serious illness
<input type="checkbox"/>	Moving in together	<input type="checkbox"/> Redundancy or becoming unemployed
<input type="checkbox"/>	Bereavement	<input type="checkbox"/> Starting work
<input type="checkbox"/>	Birth of child	<input type="checkbox"/> Other new person joining household
<input type="checkbox"/>	Miscarriage	<input type="checkbox"/> Starting college/uni/educational course
<input type="checkbox"/>	Other (please specify)	

23	Is there anything further that you'd like to tell us about your relationship?

24	Alongside this questionnaire, we are also interviewing couples about their relationship. Would you like us to contact you with further information?*	
<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, please provide your name and contact details		
Name		
Postcode		
Email		
Phone number		

25	Would you be interested in receiving updates about the <i>Enduring Love</i> project?*	
<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, please provide your name and contact details (or write 'as above')		
Name		
Address		
Postcode		
Email		
Phone number		

* Details you provide here will be stored separately from your completed questionnaire.

Data protection and further information

Thank you for your time in completing this questionnaire about long-term adult couple relationships and what these relationships mean for people today.

We honour our guarantees of confidentiality and anonymity. No personal information will be shared with any third party.

This research operates within the 'Statement of Ethical Practice' issued by the British Sociological Association (BSA).

We have created a website where you will find further information and contact details. Please visit www.enduringlove.co.uk.

If you have any queries please don't hesitate to get in contact with one of us.

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