

P15381

Serial Number

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1-8

CKL

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9

Person no

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10-11

SPARE 12-13

Interviewer number

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22-25

First name

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Card

Batch

3	1	6
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14-16

17-21

Survey month

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SPARE 26-265

Scottish Health Survey 2021 Booklet for Adults Version B

How to fill in this questionnaire

- A Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Example:

Tick ONE box

Very healthy life Fairly healthy life Not very healthy life An unhealthy life

Do you feel that you lead a

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- B On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick ONE box

Yes → Go to Q4
No → Go to Q5

Please check that you have completed all the questions relevant to you and that none of the pages have stuck together

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q1a How often do you have a drink containing alcohol?

Tick ONE box

Never	<input type="checkbox"/>	1	Go to Q11 on pg 4
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	Go to Q1b ↓
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

266

Q1b How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick ONE box

1 or 2	<input type="checkbox"/>	1
3 or 4	<input type="checkbox"/>	2
5 or 6	<input type="checkbox"/>	3
7 to 9	<input type="checkbox"/>	4
10 or more	<input type="checkbox"/>	5

267

Q2 How often do you have six or more drinks on one occasion?

Tick ONE box

Never	<input type="checkbox"/>	1
Less than monthly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Weekly	<input type="checkbox"/>	4
Daily or almost daily	<input type="checkbox"/>	5

268

Q3 How often during the last year have you found that you were not able to stop drinking once you had started?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

269

Q4 How often during the last year have you failed to do what was normally expected of you because of drinking?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

270

Q5 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Tick ONE box

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

271

Q6 How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

272

Q7 How often during the last year have you been unable to remember what happened the night before because of your drinking? **Tick ONE box**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

273

Q8 Have you or someone else been injured because of your drinking? **Tick ONE box**

- No 1
- Yes, but not in the last year 2
- Yes, during the last year 3

274

Q9 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box**

- No 1
- Yes, but not in the last year 2
- Yes, during the last year 3

275

Q10 I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box**

- Yes 1
- No 2

276

We would like to know whether you have ever personally had a problem or issue with the amount of alcohol you drink either now or at any point in your life.

EVERYONE PLEASE ANSWER

Q11 Have you **ever** had a problem with how much alcohol you drink?

Tick **ONE** box

Yes ₁ — Go to Q12 ↓

No ₂ — Go to Q13 on page 5

283

Q12 Do you **still** have a problem with how much alcohol you drink?

Tick **ONE** box

Yes ₁ — Go to Q13 ↓

No ₂ — Go to Q13 on page 5

284

SPARE 285-300

DRUGS

The following questions ask whether or not you have used drugs in the last 12 months or not. The answers you give are completely confidential.
PLEASE READ THIS CAREFULLY

EVERYONE PLEASE ANSWER

Q13 Have you taken any of the following in the **last 12 months?**

Please tick **ONE** box for each substance

Tick **ONE** box per substance

	Yes	No	
Amphetamine (speed, sulph, uppers, Billy, base)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	301
Methamphetamine (crystal meth, ice, glass, Tina, yabba, crystal)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	302
Cannabis (weed, pot, grass, hash, skunk, ganja, blunt, dope, blow, spliff, smoke, green, edibles, joints, marijuana, oil, resin, pollen, shatter)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	303
Synthetic cannabis (K2, spice, black mamba, incense, fake weed, Yucatan, genie)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	304
Cocaine (coke, charlie, white, flake, ching, posh, petrol)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	305
Crack (rock, sand, stone, pebbles, freebase, wash)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	306
Ecstasy / MDMA Powder (‘E’, ‘X’, eccies, ‘XTC’, MDMA, swedgerz, pingers, sweeties, pills, Mandy, madman)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	307
Heroin (smack, skag, ‘H’, morphine, fentanyl, brown, junk, gear, kit)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	308
LSD (acid, tabs, trips, blotters)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	309
Magic mushrooms (mushies, psilocybin, shrooms, liberty caps)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	310
Methadone / Physeptone <u>without prescription</u> (phy, meth, linctus, juice, turtle, green)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	311
Semeron (sems, ‘S’)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	312
Anabolic steroids <u>without prescription</u> (steroids, roids)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	313
Poppers (amyl nitrate, liquid gold, TNT)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	314
Ketamine (K, special K, ket)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	315
Glues, solvents, gas or aerosols (to sniff or inhale)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	316
Mephedrone (M-Cat, 4MMC, ‘bubbles’, drone, meph)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	317
Tranquilisers: Benzodiazepines <u>without prescription</u> (temazepam, nitrazepam, diazepam, etizolam, Valium, Xanax, blues, yellows, benzos, jellies, scoobies)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	318

Please turn over

GHB/GBL (G, GINA, LIQUID E, LIQUID X)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	319
Nitrous Oxide (laughing gas, whippets, NOS)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	320
Prescription only painkillers that were <u>not prescribed for you</u> (morphine, codeine, co-codamol, oxycontin, tramadol, gabapentin, pregabalin)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	321

We would like to know whether you have ever personally had a problem or issue with taking drugs either now or at any point in your life.

EVERYONE PLEASE ANSWER

Q14 Have you **ever** had a problem with your use of drugs (including prescription drugs)?

Tick ONE box

Yes 1 **Go to Q15 ↓**

No 2 **Go to Q16 on page 7**

322

Q15 Do you **still** have a problem with your use of drugs (including prescription drugs)?

Tick ONE box

Yes 1 **Go to Q16 ↓**

No 2 **Go to Q16 on page 7**

323

SPARE 324-349

EVERYONE PLEASE ANSWER

Q16 Have you spent any money on any of the following activities in the **last 12 months?**

Please tick **ONE** box for each activity

	Tick ONE box per activity		
	Yes	No	
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	350
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	351
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	352
The football pools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	353
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	354
Fruit or slot machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	355
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	356
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	357
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	358
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	359
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	360
Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	361
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	362
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	363
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	364
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	365
Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	366
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	367
Another form of gambling in the last 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	368

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q16, PLEASE GO TO Q17 ON PAGE 8 OTHERWISE GO TO Q27 ON PAGE 10.

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q16, PLEASE GO TO Q17 BELOW
OTHERWISE GO TO Q27 ON PAGE 10.**

Q17 Thinking about all the activities covered in the previous question would you say you spend money on these activities:

Tick ONE box

- | | | |
|---|--------------------------|---|
| Two or more times a week | <input type="checkbox"/> | 1 |
| Once a week | <input type="checkbox"/> | 2 |
| Less than once a week, more than once a month | <input type="checkbox"/> | 3 |
| Once a month | <input type="checkbox"/> | 4 |
| Every 2-3 months | <input type="checkbox"/> | 5 |
| Once or twice a year | <input type="checkbox"/> | 6 |

In the past 12 months, how often...

Tick **ONE** box for each question

	Almost always	Most of the time	Sometimes	Never	
Q18 ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	370
Q19 ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	371
Q20 ...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	372
Q21 ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	373
Q22 ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	374
Q23 ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	375
Q24 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	376
Q25 ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	377
Q26 ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	378

SPARE 379-389

GENERAL HEALTH OVER THE LAST FEW WEEKS

EVERYONE PLEASE ANSWER

Please read this carefully:

We should like to know how your health has been in general over **the past few weeks**. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual	
Q27 Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	390

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q28 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	391

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful	
Q29 Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	392

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable	
Q30 Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	393

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q31 Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	394

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q32 Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	395

HAVE YOU RECENTLY:

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual		
Q33	Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	396

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able		
Q34	Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	397

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual		
Q35	Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	398

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual		
Q36	Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	399

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual		
Q37	Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	400

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual		
Q38	Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	401

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Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick ONE box

	None of the time	Rarely	Some of the Time	Often	All of the time	
Q39 I've been feeling optimistic about the future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	402

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q40 I've been feeling useful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	403

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q41 I've been feeling relaxed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	404

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q42 I've been feeling interested in other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	405

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q43 I've had energy to spare	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	406

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q44 I've been dealing with problems well	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	407

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q45 I've been thinking clearly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	408

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

		Tick <u>ONE</u> box					
		None of the time	Rarely	Some of the time	Often	All of the time	
Q46	I've been feeling good about myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	409
		Tick <u>ONE</u> box					
		None of the time	Rarely	Some of the time	Often	All of the time	
Q47	I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	410
		Tick <u>ONE</u> box					
		None of the time	Rarely	Some of the time	Often	All of the time	
Q48	I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	411
		Tick <u>ONE</u> box					
		None of the time	Rarely	Some of the time	Often	All of the time	
Q49	I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	412
		Tick <u>ONE</u> box					
		None of the time	Rarely	Some of the time	Often	All of the time	
Q50	I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	413
		Tick <u>ONE</u> box					
		None of the time	Rarely	Some of the time	Often	All of the time	
Q51	I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	414
		Tick <u>ONE</u> box					
		None of the time	Rarely	Some of the time	Often	All of the time	
Q52	I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	415

SPARE 416-424

The next set of questions cover topics to do with depression, anxiety and self-harm.

The next few questions ask about how you've been feeling lately and if you've been feeling depressed, worried or anxious

Q53 Have you been feeling anxious or nervous in the past month? **Tick ONE box**

Yes ₁

No ₂

425

Q54 In the past month, did you ever find your muscles felt tense or that you couldn't relax?

Tick ONE box

Yes ₁

No ₂

426

Q55 Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance, they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

Tick ONE box

Yes ₁

No ₂

427

IF YOU ANSWERED 'YES' TO ANY OF THE THREE QUESTIONS ABOVE TO GO TO Q56

OR

IF YOU ANSWERED 'NO' TO ALL OF THE ABOVE THREE QUESTIONS, PLEASE GO TO Q63 ON PAGE 16

Q56 In the past month, when you felt anxious/nervous/tense, was this always brought on by a phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

Tick ONE box

Always brought on by phobia

₁

Go to Q63 on page 16

Sometimes generally anxious

₂

Go to Q57 ↓

428

Q57 The next questions are concerned with general anxiety/nervousness/tension only.
On how many of the past seven days have you felt generally anxious/nervous/tense?

Tick **ONE** box

4 days or more

1 — Go to Q58 ↓

1 to 3 days

2 — Go to Q58 ↓

None

3 — Go to Q63 on page 16

429

Q58 In the past week, has your anxiety/nervousness/tension been:

Tick **ONE** box

...very unpleasant

1

...a little unpleasant

2

...or not unpleasant

3

430

Q59 In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below?

- Heart racing or pounding
- Hands sweating or shaking
- Feeling dizzy
- Difficulty getting your breath
- Butterflies in your stomach
- Dry mouth
- Nausea or feeling as though you wanted to vomit

Tick **ONE** box

Yes

1 — Go to Q60 ↓

No

2 — Go to Q61 on page 16

431

Q60 Which of these symptoms did you have when you felt anxious/nervous/tense?

Tick **ALL** that apply

Heart racing or pounding

01

Hands sweating or shaking

02

Feeling dizzy

03

Difficulty getting your breath

04

Butterflies in stomach

05

Dry mouth

06

Nausea or feeling as though you wanted to vomit

07

432-445

Q61 Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days? **Tick ONE box**

Yes ₁

No ₂

446

Q62 How long have you had these feelings of general anxiety/nervousness/tension as you described? **Tick ONE box**

Less than 2 weeks ₀₁

2 weeks but less than 6 months ₀₂

6 months but less than 1 year ₀₃

1 year but less than 2 years ₀₄

2 years or more ₀₅

447-478

Q63 Almost everyone becomes sad, miserable or depressed at times.
Have you had a spell of feeling sad, miserable or depressed in the past month? **Tick ONE box**

Yes ₁

No ₂

449

Q64 During the past month, have you been able to enjoy or take an interest in things as much as you usually do? **Tick ONE box**

Yes ₁

No/no enjoyment or interest ₂

450

Q65 In the past week have you had a spell of feeling sad, miserable or depressed? **Tick ONE box**

Yes ₁

No ₂

451

Q66 In the past week have you been able to enjoy or take an interest in things as much as usual?

Tick **ONE** box

Yes

 1

No/no enjoyment or interest

 2

452

Q67 Since this day last week on how many days have you felt depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things?

Tick **ONE** box

4 days or more

Go to Q68 ↓

1 to 3 days

Go to Q68 ↓

None

 1

Go to Q71 on page 18

453

Q68 Have you felt depressed or unable to take an interest in things/ sad, miserable or depressed/ unable to enjoy or take an interest in things for more than 3 hours in total on any day in the past week?

Tick **ONE** box

Yes

 1

No

 2

454

Q69 In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

Tick **ONE** box

Yes, at least once

 1

No

 2

455

Q70 How long have you been feeling sad, miserable or depressed/ unable to enjoy or take an interest in things as you have described?

Tick **ONE** box

Less than 2 weeks

 01

2 weeks but less than 6 months

 02

6 months but less than a year

 03

1 year but less than 2 years

 04

2 years but less than 5 years

 05

5 years but less than 10 years

 06

10 years or more

 07

456-457

Q71 Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way? **Tick ONE box**

Yes ₁ **Go to Q72↓**

No ₂ **Go to Q73↓**

458

Q72 When was this? Please tell us about the most recent time **Tick ONE box**

In the last week? ₁

In the last year? ₂

Some other time? ₃

459

Q73 Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself? **Tick ONE box**

Yes ₁ **Go to Q74↓**

No ₂ **Go to Q75 on page 19**

460

Q74 When was this? Please tell us about the most recent time **Tick ONE box**

In the last week? ₁

In the last year? ₂

Some other time? ₃

461

The following questions are about social issues.

Q75 Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

Tick ONE box

- | | | |
|---|--------------------------|---|
| Most people can be trusted | <input type="checkbox"/> | 1 |
| Can't be too careful in dealing with people | <input type="checkbox"/> | 2 |
| It depends on people/circumstances | <input type="checkbox"/> | 3 |

462

Q76 This question is about your immediate neighbourhood, that is, your street or block. Would you say that:

Tick ONE box

- | | | |
|---|--------------------------|---|
| Most of the people in your neighbourhood can be trusted | <input type="checkbox"/> | 1 |
| Some can be trusted | <input type="checkbox"/> | 2 |
| A few can be trusted | <input type="checkbox"/> | 3 |
| No-one can be trusted | <input type="checkbox"/> | 4 |
| Just moved here | <input type="checkbox"/> | 5 |

463

Q77 How involved do you feel in the local community?

Tick ONE box

- | | | |
|---------------|--------------------------|---|
| A great deal | <input type="checkbox"/> | 1 |
| A fair amount | <input type="checkbox"/> | 2 |
| Not very much | <input type="checkbox"/> | 3 |
| Not at all | <input type="checkbox"/> | 4 |

464

Q78 To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

Tick ONE box

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |
| Don't have an opinion | <input type="checkbox"/> | 6 |
| Don't know | <input type="checkbox"/> | 7 |

465

Q79 Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet? **Tick ONE box**

- On most days 1
- Once or twice a week 2
- Once or twice a month 3
- Less often than once a month 4
- Never 5

466

Q80 If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

Write in number of people in this space

467-468

Q81 How much of the time during the past week have you felt lonely? **Tick ONE box**

- None or almost none of the time 1
- Some of the time 2
- Most of the time 3
- All or almost all of the time 4

469

Please read this carefully:

The next questions ask about whether you, or anyone in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

During the last 12 months, was there a time when:

Q82 You were worried you would run out of food because of a lack of money or other resources?

Tick ONE box

Yes 1 **Go to Q83 ↓**

No 2 **Go to Q85 on page 21**

470

Q83 You ate less than you thought you should because of a lack of money or other resources?

Tick ONE box

Yes 1 **Go to Q84 ↓**

No 2 **Go to Q85 on page 21**

471

Q84 Your household ran out of food because of lack of money of other resources? **Tick ONE box**

Yes 1
No 2

472

EVERYONE PLEASE ANSWER

Q85 Which of the following options best describes how you think of yourself?

Tick ONE box

Heterosexual or Straight 1
Gay or Lesbian 2
Bisexual 3
Other 4

473

Q86 How would you describe your gender identity?

Tick ONE box

Man / Boy 1
Woman / Girl 2
In another way 3

474

If you would like to, please write in the other words you would use below:

.....

475

THANK YOU FOR TAKING PART

**PLEASE REMEMBER TO RETURN THE BOOKLET USING THE ENVELOPE
PROVIDED**

**A USEFUL CONTACTS LEAFLET HAS BEEN INCLUDED IN THE ENVELOPE IF YOU
WOULD LIKE TO TALK TO SOMEONE ABOUT ANY OF THE TOPICS COVERED IN THE
QUESTIONNAIRE**

