

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	2
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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 A

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 ONE 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 ONE 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 ONE 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 ONE 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 ONE 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 ONE 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 ONE 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 416-461

The following questions are about social issues.

Q53 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

Q54 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

Q55 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

Q56 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

Q57 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

Q58 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

Q59 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:

Q60 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 Q61 ↓**

No ₂ **Go to Q63**

470

Q61 You ate less than you thought you should because of a lack of money or other resources?

Tick ONE box

Yes ₁ **Go to Q62 ↓**

No ₂ **Go to Q63**

471

Q62 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

Q63 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

Q64 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**

