

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	1
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14-16

17-21

Survey month

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SPARE 26-49

Scottish Health Survey 2021 Booklet for Young 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.

Tick **ONE** box

Example:

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

Do you feel that you lead a

--

✓

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- B Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Example:

Write in no.

6

- C 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.

Tick **ONE** box

Example:

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

SMOKING

The first few questions in the booklet ask about whether you smoke tobacco products.

This means tobacco products which you light and smoke and can include, for example, cigarettes or hand-rolling tobacco.

When answering these questions please do NOT include:

- cigarettes that contain no tobacco
- electronic cigarettes
- vaping devices

Q1 Have you ever smoked a cigar or a pipe?

Tick ALL that apply

Yes – cigar

1

Yes – pipe

2

No

3

Go to Q2 ↓

50-51

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes

1

Go to Q3 ↓

No

2

Go to Q7 on page 2

52

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

Go to Q4 ↓

53-55

Q4 Do you smoke cigarettes nowadays?

Tick ONE box

Yes

1

Go to Q6a ↓

No

2

Go to Q5 ↓

56

Q5 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

Regularly, that is at least one cigarette a day

1

Occasionally

2

Go to Q7 on page 2

I never really smoked cigarettes, just tried them once or twice

3

57

CURRENT SMOKERS

Q6a About how many cigarettes a day do you usually smoke on weekdays?

Write in number smoked a day

Go to Q6b ↓

58-60

Q6b And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

Go to Q7 on page 2

61-63

EVERYONE PLEASE ANSWER

Q7 Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

Tick ONE box

- Yes ₁ — Go to Q8 ↓
- No ₂ — Go to Q15 on page 3

64

Q8 Do you use an e-cigarette or vaping device at all nowadays?

Tick ONE box

- Yes ₁ — Go to Q10 ↓
- No ₂ — Go to Q9 ↓

65

Q9 Did you use an e-cigarette or vaping device regularly or did you only try them once or twice?

Tick ONE box

- Used e-cigarettes/vaping devices regularly ₁ — Go to Q11 ↓
- Used e-cigarettes/vaping devices occasionally ₂ — Go to Q11 ↓
- Never really used e-cigarettes/vaping devices, just tried them once or twice ₃ — Go to Q15 on page 3

66

Q10 How often in the last **four weeks** have you used an e-cigarette or vaping device?

Tick ONE box

- Every day ₀₁
- 4-6 days a week ₀₂
- 2-3 days a week ₀₃
- Once a week ₀₄ — Go to Q12 on page 3
- 2-3 times in the last 4 weeks ₀₅
- Once in the last 4 weeks ₀₆
- Not at all in the last 4 weeks ₀₇

67-68

Q11 How often did you use an e-cigarette or vaping device in a typical **four week** period?

Tick ONE box

- Every day ₀₁
- 4-6 days a week ₀₂
- 2-3 days a week ₀₃
- Once a week ₀₄ — Go to Q12 on page 3
- 2-3 times in a 4 week period ₀₅
- Once in a 4 week period ₀₆
- Less than once in a 4 week period ₀₇

69-70

Q12 Can I just check, how old were you when you first tried an e-cigarette or vaping device?

Write in how old you were then

Go to Q13 ↓

71-73

Q13 And for approximately how long have you been using/did you use an e-cigarette or vaping device?

Please write in number of years and months. For example if 1 year and 4 months enter '1' in years box and '4' in months box. If less than 1 month enter '0' in months box.

Years

74-75

Months

76-77

Go to Q14 ↓

Q14 Can I just check, did you start **regularly** smoking tobacco cigarettes before **first trying** e-cigarettes/vaping devices?

Tick ONE box

Yes (**started regularly** smoking tobacco cigarettes *before* **first trying** e-cigarettes/vaping devices)

1

No (**started regularly** smoking tobacco cigarettes *after* **first trying** e-cigarettes/vaping devices)

2

Go to Q15 ↓

Not applicable – *never* **regularly** smoked tobacco cigarettes

3

78

Q15 Are you regularly exposed to other people's tobacco smoke in any of these places?

Please tick all boxes that apply

Tick ALL that apply

At home

1

At work

2

In other people's homes

3

Go to Q16 ↓

In cars, vans etc

4

Outside of buildings (e.g. pubs, shops, hospitals)

5

In other public places

6

No, none of these

7

Go to Q17 on page 4

79-84

Q16 Does this bother you at all?

Tick ONE box

Yes

1

No

2

85

SPARE 86-99

NOW GO TO THE QUESTIONS ON THE NEXT PAGE

DRINKING

Q17 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

Yes

1

Go to Q20 ↓

No

2

Go to Q18 ↓

100

Q18 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

Very occasionally

1

Go to Q20 ↓

Never

2

Go to Q19 ↓

101

Q19 Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

Always a non-drinker

1

Go to Q33a on page 12

Used to drink but stopped

2

102

Q20 How old were you the first time you ever had a proper alcoholic drink – a whole drink, not just a sip?

Write in how old you were then

Go to the next page

103-105

The next few questions are concerned with different types of alcoholic drink.
 Please tick the box underneath the answer that best describes how often you usually drank each of them in the **last 12 months**. For the ones you drank, write in how much you usually drank on any one day.
EXCLUDE ANY NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

EXAMPLE

A How often have you had this type of drink in the past year?

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Go to **QB**

How much did you usually drink on any one day? WRITE IN NUMBER

2	Half-pints	
AND/OR		Large cans or bottles
AND/OR	1	Small cans or bottles

NOW PLEASE ANSWER Q21-Q28

Q21 **Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.**

How often have you had this type of drink in the past year?

Tick ONE box

44

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

106
Go to **Q22**
on page 6

How much did you usually drink on any one day? WRITE IN NUMBER

	Half-pints	107-108	
AND/OR		Large cans or bottles	109-1010
AND/OR		Small cans or bottles	111-112

Q22 Strong beer, lager, stout, cider (6% alcohol or more, such as Tennant's Super, Special Brew)

How often have you had this type of drink in the past year?

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	113

Go to Q23 ↓

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Half-pints	114-115
AND/OR <input type="text"/>	Large cans or bottles	116-117
AND/OR <input type="text"/>	Small cans or bottles	118-119

Q23 Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

How often have you had this type of drink in the past year?

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	120

Go to Q24 on page 7

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Glasses (count doubles as 2 singles)	121-122
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Q24 Sherry or martini (including port, vermouth, cinzano) or Buckfast

How often have you had this type of drink in the past year?

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

123

How much did you usually drink on any one day? WRITE IN NUMBER

Glasses (count doubles as 2 singles)

124-125

Go to Q25 ↓

Q25 Wine (including babycham and champagne and prosecco)

How often have you had this type of drink in the past year?

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

126

How much did you usually drink on any one day? WRITE IN NUMBER You can write in parts of a bottle, e.g. half a bottle

If you drink **small** bottles (e.g. 250ml or 175ml) enter the number of glasses you drank from the bottle

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Large Glasses (250ml)

127-128

Standard Glasses (175ml)

129-130

Small Glasses (125ml)

131-132

Bottles (750ml)

133-134

Go to Q26 on page 8

SPARE 135-149

Q26 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)

How often have you had this type of drink in the past year?

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	150

Go to Q27 ↓

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Small cans	151-152
<input type="text"/>	Standard bottles (275ml)	153-154
<input type="text"/>	Large bottles (700ml)	155-156

Q27 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box

No 1 — Go to Q29 on page 10

Yes 2 157

WRITE IN NAME OF DRINK

158-159

How often have you had this type of drink in the past year?

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	160

How much did you usually drink on any one day? WRITE IN NUMBER

<input type="text"/>	Glasses (count doubles as 2 singles)	161-162
AND/OR <input type="text"/>	Half-pints	163-164
AND/OR <input type="text"/>	Large cans or bottles	165-166
AND/OR <input type="text"/>	Small cans or bottles	167-168

Go to Q28 on page 9

Q28 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box

No

1

Go to Q29 on page 10

Yes

2

169

WRITE IN NAME OF DRINK

170-171

How often have you had this type of drink in the past year?

Tick **ONE** box

Almost every day

1

Five or six days a week

2

Three or four days a week

3

Once or twice a week

4

Once or twice a month

5

Once every couple of months

6

Once or twice in the last 12 months

7

172

How much did you usually drink on any one day? WRITE IN NUMBER

Glasses (count doubles as 2 singles)

173-174

AND/OR

Half-pints

175-176

AND/OR

Large cans or bottles

177-178

AND/OR

Small cans or bottles

179-180

Go to Q29 on page 10

SPARE 181- 199

Q29 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick ONE box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
 - Not at all in the last 12 months 08
- Go to Q30 ↓**

200-201

Q30 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

- Yes 1 **Go to Q31 ↓**
- No 2 **Go to Q33 on page 12**

202

Q31 On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

- One 1
- Two 2
- Three 3
- Four 4 **Go to Q32 on page 11**
- Five 5
- Six 6
- Seven 7

203

Q32 Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY		WRITE IN HOW MUCH DRUNK ON THAT DAY			
		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy	204-219 <input type="text"/> 01	<input type="text"/>	<input type="text"/> 220-221	<input type="text"/> 222-223	<input type="text"/> 224-225
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew)	<input type="text"/> 02	<input type="text"/>	<input type="text"/> 226-227	<input type="text"/> 228-229	<input type="text"/> 230-231
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	<input type="text"/> 03	<input type="text"/> 232-233			
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	<input type="text"/> 04	<input type="text"/> 234-235			
Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle. If you drank <u>small</u> bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle	<input type="text"/> 05	Large glasses (250ml) <input type="text"/> 236-237	Standard glasses (175ml) <input type="text"/> 238-239	Small glasses (125ml) <input type="text"/> 240-241	Bottles (750ml) <input type="text"/> 242-243
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	<input type="text"/> 06		Small cans <input type="text"/> 244-245	Standard bottles (275ml) <input type="text"/> 246-247	Large bottles (700ml) <input type="text"/> 248-249
Other kinds of alcoholic drink WRITE IN NAME OF DRINK		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
1. <input type="text"/>	<input type="text"/> 07	<input type="text"/> 250-251	<input type="text"/> 252-253	<input type="text"/> 254-255	<input type="text"/> 256-257
2. <input type="text"/>	<input type="text"/> 08	<input type="text"/> 258-259	<input type="text"/> 260-261	<input type="text"/> 262-263	<input type="text"/> 264-265

Go to next page

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q33a How often do you have a drink containing alcohol?

Tick **ONE** box

Never	<input type="checkbox"/>	1	Go to Q45 on pg 16
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	Go to Q33b ↓
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

266

Q33b 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

Q34 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

Q35 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

Q36 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

Q37 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

Q38 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

Q39 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

Q40 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

Q41 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

Q42 I have been drunk at least once a week, on average, in the last three weeks

Tick ONE box

- Yes 1
- No 2

276

Q43a In which of these places would you say you drink the **most** alcohol?

Please tick one box only

Tick ONE box

- | | | | |
|--|--------------------------|----|-----------------------|
| In a pub or bar | <input type="checkbox"/> | 01 | } Go to Q44a ↓ |
| In a restaurant | <input type="checkbox"/> | 02 | |
| In a club or disco | <input type="checkbox"/> | 03 | |
| At a party with friends | <input type="checkbox"/> | 04 | |
| At my home | <input type="checkbox"/> | 05 | |
| At someone else's home | <input type="checkbox"/> | 06 | |
| Out on the street, in a park or other outdoor area | <input type="checkbox"/> | 07 | |
| Somewhere else | <input type="checkbox"/> | 08 | — Go to Q43b ↓ |

277-278

Q43b In which place do you drink the **most** alcohol? **Write in:**

279

Q44a Who are you usually with when you drink the **most** alcohol?

Please tick one box only

Tick ONE box

- | | | | |
|--|--------------------------|----|-------------------------------|
| My boyfriend or girlfriend/partner/husband or wife | <input type="checkbox"/> | 01 | } Go to Q45 on page 16 |
| Male friends | <input type="checkbox"/> | 02 | |
| Female friends | <input type="checkbox"/> | 03 | |
| Male and female friends together | <input type="checkbox"/> | 04 | |
| Work colleagues | <input type="checkbox"/> | 05 | |
| Members of my family / relatives | <input type="checkbox"/> | 06 | |
| On my own | <input type="checkbox"/> | 07 | |
| Someone else | <input type="checkbox"/> | 08 | — Go to question 44b ↓ |

280-281

Q44b Who are you usually with when you drink the **most** alcohol? **Write in:**

282

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

Q45 Have you **ever** had a problem with how much alcohol you drink?

Tick **ONE** box

Yes ₁

Go to Q46 ↓

No ₂

Go to Q47 on page 17

283

Q46 Do you **still** have a problem with how much alcohol you drink?

Tick **ONE** box

Yes ₁

Go to Q47 ↓

No ₂

Go to Q47 on page 17

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

Q47 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

Q48 Have you **ever** had a problem with your use of drugs (including prescription drugs)?

Tick ONE box

Yes	<input type="checkbox"/> 1	Go to Q49 ↓	
No	<input type="checkbox"/> 2	Go to Q50 on page 19	322

Q49 Do you **still** have a problem with your use of drugs (including prescription drugs)?

Tick ONE box

Yes	<input type="checkbox"/> 1	Go to Q50 ↓	
No	<input type="checkbox"/> 2	Go to Q50 on page 19	323

SPARE 324-349

EVERYONE PLEASE ANSWER

Q50 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 Q50, PLEASE GO TO Q51 ON PAGE 20 OTHERWISE GO TO Q61 ON PAGE 22.

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q50, PLEASE GO TO Q51 BELOW
OTHERWISE GO TO Q61 ON PAGE 22.**

Q51 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	
Q52 ...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
Q53 ...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
Q54 ...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
Q55 ...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
Q56 ...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
Q57 ...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
Q58 ...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
Q59 ...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
Q60 ...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	
Q61 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	
Q62 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	
Q63 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	
Q64 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	
Q65 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	
Q66 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		
Q67	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		
Q68	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		
Q69	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		
Q70	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		
Q71	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		
Q72	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	
Q73 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	
Q74 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	
Q75 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	
Q76 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	
Q77 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	
Q78 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	
Q79 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	
Q80	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	
Q81	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	
Q82	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	
Q83	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	
Q84	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	
Q85	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	
Q86	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.

Q87 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

Q88 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

Q89 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

Q90 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

Q91 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

Q92 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

Q93 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:

Q94 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 Q95 ↓**
- No 2 **Go to Q97 on page 28**

470

Q95 You ate less than you thought you should because of a lack of money or other resources?

Tick ONE box

- Yes 1 **Go to Q96 ↓**
- No 2 **Go to Q97 on page 28**

471

Q96 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

Q97 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

Q98 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

