









P15381						
Serial Number	CKL Person no  9 10-11 SPARE 12-13					
Interviewer number	First name					
Card Batch						
3 1 1	Survey month					
14-16 17-21	SPARE 26-4					
	Scottish Health Survey 2021 Booklet for Young Adults Version A					
·	ring pages can be answered by simply ticking the that applies to you. You do not have to answer  Tick ONE box					
-	althy Fairly healthy Not very An					
Do you feel that you lead a	life healthy life unhealthy life					
B Sometimes you are asked to write i enter numbers as figu es rather tha	in a number or the answer in your own words. Please in words.					
Example:	Write in no. 6					
instruction next to the box you have	ALL the questions but sometimes you will find an e ticked telling you to go to another question.  ully you will miss out questions which do not apply  Tick ONE box					
Example:	Yes ✓ → Go to Q4					
	No					
	ve completed all the questions relevant of the pages have stuck together					

**(** 

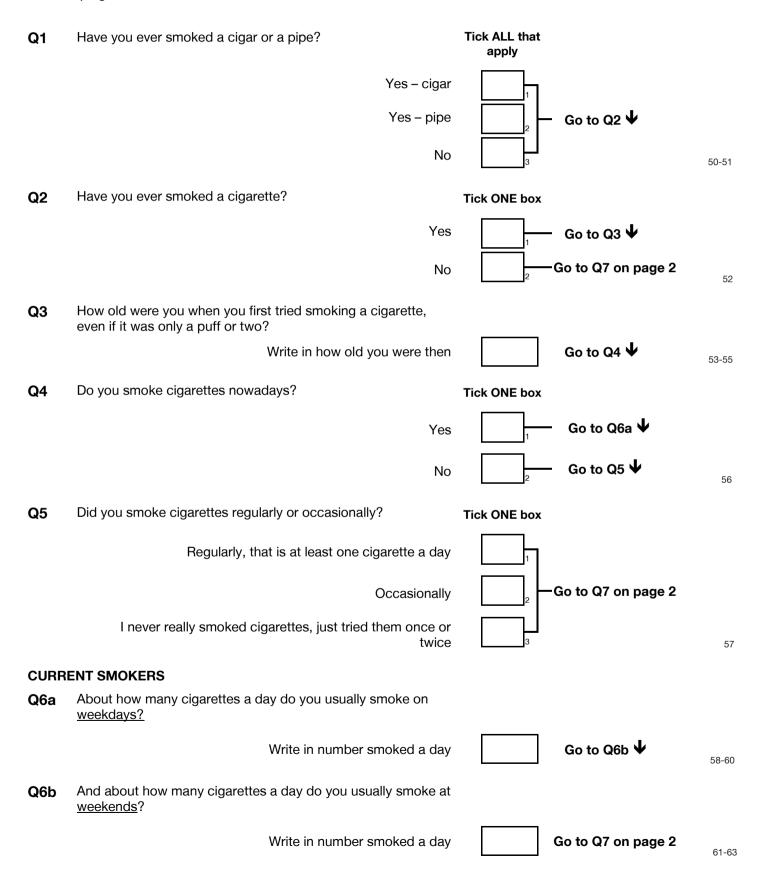
#### **SMOKING**

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



#### **EVERYONE PLEASE ANSWER** Have you ever used an electronic cigarette (e-cigarette), or any **Q7** other vaping device? **Tick ONE box** Go to Q8 ♥ Yes Go to Q15 on page 3 No 64 Do you use an e-cigarette or vaping device at all nowadays? **Q8 Tick ONE box** Go to Q10 ♥ Yes Go to Q9 **↓** No 65 Did you use an e-cigarette or vaping device regularly or did **Q9** you only try them once or twice? **Tick ONE box** Go to Q11 **↓** Used e-cigarettes/vaping devices regularly Go to Q11 **↓** Used e-cigarettes/vaping devices occasionally Never really used e-cigarettes/vaping devices, just tried Go to Q15 on page 3 them once or twice 66 Q10 How often in the last four weeks have you used an e-cigarette or vaping device? **Tick ONE box** Every day 4-6 days a week 2-3 days a week Once a week Go to Q12 on page 3 2-3 times in the last 4 weeks 05 Once in the last 4 weeks Not at all in the last 4 weeks 67-68

Not at all in the last 4 weeks

Tick ONE box

Every day

4-6 days a week

2-3 days a week

Once a week

Once a week

2-3 times in a 4 week period

Once in a 4 week period

Less than once in a 4 week period

Less than once in a 4 week period

69-70

Q12	Can I just check, how old were you when you first tried an ecigarette or vaping device?	
	Write in how old you were then	Go to Q13 ♥
Q13	And for approximately how long have you been using/did you us device?	se an e-cigarette or vaping
	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 Months Go to Q14 ♥
Q14	Can I just check, did you start <b>regularly</b> smoking tobacco cigarettes before <b>first trying</b> e-cigarettes/vaping devices?	74-75 76-77  Tick ONE box
	Yes ( <b>started regularly</b> smoking tobacco cigarettes before <b>first trying</b> e-cigarettes/vaping devices)	
	No ( <b>started regularly</b> smoking tobacco cigarettes <i>after</i> <b>first trying</b> e-cigarettes/vaping devices)	Go to Q15 ♥
	Not applicable – <i>never</i> <b>regularly</b> smoked tobacco cigarettes	78
Q15	Are you regularly exposed to other people's tobacco smoke in any of these places?	
	Please tick <u>all</u> boxes that apply	Tick ALL that apply
	At home	
	At work	2
	In other people's homes	Go to Q16 <b>Ψ</b>
	In cars, vans etc	4
	Outside of buildings (e.g. pubs, shops, hospitals)	5
	In other public places	6
	No, none of these	Go to Q17 on page 4
Q16	Does this bother you at all?	Tick ONE box
	Yes	1
	No	2 85

SPARE 86-99

### **DRINKING**

Q17	Do you ever drink alcohol nowadays, including drinks you brew or make at home?	Tick ONE box	
	Yes	Go to Q20 <b>↓</b>	
	No	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	Go to Q20 <b>↓</b>	
	Never	Go to Q19 <b>Ψ</b>	101
Q19	Have you always been a non-drinker or did you stop drinking for some reason?	Tick ONE box	
	Always a non-drinker	Go to Q33a on	
	Used to drink but stopped	page 12	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.

EXAN	<u>IPLE</u>						
<b>A</b> How o	often have you	u had this type	of drink in the	e past year?			
			Tick <u>O</u>	NE 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 ce couple of months	Once or twice in the last 12 months	Never in the last 12 months
How	much did you	usually drink (	on any				Go to QB
one d	ay? WRITE IN	NUMBER		2	Half-pints		
		۸	ND/OD		·	a#1 a a	
		P	ND/OR		Large cans or b	otties	
		Д	ND/OR	1	Small cans or b	ottles	

#### NOW PLEASE ANSWER Q21-Q28

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

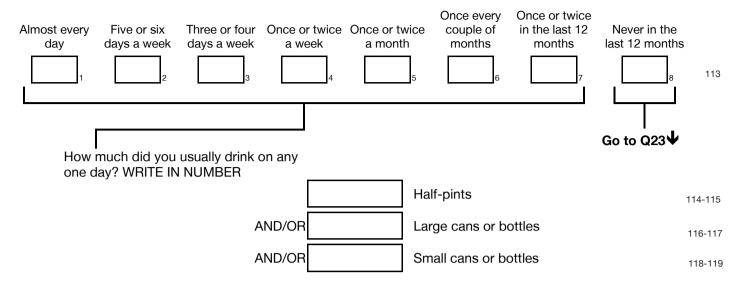
How often have you had this type of drink in the past year?

#### **Tick ONE box** Once every Once or twice Almost every Five or six Three or four Once or twice Once or twice couple of in the last 12 Never in the months last 12 months day days a week days a week a week a month months 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?

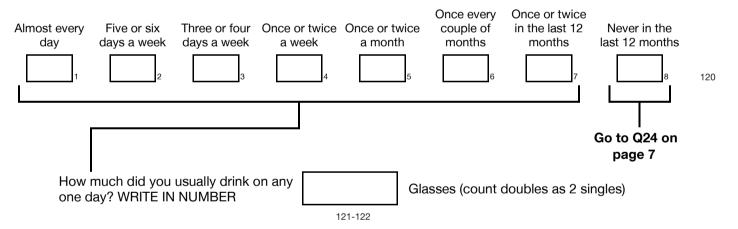
#### Tick ONE box



#### 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?

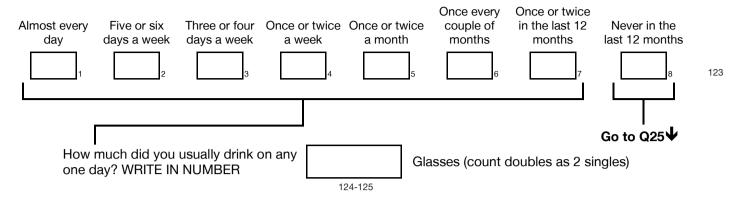
#### Tick ONE box



## Q24 Sherry or martini (including port, vermouth, cinzano) or Buckfast

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

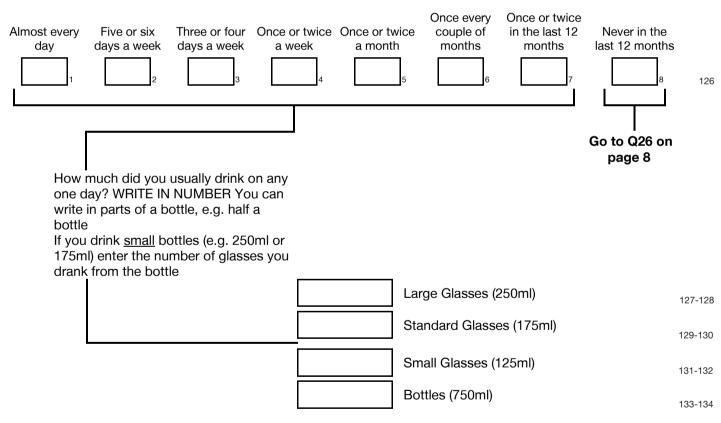
#### Tick ONE box



#### Q25 Wine (including babycham and champagne and prosecco)

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

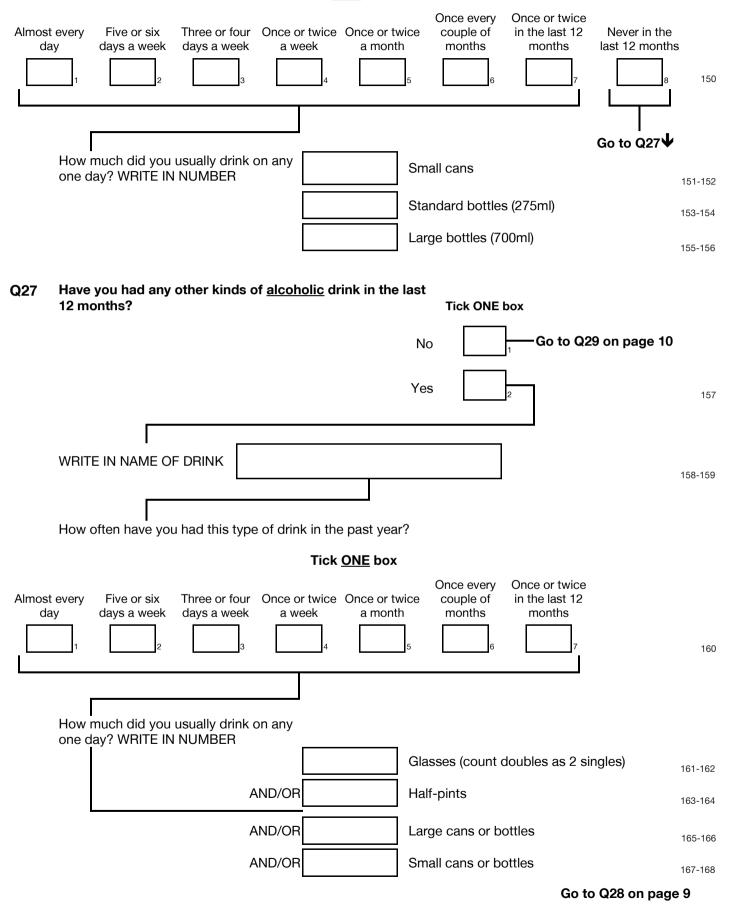
#### Tick ONE box

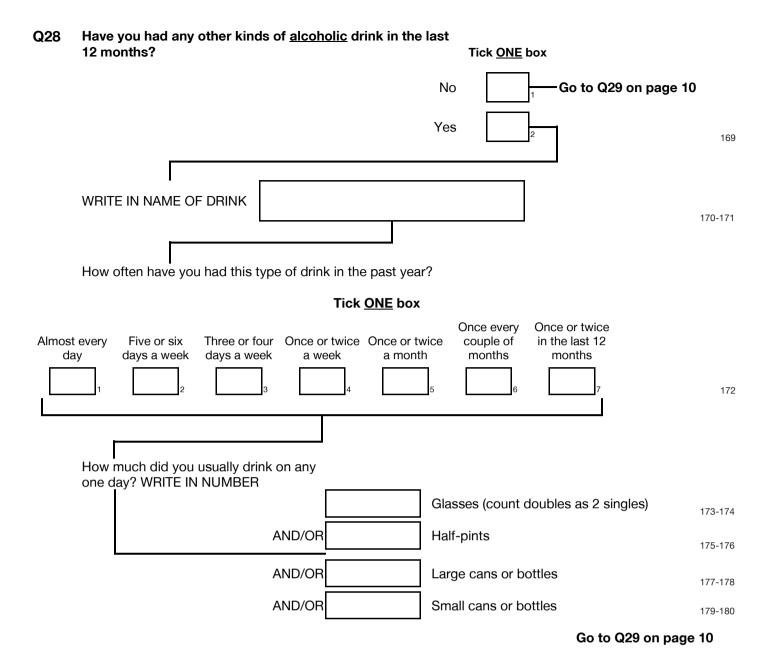


# Q26 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)

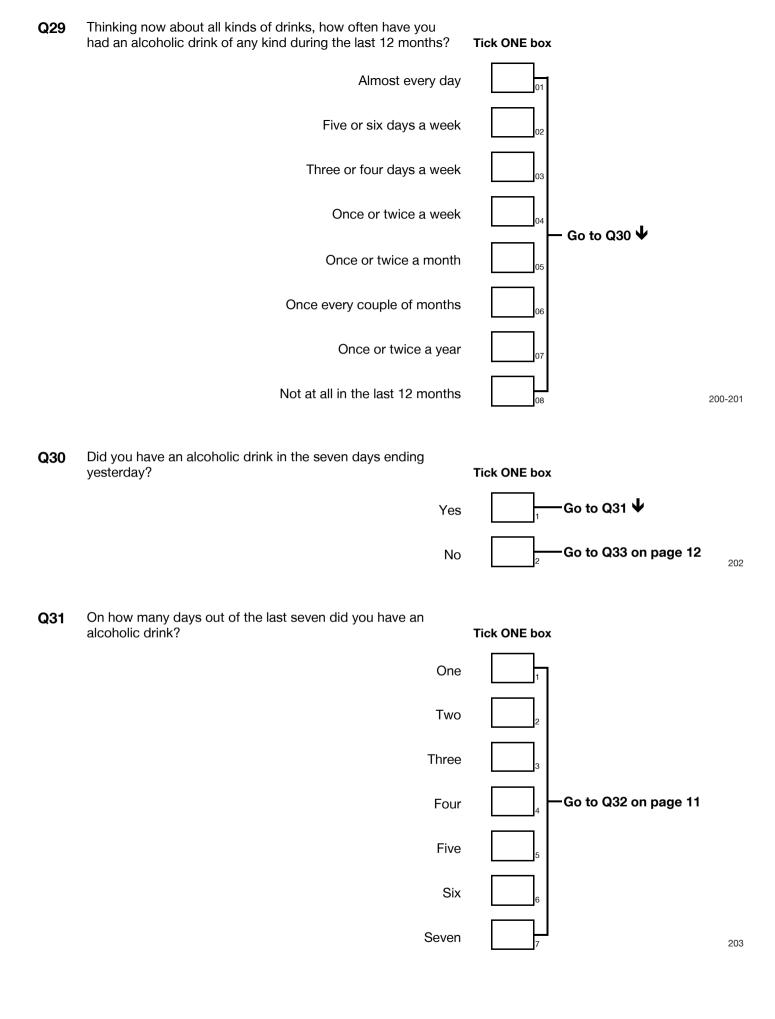
How often have you had this type of drink in the past year?

#### Tick ONE box





SPARE 181- 199



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 <u>on that day</u>. For the ones you drank, write in how much you drank <u>on that day</u>. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

		WRITE IN HOW MUCH DRUNK ON THAT DAY			
TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY	224.242	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		220-221	222-223	224-225
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew)	02		226-227	228-229	230-231
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	03	232-233			
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	04	234-235			
Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle. If you drank small bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle	05	Large glasses (250ml) 236-237	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml) 242-243
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	06		Small cans	Standard bottles (275ml)	Large bottles (700ml)
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.       2.	07	250-251	252-253	254-255	256-257
		258-259	260-261	262-263	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	Go to Q45 on ₁ pg 16
	Monthly or less	2
	2-4 times a month	₃ Go to Q33b <b>↓</b>
	2-3 times a week	4
	4 or more times a week	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	1
	3 or 4	2
	5 or 6	3
	7 to 9	4
	10 or more	5 267
Q34	How often do you have six or more drinks on one occasion?	Tick ONE box
	Never	1
	Less than monthly	2
	Monthly	3
	Weekly	4
	Daily or almost daily	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
		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	
	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 <u>one</u> box only	Tick ONE box
In a pub or bar	01
In a restaurant	02
In a club or disco	03
At a party with friends	<sub>04</sub>
At my home	05
At someone else's home	06
Out on the street, in a park or other outdoor area	07
Somewhere else	Go to Q43b <b>Ψ</b>
In which place do you drink the most alcohol? Write in:	
Who are you usually with when you drink the <b>most</b> alcohol?	
Please tick <u>one</u> box only	Tick ONE box
Please tick one box only  My boyfriend or girlfriend/partner/husband or wife	Tick ONE box
My boyfriend or girlfriend/partner/husband or wife	01
My boyfriend or girlfriend/partner/husband or wife  Male friends	01 02
My boyfriend or girlfriend/partner/husband or wife  Male friends  Female friends	01 02 03
My boyfriend or girlfriend/partner/husband or wife  Male friends  Female friends  Male and female friends together	01 02 03 03 —Go to Q45 on page 16
My boyfriend or girlfriend/partner/husband or wife  Male friends  Female friends  Male and female friends together  Work colleagues	01 02 03 03 04 — Go to Q45 on page 16
My boyfriend or girlfriend/partner/husband or wife  Male friends  Female friends  Male and female friends together  Work colleagues  Members of my family / relatives	01 02 03 04 — Go to Q45 on page 16
My boyfriend or girlfriend/partner/husband or wife  Male friends  Female friends  Male and female friends together  Work colleagues  Members of my family / relatives  On my own	01 02 03 04 05 06 06 07 Go to Q45 on page 16

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 <b>ever</b> had a problem with how much alcohol you drink?		Tick ONE box		
	Y	⁄es	1	Go to Q46 <b>↓</b>	
		No	2	Go to Q47 on page 17	283
Q46	Do you <b>still</b> have a problem with how much alcohol you drin	k?	Tick <u>ONE</u> box		
	Y	⁄es	1	Go to Q47 <b>Ψ</b>	
		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 <u>last 12 months</u>? Please tick <u>ONE</u> box for each substance

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

	GHE (G, GINA, LIQUID E, LIQU	3/GBL JID X)	1	2	319
	Nitrous (laughing gas, whippets,		1	2	320
_	Prescription only painkillers that were <u>not prescribed for</u> (morphine, codeine, co-codamol, oxycontin, tran gabapentin, prega	nadol,	1	2	321
	ould like to know whether you have ever personally had any point in your life.	a prot	olem or issue v	vith taking drugs either no	<b>w</b>
EVER	YONE PLEASE ANSWER				
Q48	Have you <b>ever</b> had a problem with your use of drugs (including prescription drugs)?		Tick ONE box		
		Yes	1	Go to Q49 <b>↓</b>	
		No	2	Go to Q50 on page 19	322
Q49	Do you <b>still</b> have a problem with your use of drugs (included prescription drugs?	ding	Tick ONE box		
		Yes	1	Go to Q50 <b>↓</b>	
		No	2	Go to Q50 on page 19	323

SPARE 324-349

Q50 Have you spent any money on any of the following activities in the <u>last 12 months?</u>
Please tick <u>ONE</u> box for each activity

Tick ONE box per activity

	Yes	No	
Tickets for the National Lottery Draw, <b>including</b> Thunderball and Euromillions and tickets bought online	1	2	350
Scratchcards (but not online or newspaper or magazine scratchcards)	1	2	351
Tickets for any other lottery, including charity lotteries	1	2	352
The football pools	1	2	353
Bingo cards or tickets, including playing at a bingo hall (not online)	1	2	354
Fruit or slot machines	1	2	355
Virtual gaming machines in a bookmakers to bet on virtual roulette, poker, blackjack or other games	1	2	356
Table games (roulette, cards or dice) in a casino	1	2	357
Playing poker in a pub tournament/ league or at a club	1	2	358
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money	1	2	359
Online betting with a bookmaker on any event or sport	1	2	360
Betting exchange 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.	1	2	361
Betting on <b>horse</b> races in a bookmaker's, by phone or at the track	1	2	362
Betting on <b>dog</b> races <u>in a bookmaker's, by phone or at the track</u>	1	2	363
Betting on <b>sports events</b> in a bookmaker's, by phone or at the venue	1	2	364
Betting on <b>other events</b> in a bookmaker's, by phone or at the venue	1	2	365
Spread-betting 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.	1	2	366
Private betting, playing cards or games for money with friends, family or colleagues	1	2	367
Another form of gambling in the last 12 months	1	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	1	
	Once a week	2	
	Less than once a week, more than once a month	3	
	Once a month	4	
	Every 2-3 months	5	
	Once or twice a year		

### 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?	1	2	3	4	370
Q53	have you needed to gamble with larger amounts of money to get the same excitement?	1	2	3	4	371
Q54	have you gone back to try to win back the money you'd lost?	1	2	3	4	372
Q55	have you borrowed money or sold anything to get money to gamble?	1	2	3	4	373
Q56	have you felt that you might have a problem with gambling?	1	2	3	4	374
Q57	have you felt that gambling has caused you any health problems, including stress or anxiety?	1	2	3	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?	1	2	3	4	376
Q59	have you felt your gambling has caused financial problems for you or your household?	1	2	3	4	377
Q60	have you felt guilty about the way you gamble or what happens when you gamble?	1	2	3	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						
Q61	Been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual	390
Q62	Lost much sleep over worry?	Not at all	Tick <u>Ol</u> No more than usual	NE box  Rather more than usual	Much more than usual	391
<b>Q</b> 63	Felt you were playing a useful part in things?	More so than usual	Tick <u>Ol</u> Same as usual	NE box  Less useful than usual	Much less useful	392
Q64	Felt capable of making decisions about things?	More so than usual	Tick <u>Ol</u> Same as usual		Much less capable	393
<b>Q</b> 65	Felt constantly under strain?	Not at all	Tick <u>Ol</u> No more than usual	NE box  Rather more than usual	Much more than usual	394
<b>Q</b> 66	Felt you couldn't overcome your difficulties?	Not at all	Tick <u>Ol</u> No more than usual	NE box  Rather more than usual	Much more than usual	395

#### **HAVE YOU RECENTLY:**

Q67 Been able to enjoy your normal day-to-day activities?

Q68 Been able to face up to your problems?

Q69 Been feeling unhappy and depressed?

	Tick <u>Of</u>	NE box		
More so than usua	al .	Less so than usual	Much less than usual	396
	Tick <u>Of</u>	NE box		
More so than usua	usual	Less able than usual	Much less able	397
	Tick <u>Of</u>	<u>NE</u> box		
Not at all	No more than usual	Rather more than usual	Much more than usual	398
	Tick <u>Of</u>	<u>NE</u> box		
Not at	No more	Rather more	Much more	

		all	than usual	than usual	than usual
Q70	Been losing confidence in yourself?				

399

		Tick <u>ONE</u> 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?	1	2	3	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?	1	2	3	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 <u>2 weeks</u>

				Tick <u>ONE</u> box			
<b>Q</b> 73	I've been feeling optimistic about the future	None of the time	Rarely	Some of the Time	Often	All of the time	402
Q74	I've been feeling useful	None of the time	Rarely	Some of the time	Often	All of the time	403
<b>Q</b> 75	I've been feeling relaxed	None of the time	Rarely	Some of the time	Often	All of the time	404
Q76	I've been feeling interested in other people	None of the time	Rarely	Some of the time	Often	All of the time	405
Q77	I've had energy to spare	None of the time	Rarely	Some of the time	Often	All of the time	406
Q78	I've been dealing with problems well	None of the time	Rarely	Some of the time	Often	All of the time	407
Q79	I've been thinking clearly	None of the time	Rarely	Some of the time	Often	All of the time	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			
Q80	I've been feeling good about myself	None of the time	Rarely	Some of the time	Often 4	All of the time	409
Q81	I've been feeling close to other people	None of the time	Rarely	Some of the time	Often	All of the time	410
Q82	I've been feeling confident	None of the time	Rarely	Some of the time	Often	All of the time	411
Q83	I've been able to make up my own mind about things	None of the time	Rarely	Some of the time	Often	All of the time	412
Q84	I've been feeling loved	None of the time	Rarely	Some of the time	Often	All of the time	413
Q85	I've been interested in new things	None of the time	Rarely	Some of the time	Often	All of the time	414
Q86	I've been feeling cheerful	None of the time	Rarely	Some of the time	Often	All of the time	415

SPARE 416-461

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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?		
	too careful in dealing with people:	Tick ONE box	
	Most people can be trusted	1	
	Can't be too careful in dealing with people	2	
	It depends on people/circumstances	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		
	Some can be trusted	2	
	A few can be trusted	3	
	No-one can be trusted	4	
	Just moved here	5	463
Q89	How involved do you feel in the local community?	Tick ONE box	
	A great deal	1	
	A fair amount	2	
	Not very much	3	
	Not at all	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	1	
	Agree		
	Agree	2	
	Neither agree nor disagree	2	
		3	
	Neither agree nor disagree	3	
	Neither agree nor disagree  Disagree	3 3 4	

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	
	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 comfort and support?	to for
	Write in number of people in this space	467-468
<b>Q</b> 93	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
The ne	read this carefully: ext questions ask about whether you, or anyone in your household, worry about bein h food. They ask whether you have enough money to buy the quantity of food your h 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 Go to Q95	5 ₩
	No Go to Q97	7 on page 28 <sub>470</sub>
Q95	You ate less that you thought you should because of a lack of money or other resources?  Tick ONE box	
	Yes Go to Q96	<b>5 ↓</b>
	No Go to Q97	7 on page 28

Q96	Your household ran out of food because of lack of money of other resources?	Tick ONE box	
	Yes	S1	
	No	2	72
EVERY	ONE PLEASE ANSWER		
<b>Q</b> 97	Which of the following options best describes how you think of yourself?	Tiel ONE have	
	Heterosexual or Straight	Tick ONE box	
	Gay or Lesbian	2	
	Bisexual	3	
	Other	4 4	73
Q98	How would you describe your gender identity?		
		Tick ONE box	
	Man / Boy	/1	
	Woman / Gir	1 2	
	In another way		74
	If you would like to, please write in the other words you would use below:		
		4	75

#### 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

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