



(



(





(

P15381		
Serial Number	CKL Person no 9 10-11	SPARE 12-13
Interviewer number	First name	
Card Batch		
3 1 5	Survey month	SPARE 26-49
Booklet How to fill in this questionnaire	Health Survey (for Young Adu Version B	ults
A Most of the questions on the following box below or alongside the answer to every question.	hat applies to you. You	
Example: Very heal life Do you feel that you lead a	Tick ONE box thy Fairly healthy Not very life healthy life	An e unhealthy life
B Sometimes you are asked to write in enter numbers as figures rather than		er in your own words. Please
Example:	Write in no. 6	
C On most pages you should answer a instruction next to the box you have By following the instructions careful to you.	ticked telling you to go	to another question.
Example:	Yes ✓ → Go to	
Please check that you hav to you and that none	e completed all the quot find the pages have student	

(

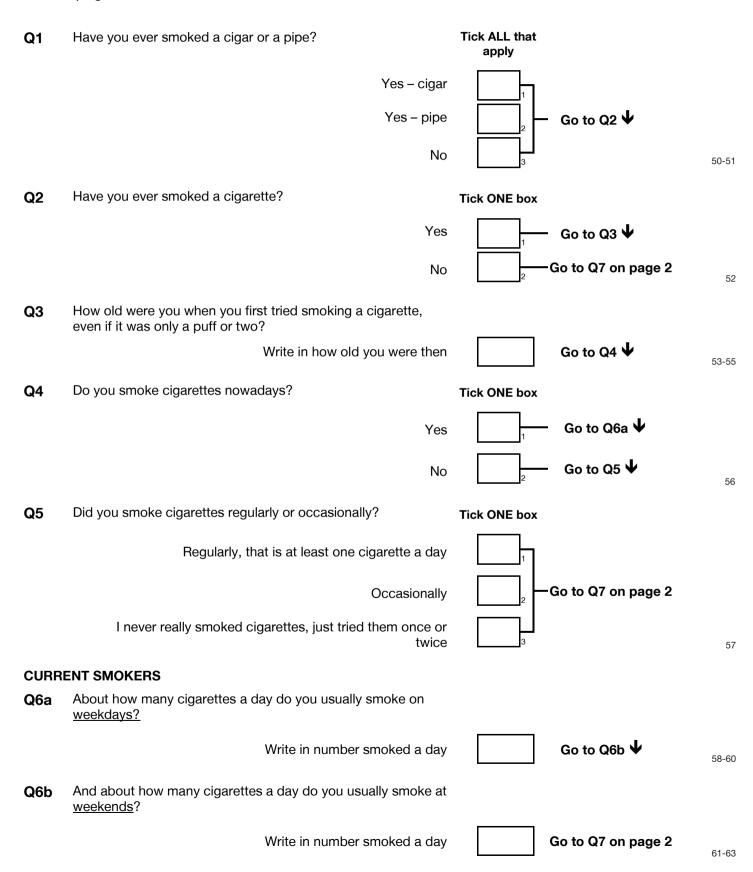
SMOKING

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

66 Q10 67-68 How often did you use an e-cigarette or vaping device in a Q11 typical four week period? **Tick ONE box** Every day 4-6 days a week 02 2-3 days a week Once a week Go to Q12 on page 3 2-3 times in a 4 week period 05 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
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)	
	No (started regularly smoking tobacco cigarettes <i>after</i> first trying e-cigarettes/vaping devices)	Go to Q15 ♥
	Not applicable – <i>never</i> regularly smoked tobacco cigarettes	3 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	
	In other people's homes	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	Go to Q17 on page 4
Q16	Does this bother you at all?	Tick ONE box
	Yes	1
	No	2 85

NOW GO TO THE QUESTIONS ON THE NEXT PAGE

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 Ψ	
		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 occasiona	ally	Go to Q20 ↓	
	Ne	ver	Go to Q19 Ψ	101
Q19	Have you always been a non-drinker or did you stop drinking for some reason?	g	Tick ONE box	
	Always a non-drin	ker	Go to Q33a on	
	Used to drink but stopp	ed	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 th	nen	Go to the next page	03-105

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.

EXAM	<u>IPLE</u>						
A 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 couple of months	Once or twice in the last 12 months	Never in the last 12 months
	much did you ay? WRITE IN	usually drink o	on any				 Go to QB
				2 Ha	alf-pints		
		А	ND/OR	La	rge cans or b	ottles	
		А	ND/OR	1 Sr	nall 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 109-110 AND/OR

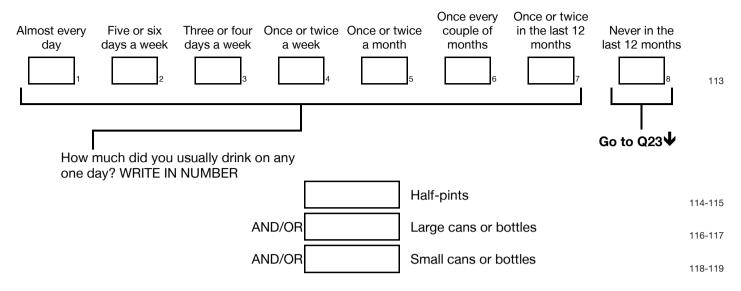
Small cans or bottles

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?

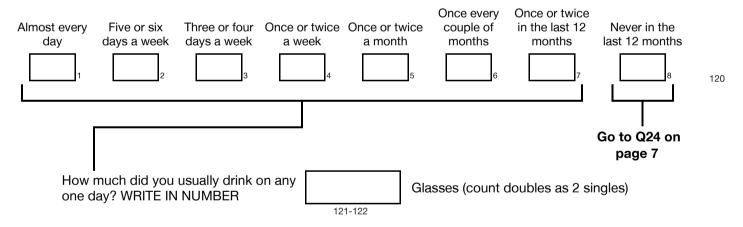
Tick ONE box



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?

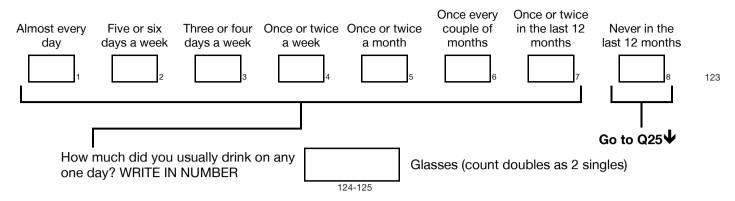
Tick ONE box



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

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

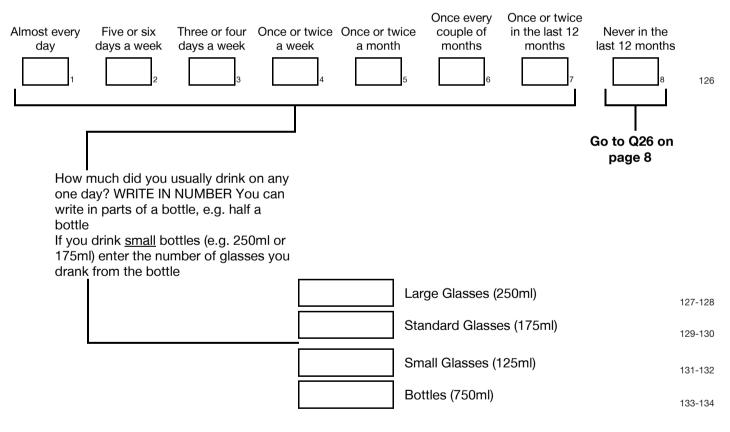
Tick ONE box



Q25 Wine (including babycham and champagne and prosecco)

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

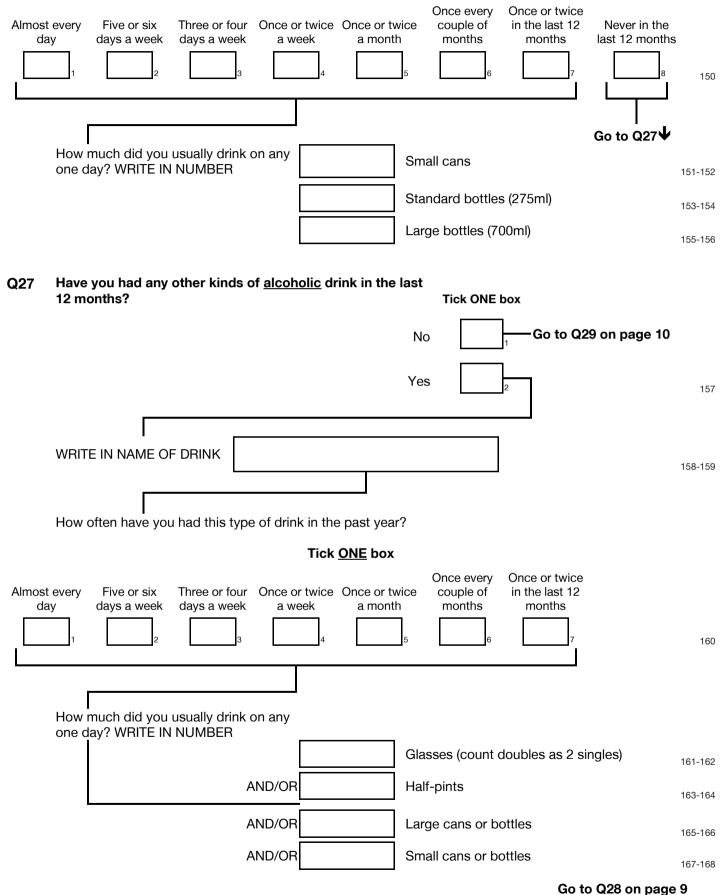
Tick ONE box

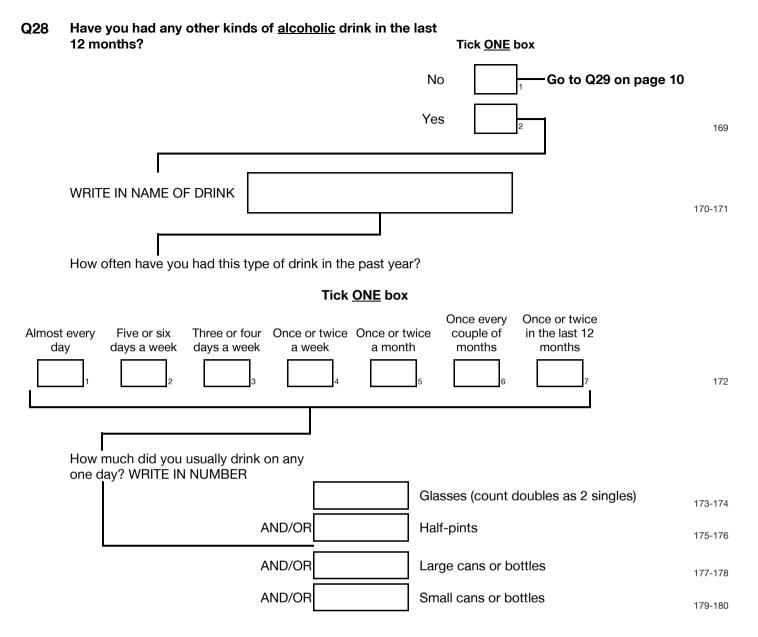


Q26 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)

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

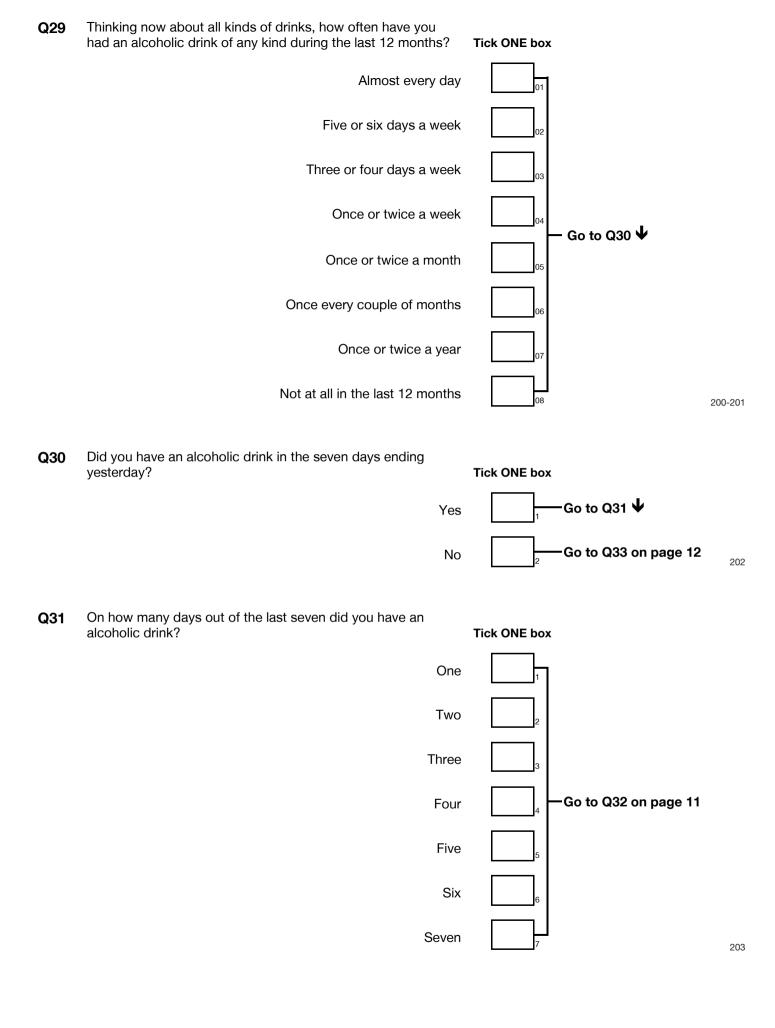
Tick ONE box





Go to Q29 on page 10

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		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)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
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 1.		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
2.	07	250-251	252-253	254-255	256-257

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 pg 16	
	Monthly or less	2	
	2-4 times a month	Go to Q33b ↓	
	2-3 times a week	4	
	4 or more times a week	5 2	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 2	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 2	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	
	Less than monthly	
	Monthly	
	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 <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	Go to Q44a ♥
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 ↓
In which place do you drink the most alcohol? Write in:	
Who are you usually with when you drink the most alcohol?	
	Tick ONE box
alcohol?	Tick ONE box
Please tick <u>one</u> box only	
Please tick one box only My boyfriend or girlfriend/partner/husband or wife	01
Please tick one box only My boyfriend or girlfriend/partner/husband or wife Male friends	01
Please tick one box only My boyfriend or girlfriend/partner/husband or wife Male friends Female friends	01 02 03 03 —Go to Q45 on page 16
Please tick one box only 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
Please tick one box only My boyfriend or girlfriend/partner/husband or wife Male friends Female friends Male and female friends together Work colleagues	01 02 03 03 —Go to Q45 on page 16
Please tick one box only 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 03 —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 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 dri	nk?	Tick <u>ONE</u> 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 <u>last 12 months</u>? Please tick <u>ONE</u> box for each substance

	per substan	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 <u>without prescription</u> (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 ase turn over	2	1	Tranquilisers: Benzodiazepines <u>without prescription</u> (temazepam, nitrazepam, diazepam, etizolam, Valium, Xanax, blues, yellows, benzos, jellies, scoobies)

	GHB/ (G, GINA, LIQUID E, LIQU		1	2	319
	Nitrous C (laughing gas, whippets, N		1	2	320
	Prescription only painkillers that were <u>not prescribed for</u> (morphine, codeine, co-codamol, oxycontin, tramagabapentin, pregab	adol,	1	2	321
	ould like to know whether you have ever personally had a ny point in your life.	prob	lem or issue w	vith taking drugs either n	ow
EVERY	ONE PLEASE ANSWER				
Q48	Have you ever had a problem with your use of drugs (including prescription drugs)?		Tick ONE box		
		Yes	1	Go to Q49 ↓	
		No	2	Go to Q50 on page 19	322
Q49	Do you still have a problem with your use of drugs (includi prescription drugs?	ng	Tick ONE box		
		Yes	1	Go to Q50 ↓	
		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, including 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 horse races in a bookmaker's, by phone or at the track	1	2	362
Betting on dog races <u>in a bookmaker's</u> , by phone or at the track	1	2	363
Betting on sports events in a bookmaker's, by phone or at the venue	1	2	364
Betting on other events 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	6	369

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 Of	<u>NE</u> 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
			Tick <u>Ol</u>	NE box		
Q62	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual	391
			Tick <u>Ol</u>	NE box		
Q 63	Felt you were playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful	392
			Tick <u>Ol</u>	<u>NE</u> box		
Q64	Felt capable of making decisions about things?	More so than usual	Same as usual		Much less capable	393
			Tick <u>Ol</u>	<u>NE</u> box		
Q65	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual	394
			Tick <u>Ol</u>	<u>NE</u> box		
Q 66	Felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual	395

HAVE YOU RECENTLY:

Tick ONE box

Q67	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual	396			
			Tick <u>Ol</u>	NE box					
Q68	Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able	397			
		Tick <u>ONE</u> box							
Q69	Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual	398			
			Tick <u>Ol</u>	<u>NE</u> box					
Q70	Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual	399			
			Tick <u>Of</u>	<u>NE</u> box					
Q71	Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual	400			
			Tick <u>Of</u>	<u>NE</u> box					
Q72	Been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual	401			

© David Goldberg, 1978 All rights reserved.

Published by GL Assessment Limited 9th Floor, 389 Chiswick High Road, London W4 4AJ This edition published 1992. GL Assessment is part of the Granada Learning Group

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			
Q 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
Q 75	I've been feeling relaxed	None of the time	Rarely	Some of the time	Often	All of the time	404
Q 76	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	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
Q 84	I've been feeling loved	None of the time	Rarely	Some of the time	Often	All of the time	413
Q 85	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 416-424

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

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

The next few questions ask about how you've been feeling lately and if you've been feeling depressed, worried or anxious **Q87** Have you been feeling anxious or nervous in the past month? **Tick ONE box** Yes No 425 In the past month, did you ever find your muscles felt tense or **Q88** that you couldn't relax? Tick ONE box Yes No 426 **Q89** Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance, they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders. In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger? **Tick ONE box** Yes No 427 IF YOU ANSWERED 'YES' TO ANY OF THE THREE QUESTIONS ABOVE TO GO Q90 OR IF YOU ANSWERED 'NO' TO ALL OF THE ABOVE THREE QUESTIONS, PLEASE GO TO Q97 ON PAGE 28

OR

IF YOU ANSWERED 'NO' TO ALL OF THE ABOVE THREE QUESTIONS, PLEASE GO TO Q97 ON PAGE 28

Q90 In the past month, when you felt anxious/nervous/tense, was this always brought on by a phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

Always brought on by phobia

Tick ONE box

Always brought on by phobia

Go to Q97 on page 28

Sometimes generally anxious

Q91	The next questions are concerned with general anxiety/nervousness/tension only. On how many of the past seven days have you felt generally anxious/nervous/tense? 4 days or more 1 to 3 days None	Tick ONE box Go to Q92 Go to Q92 Go to Q92 Go to Q97 on page 28 429
Q92	In the past week, has your anxiety/nervousness/tension been:	
		Tick ONE box
	very unpleasant	1
	a little unpleasant	2
	or not unpleasant	3 430
Q93	In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below? • Heart racing or pounding • Hands sweating or shaking • Feeling dizzy • Difficulty getting your breath • Butterflies in your stomach • Dry mouth • Nausea or feeling as though you wanted to vomit	Tick <u>ONE</u> box ——Go to Q94 ↓
	100	1 GO 10 GO 7
	No	Go to Q95 on page 28
Q94	Which of these symptoms did you have when you felt anxious/nervous/tense?	Tick ALL that apply
	Heart racing or pounding	01
	Hands sweating or shaking	02
	Feeling dizzy	03
	Difficulty getting your breath	04
	Butterflies in stomach	05
	Dry mouth	06
	Nausea or feeling as though you wanted to vomit	07 432-445

Q95	Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?	Tick ONE box
	Yes	1
	No	2 446
Q96	How long have you had these feelings of general anxiety/nervousness/tension as you described?	Tick ONE box
	Less than 2 weeks	01
	2 weeks but less than 6 months	02
	6 months but less than 1 year	03
	1 year but less than 2 years	04
	2 years or more	05 447-448
		777 770
007	Almost everyone becomes and minerable or depressed at	
Q97	Almost everyone becomes sad, miserable or depressed at times. Have you had a spell of feeling sad, miserable or depressed in the past month?	Tick ONE box
	Yes	
	No	,
		2 449
Q98	During the past month, have you been able to enjoy or take an interest in things as much as you usually do?	Tick ONE box
	Yes	31
	No/no enjoyment or interest	: 450
Q99	In the past week have you had a spell of feeling sad, miserable or depressed?	Tick ONE box
	Yes	3
	No	, [
		2 451
Q100	In the past week have you been able to enjoy or take an	T. I. O. I. I.
	interest in things as much as usual? Yes	Tick ONE box
		1
	No/no enjoyment or interest	

Q101	Since this day last week on how many days have you felt depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in			
	things?	Tick ONE box		
	4 days or more	2	Go to Q102 ↓	
	1 to 3 days	3	Go to Q102 ♥	
	None	3	Go to Q105 on page 30	453
Q102	Have you felt depressed or unable to take an interest in things/sad, miserable or depressed/ unable to enjoy or take an interest in things for more than 3 hours in total on any day in the past week? Yes No	Tick ONE box		454
Q103	In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company? Yes, at least once No	Tick <u>ONE</u> box		455
Q104	How long have you been feeling sad, miserable or depressed/ unable to enjoy or take an interest in things as you have described?	Tick <u>ONE</u> box		
	Less than 2 weeks	01		
	2 weeks but less than 6 months	02		
	6 months but less than a year	03		
	1 year but less than 2 years	04		
	2 years but less than 5 years	05		
	5 years but less than 10 years	06		
	10 years or more	07	456	6-457

Q105	Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way? Tick Yes No	k <u>ONE</u> box	Go to Q106N		458
Q106	When was this? Please tell us about the most recent time In the last week? In the last year? Some other time?	1 2 2			459
Q107	Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself? Yes No	ck <u>ONE</u> box	Go to Q108 Go to Q109	_	460
Q108	When was this? Please tell us about the most recent time In the last week? In the last year? Some other time?	a ONE box			461
The foll	llowing questions are about social issues.				
Q109	Generally speaking, would you say that most people can be trusted too careful in dealing with people?	d, or that yo		ck ONE box	
	Mos	st people ca	an be trusted	1	
	Can't be too carefu	ul in dealing	g with people	2	
	It depends or	n people/ci	rcumstances		

Q110	This question is about your immediate neighbourhood, that is, your street or block. Would you say that:	Tick ONE box	
		TICK ONE BOX	
	Most of the people in your neighbourhood can be trusted	1	
	Some can be trusted	2	
	A few can be trusted	3	
	No-one can be trusted	4	
	Just moved here	5	463
Q111	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
Q112	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	2	
	Neither agree nor disagree	3	
	Disagree	4	
	Strongly disagree	5	
	Don't have an opinion	6	
	Don't know	7	465
Q113	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		
	Less often than once a month	4	
	Never	5	466

Q114	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				46	67-468
Q115	How much of the time during the past week have you felt l	onely?	?		Tick ONE box	
		None	or almost no	ne of the time	1	
			Son	ne of the time	2	
			Мс	st of the time	3	
			All or almost	all of the time	4	469
The ne	e read this carefully: ext questions ask about whether you, or anyone in your gh food. They ask whether you have enough money to b s, rather than whether you have enough money to eat a	ouy the	e quantity of	food your h		
During	g the last 12 months, was there a time when:					
Q116	You were worried you would run out of food because of a la of money or other resources?		Tick ONE box			
		Yes	1	Go to Q1	17 ₩	
		No	2	Go to Q1	l9 on page 33	3 ₄₇₀
Q117	You ate less that you thought you should because of a lack money or other resources?		Tick ONE box			
		Yes	1	–Go to Q1	18 ₩	
		No	2	−Go to Q1	19 on page 33	3 ₄₇₁
Q118	Your household ran out of food because of lack of money of	of othe	er resources?	Tick ONE	box	
				Yes]1	
				No	2	472

EVERYONE PLEASE ANSWER

Q119	which of the following options best describes now you think of yourself?	Tick ONE box	
		TICK ONE DOX	
	Heterosexual or Straight	1	
	Gay or Lesbian	2	
	Bisexual	3	
	Other	4	473
Q120	How would you describe your gender identity?		
		Tick ONE box	
	Man / Boy	/ 1	
	Woman / Gir	J 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

BLANK PAGE

