

P15381

Serial Number

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1-8

CKL

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9

Person no

|  |  |
|--|--|
|  |  |
|--|--|

10-11

SPARE 12-13

Interviewer number

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

22-25

First name

|  |
|--|
|  |
|--|

Card

Batch

|   |   |   |
|---|---|---|
| 3 | 1 | 5 |
|---|---|---|

14-16

17-21

Survey month

|  |
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|  |
|--|

SPARE 26-49

## Scottish Health Survey 2021 Booklet for Young Adults Version B

### How to fill in this questionnaire

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

Tick **ONE** box

**Example:**

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

Do you feel that you lead a





- 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.

|          |
|----------|
| <b>6</b> |
|----------|

- 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.

**Example:**

Tick **ONE** box

Yes  → Go to Q4

No  → Go to Q5

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

# 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

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

3

Go to Q7 on page 2

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  <sub>1</sub> — Go to Q8 ↓
- No  <sub>2</sub> — Go to Q15 on page 3

64

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

Tick ONE box

- Yes  <sub>1</sub> — Go to Q10 ↓
- No  <sub>2</sub> — 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  <sub>1</sub> — Go to Q11 ↓
- Used e-cigarettes/vaping devices occasionally  <sub>2</sub> — Go to Q11 ↓
- Never really used e-cigarettes/vaping devices, just tried them once or twice  <sub>3</sub> — 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  <sub>01</sub>
- 4-6 days a week  <sub>02</sub>
- 2-3 days a week  <sub>03</sub>
- Once a week  <sub>04</sub> — Go to Q12 on page 3
- 2-3 times in the last 4 weeks  <sub>05</sub>
- Once in the last 4 weeks  <sub>06</sub>
- Not at all in the last 4 weeks  <sub>07</sub>

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

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

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

3

Go to Q15 ↓

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

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 Q16 ↓

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  <sub>1</sub> — Go to Q20 ↓

No  <sub>2</sub> — 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  <sub>1</sub> — Go to Q20 ↓

Never  <sub>2</sub> — 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  <sub>1</sub> —

Used to drink but stopped  <sub>2</sub> — Go to Q33a on 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.**

**EXAMPLE**

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

**Tick ONE box**

|                            |                            |                              |                                       |                            |                                   |   |                                |
|----------------------------|----------------------------|------------------------------|---------------------------------------|----------------------------|-----------------------------------|---|--------------------------------|
| Almost every<br>day        | Five or six<br>days a week | Three or four<br>days a week | Once or twice<br>a week               | Once or twice<br>a month   | Once every<br>couple of<br>months | Once or twice<br>in the last 12<br>months | Never in the<br>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<br>day        | Five or six<br>days a week | Three or four<br>days a week | Once or twice<br>a week    | Once or twice<br>a month   | Once every<br>couple of<br>months | Once or twice<br>in the last 12<br>months | Never in the<br>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     |

Go to **Q22**  
on page 6

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

|        |            |                       |
|--------|------------|-----------------------|
|        | Half-pints | 106                   |
| AND/OR |            | Large cans or bottles |
| AND/OR |            | Small cans or bottles |

107-108  
109-110  
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            |
| AND/OR | <input type="text"/> | Large cans or bottles |
| AND/OR | <input type="text"/> | Small cans or bottles |

114-115

116-117

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

**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

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

1

2

3

4

5

6

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
  - No  2
- Go to Q31 ↓
- 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
  - Five  5
  - Six  6
  - Seven  7
- Go to Q32 on page 11

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<br>(count<br>doubles as 2<br>singles)               | Half-pints   | Large cans or<br>bottles                                       | Small cans or<br>bottles                                    |
| Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy   | 204-219<br><input type="text"/> 01 | <input type="text"/><br>220-221                             | <input type="text"/><br>222-223                                | <input type="text"/><br>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"/><br>226-227                             | <input type="text"/><br>228-229                                | <input type="text"/><br>230-231                                |   |
| Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails  | <input type="text"/> 03            | <input type="text"/><br>232-233                             |  |  |   |
| Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast   | <input type="text"/> 04            | <input type="text"/><br>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<br>(250ml)<br><input type="text"/><br>236-237 | Standard glasses<br>(175ml)<br><input type="text"/><br>238-239 | Small glasses<br>(125ml)<br><input type="text"/><br>240-241    | Bottles<br>(750ml)<br><input type="text"/><br>242-243       |
| Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)  | <input type="text"/> 06            |   | Small cans<br><input type="text"/><br>244-245                  | Standard bottles<br>(275ml)<br><input type="text"/><br>246-247 | Large bottles<br>(700ml)<br><input type="text"/><br>248-249 |
| Other kinds of alcoholic drink<br><b>WRITE IN NAME OF DRINK</b>   |                                    | Glasses<br>(count<br>doubles as 2<br>singles)               | Half-pints   | Large cans or<br>bottles                                       | Small cans or<br>bottles                                    |
| 1. <input type="text"/>   | <input type="text"/> 07            | <input type="text"/><br>250-251                             | <input type="text"/><br>252-253                                | <input type="text"/><br>254-255                                | <input type="text"/><br>256-257                             |
| 2. <input type="text"/>   | <input type="text"/> 08            | <input type="text"/><br>258-259                             | <input type="text"/><br>260-261                                | <input type="text"/><br>262-263                                | <input type="text"/><br>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<br>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  01
- In a restaurant  02
- In a club or disco  03
- At a party with friends  04 — 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  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  01
- Male friends  02
- Female friends  03
- Male and female friends together  04 — Go to Q45 on page 16
- Work colleagues  05
- Members of my family / relatives  06
- On my own  07
- Someone else  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  <sub>1</sub>

**Go to Q46 ↓**

No  <sub>2</sub>

**Go to Q47 on page 17**

283

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

Tick **ONE** box

Yes  <sub>1</sub>

**Go to Q47 ↓**

No  <sub>2</sub>

**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<br>(speed, sulph, uppers, Billy, base)  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 301 |
| Methamphetamine<br>(crystal meth, ice, glass, Tina, yabba, crystal)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 302 |
| Cannabis<br>(weed, pot, grass, hash, skunk, ganja, blunt, dope, blow, spliff, smoke, green, edibles, joints, marijuana, oil, resin, pollen, shatter)                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 303 |
| Synthetic cannabis<br>(K2, spice, black mamba, incense, fake weed, Yucatan, genie)  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 304 |
| Cocaine<br>(coke, charlie, white, flake, ching, posh, petrol)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 305 |
| Crack<br>(rock, sand, stone, pebbles, freebase, wash)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 306 |
| Ecstasy / MDMA Powder<br>(‘E’, ‘X’, eccies, ‘XTC’, MDMA, swedgerz, pingers, sweeties, pills, Mandy, madman)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 307 |
| Heroin<br>(smack, skag, ‘H’, morphine, fentanyl, brown, junk, gear, kit)  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 308 |
| LSD<br>(acid, tabs, trips, blotters)  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 309 |
| Magic mushrooms<br>(mushies, psilocybin, shrooms, liberty caps)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 310 |
| Methadone / Physeptone <u>without prescription</u><br>(phy, meth, linctus, juice, turtle, green)  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 311 |
| Semeron<br>(sems, ‘S’)  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 312 |
| Anabolic steroids <u>without prescription</u><br>(steroids, roids)  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 313 |
| Poppers<br>(amyl nitrate, liquid gold, TNT)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 314 |
| Ketamine<br>(K, special K, ket)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 315 |
| Glues, solvents, gas or aerosols<br>(to sniff or inhale)  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 316 |
| Mephedrone<br>(M-Cat, 4MMC, ‘bubbles’, drone, meph)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 317 |
| Tranquilisers: Benzodiazepines <u>without prescription</u><br>(temazepam, nitrazepam, diazepam, etizolam, Valium, Xanax, blues, yellows, benzos, jellies, scoobies) | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 318 |

**Please turn over**

|  |                            |                            |     |
|--|----------------------------|----------------------------|-----|
| GHB/GBL<br>(G, GINA, LIQUID E, LIQUID X)   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 319 |
| Nitrous Oxide<br>(laughing gas, whippets, NOS)   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 320 |
| Prescription only painkillers that were <u>not prescribed for you</u><br>(morphine, codeine, co-codamol, oxycontin, tramadol,<br>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 | <b>Go to Q49 ↓</b>          |     |
| No  | <input type="checkbox"/> 2 | <b>Go to Q50 on page 19</b> | 322 |

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

**Tick ONE box**

|     |                            |                             |     |
|-----|----------------------------|-----------------------------|-----|
| Yes | <input type="checkbox"/> 1 | <b>Go to Q50 ↓</b>          |     |
| No  | <input type="checkbox"/> 2 | <b>Go to Q50 on page 19</b> | 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 <b>ONE</b> box per activity      |                                       |     |
|--|---------------------------------------|---------------------------------------|-----|
|  | Yes                                   | No                                    |     |
| Tickets for the National Lottery Draw, <b>including</b> Thunderball and Euromillions and tickets bought online   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 350 |
| Scratchcards (but not online or newspaper or magazine scratchcards)  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 351 |
| Tickets for any <u>other</u> lottery, including charity lotteries  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 352 |
| The football pools   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 353 |
| Bingo cards or tickets, including playing at a bingo hall (not online)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 354 |
| Fruit or slot machines   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 355 |
| Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 356 |
| Table games (roulette, cards or dice) <u>in a casino</u>   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 357 |
| Playing poker in a pub tournament/ league or at a club   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 359 |
| Online betting <u>with a bookmaker</u> on any event or sport   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 360 |
| Betting exchange<br><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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 361 |
| Betting on <b>horse</b> races <u>in a bookmaker's, by phone or at the track</u>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 362 |
| Betting on <b>dog</b> races <u>in a bookmaker's, by phone or at the track</u>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 363 |
| Betting on <b>sports events</b> <u>in a bookmaker's, by phone or at the venue</u>  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 364 |
| Betting on <b>other events</b> <u>in a bookmaker's, by phone or at the venue</u>   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 365 |
| Spread-betting<br><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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 366 |
| Private betting, playing cards or games for money with friends, family or colleagues   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 367 |
| Another form of gambling in the last 12 months   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | 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

**In the past 12 months, how often...**

Tick **ONE** box for each question

|   | <b>Almost always</b>       | <b>Most of the time</b>    | <b>Sometimes</b>           | <b>Never</b>               |     |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| <b>Q52</b> ...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 |
| <b>Q53</b> ...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 |
| <b>Q54</b> ...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 |
| <b>Q55</b> ...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 |
| <b>Q56</b> ...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 |
| <b>Q57</b> ...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 |
| <b>Q58</b> ...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 |
| <b>Q59</b> ...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 |
| <b>Q60</b> ...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 <u>ONE</u> box        |                            |                            |                            |     |
|------------|--|----------------------------|----------------------------|----------------------------|----------------------------|-----|
|            |  | Better than usual          | Same as usual              | Less than usual            | Much less than usual       |     |
| <b>Q61</b> | 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 <u>ONE</u> box        |                            |                            |                            |     |
|            |  | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |     |
| <b>Q62</b> | Lost much sleep over worry?                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 391 |
|            |  | Tick <u>ONE</u> box        |                            |                            |                            |     |
|            |  | More so than usual         | Same as usual              | Less useful than usual     | Much less useful           |     |
| <b>Q63</b> | 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 <u>ONE</u> box        |                            |                            |                            |     |
|            |  | More so than usual         | Same as usual              | Less so than usual         | Much less capable          |     |
| <b>Q64</b> | 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 <u>ONE</u> box        |                            |                            |                            |     |
|            |  | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |     |
| <b>Q65</b> | Felt constantly under strain?                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 394 |
|            |  | Tick <u>ONE</u> box        |                            |                            |                            |     |
|            |  | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |     |
| <b>Q66</b> | 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

|            |   |                            |                            |                             |                            |     |
|------------|---|----------------------------|----------------------------|-----------------------------|----------------------------|-----|
|            | <b>More so than usual</b>                             | <b>Same as usual</b>       | <b>Less so than usual</b>  | <b>Much less than usual</b> |                            |     |
| <b>Q67</b> | 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

|            |  |                            |                             |                            |                            |     |
|------------|--|----------------------------|-----------------------------|----------------------------|----------------------------|-----|
|            | <b>More so than usual</b>              | <b>Same as usual</b>       | <b>Less able than usual</b> | <b>Much less able</b>      |                            |     |
| <b>Q68</b> | 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

|            |                                     |                            |                               |                             |                            |     |
|------------|-------------------------------------|----------------------------|-------------------------------|-----------------------------|----------------------------|-----|
|            | <b>Not at all</b>                   | <b>No more than usual</b>  | <b>Rather more than usual</b> | <b>Much more than usual</b> |                            |     |
| <b>Q69</b> | 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

|            |                                     |                            |                               |                             |                            |     |
|------------|-------------------------------------|----------------------------|-------------------------------|-----------------------------|----------------------------|-----|
|            | <b>Not at all</b>                   | <b>No more than usual</b>  | <b>Rather more than usual</b> | <b>Much more than usual</b> |                            |     |
| <b>Q70</b> | 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

|            |  |                            |                               |                             |                            |     |
|------------|--|----------------------------|-------------------------------|-----------------------------|----------------------------|-----|
|            | <b>Not at all</b>                                | <b>No more than usual</b>  | <b>Rather more than usual</b> | <b>Much more than usual</b> |                            |     |
| <b>Q71</b> | 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

|            |   |                            |                            |                             |                            |     |
|------------|---|----------------------------|----------------------------|-----------------------------|----------------------------|-----|
|            | <b>More so than usual</b>                             | <b>About same as usual</b> | <b>Less so than usual</b>  | <b>Much less than usual</b> |                            |     |
| <b>Q72</b> | 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<br>time                   | Rarely                                | Some of the<br>Time                   | Often                                 | All of the<br>time                    |     |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| <b>Q73</b> I've been feeling optimistic about the future | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | 402 |

**Tick ONE box**

|                                     | None of the<br>time                   | Rarely                                | Some of the<br>time                   | Often                                 | All of the<br>time                    |     |
|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| <b>Q74</b> I've been feeling useful | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | 403 |

**Tick ONE box**

|                                      | None of the<br>time                   | Rarely                                | Some of the<br>time                   | Often                                 | All of the<br>time                    |     |
|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| <b>Q75</b> I've been feeling relaxed | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | 404 |

**Tick ONE box**

|   | None of the<br>time                   | Rarely                                | Some of the<br>time                   | Often                                 | All of the<br>time                    |     |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| <b>Q76</b> I've been feeling interested in other people | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | 405 |

**Tick ONE box**

|                                     | None of the<br>time                   | Rarely                                | Some of the<br>time                   | Often                                 | All of the<br>time                    |     |
|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| <b>Q77</b> I've had energy to spare | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | 406 |

**Tick ONE box**

|   | None of the<br>time                   | Rarely                                | Some of the<br>time                   | Often                                 | All of the<br>time                    |     |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| <b>Q78</b> I've been dealing with problems well | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | 407 |

**Tick ONE box**

|                                       | None of the<br>time                   | Rarely                                | Some of the<br>time                   | Often                                 | All of the<br>time                    |     |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----|
| <b>Q79</b> I've been thinking clearly | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | 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**

|  | <b>None of the time</b>    | <b>Rarely</b>              | <b>Some of the time</b>    | <b>Often</b>               | <b>All of the time</b>     |     |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| <b>Q80</b> I've been feeling good about myself | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 409 |

**Tick ONE box**

|  | <b>None of the time</b>    | <b>Rarely</b>              | <b>Some of the time</b>    | <b>Often</b>               | <b>All of the time</b>     |     |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| <b>Q81</b> I've been feeling close to other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 410 |

**Tick ONE box**

|  | <b>None of the time</b>    | <b>Rarely</b>              | <b>Some of the time</b>    | <b>Often</b>               | <b>All of the time</b>     |     |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| <b>Q82</b> I've been feeling confident | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 411 |

**Tick ONE box**

|   | <b>None of the time</b>    | <b>Rarely</b>              | <b>Some of the time</b>    | <b>Often</b>               | <b>All of the time</b>     |     |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| <b>Q83</b> I've been able to make up my own mind about things | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 412 |

**Tick ONE box**

|                                    | <b>None of the time</b>    | <b>Rarely</b>              | <b>Some of the time</b>    | <b>Often</b>               | <b>All of the time</b>     |     |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| <b>Q84</b> I've been feeling loved | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 413 |

**Tick ONE box**

|   | <b>None of the time</b>    | <b>Rarely</b>              | <b>Some of the time</b>    | <b>Often</b>               | <b>All of the time</b>     |     |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| <b>Q85</b> I've been interested in new things | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 414 |

**Tick ONE box**

|                                       | <b>None of the time</b>    | <b>Rarely</b>              | <b>Some of the time</b>    | <b>Often</b>               | <b>All of the time</b>     |     |
|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| <b>Q86</b> I've been feeling cheerful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 415 |

SPARE 416-424

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

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

**Q87** Have you been feeling anxious or nervous in the past month? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

425

**Q88** In the past month, did you ever find your muscles felt tense or that you couldn't relax?

**Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

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  <sub>1</sub>

No  <sub>2</sub>

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**

**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?

**Tick ONE box**

Always brought on by phobia

<sub>1</sub>

Go to Q97 on page 28

Sometimes generally anxious

<sub>2</sub>

Go to Q91 ↓

428

**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?

Tick **ONE** box

4 days or more

Go to Q92 ↓

1 to 3 days

Go to Q92 ↓

None

Go to Q97 on page 28

429

**Q92** In the past week, has your anxiety/nervousness/tension been:

Tick **ONE** box

...very unpleasant

...a little unpleasant

...or not unpleasant

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 **ONE** box

Yes

Go to Q94 ↓

No

Go to Q95 on page 28

431

**Q94** Which of these symptoms did you have when you felt anxious/nervous/tense?

Tick **ALL** that apply

Heart racing or pounding

Hands sweating or shaking

Feeling dizzy

Difficulty getting your breath

Butterflies in stomach

Dry mouth

Nausea or feeling as though you wanted to vomit

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  <sub>1</sub>

No  <sub>2</sub>

446

**Q96** How long have you had these feelings of general anxiety/nervousness/tension as you described? **Tick ONE box**

Less than 2 weeks  <sub>01</sub>

2 weeks but less than 6 months  <sub>02</sub>

6 months but less than 1 year  <sub>03</sub>

1 year but less than 2 years  <sub>04</sub>

2 years or more  <sub>05</sub>

447-448

**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  <sub>1</sub>

No  <sub>2</sub>

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  <sub>1</sub>

No/no enjoyment or interest  <sub>2</sub>

450

**Q99** In the past week have you had a spell of feeling sad, miserable or depressed? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

451

**Q100** In the past week have you been able to enjoy or take an interest in things as much as usual? **Tick ONE box**

Yes  <sub>1</sub>

No/no enjoyment or interest  <sub>2</sub>

452

**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

 1

Go to Q102 ↓

1 to 3 days

 2

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?

Tick **ONE** box

Yes

 1

No

 2

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?

Tick **ONE** box

Yes, at least once

 1

No

 2

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 **ONE** box

Less than 2 weeks

 01

2 weeks but less than 6 months

 02

6 months but less than a year

 03

1 year but less than 2 years

 04

2 years but less than 5 years

 05

5 years but less than 10 years

 06

10 years or more

 07

456-457

**Q105** Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

Tick **ONE** box

Yes  <sub>1</sub>

Go to Q106↓

No  <sub>2</sub>

Go to Q107↓

458

**Q106** When was this? Please tell us about the most recent time

Tick **ONE** box

In the last week?  <sub>1</sub>

In the last year?  <sub>2</sub>

Some other time?  <sub>3</sub>

459

**Q107** Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

Tick **ONE** box

Yes  <sub>1</sub>

Go to Q108↓

No  <sub>2</sub>

Go to Q109↓

460

**Q108** When was this? Please tell us about the most recent time

Tick **ONE** box

In the last week?  <sub>1</sub>

In the last year?  <sub>2</sub>

Some other time?  <sub>3</sub>

461

The following questions are about social issues.

**Q109** 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  <sub>1</sub>

Can't be too careful in dealing with people  <sub>2</sub>

It depends on people/circumstances  <sub>3</sub>

462

**Q110** 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  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  3
- 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

467-468

**Q115** 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:

**Q116** 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 Q117 ↓

No  2 — Go to Q119 on page 33 470

**Q117** You ate less than you thought you should because of a lack of money or other resources?

Tick ONE box

Yes  1 — Go to Q118 ↓

No  2 — Go to Q119 on page 33 471

**Q118** Your household ran out of food because of lack of money or other resources?

Tick ONE box

Yes  1

No  2

472

**EVERYONE PLEASE ANSWER**

**Q119** 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

**Q120** 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**



