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Survey month

Scottish Health Survey 2015

Booklet for Adults

How to fill in this questionnaire

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

Example:

Tick ONE box

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

Do you feel that you lead a

- B On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick ONE box

Yes → Go to Q4

No → Go to Q5

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q1 How often do you have a drink containing alcohol?

Tick **ONE** box

- | | | | | |
|------------------------|--------------------------|---|-----------------------|------------|
| Never | <input type="checkbox"/> | 1 | → Go to Q12 on pg 4 → | |
| Monthly or less | <input type="checkbox"/> | 2 | | |
| 2-4 times a month | <input type="checkbox"/> | 3 | | Go to Q2 ↓ |
| 2-3 times a week | <input type="checkbox"/> | 4 | | |
| 4 or more times a week | <input type="checkbox"/> | 5 | | |

Q2 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 |

Q3 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 |

Q4 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

Q5 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

Q6 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

Q7 How often during the last year have you had a feeling of guilt or remorse after drinking? **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

Q8 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	<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

Q9 Have you or someone else been injured because of your drinking? **Tick ONE box**

No	<input type="checkbox"/>	1
Yes, but not in the last year	<input type="checkbox"/>	2
Yes, during the last year	<input type="checkbox"/>	3

Q10 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box**

No	<input type="checkbox"/>	1
Yes, but not in the last year	<input type="checkbox"/>	2
Yes, during the last year	<input type="checkbox"/>	3

Q11 I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box**

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

We should like to know how your health has been in general over **the past few weeks**. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q12 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

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q13 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q14 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

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable
Q15 Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q16 Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q17 Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HAVE YOU RECENTLY:

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q18 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

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able
Q19 Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q20 Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q21 Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q22 Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q23 Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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**

Q24 I've been feeling optimistic about the future

Tick ONE box

None of the time	Rarely	Some of the Time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q25 I've been feeling useful

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q26 I've been feeling relaxed

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q27 I've been feeling interested in other people

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q28 I've had energy to spare

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q29 I've been dealing with problems well

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q30 I've been thinking clearly

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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**

Q31 I've been feeling good about myself

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q32 I've been feeling close to other people

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q33 I've been feeling confident

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q34 I've been able to make up my own mind about things

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q35 I've been feeling loved

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q36 I've been interested in new things

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q37 I've been feeling cheerful

Tick ONE box

None of the time	Rarely	Some of the time	Often	All of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please read this carefully:

We should like to know about certain treatments or procedures you may have had. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

Tick ONE box

	Yes	No
Q38 Have you <u>ever</u> had laser eye surgery?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q39 Have you ever had any of the following dental treatments?

Please tick one box for each treatment.

Tick ONE box per treatment

	Yes	No
Professional tooth whitening	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Veneers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Dental implants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tooth straightening (e.g. braces)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
White or gold fillings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other cosmetic dental treatment (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q39b Please write in other cosmetic dental treatment:

Q40 Have you ever had any of the following skin or soft tissue treatments?

Please exclude treatments done at home.

Please tick one box for each treatment.

Tick ONE box per treatment

	Yes	No
Chemical peel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Microdermabrasion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Laser skin resurfacing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Injectable cosmetic treatments such as Botox®	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Injectable cosmetic treatments such as dermal fillers / soft tissue fillers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other cosmetic skin or soft tissue treatment (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q40b Please write in other cosmetic skin or soft tissue treatment:

**IF YOU TICKED 'YES' FOR ANY OF THE TREATMENTS AT Q40, PLEASE GO TO Q41 BELOW
OTHERWISE GO TO Q42.**

Q41 Thinking about all occasions you have had any of the treatments mentioned in Q40 above, did you have any of the problems listed on the card as a result of the procedure?
Please tick one box for each problem.

		Tick <u>ONE</u> box per treatment	
		Yes	No
	Excessive or unexpected bleeding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<hr/>			
	Infection	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<hr/>			
	Slow healing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<hr/>			
	Nerve damage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<hr/>			
	Burns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<hr/>			
	Extended pain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<hr/>			
	Other cosmetic skin or soft tissue treatment (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q41b Please write in other cosmetic skin or soft tissue treatment:

EVERYONE PLEASE ANSWER

Q42 Have you ever had any of the following procedures?
Please tick one box for each procedure.

		Tick <u>ONE</u> box per procedure	
		Yes	No
	Face or neck lift	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<hr/>			
	Eye brow lift	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<hr/>			
	Nose job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<hr/>			
	Other cosmetic or reconstructive work done to the face or neck (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q42b Please write in other cosmetic or reconstructive work done to the face or neck:

Q43 Have you ever had any of the following surgical procedures?
Please tick one box for each procedure.

	Tick ONE box per procedure	
	Yes	No
Breast enlargement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Breast reduction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Breast reconstruction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q44 Have you ever had any of the following procedures?
Please tick one box for each procedure.

	Tick ONE box per procedure	
	Yes	No
Liposuction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tummy tuck	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Gastric band	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Any other surgical procedure to reduce fat or aid weight loss (please write below)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q44b Please write in other surgical procedure to reduce fat or aid weight loss:

--

EVERYONE PLEASE ANSWER

Q45 Have you spent any money on any of the following activities in the **last 12 months?**

Please tick **ONE** box for each activity

	Tick ONE box per activity	
	Yes	No
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
The football pools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Fruit or slot machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting exchange <i>This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on horse races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on dog races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on sports events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Betting on other events <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Spread-betting <i>In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Another form of gambling in the last 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q45, PLEASE GO TO Q46 ON PAGE 12 OTHERWISE GO TO Q66 ON PAGE 14.

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q45, PLEASE GO TO Q46 BELOW
OTHERWISE GO TO Q66 ON PAGE 14.**

Q46 Thinking about all the activities covered in the previous question would you say you spend money on these activities:

Tick ONE box

- | | | |
|---|--------------------------|---|
| Two or more times a week | <input type="checkbox"/> | 1 |
| Once a week | <input type="checkbox"/> | 2 |
| Less than once a week, more than once a month | <input type="checkbox"/> | 3 |
| Once a month | <input type="checkbox"/> | 4 |
| Every 2-3 months | <input type="checkbox"/> | 5 |
| Once or twice a year | <input type="checkbox"/> | 6 |

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

Tick ONE box

- | | Every time I
lost | Most of the
time | Some of the
time (less than
half the time I
lost) | Never |
|--|------------------------------|-----------------------------|--|--------------------------|
| Q47 When you gamble, how often do you go back another day to win back money you lost? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tick ONE box for each question

- | | Very often | Fairly often | Occasionally | Never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Q48 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q49 Have you needed to gamble with more and more money to get the excitement you are looking for? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q50 Have you felt restless or irritable when trying to cut down gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q51 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q52 Have you lied to family, or others, to hide the extent of your gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, how often...

Tick **ONE** box for each question

	Very often	Fairly often	Occasionally	Never
Q53 Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q54 Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q55 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q56 Have you asked others to provide money to help with a financial crisis caused by gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

In the past 12 months, how often...

Tick **ONE** box for each question

	Almost always	Most of the time	Sometimes	Never
Q57 ...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
Q58 ...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
Q59 ...have you gone back another day 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
Q60 ...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
Q61 ...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
Q62 ...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
Q63 ...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
Q64 ...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
Q65 ...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

CONTRACEPTION

Q66 Are you currently sexually active?

Tick ONE box

- Yes ₁ — **Go to Q67 ↓**
- No ₂ — **Go to Q71 on page 15 →**

Q67 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick up to 3 methods

Tick up to 3 methods

- Not using any contraception (myself or my partner) ₀₁ — **Go to Q69 on page 15 →**
- I have been sterilized/My partner has been sterilized (this includes male vasectomy) ₀₂
- Mini pill ₀₃
- Combined pill ₀₄
- Pill – not sure which ₀₅
- Mirena coil (hormone releasing coil) ₀₆
- Coil/other device ₀₇
- Condom/male sheath/Durex ₀₈
- Femidom (female sheath) ₀₉
- Cap/diaphragm ₁₀
- Foams, gels, sprays, pessaries (spermicides) ₁₁
- Contraceptive sponge ₁₂
- Persona ₁₃
- Safe period/rhythm method (other than Persona) ₁₄
- Withdrawal ₁₅
- Injection ₁₆
- Implant ₁₇
- Emergency contraception ₁₈
- Going without sex ₁₉
- Another method of contraception ₂₀ — **Go to Q68 ↓**

**Go to Q71 →
on page 15**

Q68 What other method of contraception do you or your partner use? Write in:

Now go to Q71 on page 15 →

ANSWER IF YOU ARE CURRENTLY SEXUALLY ACTIVE BUT YOU OR YOUR PARTNER ARE NOT USING CONTRACEPTION CURRENTLY

Q69 Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you or your partner?

Tick ONE box

I am / my partner is trying to become pregnant or is already pregnant	<input type="checkbox"/>	01	
I am / my partner is unlikely to conceive because of the menopause	<input type="checkbox"/>	02	
I am / my partner is unlikely to conceive because of infertility	<input type="checkbox"/>	03	
Against my faith/beliefs	<input type="checkbox"/>	04	
I am having sex with someone of the same sex	<input type="checkbox"/>	05	Go to Q71 ↓
I don't like contraception / find methods unsatisfactory	<input type="checkbox"/>	06	
My partner doesn't like – or won't use – contraception	<input type="checkbox"/>	07	
Don't know where to obtain contraceptives / advice	<input type="checkbox"/>	08	
Find access to contraceptive services difficult	<input type="checkbox"/>	09	
Some other reason	<input type="checkbox"/>	10	Go to Q70 ↓

Q70 **Please write in other reason:**

Now go to Q71 ↓

EVERYONE PLEASE ANSWER

Q71 And now a question about physical activity.
 The government **advises people to spend** a certain amount of time doing moderate physical activity to help them stay healthy. This includes brisk walking, heavy gardening or any other activity that makes you breathe slightly faster than usual.
 How much time **per week** do you **think** people **your age** are **advised to spend** doing this?

Please write in time (You can either write your answers in minutes, hours or both).

Hours	Minutes
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

EVERYONE PLEASE ANSWER

Q72 Which of the following options best describes how you think of yourself? **Tick ONE box**

Heterosexual or Straight	<input type="checkbox"/>	1
Gay or Lesbian	<input type="checkbox"/>	2
Bisexual	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4