

P16448

Serial Number

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1-8

CKL

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9

Person no

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10-11

SPARE 12-13

Interviewer number

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22-25

First name

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Card

3	1	5
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14-16

Batch

17-21

Survey month

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SPARE 26-49

## Scottish Health Survey 2022 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>
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C On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Tick **ONE** box

**Example:**

Yes  → Go to Q4

No  → Go to Q5

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

## SMOKING

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

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

When answering these questions please do NOT include:

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

**Q1** Have you ever smoked a cigar or a pipe?

**Tick ALL that apply**

Yes – cigar	<input type="checkbox"/>	1	} <b>Go to Q2 ↓</b>	
Yes – pipe	<input type="checkbox"/>	2		
No	<input type="checkbox"/>	3		

50–51

**Q2** Have you ever smoked a cigarette?

**Tick ONE box**

Yes	<input type="checkbox"/>	1	<b>Go to Q3 ↓</b>	
No	<input type="checkbox"/>	2	<b>Go to Q7 on page 2 →</b>	

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

<input style="width: 100%;" type="text"/>	<b>Go to Q4 ↓</b>	
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53–55

**Q4** Do you smoke cigarettes nowadays?

**Tick ONE box**

Yes	<input type="checkbox"/>	1	<b>Go to Q6a ↓</b>	
No	<input type="checkbox"/>	2	<b>Go to Q5 ↓</b>	

56

**Q5** Did you smoke cigarettes regularly or occasionally?

**Tick ONE box**

Regularly, that is at least one cigarette a day	<input type="checkbox"/>	1	} <b>Go to Q7 on page 2 →</b>	
Occasionally	<input type="checkbox"/>	2		
I never really smoked cigarettes, just tried them once or twice	<input type="checkbox"/>	3		

57

### CURRENT SMOKERS

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

Write in number smoked a day

<input style="width: 100%;" type="text"/>	<b>Go to Q6b on page 2 →</b>	
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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 ↓

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 4 →

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 on page 3 →

Used e-cigarettes/vaping devices occasionally  <sub>2</sub> — Go to Q11 on page 3 →

Never really used e-cigarettes/vaping devices, just tried them once or twice  <sub>3</sub> — Go to Q15 on page 4 →

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  01
- 4-6 days a week  02
- 2-3 days a week  03
- Once a week  04
- 2-3 times in a 4 week period  05
- Once in a 4 week period  06
- Less than once in a 4 week period  07

Go to Q12 ↓

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 on page 4 →

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 5 → 79-84

**Q16** Does this bother you at all?

Tick ONE box

- Yes  1
- No  2

85

**NOW GO TO THE QUESTIONS ON THE NEXT PAGE →**

SPARE 86-99

## DRINKING

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

Tick ONE box

- Yes  <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 Q33 on page 13 →

102

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

Write in how old you were then

Go to the next page → 103–105

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

**EXAMPLE**

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

Tick ONE box

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

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

**Go to QB**

**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

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

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

**Go to Q22 on page 7 →**

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

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

Tick **ONE** box

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

Go to Q23 ↓

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

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

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

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

Tick **ONE** box

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

Go to Q24 on page 8 →

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

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

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

Tick **ONE** box

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

123

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

Glasses (count doubles as 2 singles)

124-125

Go to Q25 ↓

**Q25 Wine (including babycham, 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

Large Glasses (250ml)

127-128

Standard Glasses (175ml)

129-130

Small Glasses (125ml)

131-132

Bottles (750ml)

133-134

Go to Q26 on page 9 →

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	<input type="checkbox"/> 1	Go to Q29 on page 11 →	
Yes	<input type="checkbox"/> 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 10 →

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

Tick **ONE** box

No  <sub>1</sub> — Go to Q29 on page 11 →

Yes  <sub>2</sub> 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
<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>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

172

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

<input type="text"/>	Glasses (count doubles as 2 singles)	173-174
AND/OR <input type="text"/>	Half-pints	175-176
AND/OR <input type="text"/>	Large cans or bottles	177-178
AND/OR <input type="text"/>	Small cans or bottles	179-180

Go to Q29 on page 11 →

SPARE 181-199

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

**Tick ONE box**

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

200-201

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

**Tick ONE box**

- Yes  1 **Go to Q31 ↓**
  - No  2 **Go to Q33 on page 13 →**
- 202

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

**Tick ONE box**

- One  1
- Two  2
- Three  3
- Four  4 **Go to Q32 on page 12 →**
- Five  5
- Six  6
- Seven  7

203

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

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

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

Go to next page →

SPARE 266-389

## GENERAL HEALTH OVER THE LAST FEW WEEKS

**EVERYONE PLEASE ANSWER**

**Please read this carefully:**

We would 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	
<b>Q33</b> Been able to concentrate on whatever you're doing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	390

Tick **ONE** box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q34</b> Lost much sleep over worry?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	391

Tick **ONE** box

	More so than usual	Same as usual	Less useful than usual	Much less useful	
<b>Q35</b> Felt you were playing a useful part in things?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	392

Tick **ONE** box

	More so than usual	Same as usual	Less so than usual	Much less capable	
<b>Q36</b> Felt capable of making decisions about things?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	393

Tick **ONE** box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q37</b> Felt constantly under strain?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	394

Tick **ONE** box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q38</b> Felt you couldn't overcome your difficulties?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	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>Q39</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	396
Been able to enjoy your normal day-to-day activities?					

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>Q40</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	397
Been able to face up to your problems?					

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>Q41</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	398
Been feeling unhappy and depressed?					

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>Q42</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	399
Been losing confidence in yourself?					

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>Q43</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	400
Been thinking of yourself as a worthless person?					

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>Q44</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	401
Been feeling reasonably happy, all things considered?					

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

**Please read this carefully:**

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q45</b> I've been feeling optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	402

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q46</b> I've been feeling useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	403

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q47</b> I've been feeling relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	404

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q48</b> I've been feeling interested in other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	405

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q49</b> I've had energy to spare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	406

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q50</b> I've been dealing with problems well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	407

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q51</b> I've been thinking clearly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	408



**Please read this carefully:**

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q52</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

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q53</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

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q54</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

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q55</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

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q56</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

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q57</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

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q58</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

**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

**Q59** Have you been feeling anxious or nervous in the past month? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

425

**Q60** 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

**Q61** 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 Q62**

**OR**

**IF YOU ANSWERED 'NO' TO ALL OF THE ABOVE THREE QUESTIONS, PLEASE GO TO Q69 ON PAGE 19**

**Q62** 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 Q69 on page 19**

Sometimes generally anxious  <sub>2</sub>

— **Go to Q63 on page 18 →**

428

**Q63** 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 Q64 ↓

1 to 3 days

Go to Q64 ↓

None

Go to Q69 on page 19

429

**Q64** In the past week, has your anxiety/nervousness/tension been:

Tick **ONE** box

...very unpleasant

...a little unpleasant

...or not unpleasant

430

**Q65** 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 Q66 ↓

No

Go to Q67 on page 19 →

431

**Q66** 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

**Q67** 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

**Q68** 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

**Q69** 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

**Q70** 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

**Q71** 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

**Q72** In the past week have you been able to enjoy or take an interest in things as much as usual?

Tick **ONE** box

Yes

 1

No/no enjoyment or interest

 2

452

**Q73** 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 Q74 ↓

1 to 3 days

 2

Go to Q74 ↓

None

 3

Go to Q77 on page 21

453

**Q74** 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

**Q75** 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

**Q76** 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

**Q77** 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  1 **Go to Q78** ↓
- No  2 **Go to Q79** ↓

458

**Q78** When was this? Please tell us about the most recent time

Tick **ONE** box

- In the last week?  1
- In the last year?  2
- Some other time?  3

459

**Q79** Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

Tick **ONE** box

- Yes  1 **Go to Q80** ↓
- No  2 **Go to Q81 on page 22** 460

**Q80** When was this? Please tell us about the most recent time

Tick **ONE** box

- In the last week?  1
- In the last year?  2
- Some other time?  3

461

SPARE 462-468

**EVERYONE PLEASE ANSWER**

**Q81** How much of the time during the past week have you felt lonely? **Tick ONE box**

- None or almost none of the time  <sub>1</sub>
- Some of the time  <sub>2</sub>
- Most of the time  <sub>3</sub>
- All or almost all of the time  <sub>4</sub>

469

**Q82** Which of the following options best describes your sexual orientation? Tick one box only.

**Tick ONE box**

- Straight/Heterosexual  <sub>1</sub>
- Gay or Lesbian  <sub>2</sub>
- Bisexual  <sub>3</sub>
- Other sexual orientation, please write in  <sub>4</sub>

473

SPARE 470–472

If you would like to, please write in the other words you would use in the space below:

.....

474

**Q83** What is your sex?  
Tick ONE box only

**Tick ONE box only**

- Female  <sub>1</sub>
- Male  <sub>2</sub>
- Prefer not to say  <sub>3</sub>

475

**Q84** Do you consider yourself to be trans, or have a trans history?  
Tick ONE box only

**Tick ONE box only**

- No  <sub>1</sub> **Go to Q86 on page 23➔**
- Yes  <sub>2</sub> **Go to Q85 on page 23➔**
- Prefer not to say  <sub>3</sub> **Go to Q86 on page 23➔**

476

**Q85** If you would like to, please describe your trans status (for example non-binary, trans man, trans woman):

.....

477

**Q86** Have you previously served in the UK Armed Forces?  
**Current serving members should only tick 'No'.**

**Tick ALL that apply**

No  <sub>1</sub>

Yes, previously served in regular armed forces  <sub>2</sub>

Yes, previously served in reserve armed forces  <sub>3</sub>

478-479

**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**









