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Survey month

Scottish Health Survey 2015

Booklet for Young 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.

Tick **ONE** box

Example:

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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.

6

- 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	<input checked="" type="checkbox"/>	→	Go to Q4
No	<input type="checkbox"/>	→	Go to Q5

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

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 ↓

Q2 Have you ever smoked a cigarette?

Tick **ONE** box

Yes

1

Go to Q3 ↓

No

2

Go to Q7 on page 2 →

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 ↓

Q4 Do you smoke cigarettes nowadays?

Tick **ONE** box

Yes

1

Go to Q6a ↓

No

2

Go to Q5 ↓

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 →

CURRENT SMOKERS

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

Write in number smoked a day

Go to Q6b ↓

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 →

EVERYONE PLEASE ANSWER

Q7 Have you ever used an electronic cigarette (e-cigarette)?

Tick ONE box

Yes ₁ **Go to Q8 ↓**

No ₂ **Go to Q9 ↓**

Q8 Do you use electronic cigarettes (e-cigarettes) at all nowadays?

Tick ONE box

Yes ₁ **Go to Q9 ↓**

No ₂

Q9 Are you regularly exposed to other people's tobacco smoke in any of these places?

Please tick all boxes which apply

Tick ALL that apply

At home ₁

At work ₂

In other people's homes ₃ **Go to Q10 ↓**

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 Q11 on page 3 →**

Q10 Does this bother you at all?

Tick ONE box

Yes ₁

No ₂

NOW GO TO THE QUESTIONS ON THE NEXT PAGE →

DRINKING

Q11 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick **ONE** box

Yes

1

Go to Q14 ↓

No

2

Go to Q12 ↓

Q12 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

1

Go to Q14 ↓

Never

2

Go to Q13 ↓

Q13 Have you always been a non-drinker or did you stop drinking for some reason?

Tick **ONE** box

Always a non-drinker

1

Go to Q39 on page 15 →

Used to drink but stopped

2

Q14 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 →

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

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 Q15-Q22

Q15 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

Go to Q16 on page 5 →

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

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

Q16 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

Go to Q17 ↓

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

Q17 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

Go to Q18 on page 6 →

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

<input type="text"/>	Glasses (count doubles as 2 singles)
----------------------	--------------------------------------

Q18 Sherry or martini (including port, vermouth, cinzano, dubonnet) 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

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

Glasses (count doubles as 2 singles)

Go to Q19 ↓

Q19 Wine (including babycham and champagne)

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 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)

Standard Glasses (175ml)

Small Glasses (125ml)

Bottles (750ml)

Go to Q20 on page 7 →

Q20 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

Go to Q21 ↓

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

<input type="text"/>	Small cans
<input type="text"/>	Standard bottles (275ml)
<input type="text"/>	Large bottles (700ml)

Q21 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box

No	<input type="checkbox"/> 1	Go to Q23 on page 9 →
Yes	<input type="checkbox"/> 2	

WRITE IN NAME OF DRINK

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

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

<input type="text"/>	Glasses (count doubles as 2 singles)
AND/OR <input type="text"/>	Half-pints
AND/OR <input type="text"/>	Large cans or bottles
AND/OR <input type="text"/>	Small cans or bottles

Go to Q22 on page 8 →

Q22 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick **ONE** box

No

1

Go to Q23 on page 9 →

Yes

2

WRITE IN NAME OF DRINK

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

Tick **ONE** box

Almost every
day

1

Five or six
days a week

2

Three or four
days a week

3

Once or twice
a week

4

Once or twice
a month

5

Once every
couple of
months

6

Once or twice
in the last 12
months

7

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

AND/OR

AND/OR

AND/OR

Glasses (count doubles as 2 singles)

Half-pints

Large cans or bottles

Small cans or bottles

Go to Q23 on page 9 →

Q23 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 1
 - Five or six days a week 2
 - Three or four days a week 3
 - Once or twice a week 4
 - Once or twice a month 5
 - Once every couple of months 6
 - Once or twice a year 7
 - Not all in the last 12 months 8
- Go to Q24 ↓

Q24 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

- Yes 1 — Go to Q25 ↓
- No 2 — Go to Q27a on page 11 →

Q25 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 Q26 on page 10 →
- Five 5
- Six 6
- Seven 7

Q26 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 ALL 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.	<input type="text"/> ₀₁	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	<input type="text"/> ₀₃	<input type="text"/>			
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	<input type="text"/> ₀₄	<input type="text"/>			
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 (250ml) <input type="text"/>	Standard glasses (175ml) <input type="text"/>	Small glasses (125ml) <input type="text"/>	Bottles (750ml) <input type="text"/>
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"/>
Other kinds of alcoholic drink WRITE IN NAME OF DRINK		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
1. <input type="text"/>	<input type="text"/> ₀₇	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/> ₀₈	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Go to next page →

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q27a How often do you have a drink containing alcohol?

Tick ONE box

Never	<input type="checkbox"/>	1	Go to Q39 on pg 15 →
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	Go to Q27b ↓
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

Q27b 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

Q28 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

Q29 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

Q30 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

Q31 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

Q32 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

Q33 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

Q34 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

Q35 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

Q36 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

Q37a 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 | <input type="checkbox"/> | 1 | } → Go to Q38a ↓ |
| In a restaurant | <input type="checkbox"/> | 2 | |
| In a club or disco | <input type="checkbox"/> | 3 | |
| At a party with friends | <input type="checkbox"/> | 4 | |
| At my home | <input type="checkbox"/> | 5 | |
| At someone else's home | <input type="checkbox"/> | 6 | |
| Out on the street, in a park or other outdoor area | <input type="checkbox"/> | 7 | |
| Somewhere else | <input type="checkbox"/> | 8 | → Go to Q37b ↓ |

Q37b In which place do you drink the **most** alcohol? **Write in:**

Q38a 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 | <input type="checkbox"/> | 1 | } → Go to Q39 on page 15 → |
| Male friends | <input type="checkbox"/> | 2 | |
| Female friends | <input type="checkbox"/> | 3 | |
| Male and female friends together | <input type="checkbox"/> | 4 | |
| Work colleagues | <input type="checkbox"/> | 5 | |
| Members of my family / relatives | <input type="checkbox"/> | 6 | |
| On my own | <input type="checkbox"/> | 7 | |
| Someone else | <input type="checkbox"/> | 8 | → Go to question 38b ↓ |

Q38b Who are you usually with when you drink the **most** alcohol? **Write in:**

GENERAL HEALTH OVER THE LAST FEW WEEKS

EVERYONE PLEASE ANSWER

Please read this carefully:

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

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual
Q39 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
Q40 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
Q41 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
Q42 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
Q43 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
Q44 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
Q45 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
Q46 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
Q47 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
Q48 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
Q49 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
Q50 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**

Tick ONE box

	None of the time	Rarely	Some of the Time	Often	All of the time
Q51 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q52 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q53 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q54 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q55 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q56 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q57 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

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
Q58 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q59 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q60 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q61 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q62 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q63 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

Tick ONE box

	None of the time	Rarely	Some of the time	Often	All of the time
Q64 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

EVERYONE PLEASE ANSWER

Q65 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	
	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 <u>casino games 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 Q65, PLEASE GO TO Q66 OTHERWISE GO TO Q86 ON PAGE 22

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q65, PLEASE GO TO Q66
OTHERWISE GO TO Q86 ON PAGE 22**

Q66 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 |
|--|--------------------------|--------------------------|--|--------------------------|
| Q67 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 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Q68 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"/> |
| Q69 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"/> |
| Q70 Have you felt restless or irritable when trying to cut down gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q71 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"/> |
| Q72 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
Q73 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
Q74 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
Q75 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
Q76 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
Q77 ...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
Q78 ...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
Q79 ...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
Q80 ...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
Q81 ...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
Q82 ...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
Q83 ...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
Q84 ...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
Q85 ...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

Q86 Are you currently sexually active?

Tick **ONE** box

- Yes ₁ — Go to Q87 ↓
- No ₂ — Go to Q91 on page 23 →

Q87 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

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 Q89 on page 23 →

Go to Q91 on page 23



Q88 What other method of contraception do you or your partner use? Write in:

Now go to Q91 on page 23 →

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

Q89 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 Q91 ↓
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 Q90 ↓

Q90 Please write in other reason:

Now go to Q91 ↓

EVERYONE PLEASE ANSWER

Q91 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 bike riding, swimming, playing tennis or any other activity that makes them breathe slightly faster. How much time **per day** do you **think** people **your age** are **advised to spend** doing this?

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

Hours	Minutes
<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>

EVERYONE PLEASE ANSWER

Q92 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