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:
Do you feel that you lead a

Tick ONE box

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

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.

Example:

Tick ONE box

- Yes  ➔  Go to Q4
- No  ➔  Go to Q5
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
Yes – pipe
No

Q2 Have you ever smoked a cigarette?
  Tick ONE box

Yes
No

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

Q4 Do you smoke cigarettes nowadays?
  Tick ONE box

Yes
No

Q5 Did you smoke cigarettes regularly or occasionally?
  Tick ONE box

Regularly, that is at least one cigarette a day
Occasionally
I never really smoked cigarettes, just tried them once or twice

Q6a About how many cigarettes a day do you usually smoke on weekdays?
  Write in number smoked a day

Q6b And about how many cigarettes a day do you usually smoke at weekends?
  Write in number smoked a day
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  Go to Q10 ↓
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 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  Go to Q14

No   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  Go to Q14

Never   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  Go to Q39 on page 15

Used to drink but stopped

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**

<table>
<thead>
<tr>
<th>Almost every day</th>
<th>Five or six days a week</th>
<th>Three or four days a week</th>
<th>Once or twice a week</th>
<th>Once or twice a month</th>
<th>Once every couple of months</th>
<th>Once or twice in the last 12 months</th>
<th>Never in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Go to QB</td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Almost every day</th>
<th>Five or six days a week</th>
<th>Three or four days a week</th>
<th>Once or twice a week</th>
<th>Once or twice a month</th>
<th>Once every couple of months</th>
<th>Once or twice in the last 12 months</th>
<th>Never in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Go to Q16 on page 5</td>
<td></td>
</tr>
</tbody>
</table>

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

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

- Half-pints
- Large cans or bottles
- 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

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

- 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

<table>
<thead>
<tr>
<th>Almost every day</th>
<th>Five or six days a week</th>
<th>Three or four days a week</th>
<th>Once or twice a week</th>
<th>Once or twice a month</th>
<th>Once every couple of months</th>
<th>Once or twice in the last 12 months</th>
<th>Never in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Almost every day</th>
<th>Five or six days a week</th>
<th>Three or four days a week</th>
<th>Once or twice a week</th>
<th>Once or twice a month</th>
<th>Once every couple of months</th>
<th>Once or twice in the last 12 months</th>
<th>Never in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

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)
- 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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day</td>
<td>1</td>
</tr>
<tr>
<td>Five or six days a week</td>
<td>2</td>
</tr>
<tr>
<td>Three or four days a week</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>4</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>5</td>
</tr>
<tr>
<td>Once every couple of months</td>
<td>6</td>
</tr>
<tr>
<td>Once or twice in the last 12 months</td>
<td>7</td>
</tr>
<tr>
<td>Never in the last 12 months</td>
<td>8</td>
</tr>
</tbody>
</table>

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

Small cans

Standard bottles (275ml)

Large bottles (700ml)

Go to Q21  

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

Tick ONE box

<table>
<thead>
<tr>
<th>Option</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
</tbody>
</table>

WRITE IN NAME OF DRINK

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

Tick ONE box

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day</td>
<td>1</td>
</tr>
<tr>
<td>Five or six days a week</td>
<td>2</td>
</tr>
<tr>
<td>Three or four days a week</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>4</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>5</td>
</tr>
<tr>
<td>Once every couple of months</td>
<td>6</td>
</tr>
<tr>
<td>Once or twice in the last 12 months</td>
<td>7</td>
</tr>
</tbody>
</table>

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

Glasses (count doubles as 2 singles)

AND/OR Half-pints

AND/OR Large cans or bottles

AND/OR Small cans or bottles

Go to Q22 on page 8  

Go to Q21 on page 9  

Go to Q23 on page 9
Q22 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick ONE box

No

Go to Q23 on page 9 ➔

Yes

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

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

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 
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 a year 
Not all in the last 12 months

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

Yes 
No

Q25 On how many days out of the last seven did you have an alcoholic drink?  
Tick ONE box

One 
Two 
Three 
Four 
Five 
Six 
Seven

Go to Q26 on page 10

Go to Q27a on page 11
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.

<table>
<thead>
<tr>
<th>TICK ALL DRINKS DRUNK ON THAT DAY</th>
<th>WRITE IN HOW MUCH DRUNK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.</td>
<td></td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent’s Super, Special Brew)</td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast</td>
<td></td>
</tr>
</tbody>
</table>
| Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle 
If you drank small bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle | 
| Alcoholic soft drinks or ‘alcopops’ (such as WKD, Smirnoff Ice, Bacardi Breezer) | 
| Other kinds of alcoholic drink WRITE IN NAME OF DRINK | 

Go to next page ➔
DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Q27a How often do you have a drink containing alcohol?

Tick ONE box

Never □
Monthly or less □
2-4 times a month □
2-3 times a week □
4 or more times a week □

Go to Q39 on pg 15 ➔

Q27b How many drinks containing alcohol do you have on a typical day when you are drinking?

Tick ONE box

1 or 2 □
3 or 4 □
5 or 6 □
7 to 9 □
10 or more □

Q28 How often do you have six or more drinks on one occasion?

Tick ONE box

Never □
Less than monthly □
Monthly □
Weekly □
Daily or almost daily □
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 [ ]
- Less than monthly [ ]
- Monthly [ ]
- Weekly [ ]
- Daily or almost daily [ ]

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 [ ]
- Less than monthly [ ]
- Monthly [ ]
- Weekly [ ]
- Daily or almost daily [ ]

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 [ ]
- Less than monthly [ ]
- Monthly [ ]
- Weekly [ ]
- Daily or almost daily [ ]
Q32 How often during the last year have you had a feeling of guilt or remorse after drinking?

Tick ONE box

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

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
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Q34 Have you or someone else been injured because of your drinking?

Tick ONE box

- No
- Yes, but not in the last year
- Yes, during the last year

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
- Yes, but not in the last year
- Yes, during the last year

Q36 I have been drunk at least once a week, on average, in the last three weeks

Tick ONE box

- Yes
- No
Q37a In which of these places would you say you drink the most alcohol?

Please tick one box only

<table>
<thead>
<tr>
<th>Place</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a pub or bar</td>
<td>1</td>
</tr>
<tr>
<td>In a restaurant</td>
<td>2</td>
</tr>
<tr>
<td>In a club or disco</td>
<td>3</td>
</tr>
<tr>
<td>At a party with friends</td>
<td>4</td>
</tr>
<tr>
<td>At my home</td>
<td>5</td>
</tr>
<tr>
<td>At someone else’s home</td>
<td>6</td>
</tr>
<tr>
<td>Out on the street, in a park or other outdoor area</td>
<td>7</td>
</tr>
<tr>
<td>Somewhere else</td>
<td>8</td>
</tr>
</tbody>
</table>

Tick ONE box

→ Go to Q37a

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

<table>
<thead>
<tr>
<th>Together with</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>My boyfriend or girlfriend/partner/husband or wife</td>
<td>1</td>
</tr>
<tr>
<td>Male friends</td>
<td>2</td>
</tr>
<tr>
<td>Female friends</td>
<td>3</td>
</tr>
<tr>
<td>Male and female friends together</td>
<td>4</td>
</tr>
<tr>
<td>Work colleagues</td>
<td>5</td>
</tr>
<tr>
<td>Members of my family / relatives</td>
<td>6</td>
</tr>
<tr>
<td>On my own</td>
<td>7</td>
</tr>
<tr>
<td>Someone else</td>
<td>8</td>
</tr>
</tbody>
</table>

Tick ONE box

→ Go to Q39 on page 15

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

→ Go to question 38b
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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q39</td>
<td>Been able to concentrate on whatever you’re doing?</td>
<td>![ ] 1</td>
</tr>
<tr>
<td>Q40</td>
<td>Lost much sleep over worry?</td>
<td>![ ] 1</td>
</tr>
<tr>
<td>Q41</td>
<td>Felt you were playing a useful part in things?</td>
<td>![ ] 1</td>
</tr>
<tr>
<td>Q42</td>
<td>Felt capable of making decisions about things?</td>
<td>![ ] 1</td>
</tr>
<tr>
<td>Q43</td>
<td>Felt constantly under strain?</td>
<td>![ ] 1</td>
</tr>
<tr>
<td>Q44</td>
<td>Felt you couldn’t overcome your difficulties?</td>
<td>![ ] 1</td>
</tr>
</tbody>
</table>
HAVE YOU RECENTLY:

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q45</td>
<td>Been able to enjoy your normal day-to-day activities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q46</td>
<td>Been able to face up to your problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q47</td>
<td>Been feeling unhappy and depressed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q48</td>
<td>Been losing confidence in yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q49</td>
<td>Been thinking of yourself as a worthless person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q50</td>
<td>Been feeling reasonably happy, all things considered?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General Health Questionnaire (GHQ-12)
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Please read this carefully:
Below are some statements about feelings and thoughts. 
Please tick the box that best describes your experience of each over the last 2 weeks:

Q51 I've been feeling optimistic about the future

Q52 I've been feeling useful

Q53 I've been feeling relaxed

Q54 I've been feeling interested in other people

Q55 I've had energy to spare

Q56 I've been dealing with problems well

Q57 I've been thinking clearly
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.

Q58 I've been feeling good about myself

Q59 I've been feeling close to other people

Q60 I've been feeling confident

Q61 I've been able to make up my own mind about things

Q62 I've been feeling loved

Q63 I've been interested in new things

Q64 I've been feeling cheerful
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tickets for the National Lottery Draw, <strong>including</strong> Thunderball and Euromillions and tickets bought online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratchcards (but not online or newspaper or magazine scratchcards)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tickets for any <strong>other</strong> lottery, including charity lotteries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The football pools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bingo cards or tickets, including playing at a bingo hall (not online)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit or slot machines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virtual gaming machines in a bookmakers to bet on virtual roulette, poker, blackjack or other games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table games (roulette, cards or dice) in a casino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing poker in a pub tournament/ league or at a club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online betting with a bookmaker on any event or sport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting exchange <strong>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.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on <strong>horse</strong> races in a bookmaker’s, by phone or at the track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on <strong>dog</strong> races in a bookmaker’s, by phone or at the track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on <strong>sports events</strong> in a bookmaker’s, by phone or at the venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on <strong>other events</strong> in a bookmaker’s, by phone or at the venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spread-betting <strong>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.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private betting, playing cards or games for money with friends, family or colleagues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Another form of gambling in the last 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more times a week</td>
<td>1</td>
</tr>
<tr>
<td>Once a week</td>
<td>2</td>
</tr>
<tr>
<td>Less than once a week, more than once a month</td>
<td>3</td>
</tr>
<tr>
<td>Once a month</td>
<td>4</td>
</tr>
<tr>
<td>Every 2-3 months</td>
<td>5</td>
</tr>
<tr>
<td>Once or twice a year</td>
<td>6</td>
</tr>
</tbody>
</table>

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.

**Q67** When you gamble, how often do you go back another day to win back money you lost?

<table>
<thead>
<tr>
<th>Extent</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every time I lost</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>Some of the time (less than half the time I lost)</td>
<td>3</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
</tr>
</tbody>
</table>

**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)?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Very often</th>
<th>Fairly often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every time I lost</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Q69** Have you needed to gamble with more and more money to get the excitement you are looking for?

<table>
<thead>
<tr>
<th>Extent</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very often</td>
<td>1</td>
</tr>
<tr>
<td>Fairly often</td>
<td>2</td>
</tr>
<tr>
<td>Occasionally</td>
<td>3</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
</tr>
</tbody>
</table>

**Q70** Have you felt restless or irritable when trying to cut down gambling?

<table>
<thead>
<tr>
<th>Extent</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very often</td>
<td>1</td>
</tr>
<tr>
<td>Fairly often</td>
<td>2</td>
</tr>
<tr>
<td>Occasionally</td>
<td>3</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
</tr>
</tbody>
</table>

**Q71** Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?

<table>
<thead>
<tr>
<th>Extent</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very often</td>
<td>1</td>
</tr>
<tr>
<td>Fairly often</td>
<td>2</td>
</tr>
<tr>
<td>Occasionally</td>
<td>3</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
</tr>
</tbody>
</table>

**Q72** Have you lied to family, or others, to hide the extent of your gambling?

<table>
<thead>
<tr>
<th>Extent</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very often</td>
<td>1</td>
</tr>
<tr>
<td>Fairly often</td>
<td>2</td>
</tr>
<tr>
<td>Occasionally</td>
<td>3</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
</tr>
</tbody>
</table>
In the past 12 months, how often...

Q73 Have you made unsuccessful attempts to control, cut back or stop gambling?

Q74 Have you committed a crime in order to finance gambling or to pay gambling debts?

Q75 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?

Q76 Have you asked others to provide money to help with a financial crisis caused by gambling?

In the past 12 months, how often...

Q77 ...have you bet more than you could really afford to lose?

Q78 ...have you needed to gamble with larger amounts of money to get the same excitement?

Q79 ...have you gone back another day to try to win back the money you’d lost?

Q80 ...have you borrowed money or sold anything to get money to gamble?

Q81 ...have you felt that you might have a problem with gambling?

Q82 ...have you felt that gambling has caused you any health problems, including stress or anxiety?

Q83 ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?

Q84 ...have you felt your gambling has caused financial problems for you or your household?

Q85 ...have you felt guilty about the way you gamble or what happens when you gamble?
CONTRACEPTION

Q86 Are you currently sexually active?

Tick ONE box

Yes  Go to Q87 ↓
No   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

Not using any contraception (myself or my partner)

I have been sterilized/My partner has been sterilized (this includes male vasectomy)

Mini pill

Combined pill

Pill – not sure which

Mirena coil (hormone releasing coil)

Coil/other device

Condom/male sheath/Durex

Femidom (female sheath)

Cap/diaphragm

Foams, gels, sprays, pessaries (spermicides)

Contraceptive sponge

Persona

Safe period/rhythm method (other than Persona)

Withdrawal

Injection

Implant

Emergency contraception

Going without sex

Another method of contraception

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 ➔
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?

- I am / my partner is trying to become pregnant or is already pregnant
- I am / my partner is unlikely to conceive because of the menopause
- I am / my partner is unlikely to conceive because of infertility
- Against my faith/beliefs
- I am having sex with someone of the same sex
- I don’t like contraception / find methods unsatisfactory
- My partner doesn’t like – or won’t use – contraception
- Don’t know where to obtain contraceptives / advice
- Find access to contraceptive services difficult
- Some other reason

Go to Q91

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

EVERYONE PLEASE ANSWER
Q92 Which of the following options best describes how you think of yourself?

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other

Tick ONE box