

SECTION A

EVERYONE PLEASE ANSWER

A1. Have you spent your own money on any of the following activities in the last 12 months?

Please tick 'yes' or 'no' for each activity.

	Yes	No
a) Tickets for the National Lottery Draw (including Thunderball) Do not include scratchcards	<input type="checkbox"/>	<input type="checkbox"/>
b) Tickets for any other lottery Do not include scratchcards	<input type="checkbox"/>	<input type="checkbox"/>
c) Scratchcards Do not include newspaper scratchcards	<input type="checkbox"/>	<input type="checkbox"/>
d) The football pools or 'fixed odds' coupons.....	<input type="checkbox"/>	<input type="checkbox"/>
e) Bingo tickets	<input type="checkbox"/>	<input type="checkbox"/>
f) Fruit machines	<input type="checkbox"/>	<input type="checkbox"/>
g) Private betting or playing games for money with friends or colleagues (for example, betting on sports events or election outcomes, or playing cards, pool, golf or other games or sports for money) Do not include betting with a bookmaker	<input type="checkbox"/>	<input type="checkbox"/>
h) Betting on horse races Do not include private bets with friends or colleagues	<input type="checkbox"/>	<input type="checkbox"/>
i) Betting on dog races Do not include private bets with friends or colleagues	<input type="checkbox"/>	<input type="checkbox"/>
j) Betting on other events with a bookmaker, like sports matches or election outcomes (including '49ers') Do not include private bets with friends or colleagues	<input type="checkbox"/>	<input type="checkbox"/>
k) Table games (roulette, cards or dice) in a casino	<input type="checkbox"/>	<input type="checkbox"/>
l) Another form of gambling for money (PLEASE DESCRIBE) _____	<input type="checkbox"/>	<input type="checkbox"/>

A2. Did you answer 'yes' to **any** of the activities at question A1 above?

Yes, I have spent money on one or more of these activities in the last 12 months

Go to Section B (page 2)

No, I have not spent money on any of these activities in the last 12 months

Go to Section D (page 13)

SECTION B

The questions below cover many different types of gambling activity. Not all of the activities may apply to you. It is very important that you answer the questions as honestly and accurately as you can.

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE CONTINUING

B1. First, please write in today's date?

PLEASE WRITE IN: ____/____/1999

B2. In the grid below are 4 different gambling activities. Please complete part a) for each activity. You only need to complete parts b), c) and d) for activities that apply to you.

a) Have you spent your own money on the activity in the last 7 days?

If you **have** done the activity, tick 'Yes' and answer parts b), c) and d).

If you have **not**, tick 'No' and go to the next activity in the grid.

b) On how many days did you spend your own money on the activity, in the last 7 days?

c) How much of your own money did you spend on the activity, in the last 7 days?

This is the total amount you spent on tickets or coupons, **ignoring any winnings**.

If you do not know the exact amount, please give your best guess.

d) Where did you do the activity, in the last 7 days?

Activity 1: Tickets for the National Lottery Draw (including Thunderball) (Do not include scratchcards)						
EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent own money on in last 7 days? (Please include money put into a syndicate)</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <div style="text-align: center;"> <p>GO TO ACTIVITY 2</p> </div>	<p>b) On how many days? (In last 7 days)</p> <p style="text-align: right; font-size: small;"><i>Tick one only</i></p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p>c) Total amount of own money spent on tickets in last 7 days (ignoring winnings)?</p> <p style="text-align: right; font-size: small;"><i>Tick one only</i></p> <p>Less than £1 <input type="checkbox"/></p> <p>£1 <input type="checkbox"/></p> <p>£1.01-£5 <input type="checkbox"/></p> <p>£5.01-£10 <input type="checkbox"/></p> <p>£10.01-£20 <input type="checkbox"/></p> <p>£20.01-£50 <input type="checkbox"/></p> <p>More than £50 <input type="checkbox"/></p> <p style="font-size: x-small;">(IF MORE THAN £50, WRITE IN AMOUNT)</p> <p>£ _____</p>	<p>d) Where did you buy them in the last 7 days?</p> <p style="text-align: right; font-size: small;"><i>Tick all that apply</i></p> <p>At a newsagent <input type="checkbox"/></p> <p>At a large supermarket <input type="checkbox"/></p> <p>At a local food shop <input type="checkbox"/></p> <p>At a petrol station <input type="checkbox"/></p> <p>At an off-licence <input type="checkbox"/></p> <p>Through my workplace <input type="checkbox"/></p> <p>At a Post Office <input type="checkbox"/></p> <p>Through a subscription <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) <input type="checkbox"/></p> <p>_____</p>	<p>At a newsagent <input type="checkbox"/></p> <p>At a large supermarket <input type="checkbox"/></p> <p>At a local food shop <input type="checkbox"/></p> <p>At a petrol station <input type="checkbox"/></p> <p>At an off-licence <input type="checkbox"/></p> <p>Through my workplace <input type="checkbox"/></p> <p>At a Post Office <input type="checkbox"/></p> <p>Through a subscription <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) <input type="checkbox"/></p> <p>_____</p>	<p>At a newsagent <input type="checkbox"/></p> <p>At a large supermarket <input type="checkbox"/></p> <p>At a local food shop <input type="checkbox"/></p> <p>At a petrol station <input type="checkbox"/></p> <p>At an off-licence <input type="checkbox"/></p> <p>Through my workplace <input type="checkbox"/></p> <p>At a Post Office <input type="checkbox"/></p> <p>Through a subscription <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) <input type="checkbox"/></p> <p>_____</p>	<p>At a newsagent <input type="checkbox"/></p> <p>At a large supermarket <input type="checkbox"/></p> <p>At a local food shop <input type="checkbox"/></p> <p>At a petrol station <input type="checkbox"/></p> <p>At an off-licence <input type="checkbox"/></p> <p>Through my workplace <input type="checkbox"/></p> <p>At a Post Office <input type="checkbox"/></p> <p>Through a subscription <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) <input type="checkbox"/></p> <p>_____</p>

Activity 2: Tickets for any other lottery (Do not include scratchcards)

EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent own money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO ACTIVITY 3</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p><i>Tick one only</i></p>	<p>c) Total amount of own money spent on tickets in last 7 days (ignoring winnings)?</p> <p>Less than £1 <input type="checkbox"/></p> <p>£1-£5 <input type="checkbox"/></p> <p>£5.01-£10 <input type="checkbox"/></p> <p>£10.01-£20 <input type="checkbox"/></p> <p>£20.01-£50 <input type="checkbox"/></p> <p>More than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p>	<p><i>Tick one only</i></p>	<p>d) Where did you buy them in the last 7 days?</p> <p>At a newsagent <input type="checkbox"/></p> <p>At a large supermarket <input type="checkbox"/></p> <p>At a local food shop <input type="checkbox"/></p> <p>At a petrol station <input type="checkbox"/></p> <p>Through my workplace <input type="checkbox"/></p> <p>At a Post Office <input type="checkbox"/></p> <p>At a betting shop <input type="checkbox"/></p> <p>At an off-licence <input type="checkbox"/></p> <p>At a pub <input type="checkbox"/></p> <p>On the Internet ('on-line') <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) _____ <input type="checkbox"/></p>	<p><i>Tick all that apply</i></p>

Activity 3: The Football Pools or 'fixed odds' coupons

EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent own money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO ACTIVITY 4</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p><i>Tick one only</i></p>	<p>c) Total amount of own money spent on coupons in last 7 days (ignoring winnings)?</p> <p>Less than £1 <input type="checkbox"/></p> <p>£1-£5 <input type="checkbox"/></p> <p>£5.01-£10 <input type="checkbox"/></p> <p>£10.01-£20 <input type="checkbox"/></p> <p>£20.01-£50 <input type="checkbox"/></p> <p>More than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p>	<p><i>Tick one only</i></p>	<p>d) Where did you buy them in the last 7 days?</p> <p>From a Pools collector <input type="checkbox"/></p> <p>At a newsagent <input type="checkbox"/></p> <p>By post <input type="checkbox"/></p> <p>At a local food shop <input type="checkbox"/></p> <p>At a betting shop <input type="checkbox"/></p> <p>Through my workplace <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) _____ <input type="checkbox"/></p>	<p><i>Tick all that apply</i></p>

Activity 4: Bingo tickets

EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent own money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO QUESTION B3</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p><i>Tick one only</i></p>	<p>c) Total amount of own money spent on tickets in last 7 days (ignoring winnings)? Include <u>only</u> money spent on <u>tickets</u>.</p> <p>Less than £1 <input type="checkbox"/></p> <p>£1-£5 <input type="checkbox"/></p> <p>£5.01-£10 <input type="checkbox"/></p> <p>£10.01-£20 <input type="checkbox"/></p> <p>£20.01-£50 <input type="checkbox"/></p> <p>More than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p>	<p><i>Tick one only</i></p>	<p>d) Where did you buy them in the last 7 days?</p> <p>At a Bingo hall <input type="checkbox"/></p> <p>At an amusement arcade <input type="checkbox"/></p> <p>At a social club <input type="checkbox"/></p> <p>At a fairground <input type="checkbox"/></p> <p>At a church <input type="checkbox"/></p> <p>Through a newspaper <input type="checkbox"/></p> <p>In a pub <input type="checkbox"/></p> <p>On the Internet ('on-line') <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) _____ <input type="checkbox"/></p>	<p><i>Tick all that apply</i></p>

B3. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE CONTINUING

In the grid below are some more gambling activities. The questions are the same as those asked in the previous grid, **except that there is a change to part c).**

c) Overall, did you *win or lose money* on the activity in the last 7 days?

If you lost, please indicate the amount you lost. By 'lost' we mean the amount you started with less the amount you finished with.

(So, for example, if you started with £20 and finished with £15, you lost £5).

If you do not know the exact amount, please give your best guess.

Activity 5: Scratchcards (Do not include newspaper scratchcards)						
EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent own money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO ACTIVITY 6</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p>Tick one only</p>	<p>c) Total amount <i>lost</i> in last 7 days?</p> <p>I broke even or won <input type="checkbox"/></p> <p>I lost less than £1 <input type="checkbox"/></p> <p>I lost £1-£5 <input type="checkbox"/></p> <p>I lost £5.01-£10 <input type="checkbox"/></p> <p>I lost £10.01-£20 <input type="checkbox"/></p> <p>I lost £20.01-£50 <input type="checkbox"/></p> <p>I lost more than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p>	<p>Tick one only</p>	<p>d) Where did you buy them in the last 7 days?</p> <p>At a newsagent <input type="checkbox"/></p> <p>At a large supermarket <input type="checkbox"/></p> <p>At a local food shop <input type="checkbox"/></p> <p>At a petrol station <input type="checkbox"/></p> <p>At an off-licence <input type="checkbox"/></p> <p>At a Post Office <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) <input type="checkbox"/></p> <p>_____</p>	<p>Tick all that apply</p>
Activity 6: Fruit machines						
EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent own money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO ACTIVITY 7</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p>Tick one only</p>	<p>c) Total amount <i>lost</i> in last 7 days?</p> <p>I broke even or won <input type="checkbox"/></p> <p>I lost less than £1 <input type="checkbox"/></p> <p>I lost £1-£5 <input type="checkbox"/></p> <p>I lost £5.01-£10 <input type="checkbox"/></p> <p>I lost £10.01-£20 <input type="checkbox"/></p> <p>I lost £20.01-£50 <input type="checkbox"/></p> <p>I lost more than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p>	<p>Tick one only</p>	<p>d) Where did you play fruit machines in the last 7 days?</p> <p>At amusement centre/arcade <input type="checkbox"/></p> <p>At a fairground <input type="checkbox"/></p> <p>At a pub <input type="checkbox"/></p> <p>At a fish and chip shop/café <input type="checkbox"/></p> <p>At a railway station <input type="checkbox"/></p> <p>At a motorway service station <input type="checkbox"/></p> <p>At a casino <input type="checkbox"/></p> <p>At a sports centre <input type="checkbox"/></p> <p>At a betting shop <input type="checkbox"/></p> <p>At a club <input type="checkbox"/></p> <p>At work <input type="checkbox"/></p> <p>On the Internet ('on-line') <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) <input type="checkbox"/></p> <p>_____</p>	<p>Tick all that apply</p>

**Activity 7: Private betting or playing games for money with friends or colleagues (for example, betting on sports events or election outcomes, or playing cards, pool, golf or other games or sports for money)
(Do not include betting with a bookmaker)**

EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent own money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO ACTIVITY 8</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p><i>Tick one only</i></p>	<p>c) Total amount lost in last 7 days?</p> <p>I broke even or won <input type="checkbox"/></p> <p>I lost less than £1 <input type="checkbox"/></p> <p>I lost £1-£5 <input type="checkbox"/></p> <p>I lost £5.01-£10 <input type="checkbox"/></p> <p>I lost £10.01-£20 <input type="checkbox"/></p> <p>I lost £20.01-£50 <input type="checkbox"/></p> <p>I lost more than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p> <p>(Still awaiting result) <input type="checkbox"/></p>	<p><i>Tick one only</i></p>	<p>d) Where did you bet privately in the last 7 days?</p> <p>At a sports ground <input type="checkbox"/></p> <p>At work <input type="checkbox"/></p> <p>In my home <input type="checkbox"/></p> <p>In someone else's home <input type="checkbox"/></p> <p>At a pub <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) <input type="checkbox"/></p> <p>_____</p>	<p><i>Tick all that apply</i></p>

Activity 8: Betting on horse races (Do not include private bets with friends or colleagues)

EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent own money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO ACTIVITY 9</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p><i>Tick one only</i></p>	<p>c) Total amount lost in last 7 days?</p> <p>I broke even or won <input type="checkbox"/></p> <p>I lost less than £1 <input type="checkbox"/></p> <p>I lost £1-£5 <input type="checkbox"/></p> <p>I lost £5.01-£10 <input type="checkbox"/></p> <p>I lost £10.01-£20 <input type="checkbox"/></p> <p>I lost £20.01-£50 <input type="checkbox"/></p> <p>I lost more than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p>	<p><i>Tick one only</i></p>	<p>d) Where did you bet on horse races in the last 7 days?</p> <p>At the track <input type="checkbox"/></p> <p>At a betting shop <input type="checkbox"/></p> <p>Over the telephone <input type="checkbox"/></p> <p>On the Internet ('on line') <input type="checkbox"/></p> <p>Through unofficial bookmaker <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) <input type="checkbox"/></p> <p>_____</p>	<p><i>Tick all that apply</i></p>

Activity 9: Betting on dog races (Do not include private bets with friends or colleagues)

EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent own money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO ACTIVITY 10</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p><i>Tick one only</i></p>	<p>c) Total amount lost in last 7 days?</p> <p>I broke even or won <input type="checkbox"/></p> <p>I lost less than £1 <input type="checkbox"/></p> <p>I lost £1-£5 <input type="checkbox"/></p> <p>I lost £5.01-£10 <input type="checkbox"/></p> <p>I lost £10.01-£20 <input type="checkbox"/></p> <p>I lost £20.01-£50 <input type="checkbox"/></p> <p>I lost more than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p>	<p><i>Tick one only</i></p>	<p>d) Where did you bet on dog races in the last 7 days?</p> <p>At the track <input type="checkbox"/></p> <p>At a betting shop <input type="checkbox"/></p> <p>Over the telephone <input type="checkbox"/></p> <p>On the Internet ('on-line') <input type="checkbox"/></p> <p>Through unofficial bookmaker <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) <input type="checkbox"/></p> <p>_____</p>	<p><i>Tick all that apply</i></p>

Activity 10: Betting on other events with a bookmaker, like sports matches or election outcomes (including '49ers')
(Do not include private bets with friends or colleagues)

EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS				
<p>a) Spent own money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO ACTIVITY 11</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p>c) Total amount lost in last 7 days?</p> <p>I broke even or won <input type="checkbox"/></p> <p>I lost less than £1 <input type="checkbox"/></p> <p>I lost £1-£5 <input type="checkbox"/></p> <p>I lost £5.01-£10 <input type="checkbox"/></p> <p>I lost £10.01-£20 <input type="checkbox"/></p> <p>I lost £20.01-£50 <input type="checkbox"/></p> <p>I lost more than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p> <p>(Still awaiting result) <input type="checkbox"/></p>	<p>Tick one only</p>	<p>d) Where did you bet on other events in the last 7 days?</p> <p>At the sports ground <input type="checkbox"/></p> <p>At a betting shop <input type="checkbox"/></p> <p>Over the telephone <input type="checkbox"/></p> <p>On the Internet ('on-line') <input type="checkbox"/></p> <p>Through an unofficial bookmaker <input type="checkbox"/></p> <p>Somewhere else (WRITE IN) _____ <input type="checkbox"/></p>	<p>Tick all that apply</p>

Activity 11: Table games (roulette, cards or dice) in a casino

EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS					
<p>a) Spent money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO ACTIVITY 12</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p>Tick one only</p>	<p>c) Total amount lost in last 7 days?</p> <p>I broke even or won <input type="checkbox"/></p> <p>I lost less than £10 <input type="checkbox"/></p> <p>I lost £10-£20 <input type="checkbox"/></p> <p>I lost £20.01-£50 <input type="checkbox"/></p> <p>I lost £50.01-£100 <input type="checkbox"/></p> <p>I lost £100.01-£200 <input type="checkbox"/></p> <p>I lost more than £200 <input type="checkbox"/></p> <p>(IF MORE THAN £200, WRITE IN AMOUNT) £ _____</p>	<p>Tick one only</p>	<p>d) Which table game(s) did you play in the last 7 days?</p> <p>Cards <input type="checkbox"/></p> <p>Dice <input type="checkbox"/></p> <p>Roulette <input type="checkbox"/></p>	<p>Tick all that apply</p>

Activity 12: Another form of gambling for money

PLEASE DESCRIBE THE ACTIVITY _____

EVERYONE ANSWER	ANSWER ONLY IF DONE IN LAST 7 DAYS				
<p>a) Spent money on in last 7 days?</p> <p>Yes <input type="checkbox"/> → b)-c)-d)</p> <p>No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO QUESTION B4</p>	<p>b) On how many days? (In last 7 days)</p> <p>One day <input type="checkbox"/></p> <p>Two days <input type="checkbox"/></p> <p>Three days <input type="checkbox"/></p> <p>Four days <input type="checkbox"/></p> <p>Five days <input type="checkbox"/></p> <p>Six days <input type="checkbox"/></p> <p>Seven days <input type="checkbox"/></p>	<p>Tick one only</p>	<p>c) Total amount lost in last 7 days?</p> <p>I broke even or won <input type="checkbox"/></p> <p>I lost less than £1 <input type="checkbox"/></p> <p>I lost £1-£5 <input type="checkbox"/></p> <p>I lost £5.01-£10 <input type="checkbox"/></p> <p>I lost £10.01-£20 <input type="checkbox"/></p> <p>I lost £20.01-£50 <input type="checkbox"/></p> <p>I lost more than £50 <input type="checkbox"/></p> <p>(IF MORE THAN £50, WRITE IN AMOUNT) £ _____</p> <p>(Still awaiting result) <input type="checkbox"/></p>	<p>Tick one only</p>	<p>d) Where did you do the activity in the last 7 days?</p> <p>PLEASE DESCRIBE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

EVERYONE PLEASE ANSWER

B4. Thinking of the total amount of money (if any) you spent on these gambling activities in the last 7 days, would you say that:

Tick one only

Overall, you usually spend more than this on these activities each week.

Overall, you usually spend less than this on these activities each week.

The amount you spent on these activities in the last 7 days was the amount you usually spend in a typical week.

Other answer (PLEASE WRITE IN) _____

B5a. Have you spent your own money on 'spread-betting' in the last 7 days? (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.)

Yes

No

Answer b & c

Go to question B6 (next page)

b. On how many days did you spend your own money on 'spread-betting' in the last 7 days?

Tick one only

One day

Two days

Three days

Four days

Five days

Six days

Seven days

c. Overall, did you *win or lose money* on spread betting in the last 7 days? If you lost, please indicate the amount you lost. By 'lost' we mean the amount you started with less the amount you finished with. (So, for example, if you started with £20 and finished with £15, you lost £5).
If you do not know the exact amount, please give your best guess.

Tick one only

I broke even or won

I lost less than £10

I lost £10-£20

I lost £20.01-£50

I lost £50.01 - £100

I lost £100.01 - £200

I lost more than £200

(IF MORE THAN £200
WRITE IN AMOUNT)

EVERYONE PLEASE ANSWER

B6a. Have you spent your own money on Internet ('on-line') gambling in the last 7 days?

Yes
No

Answer b, c & d

Go to Section C (next page)

b. On how many days did you spend your own money on Internet gambling in the last 7 days?

Tick one only

One day
Two days
Three days
Four days
Five days
Six days
Seven days

c. Overall, did you *win or lose money* on Internet gambling in the last 7 days? If you lost, please indicate the amount you lost. By 'lost' we mean the amount you started with less the amount you finished with. (So, for example, if you started with £20 and finished with £15, you lost £5).
If you do not know the exact amount, please give your best guess.

Tick one only

I broke even or won
I lost less than £5
I lost £5-£10
I lost £10.01-£20
I lost £20.01-£50
I lost more than £50

(IF MORE THAN £50 WRITE IN AMOUNT)

d. Where did you do these Internet gambling activities?

(Tick all that apply)

At home
At work
At an Internet café
Somewhere else (**Write in**) _____

SECTION C

EVERYONE PLEASE ANSWER

Below is a list of things people have said about gambling.

Please tick the box, for each one, which most applies to you.

Please consider all forms of gambling that you have done in the last 12 months.

Please tick one box for each question.

In the last 12 months...	Always	Often	Some- times	Rarely	Never	Not applicable
C1 ...winning at gambling has helped me financially.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2 ...gambling has given me pleasure and fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3 ...after losing at gambling I have felt extremely depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4 ...I think gambling involves skill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last 12 months...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5 ...I have lost more than I have won at gambling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6 ...when I gambled I felt excited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7 ...gambling has helped me to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8 ...I have made good friends through gambling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

	Every time I lost	Most of the time I lost	Some of the time (less than half the time I lost)	Never
C9. 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"/>
	Yes, most of the time	Some of the time (less than half the time I lost)	Never	
C10. Have you claimed to be winning money from gambling when in fact, you lost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No
C11. Do you spend more time or money gambling than you intended?	<input type="checkbox"/>	<input type="checkbox"/>
C12. Have people criticised your gambling?	<input type="checkbox"/>	<input type="checkbox"/>
C13. Have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/>	<input type="checkbox"/>
C14. Have you felt like you would like to stop gambling but didn't think you could?	<input type="checkbox"/>	<input type="checkbox"/>
C15. Have you hidden betting slips, lottery tickets, gambling money or other signs of gambling from your spouse or partner, your children or other important people in your life?	<input type="checkbox"/>	<input type="checkbox"/>
C16. a) Have you argued with people you live with over how you handle money?	<input type="checkbox"/> →b)	<input type="checkbox"/> → C17
IF YES		
b) Have these arguments centred on your gambling?	<input type="checkbox"/>	<input type="checkbox"/>
C17. Have you missed time from work, school or college due to gambling?	<input type="checkbox"/>	<input type="checkbox"/>
C18. Have you borrowed from someone and not paid them back as a result of your gambling?	<input type="checkbox"/>	<input type="checkbox"/>
C19. Have you borrowed from household money to finance gambling?	<input type="checkbox"/>	<input type="checkbox"/>
C20. Have you borrowed money from your spouse or partner to finance gambling?		
C21. Have you borrowed money from other relatives or in-laws to finance gambling?	<input type="checkbox"/>	<input type="checkbox"/>
C22. Have you borrowed money from banks, building societies, loan companies or credit companies for gambling or to pay gambling debts?	<input type="checkbox"/>	<input type="checkbox"/>
C23. Have you made cash withdrawals on credit cards to get money for gambling or to pay gambling debts?	<input type="checkbox"/>	<input type="checkbox"/>
C24. Have you received loans from 'loan sharks' to gamble	<input type="checkbox"/>	<input type="checkbox"/>

or to pay gambling debts?

C25. Have you cashed in stocks, bonds or other securities to finance gambling?

C26. Have you sold personal or family property to gamble or to pay gambling debts?

C27. Have you borrowed money from your bank or building society account by writing cheques that bounced to get money for gambling or to pay gambling debts?

C28. Do you feel you have a problem with betting money or gambling?

	Very often	Fairly often	Occasionally	Never
C29. 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"/>
C30. 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"/>
C31. Have you felt restless or irritable when trying to cut down gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C32. 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"/>
C33. 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"/>
C34. Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C35. Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C36. Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C37. Have you asked others to provide money to help with a financial crisis caused by gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D

EVERYONE PLEASE ANSWER

The following questions will help us to categorise your answers.

D1a. Thinking about your parents/step-parents/guardians, do or did *either* of them regularly bet money or gamble?

Yes **Answer b**

No **Go to question D2**

Don't know **Go to question D2**

IF YES

b) Do you feel that either of your parents/guardians/step-parents have or had a problem with betting or gambling?

Yes

No

D2. Before today, what gambling related services had you heard of?

Tick all that apply

GamCare

Gamblers Anonymous

Gam-Anon

Another gambling-related service (WRITE IN) _____

None of these

D3. For any of the types of gambling you have ever done, what is the largest amount of money you have ever lost in a single day?
If you do not know the exact amount, please give your best guess.

Never lost money

Less than £10

£10-£49

£50-£99

£100-£499

£500 or more

D4. Do you feel you have ever had a problem with betting money or gambling?

Yes

No

D5a. Have you ever sought help for a gambling problem?

Yes

Answer b

No

Go to question D6

b) Have you talked to any of the following people about a gambling problem?

Tick all that apply

- Friend
- Wife/husband/partner
- Other relative
- Doctor
- Counsellor
- Social worker
- Teacher or lecturer
- Priest or vicar
- Psychiatrist
- Psychologist
- GamCare
- Gamblers Anonymous
- Someone else
- Have not spoken to anyone

EVERYONE PLEASE ANSWER

D6. Are you male or female?

Male

Female

D7. What was your age last birthday?

Write in

D8a. Which one of these best describes your current situation?

Tick one only

- In paid work (including self-employed) **Go to question D9**
- Retired from paid work **Go to question D9**
- Unemployed **Answer b)**
- Unable to work because of long-term disability or ill health **Answer b)**
- Looking after the family, home or dependants **Answer b)**
- In full-time education or training (including government training programme) **Answer b)**
- Other (**Write in**) _____ **Answer b)**

b) Have you ever been in paid employment or been self-employed for at least 10 hours a week?

Tick one only

Yes

Go to question D9

No

Go to question D10

D9. Please give the title of your present or most recent paid job (or period of self-employment), and describe what you actually do/did.

a) Job title?

b) Job description :

c) In that job, are or were you ...

Tick one only

... a manager,

a foreman or supervisor,

an employee (other than manager or foreman),

or, self-employed?

d) Do or did you work in ...

Tick one only

... a large organisation (25 or more employees),

a small organisation (less than 25 employees),

or, on your own (self-employed and no employees)?

EVERYONE PLEASE ANSWER

D10. To which of these groups do you consider you belong?

Tick one only

White

Black - Caribbean

Black - African

Black - Other

Indian

Pakistani

Bangladeshi

Chinese

Other (**Write in**) _____

D11. Below is a list of qualifications. Please tick the box next to the first one you come to that you have got.

Tick one only

Higher degree

Degree level qualification or equivalent

Professional qualification below degree level
(for example teaching or nursing qualification)

A' levels or equivalent

GCSE grades A to C/
O' level passes or equivalent

GCSE grades D to G/
CSE grades 2 to 5 or equivalent

No formal qualifications

Qualifications other than those listed above
Please write in below

D12. If at some future date we wanted to ask you more questions about gambling, may we contact you again?

Yes

No

D13. Did you complete this form by yourself, or did someone help you with any of it?

Tick all that apply

I completed it myself

Someone read the questions to me

Someone wrote down the answers I gave

Someone answered the questions for me

Someone translated the questions into my own language

I discussed the questions with other members of my household

Someone helped in some other way

THANK YOU VERY MUCH FOR YOUR HELP

Check that you have answered all the questions that apply to you.

Then put this questionnaire back into the envelope provided and return it to the interviewer.

NATIONAL STUDY OF THE LOTTERY AND OTHER GAMBLING ACTIVITIES

HOUSEHOLD QUESTIONNAIRE

Respondent's first name _____

Address: 1-5
Person (1) 6

Serial number

--	--	--	--	--

Address

CKL

1

Person

7-8
CARD 02

9-13
BATCH NO.

CARRY OUT THE HOUSEHOLD QUESTIONNAIRE WITH THE HIGHEST INCOME HOUSEHOLDER (HIH) OR HUSBAND/WIFE/PARTNER

1 INTERVIEWER CODE:

Respondent is HIH 1

214

Respondent is HIH's husband/wife/partner 2

2. Can I check, how many people aged 16 and over live in your household?

WRITE IN

215-16

3. COMPLETE GRID BELOW FOR PEOPLE AGED 16+.

PERSON NO. (for transfer to self-completion)	FIRST NAME	SEX		AGE	MARITAL STATUS						RELATIONSHIP TO HIGHEST INCOME HOUSEHOLDER (HIH)								
		M	F		Married	Living as married	Separated	Widowed	Divorced	Single	HIH	Husband/Wife/Partner	Parent	Child	Sibling (brother/sister)	Grand-parent	Grand-child	Other	
1		1	2	<input type="text"/>	1	2	3	4	5	6	01	02	03	04	05	06	07	08	217-22
2		1	2	<input type="text"/>	1	2	3	4	5	6	01	02	03	04	05	06	07	08	223-28
3		1	2	<input type="text"/>	1	2	3	4	5	6	01	02	03	04	05	06	07	08	229-34
4		1	2	<input type="text"/>	1	2	3	4	5	6	01	02	03	04	05	06	07	08	235-40
5		1	2	<input type="text"/>	1	2	3	4	5	6	01	02	03	04	05	06	07	08	241-46
6		1	2	<input type="text"/>	1	2	3	4	5	6	01	02	03	04	05	06	07	08	247-52
7		1	2	<input type="text"/>	1	2	3	4	5	6	01	02	03	04	05	06	07	08	253-58
8		1	2	<input type="text"/>	1	2	3	4	5	6	01	02	03	04	05	06	07	08	259-64
9		1	2	<input type="text"/>	1	2	3	4	5	6	01	02	03	04	05	06	07	08	265-70

4. How many people aged under 16 live in your household?

WRITE IN

309-10

5. COMPLETE GRID BELOW FOR PEOPLE AGED UNDER 16.

PERSON NO.	FIRST NAME	SEX		AGE	RELATIONSHIP TO HIGHEST INCOME HOUSEHOLDER (HIH)			
		M	F		Child	Grand-child	Other	
10		1	2	<input type="text"/> <input type="text"/>	04	07	08	311-15
11		1	2	<input type="text"/> <input type="text"/>	04	07	08	316-20
12		1	2	<input type="text"/> <input type="text"/>	04	07	08	321-25
13		1	2	<input type="text"/> <input type="text"/>	04	07	08	326-30
14		1	2	<input type="text"/> <input type="text"/>	04	07	08	331-35
15		1	2	<input type="text"/> <input type="text"/>	04	07	08	336-40
16		1	2	<input type="text"/> <input type="text"/>	04	07	08	341-45
17		1	2	<input type="text"/> <input type="text"/>	04	07	08	346-50
18		1	2	<input type="text"/> <input type="text"/>	04	07	08	351-55

ALL

6. INTERVIEWER: FILL IN THE FOLLOWING QUESTIONS ABOUT THE HIGHEST INCOME HOUSEHOLDER (HIH). USE FIRST NAME OF HIH WHERE APPROPRIATE.

SHOW CARD B. Can you tell me from this card what you/(...name of HIH) are/(is) doing now?
CODE ONE ONLY

In paid employment or self-employment (or away temporarily)

01 GO TO Q8

Unemployed

02

356-57

Retired from paid work

03

Unable to work because of long-term sickness or disability

04

Looking after the home or family

05 ASK Q7

In full-time education or training
(including government training programme)

06

Doing something else

07

SPECIFY _____

(Can't say)

98

CODES 02 TO 98 AT Q6

7 How long ago did you/(...name of HIH) last have a paid job?

Within past 12 months

1

1 year, less than 5 years

2

358

5 years, less than 10 years

3 ASK Q8

10 years or more

4

Never had a paid job

5

GO TO Q16

Can't say

8

ASK ABOUT PRESENT JOB IF HIH IS CURRENTLY IN WORK,
LAST JOB IF NOT IN WORK

8a) What is (was) the name or title of your/(...name of HIH's) (last) job?

WRITE IN

b) What kind of work do (did) you/(...name of HIH) do most of the time?

IF RELEVANT: What kind of tools/machinery do (did) you/(...he/she) use?

WRITE IN

SOC 359-61

ES 362-63

SC 364

SEG 365-66

9 What training or qualifications are (were) needed for that job?

WRITE IN

10. Are (were) you/(...name of HIH)...**READ OUT**...

...an employee,	1	GO TO Q11	409
or self-employed?	2	GO TO Q14	

IF EMPLOYEE

11. Do (did) you/(...name of HIH) supervise or are (were) you/(...he/she) responsible for other people's work in this job?

IF YES: How many?

No, none	1	410
Yes: 1-24	2	
25 or more	3	
Can't say	8	

12. What does (did) your/(...name of HIH's) employer make or do at the place where you/(...he/she) usually work(ed)?

SIC
411-412

WRITE IN

13 Including yourself/(...name of HIH), about how many people are (were) employed at the place where you/ (...he/she) work(ed)?

PROBE FOR BEST ESTIMATE

Under 10	1	413	
10-24	2		
25-99	3		GO TO Q16
100-499	4		
500+	5		

IF SELF-EMPLOYED (CODE 2 AT Q10)

14 Do (did) you/(...name of HIH) have any employees?

IF YES: How many?

No, none	1	414
Yes: 1-24	2	
25 or more	3	
Can't say	8	

15. What is (was) your/(...name of HIH's) business. What does (did) it make or do?

**PROBE FULLY
RECORD VERBATIM**

ALL

16. Now, I'd like some general information about your household
In which of these ways does your household occupy this accommodation?
SHOW CARD C. Please give an answer from this card.

Own outright	1
Buying it with the help of a mortgage or loan	2
Pay part rent and part mortgage (shared ownership)	3
Rent it	4
Living here rent free (including rent free in relative's/friend's property; excluding squatting)	5
Squatting	6

415

17. **SHOW CARD D.** This card shows various possible sources of income. Can you please tell me which kinds of income you and other members of your household receive?

PROBE: For all sources.

CODE ALL THAT APPLY

Earnings from employment or self-employment	01
State retirement pension	02
Pension from former employer	03
Child benefit	04
Job-Seekers allowance	05
Income support	06
Family Credit	07
Housing Benefit	08
Other state benefits	09
Interest from savings and investments (eg stocks and shares)	10
Other kinds of regular allowance from outside your household (eg maintenance, student's grants, rent)	11
(No source of income)	12

416-37

18. **SHOW CARD E.** This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents your household's income from all these sources, before any deductions for income tax, National Insurance, etc? Just tell me the number beside the row that applies to your household.

WRITE IN BAND

--	--

438-39

Card ANAME

What is the name of person 1 18?

ENTER NAME IN HOUSEHOLD GRID

SEX

INTERVIEWER: CODE (Name's) SEX IN HOUSEHOLD GRID

AGE

Can I check, what was (Name's) age last birthday
RECORD IN HOUSEHOLD GRID

MARITAL STATUS

Is (Name) READ OUT

CODE FIRST TO APPLY IN
HOUSEHOLD GRID

... married,	1
living as married,	2
separated,	3
widowed,	4
divorced,	5
or, single and never married?	6

RELATIONSHIP TO HIGHEST INCOME HOUSEHOLDER (HIH)

What is (Name's) relationship to Highest Income Householder (HIH's first name)?

ENTER RELATIONSHIP TO HIH IN HOUSEHOLD GRID.

Card B

01 In paid employment or self-employment (or away temporarily)

02 Unemployed

03 Retired from paid work

04 Unable to work because of long-term sickness or disability

05 Looking after the home or family

06 In full-time education or training (including government training programme)

07 Doing something else

Card C

1 Own outright

2 Buying it with the help of a mortgage or loan

3 Pay part rent and part mortgage (shared ownership)

4 Rent it

5 Living here rent free (including rent free in a relative's/friend's property; excluding squatting)

6 Squatting

Card D

01 Earnings from employment or self-employment

02 State retirement pension

03 Pension from former employer

04 Child benefit

05 Job-Seekers allowance

06 Income support

07 Family Credit

08 Housing Benefit

09 Other state benefit

10 Interest from savings and investments (eg stocks and shares)

11 Other kinds of regular allowance from outside your household (eg maintenance, student's grants, rent)

CARD E

GROSS INCOME FROM ALL SOURCES

(before any deductions for tax, national insurance, etc.)

WEEKLY	or	MONTHLY	or	ANNUAL	
Less than £50.....	1	Less than £220	1	Less than £2,600.....	1
£50 less than £100	2	£220 less than £430	2	£2,600 less than £5,200.....	2
£100 less than £200	3	£430 less than £870	3	£5,200 less than £10,400.....	3
£200 less than £300	4	£870 less than £1,300	4	£10,400 less than £15,600	4
£300 less than £400	5	£1,300 less than £1,700	5	£15,600 less than £20,800	5
£400 less than £500	6	£1,700 less than £2,200	6	£20,800 less than £26,000	6
£500 less than £600	7	£2,200 less than £2,600	7	£26,000 less than £31,200	7
£600 less than £700	8	£2,600 less than £3,000	8	£31,200 less than £36,400	8
£700 less than £900	9	£3,000 less than £3,900	9	£36,400 less than £46,800	9
£900 less than £1,150	10	£3,900 less than £5,000	10	£46,800 less than £60,000	10
£1,150 less than £1,550 ...	11	£5,000 less than £6,700	11	£60,000 less than £80,000	11
£1,550 less than £1,900 ...	12	£6,700 less than £8,300	12	£80,000 less than £100,000	12
£1,900 less than £2,300 ...	13	£8,300 less than £10,000	13	£100,000 less than £120,000 ...	13
£2,300 less than £2,700 ...	14	£10,000 less than £11,700	14	£120,000 less than £140,000 ...	14
£2,700 less than £2,900 ...	15	£11,700 less than £12,500	15	£140,000 less than £150,000 ...	15
£2,900 or more	16	£12,500 or more	16	£150,000 or more	16

P1888

NATIONAL STUDY OF THE LOTTERY AND OTHER GAMBLING ACTIVITIES

ADDRESS RECORD FORM (ARF)

Sept 99

ADDRESS LABEL

HOUSEHOLD SELECTION LABEL

Address: 1-5
Person no (1): 6

CARD NO: 7-8
CARD 01
Interviewer 9-12

Telephone number:

Respondent's name

Interviewer name:

Interviewer number

TOTAL NO CALLS

13-14

CALLS RECORD (Note all personal visits even if no reply)

Visit No.	Date dd/mm	Day of Week	Time 24hr clock	Notes on contact attempts, appointments etc.
1.	/		:	
2.	/		:	
3.	/		:	
4.	/		:	
5.	/		:	
6.	/		:	
7.	/		:	
8.	/		:	

1. IS THIS ADDRESS TRACEABLE, RESIDENTIAL AND OCCUPIED?

Yes	A GO TO Q.3
No	B ANSWER Q.2

IF NO AT Q.1

2. WHY NOT?

- Insufficient address (**call office before returning**) **01**
- Not traced (**call office before returning**) **02**
- Not yet built/not yet ready for occupation **03**
- Derelict/demolished **04**
- Empty **05** **END**
- Business/industrial only (no private dwellings) **06**
- Institution only (no private dwellings) **07**
- Other (**please give details**) **08**
- Office refusal **70**

15-16

IF YES AT Q.1

3. ESTABLISH NUMBER OF OCCUPIED HOUSEHOLDS COVERED BY ADDRESS:
(IF NOT KNOWN, TREAT AS OCCUPIED)

Number of households established	A GO TO Q4
No contact at address	21 GO TO Q13
Information refused at address	22

*

*A household is:
One person or a group of people who have the accommodation as their only or main residence AND who either share at least one meal a day, or share the living accommodation*

4a. **IF NUMBER OF HOUSEHOLDS ESTABLISHED**
RECORD NUMBER OF OCCUPIED HOUSEHOLDS

1 household only	A GO TO Q.7
2+ households	B ANSWER b

b. **IF 2+ HOUSEHOLDS**

WRITE IN NUMBER OF HOUSEHOLDS:

17-18

5. LIST ALL OCCUPIED HOUSEHOLDS AT ADDRESS

- in flat/room number order
- or • from bottom to top of building, left to right, front to back

HOUSEHOLD	SELECTION CODE
	01
	02
	03
	04
	05
	06

HOUSEHOLD	SELECTION CODE
	07
	08
	09
	10
	11
	12

19-20

6. **LOOK AT SELECTION LABEL ON PAGE 1.**
USE SELECTION LABEL TO SELECT ONE HOUSEHOLD.
RING SELECTION CODE IN GRID ABOVE OF SELECTED HOUSEHOLD
AND WRITE DETAILS ON LABEL ON FRONT OF ARF.

IF SELECTED HOUSEHOLD

- 7 MAKE CONTACT WITH HOUSEHOLD AND ESTABLISH NUMBER OF PERSONS AGED 16 OR OVER IN HOUSEHOLD

No. of people aged 16+ established	A	GO TO Q8	*
No contact at household	23	GO TO Q13	
Information refused at household	24	GO TO Q13	

IF NUMBER OF PERSONS AGED 16+ ESTABLISHED

- 8 RECORD NUMBER OF PERSONS AGED 16+

21-22

INCLUDE

- PEOPLE WHO NORMALLY LIVE AT ADDRESS WHO ARE AWAY FOR UNDER 6 MONTHS
- PEOPLE AWAY ON WORK FOR WHOM THIS IS THE MAIN ADDRESS
- BOARDERS AND LODGERS

EXCLUDE

- PEOPLE AGED 16+ WHO LIVE ELSE WHERE TO STUDY OR WORK
- SPOUSES WHO ARE SEPARATED AND NO LONGER RESIDENT
- PEOPLE AWAY FOR 6 MONTHS OR MORE

9. **INTERVIEWER: ESTABLISH HIGHEST INCOME HOUSEHOLDER (HIH). CARRY OUT HOUSEHOLD QUESTIONNAIRE WITH THE HIH (OR SPOUSE/PARTNER)**

ESTABLISHING HIH

First establish householder(s)

In whose name is this house/flat owned or rented?

If more than one householder, establish who has the highest income.

Who has the highest income (from earnings, pensions, benefits and any other sources)?

10. **HOUSEHOLD QUESTIONNAIRE (HQ) OUTCOME**

Completed

AA GO TO Q11

NOT COMPLETED:

- HQ refused
- No contact with HIH/partner
- broken appointment
- ill, at home
- ill, in hospital
- inadequate English
- other reason (**specify**)

32	} → GO TO Q13
33	
34	
35	
36	
38	
39	

*

11. **ATTEMPT TO OBTAIN SELF-COMPLETION QUESTIONNAIRES FROM ALL ADULTS AGED 16 AND OVER IN THE HOUSEHOLD. RECORD INDIVIDUAL OUTCOME FOR EACH RESPONDENT IN GRID BELOW.**

Person number (HQ 3)	Full name	Notes on contact attempts, appointments, etc.	Outcome code (see below)
			23-24
			25-26
			27-28
			29-30
			31-32
			33-34
			35-36
			37-38
			39-40

Respondent outcome codes

51	Productive self-completion q'aire	76	Person incapacitated/senile
72	Personal refusal by named person	77	Questionnaire not returned/completed
73	Proxy refusal (on behalf of named person)	78	Other reason (PLEASE SAY WHAT IN GRID)
74	Person ill at home during survey period		
75	Person away/at college/in hospital etc during survey period		

12. **HOUSEHOLD OUTCOME SUMMARY**

All self-completions returned	41	GO TO Q14	*
At least one, but not all self-completions returned	42	GO TO Q13	
No self-completions returned	43		

13. a) **WRITE IN REASONS FOR HOUSEHOLD REFUSAL/NON-CONTACT ETC IN FULL.**
- b) **IF SELF-COMPLETIONS NOT OBTAINED FROM ELIGIBLE INDIVIDUAL(S), PLEASE GIVE FULL DETAILS FOR EACH ALONGSIDE THE RELEVANT PERSON NUMBER FROM THE GRID ON THE PREVIOUS PAGE.**

OBSERVATION SHEET

14. TYPE OF AREACode one only

Urban/City Centre	1
Small country town centre	2
Rural residential/village centre	3
Rural (agricultural with isolated dwellings or small hamlets)	4

41

15. PREDOMINANT RESIDENTIAL BUILDING TYPECode one only

Houses:	- terraced	01
	- semi-detached	02
	- detached	03
	- mixed	04
Low rise flats (5 storey blocks or less)		05
High rise flats (blocks over 5 storeys)		06
Flats with commercial (flats/maisonettes over parades of shops)		07
Flats - mixed (high and low rise)		08
Mixed houses and flats		09

42-43

16. ADDRESS TYPECode one only

Whole house/bungalow:	- detached	01
	- semi-detached	02
	- terraced	03
Purpose built flat/maisonette:	- basement - 3 rd floor	04
	- 4 th floor or higher	05
Converted flat/maisonette, part-house/rooms in house		06
Dwelling with business premises		07
Caravan/houseboat		08
Other (specify) _____		09

44-45

17. ETHNIC MIX OF AREA

Predominantly white	1
Predominantly black/brown	2
Mixed	3

46