

**Scottish Health Survey**

**2021**

# Questionnaires and showcards



# Scottish Health Survey 2021

## Questionnaire documentation

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## Notes

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1. This is an edited documentation of the computer programmes used in the SHeS household and individual interviews. Instead of being numbered each question has a variable name; these are identified here in square brackets, e.g.: [varname].
2. Not all variables that appear here will be on the final data file (those that are not are marked with a '\*'). Similarly, not all derived variables that will be on the data file are mentioned here. There will be a separate documentation of derived variables when the data is released.
3. Routing instructions appear above the questions. A routing instruction should be considered to stay in force until the next routing instruction.
4. Sections of text in brackets and italics were filled in as appropriate on the interviewers' computers.
5. Individual codes marked 'EDIT ONLY' were used by the editors to reclassify 'other' answers and are not visible during the main interviews.
6. For some questions respondents could give a different answer to the main options they were presented with. Such answers are recorded verbatim and were examined during the editing process to see whether they could be 'back-coded' to one of the existing answer categories. These will not be available on the data file and have been indicated within this documentation with a '\*'.
7. Some questions allowed respondents to give more than one answer (indicated within this documentation with the instruction: 'CODE ALL THAT APPLY'). In these cases each individual answer option will have its own variable name which is shown in square brackets to the right of the answer.
8. The symbol '\$' has been used to flag CAPI questions which have been used in conjunction with Self-Complete questions to combine the answers into a separate derived variable.

**Important note for data users: You are advised to use the documentation accompanying the final dataset released by the UK Data Archive as there may be updates or corrections to the documentation between the publication of the annual report and the release of the final dataset.**

## Scottish Health Survey 2021 – Survey outline

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- A **household** interview with the household reference person (HRP) or their spouse or partner
- An **individual** interview with eligible participants. Eligibility criteria for each of the **two** sample types were as follows:
  - **Main sample** -up to six adults and two children per household
  - **Child boost sample** - up to two children (0-15) per household

### Questionnaire content

#### Household questionnaire

There was only one version of the household questionnaire across both sample types in 2021. The household questionnaire documentation begins on page 6 of this documentation.

#### Individual questionnaire

The questionnaire content varied depending firstly on the sample type, and then the age of the participants being interviewed. The questionnaire documentation details exactly who was eligible to answer particular modules and questions within these modules.

- *Main sample* - there were two versions of the individual interview questionnaire for the main sample: version A and version B. The content and order of the individual interview differed depending on which version a household was selected to go through. Some topics were asked in both versions of the questionnaire, e.g. '*general health including caring*' and '*eating habits for children*' while other topics are only asked in one of the versions, e.g. '*accidents*' in version A. The below on the following page outlines which topics are asked in which version of the questionnaire.
- *Child Boost sample* – The individual questionnaire at child boost households followed the same format as a main version A individual questionnaire (see table on following page).

Points to note:

- There are three versions of the questionnaire in the mainstage: Core Version A; Core Version B (biological module); and Child Boost.
- Children are not eligible for the biological module in Core Version B.
- The biological module content only includes anxiety, depression and self-harm (no physical measurements or sample are being collected in the telephone version of the questionnaire).
- The below table indicates what should be in each version and the order of the interview. The associated CAPI block names are in [] after the topic.

Core Version A	Both A&B	Core Version B
	Household questionnaire [HHgrid]+[GenHHold]	
	General health including caring [GenHlth]	
Accidents 0+		
	General CVD (16+) and use of services [CVD] 0+	
	Asthma core [Asthma] 0+	
	COVID-19 module	
	Physical activity adults - including Qs on activity at work, [AdPhysic] 16+	
	Physical activity kids – [ChPhysic] 2+	
	Eating habits kids [Eating] 2 - 15	
	Fruit and Veg [Fruitveg] 2 - 15	
	Vitamin Supplements [Vitamin] 0+	
	Smoking [Smoking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional)	
	Passive Smoking [Smoking] 0+	
	Drinking [Drinking] 18+ (16-17 year olds do self-comp/18-19 yr olds optional). Including where drank and who with.	
	Dental health [Dental] 16+	
Dental services (16+)		
	CPR training [CPRTrn]	
Discrimination and harassment (16+)		
Stress at work (16+)		
	Education and employment details 16+	
	Ethnicity (0+) place of birth (0+)and religion (16+) [Ethnic]	
	Parental history [Parent] 16+	
	Family health [Parent] 16+	
	Self-completions [Selfcomp] 4+	
	Height and weight [Measure] – self- report 2+	
	Consents [Consents] 0+	

		Biological module (16+ )includes: <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Depression</li> <li>• Self harm</li> </ul>
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<b>Child Boost</b>
Household questionnaire [HHgrid]+[GenHHold]
General health including caring [GenHlth]
Use of services [CVD] 0+
Asthma core [Asthma] 0+
Accidents [Accid] 0+
Physical activity kids – [ChPhysic] 2+
Eating habits kids [Eating] 2+
Fruit and Veg [Fruitveg] 2+
Passive Smoking [Smoking] 0+
Ethnicity [Ethnic] 0+
Self-completions [Selfcomp] 4+
Height and weight [Measure] 2+
Consents [Consents] 0+

**[Point]\***

SAMPLE POINT NUMBER:

Range: 1..997

**[Address]\***

ADDRESS NUMBER:

Range: 1..97

**[Hhold]\***

HOUSEHOLD NUMBER:

Range: 1..3

**[AdrField]\***

PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS TAKEN FROM A.R.F. ADDRESS LABEL. MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.

Text: Maximum 10 characters

**[First]\***

INTERVIEWER: For information, you are in the questionnaire for:

Org: (*ScotCen=3*)

Sample: (*sample type indicator – 1=Version A, 2=Version B and 4=child boost*)

Point no: (*Point number*)

Address no: (*Address number*)

Household no: (*Household number*)

Strand: (*Core version A or version B*)

- TO COMPLETE A STARTED INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO OPEN A NEW INDIVIDUAL SESSION, PRESS <CTRL, ENTER>.
- TO GO DIRECTLY TO 'ADMIN,' PRESS <CTRL, ENTER>.
- OTHERWISE PRESS 1 AND <ENTER> TO CONTINUE.



**[BEFDIAL]**

The named adult in this household is <FIR\_NAME> <SUR\_NAME>

Have you already interviewed this adult?

- 1 Yes (Go to PerOTav)
- 2 No (Go to Per1AV)

**ASK IF BEFDIAL = 2/DK/REF**

**[Per1av]**

Good morning/afternoon/evening. My name is....  
and I am calling from ScotCen Social Research [the Office for National Statistics] about the Scottish Health Survey.

Please could I speak with <FIR\_NAME> <SUR\_NAME>?

- 1 Speaking (Go to IntroA)
- 2 Yes, did not answer phone but available now (Go to IntroA)
- 3 No / not available now (Go to CallbackA)

**ASK IF BEFDIAL = 1**

**[PerOTav]**

Good morning/afternoon/evening. My name is [NAME] and I am calling from ScotCen Social Research [the Office for National Statistics] about the Scottish Health Survey.

Some people in the household have already taken part in the Scottish Health Survey. I'm hoping to speak with anyone else who lives at {Interviewer read address}, and who have not yet taken part.

If there is anyone under the age of 16 who would like to take part then their parent or guardian will need to be present if the child is aged 13 to 15 and will need to answer on their behalf if they are aged 0 to 12.

- 1 Yes, speaking (Go to IntroA)
- 2 Yes, did not answer phone but available now (Go to IntroA)
- 3 No-one else available right now (Go to CallbackA)
- 4 No-one else living here/ No-one else wants to take part. (Go to CallEndA)

**ASK IF [Per1av] = 3/DK/REF or [PerOTav] = 3/DK/REF**

**[CAIIBackA]**

No problem. When is a good day and time to call back {*Textfill if [Per1av] = 3/DK/REF: And speak to <FIR\_NAME>?*}

- 1 Time given – INTERVIEWER RECORD MANUALLY
- 2 No specific day/time given

**ASK IF [CAIIBackA] = 1, 2**

Readprompt

Before I call back please could you {*Textfill if [Per1av] = 3/DK/REF: ask <FIR\_NAME> to / if Perotav = 3: ask those aged 16 or over to*} read the letter and information leaflet sent your address? It is important that anyone who takes part has read these before doing so. If you don't still have the letter and leaflet that's fine, you can also read the information at [www.scotcen.org.uk/scottishhealthsurvey](http://www.scotcen.org.uk/scottishhealthsurvey).

INTERVIEWER – IF RESPONDENT WISHES TO RECORD THE WEBSITE ADDRESS PLEASE MAKE SURE THEY DO SO CORRECTLY BEFORE MOVING ON.

1 Continue

**ASK IF BEFDIAL=1 AND [Per1av] = 3/DK/REF**

**[OthAdA]**

Is there anyone else who lives at this address that I can speak to just now about taking part in the Scottish Health Survey?

If there is anyone under the age of 16 who would like to take part then their parent or guardian will need to be present if the child is aged 13 to 15 and will need to answer on their behalf if they are aged 0 to 12.

- 1 Speaking
- 2 Yes, did not answer phone but available now
- 3 No-one else aged 16+ available right now (Go to CallEndA)
- 4 No-one else aged 16+ living there/ No-one else wants to take part.

**ASK IF [OthAdA] = 3/4/DK/REF OR PerOTav = 4**

**[CallEndA]**

No problem. {text fill if OthAdA=3 AND CALLBackA = 1 “I will call back as arranged” / if CALLBackA = 2 “I will call back another time”. Thanks for your time.

**ASK IF Per1av = (1 or 2) OR PerOTav = (1 or 2) or OthAdA = (1 or 2)**

**[INTROA]**

{Textfill if Per1Av=2 or PerOTav=2 or OthAdA = 2} - Good morning/afternoon/evening. My name is...

I am calling from ScotCen social research [/the Office for National Statistics] about the Scottish Health Survey.}

We sent your household a letter recently about taking part in the survey. It can be completed now or at another time depending on what is convenient for you.

- 1 Complete now
- 2 Complete another time (go to CallBackA)
- 3 Does not wish to take part (code as individual refusal and LOOP BACK TO OthAdA)

**ASK IF INTROA=1**

**[INTROC]**

Have you had a chance to read the letter and information leaflet about the Survey that we sent to your address recently?

- 1 Yes, have read (Go to CarryOn)
- 2 No, not read (Go to IntroLeaf)

**ASK IF [INTROC]=2**

**[IntroLeaf]**

The letter and leaflet outline some key things you might like to know about the survey before you take part. It is important that you are aware of this information in advance so you fully understand what taking part involves.

1 and enter

**[FindLeaf]**

Are you able to find the letter and leaflet just now? I am happy to wait while you locate it.

- 1 Yes – found and has letter and leaflet to hand (Go to ReadNow)
- 2 No – looked but couldn't find (Go to IntRead)
- 3 Didn't look for it (Go to IntRead)

**If FindLeaf=1**

[ReadNow]

Could you read the letter and leaflet now and let me know when you've finished? Again, I'm happy to wait while you do this.

INTERVIEWER: CODE BELOW IF HAPPY TO READ NOW

- 1 Participant reads letter and leaflet now while you wait (then go to CarryOn)
- 2 Participant prefers to go away and read it and get a call back. (loop back to CallBackB)
- 2 Participant decides does not want to read now or later as no longer wants to take part (code as individual refusal and LOOP BACK TO OthAdA)

**If [FindLeaf]=2,3,DK,REF**

**[IntRead]**

I can summarise the key information on the letter and leaflet for you now if you prefer. Shall I begin?

Yes (go to ReadOut)

No - prefer to go away and read for self (loop back to CallBackA)

No – no longer want to take part (code as individual refusal and LOOP BACK TO OthAdA)

**If IntRead=yes**

[ReadOut]

I have quite a lot to read out to you so do please bear with me and listen carefully. At the end I will ask you if you are happy to proceed.

The Scottish Health Survey is an annual survey carried out to gather information used to help develop ways to improve people's health across Scotland. It is carried out for the Scottish Government by ScotCen Social Research, an independent research institute, and academics from the Universities of Glasgow, Aberdeen and Edinburgh. Each year around 7000 people take part.

Your address was chosen at random from the publicly available Postcode Address File, a list of every address in Scotland, held by the Post Office. Yours is one of 64,500 addresses being contacted this time.

**There will be questions about your general health, physical activity, smoking and drinking. There are some questions about diseases of the heart, lungs and chest, and questions about Covid-19 and the vaccination programme.**

You will also be asked to provide some personal details such as age, sex, employment, height and weight to help interpret the answers you give. If you do not wish to answer any questions you do not have to.

**You will receive a £10/£20 high street voucher as a thank you for taking part.**

The Scottish Government and ScotCen guarantee that the survey results will not be published in a form that can reveal your identity and that they will make no attempt to identify you from your answers.

The information collected is used for statistical and research purposes only and will be dealt with in accordance with data protection legislation. The information collected in the survey (but no information that would allow you to be identified) is made available via the UK Data Service for use by researchers and academics.

The study has been approved by an independent Research Ethics Committee to protect your safety, rights, wellbeing and dignity. It has been given a favourable opinion by Wales Research Ethics Committee on behalf of the NHS.

Further details on privacy and how the information you provide will be used can be found in the 'Asked to take part?' section of the Scottish Government's survey website: <https://www.gov.scot/collections/scottish-health-survey/>. If you have any concerns about how your information is being used, you can contact the Scottish Government's Data Protection Officer by emailing: [DataProtectionOfficer@gov.scot](mailto:DataProtectionOfficer@gov.scot)

If you have any questions about the survey, you can ask me or call the freephone number 0800 652 2704. Alternatively, you can email [Scottishhealthsurvey@scotcen.org.uk](mailto:Scottishhealthsurvey@scotcen.org.uk) or visit <https://www.gov.scot/collections/scottish-health-survey/>.

1 and enter

**If IntroC=1 or ReadNow=1 or INTREAD = 1**

**[CarryOn]**

{TEXTFILL if IntroC=1 or ReadNow=1 textfill=read the information. If INTREAD = 1 textfill=heard this}

Having *{read the information/heard this}* are happy to proceed?

- 1 Yes (go to SurveyPk)
- 2 No (Go TO CallbackC)

**If carryon=2**

**[callbackc]**

Shall I call back another time?

- 1 Yes (loop back to CallBackB)
- 2 No – don't want to take part (code as individual refusal and LOOP back to OthAdA)

**If CarryOn=1**

**[SurveyPk]**

Can I check that you received a pack after you opted in which included a set of showcards?

INTERVIEWER: These are the showcards that the interviewer would usually provide to participants in the face-to-face interview and contain the response options for a large number of questions in Scottish Health.

- 1 Yes
- 2 No

**If SurveyPk=yes**

**[GetPack]**

Do you have the showcards to hand or are you able to get them please?

- 1 Yes
- 2 No

**If SurveyPk=no OR GetPack=no**

**[SendShCard]**

I would like to send you a link to the online showcards so you can use these for selecting a response for questions as we go through the interview. Are you happy for me to email you this link?

- 1 Yes
- 2 No

**If SendShCard=yes**

INTERVIEWER: Please send email to participant with a link to the showcards. An email template has been provided for this purpose.

1 Continue

**If SendShCard=yes**

**ViewShCard**

Can I just check that you are able to access the showcards online?

- 1 Yes
- 2 No

1 Continue

**If GetPack=yes OR ViewShCard=yes**

**[BeginY]**

Great, we can now start the interview.

**If ViewShCard=no OR SendShCard=no**

**[BeginN]**

That's not a problem. I can send the showcards out to you by post as you will need these to takepart in the interview. I will arrange to call you back in 5-7 days as you should have received them by then.

1 Continue

**ASK IF ViewShCard=no**

**[CAIIBackN]**

No problem. When is a good day and time to call back?

1 Time given – INTERVIEWER RECORD MANUALLY

2 No specific day/time given [LOOP BACK TO OthAdA]

**[IntDate]\***

PLEASE ENTER THE DATE OF THIS INTERVIEW.

Date:

**[WhoHere]\***

INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.

1 Continue

**IF First person in household OR More=Yes THEN**

**[Name]\***

What is the name of (*person number*)?

**[More]\***

Is there anyone else in this household?

1 Yes

2 No

**(Name and More repeated for up to 12 household members)**

**[SizeConf]\***

So, can I check, altogether there are (*x number*) people in your household?

1 Yes

2 No, more than (*x*)

3 No, less than (*x*)

**HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)**

**[Person]**

**Person number in Household Grid.**

**Range: 0..12**

**[Name]\***

**First name from WhoHere**

**[Sex]**

ASK: Is (*name of respondent*) male or female?

- 1 Male
- 2 Female

**[DoB]\***

What is (*name of respondent's*) date of birth?

**Enter Day of month in numbers, Name of month in numbers, Year in numbers,  
eg. 02/01/1972.**

**[Age] AgeOf**

Can I check, what was (*name of respondent's*) age last birthday?

Range: 0..120

**IF AgeOf=Dk/Ref THEN**

**[AgeEst]\***

INTERVIEWER CODE: ASK IF NECESSARY ARE YOU (ARE THEY), AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER? IF NOT KNOWN OR NO TERMINATE INTERVIEW.

- 1 Under 2 years
- 2 2 to 15 years
- 3 16-64 years
- 4 65 years or older

**IF Age of Respondent is 16 or over THEN**

**[Marital12]**

SHOW CARD A1

Please look at this card and tell me your legal marital or same-sex civil partnership status

INTERVIEWER: CODE FIRST THAT APPLIES.

- 1 Never married and never registered a same-sex civil partnership
- 2 Married
- 3 In a registered same-sex civil partnership
- 4 Separated, but still legally married
- 5 Separated, but still legally in a same-sex civil partnership
- 6 Divorced
- 7 Formerly in a same-sex civil partnership which is now legally dissolved
- 8 Widowed
- 9 Surviving partner from a same-sex civil partnership

**IF more than one person aged 16+ in household AND marital status=code 1, 4, 5, 6, 7, 8 or 9 THEN**

**[Couple]**

May I just check, (*are you/they*) living with someone in this household as a couple?

- 1 Yes
- 2 No
- 3 SPONTANEOUS ONLY - same sex couple

**IF (Age of Respondent is 16-17) THEN**

**[LegPar]**

Can I check, do either of (*name of respondent's*) parents, or someone who has legal parental responsibility for them, live in this household?

- 1 Yes
- 2 No

**[Par1]**

Which of the people in this household are (*name of respondent's*) parents or have legal parental responsibility for them on a permanent basis?

INTERVIEWER: CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97

Range: 1..12, 97

**IF Par1 IN [1..12] THEN**

**[Par2]**

Which other person in this household is (*name of respondent's*) parent or have legal parental responsibility for them on a permanent basis?

CODE SECOND PERSON AT THIS QUESTION. IF No-one else in the household, CODE 97

Range: 1..14, 97

**[SelCH]**

INTERVIEWER: Is this child selected for an individual interview?

- 1 Yes
- 2 No



**RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALLIF Person > 1 THEN**

**[R]**

SHOW CARD A2

How is (*name of respondent's*) related to (*name*)? Just tell me the number on this card.

- 1 husband/wife
- 2 legally recognised civil partner
- 3 partner/cohabitee
- 4 natural son/daughter
- 5 adopted son/daughter
- 6 Foster son / daughter
- 7 stepson/daughter/child of partner
- 8 son-in-law /daughter-in-law
- 9 natural parent
- 10 adoptive parent
- 11 foster parent
- 12 step-parent/parent's partner
- 13 parent-in-law
- 14 natural brother/sister (ie. both natural parents the same)
- 15 Half-brother / Half-sister (ie. one natural parent the same)
- 16 Step-brother / Step-sister (ie. no natural parents the same)
- 17 adopted brother/sister
- 18 foster brother/sister
- 19 brother/sister-in-law
- 20 grandchild
- 21 grandparent
- 22 other relative
- 23 other non-relative

**END OF HOUSEHOLD COMPOSITION GRID**

Child selection

**ASK IF CHILD IS AGED 13-15**

**[ChCons]**

As [child name] is under the age of 16 we require your verbal consent for them to take part. Please also show them and read through the Leaflet for Children so that they are able to decide if they would like to take part themselves.

We require you to be present and in earshot of your child taking part in the interview.

In order to do this the phone will need to be on speakerphone.

INTERVIEWER: CODE

- 1 I consent to my child taking part
- 2 I do not consent for my child to take part

**ASK ALL**

**Hholder**

**HRPID**

**[HHldr]**

Although this survey is about health, the first few questions are about your household in general. As everyone's health is related to their life circumstances, we will ask about the area and circumstances you live in.

In whose name is the accommodation owned or rented? Anyone else?

CODE ALL THAT APPLY.

*(Codeframe of all household members)*

1-12 Person numbers of household members

97 Not a household member

**[HHResp]**

INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?

*(Codeframe of adult household members)*

1-12 Person numbers of household members

97 Not a household member

**HQRESP**

**IF More than one person coded at HHldr THEN**

**[HiHNum]**

You have told me that *(name)* and *(name)* jointly own or rent the accommodation. Which of you /who has the highest income (from earnings, benefits, pensions and any other sources)?

ENTER PERSON NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13

*(Codeframe of joint householders)*

1-12 Person numbers of household members

13 Two people have the same income

**IF HiHNum=13 THEN**

**[JntEldA]**

ENTER PERSON NUMBER OF THE *ELDEST* JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.

ASK OR RECORD.

*(Codeframe of joint householders)*

1-12 Person numbers of household members

**IF HiHNum=Don't know or Refused**

**[JntEldB]**

ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

*(Codeframe of joint householders)*

1-12 Person numbers of household members

**[HRP]\***

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:  
(Displays name of Household Reference Person)  
PRESS <1> AND <Enter> TO CONTINUE.

**[Eligible]\***

INTERVIEWER: FOR YOUR INFORMATION THE PEOPLE IN THIS HOUSEHOLD  
ELIGIBLE FOR AN INDIVIDUAL INTERVIEW ARE:  
(List of eligible respondents)  
PRESS <1> AND <Enter> TO CONTINUE.

**END OF HOUSEHOLD COMPOSITION GRID**

**[HRP]\***

INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:  
(Displays name of Household Reference Person)  
PRESS <1> AND <Enter> TO CONTINUE.

**ASK ALL AGED 16+**

**[OwnORent08]**

SHOW CARD A3

In which of these ways do you occupy this accommodation?

PROBE FOR DETAILS

- 1 Buying it with mortgage or loan
- 2 Own it outright
- 3 Pay part rent/part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Live here rent free

**IF OwnRnt08= Rent OR Free THEN**

**[LandLord]**

Who is your landlord?

INTERVIEWER: Code first that applies.

If property is rented through an agent code in relation to the property owner NOT the agent.

- 1 **Organisations:** the local authority / council / Scottish Homes
- 2 **Organisations:** housing association, charitable trust or Local Housing Company
- 3 **Organisations:** employer (organisation) of a household member
- 4 Another organisation
- 5 **Individuals:** relative/friend (before you lived here) of a household member
- 6 **Individuals:** employer (individual) of a household member
- 7 Another individual private landlord

**ASK ALL**

**[Car12]**

In total, how many cars or vans are owned, or are available for private use,  
by members of your household? Include any company cars or vans available for private  
use

Range : 0..100.

**ASK ALL**

**[PasSm]**

Does anyone smoke **inside** this (house/flat) on most days?

INTERVIEWER: IF ASKED, RESPONDENT SHOULD INCLUDE THEMSELVES AND NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE/FLAT, BUT EXCLUDE ANY HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE OF THE HOUSE/FLAT.

INTERVIEWER: DO NOT INCLUDE VAPING OR USE OF E-CIGARETTES.

- 1 Yes
- 2 No

**[SmokHm]**

SHOW CARD A4

Regardless of whether you smoke or not, using this card, what best describes the smoking rules in this (house/flat)? Please think about the people who live with you as well as visitors to your home?

INTERVIEWER: IF RESPONDENT DOES NOT HAVE ANY SMOKING RULES, ASK THEM TO THINK WHAT RULES THEY WOULD APPLY TO SMOKERS IN THEIR HOME.

INTERVIEWER: DO NOT INCLUDE VAPING OR USE OF E-CIGARETTES.

- 1 People can smoke anywhere inside this house/flat
- 2 People can only smoke in certain areas or rooms inside this house/flat (include smoking out of the window and at an open back door)
- 3 People can only smoke in outdoor areas (e.g. gardens/balconies) of this house/flat
- 4 People cannot smoke indoors or in outdoor areas of this house/flat

**IF >1 person in household**

**[EatTog]**

How many times in the last week, that is the seven days ending (*date last Sunday*), did all or most of the people who live in this household eat a main meal together not including breakfast?

- 1 Never
- 2 One or two times
- 3 Three or four times
- 4 Five or six times
- 5 Seven times
- 6 More than often than this

**ASK ALL IN VERSION A, B AND HEALTH BOARD BOOST (NOT CHILD BOOST)**

**INTERVIEWER: I'm now going to ask you some questions about your local area**

**[LiveArea]**

First, how many years have you lived in your local area? By this I mean the area within about a 15 minute walk from your home?

- 1 Less than 1 year
- 2 1 year but less than 2
- 3 2 years but less than 5
- 4 5 years but less than 10

5 10 years or more

**IF lived in area 2 years or more (LiveArea >= 3)**

**[CrimArea]**

How much would you say the crime rate in your local area has changed since two years ago? Would you say there is more, less or about the same?

INTERVIEWER: IF ANSWER IS 'MORE' ASK: Is that a lot more or a little more?

IF ANSWER IS 'LESS' ASK: Is that a lot less or a little less?

INTERVIEWER: IF ASKED: There is an interest in finding out if there is a relationship between people's experience of crime and their health and wellbeing:

- 1 A lot more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 A lot less

**ASK ALL IN VERSION A, B AND HEALTH BOARD BOOST (NOT CHILD BOOST)** Overall, how satisfied or dissatisfied are you with each of these services?

**[LocHealth]**

SHOW CARD A5

Local health services

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

**[RefColl]**

SHOW CARD A5

Refuse collection

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

**[LocSchol]**

SHOW CARD A5

Local schools

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

**[SocWork]**

SHOW CARD A5

Social care or social work services

- 1 Very satisfied

- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

**[Transprt]**

Public transport

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

**[StrtCln]**

Street cleaning

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

**[SportLei]**

SHOW CARD A5

Council sports and leisure facilities

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

**[Librar]**

SHOW CARD A5

Council libraries

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

**[MusGall]**

SHOW CARD A5

Council museums and galleries

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied

- 5 Very dissatisfied
- 6 No opinion

**[ParkSpa]**

SHOW CARD A5

Council parks and open spaces

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

**[GenHHRc]**

INTERVIEWER CODE:

Who was the person responsible for answering the household questionnaire?  
(list of names from household grid)

: 1..97, NODONTKNOW, NOREFUSAL

**IF GenHHRc = Head of Household OR Spouse/ partner of Head of household**

**[SrcInc]**

SHOW CARD A6

Please look at this card. There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which of these you (*and your husband/wife/partner*) receive?

INTERVIEWER: PROBE FOR ALL SOURCES. CODE ALL THAT APPLY

- |    |   |            |
|----|---|------------|
| 1  | Earnings from employment or self-employment (incl. overtime, tips, bonuses) | [SrcInc1]  |
| 2  | State retirement pension  | [SrcInc2]  |
| 3  | Pension from former employer  | [SrcInc3]  |
| 4  | Personal pensions   | [SrcInc4]  |
| 5  | Pension Credit  | [SrcInc5]  |
| 6  | Child Benefit   | [SrcInc6]  |
| 7  | Universal Credit  | [SrcInc7]  |
| 8  | Job-Seekers Allowance   | [SrcInc8]  |
| 9  | Income Support  | [SrcInc9]  |
| 10 | Working Tax Credit, Child Tax Credit or any other Tax Credit                | [SrcInc10] |
| 11 | Housing Benefit   | [SrcInc11] |
| 12 | Employment and Support Allowance  | [SrcInc12] |
| 13 | Personal Independence Payments  | [SrcInc13] |
| 14 | Disability Living Allowance   | [SrcInc14] |
| 15 | Attendance Allowance  | [SrcInc15] |
| 16 | Carer's Allowance   | [SrcInc16] |
| 17 | Other state benefits  | [SrcInc17] |
| 18 | Student grants and bursaries (but not loans)                                | [SrcInc18] |
| 19 | Interest from savings and investments (eg stocks & shares)                  | [SrcInc19] |
| 20 | Rent from property (after expenses)   | [SrcInc20] |
| 21 | Other kinds of regular income (e.g. maintenance or grants)                  | [SrcInc21] |
| 22 | No source of income   | [SrcInc22] |

**[JntInc]**

SHOW CARD A7

This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents (*your/you and your husband/wife/partner's combined*) income from all these sources over the last 12 months, before any deductions for income tax, National Insurance contributions, health insurance payments, superannuation payments, etc? Just tell me the number beside the row that applies to (*you/your joint incomes*).

INTERVIEWER: THIS QUESTION REFERS TO INCOME FROM ALL THE SOURCES LISTED IN CARD A6. PLEASE REFER RESPONDENT BACK TO CARD A6 IF NECESSARY.

INTERVIEWER: ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

Range: 1..97

**IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household THEN**

**[OthInc]**

Can I check, does anyone else in the household have an income from any source?

- 1 Yes
- 2 No

**IF OthInc = Yes THEN**

**[HHInc]**

SHOW CARD A7

Thinking of the income of your household as a whole, which of the groups on this card represents the household's total income from all these sources over the last 12 months before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc? Just tell me the number beside the row that applies.

INTERVIEWER: THIS QUESTION REFERS TO INCOME FROM ALL THE SOURCES LISTED IN CARD A6. PLEASE REFER RESPONDENT BACK TO CARD A6 IF NECESSARY.

ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

Range: 1..97

**EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON**

**IF GenHHRRe NE HRP THEN**

**[EConIntro]**

The next section is about employment, I'll ask about [HRP]'s now and I'll ask about [NAME(S) OF OTHER ADULTS IN HH] later on.

**[EconAc12]**

SHOW CARD A8

In the last week (that is the 7 days ending *date last Sunday*) were you doing any of the following, even if only for one hour?

INTERVIEWER: 'Temporarily away' includes away from work ill, on maternity leave, on holiday leave and temporarily laid off (as long as there is still an employment contract). It does not include those who are laid off and no longer have an employment contract.

INTERVIEWER: If currently on furlough, please code based on employment status pre-furlough.

INTERVIEWER: Code **all that apply**.

- 1 Working as an employee (or temporarily away) [HWrkEmp]
- 2 On a Government sponsored training scheme (or temporarily away) [HGvtSchm]



- |   |   |            |
|---|---|------------|
| 3 | Self-employed or freelance (or temporarily away)                    | [HSelfEmp] |
| 4 | Working unpaid for your own family's business (or temporarily away) | [HWrkFam]  |
| 5 | Doing any other kind of paid work                                   | [HOTHWrk]  |
| 6 | None of the above   | [HNoneabv] |

**IF (HRP Age 16 to 69) OR (HRP Age 70+ AND EconAc12=1, 3, 4, 5) THEN**

**[Furlough]**

On Sunday [reference date inserted] were you receiving support from any of the following schemes?

Running prompt

1. coronavirus (COVID-19) Job Retention Scheme, commonly known as furlough,
2. coronavirus (COVID-19) Self-employment Income support scheme,
3. neither of these schemes, or
4. don't know?

**IF (HRP Age 16 to 64) AND NOT (HGvtSchm) THEN**

**[HEducCour]**

Are you at present (at school) or enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).

INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS. IF RESPONDENT IS STUDYING PART-TIME CODE **NO** HERE.

- 1 Yes
- 2 No

**IF ((HWrkFam) OR (HNoneabv)) AND NOT ((HWrkEmp) OR (HGvtSchm) OR (HSelfEmp) OR (HOTHWrk)) THEN**

**[HWk4Look12] Wk4Look12**

Thinking of the 4 weeks ending (date last Sunday), were you looking for any paid work or Government training scheme at any time in those 4 weeks?

- 1 Yes
- 2 No

**IF HWk4Look12 = No THEN**

**[HWaitJb12] WaitJb12**

Are you waiting to take up a job that you have already obtained?

- 1 Yes
- 2 No

**IF (HWk4Look12 = Yes OR HWaitJb12 = Yes) THEN**

**[HWk2Star12] Wk2Star12**

If a job or a place on a government scheme had been available in the week ending (*date last Sunday*), would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

**IF (HNoneabv) AND (HWk4Look12 = No) AND (HWaitJb12 = No) THEN**

**[HYNotWrk] YNotWrk**

May I just check, what was the main reason you did not look for work in the last 4 weeks?

INTERVIEWER: CODE ONE ONLY

- 1 Waiting for the results of an application for a job/being assessed by a training agent
- 2 Student
- 3 Looking after family/home
- 4 Temporarily sick or injured
- 5 Long-term sick or disabled
- 6 Believes no job available
- 7 Not yet started looking
- 8 Doesn't need employment
- 9 Retired from paid work
- 10 Any other reason

**IF (HNoneabv) AND (HWaitJb12 <> Yes) THEN**

**[HEverJob]**

Have/has *you/name* (Household Reference Person) ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF (HWaitJb12 = Yes) THEN**

**[HOTHPaid]**

Apart from the job *you/name* are waiting to take up, have *you/name* (Household Reference Person) ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF (HEverJob = Yes) OR (HOTHPaid = Yes) THEN**

**[HPayLast]**

Which year did *you/name* (Household Reference Person) leave *your/their* last paid job?

**WRITE IN.**

Numeric: 1920..2001 Decimals: 0

**IF HPayLast <= 8 years ago THEN**

**[HPayMon]**

Which month in that year did *you/they* leave?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- 13 Can't remember

**IF (HEverJob = Yes) OR (HWaitJb12 = Yes) OR (Hwrkemp AND NOT Hnoneabv) THEN  
IF NOT (Hnoneabv) THEN**

**[HJobTitl]\***

I'd like to ask you some details about (the job you were doing last week/your most recent job/the main job you had/the job you are waiting to take up). What (is/was/will be) the name or title of the job?

INTERVIEWER: IF RESPONDENT HAS MORE THAN ONE JOB/ACTIVITY ASK THEM ABOUT THE ONE THEY SPEND THE MOST TIME DOING.

Text: Maximum 60 characters

**[HFtPtime]**

*Is/Were/Are/Will you/name* (Household Reference Person) *be* working full-time or part-time?

(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)

- 1 Full-time
- 2 Part-time

**[HWtWork]\***

What kind of work *do/did/does/will you/name* (Household Reference Person) do most of the time?

Text: Maximum 50 characters

**[HMatUsed]\***

IF RELEVANT: What materials or machinery *do/did/will you/name* (Household Reference Person) use?

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

**[HSkilNee]\***

What skills or qualifications are (*were*) needed for the job?

Text: Maximum 120 characters

**[HEmploye]**

*Is/Were/Are/Will you/name* (Household Reference Person) *be*...READ OUT...

- 1 an employee
- 2 or, self-employed?

IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

**IF HEmploye = self employed THEN**

**[HDirctr]**

Can I just check, in this job *are/were/will you/name* (Household Reference Person) *be* a Director of a limited company?

- 1 Yes
- 2 No

**IF (HEmploye = Employee) OR (HDirctr = Yes) THEN**

**[HEmpStat]**

*Are/Were/Will you/name* (Household Reference Person) *be* a ...READ OUT...

- 1 manager
- 2 foreman or supervisor
- 3 or other employee?

**[HNEmployee]**

Including *yourself/name* (Household Reference Person), about how many people *are/were/will be* employed at the place where *you/name usually work(s)/(usually worked/will work)?*

- 1 1 or 2
- 2 3-24
- 3 25-499
- 4 500+

**ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN**

**[HSNEmploye]**

*Do/Did/Will you/name* (Household Reference Person) have any employees?

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

**IF HEmploye = Employee THEN**

**[HInd]\***

What *does/did your/ their* employer make or do at the place where *you/name* (Household Reference Person) (*usually work/usually worked/will work*)?

Text: Maximum 100 characters

**IF HEmploye = Self Employed THEN**

**[HSIfWtMa]\***

What *do/did/will you/name* (Household Reference Person) make or do in your business?

Text: Maximum 100 characters

**ASK ALL**

**[HRPOcc]**

INTERVIEWER: Did (*name of HRP*) answer the occupation questions themselves?

**If you code 2 here you will also need to ask (*name of HRP*) about their job details when you interview them in person.**

- 1 Yes
- 2 No

## Individual Interview

---

In the telephone mode it is possible to conduct concurrent interviewing with up to three household members at any one time as long as the participants are able to listen to the interviewer asking the question (e.g. participants are able to use the speakerphone facility). As parents/carers answer on behalf of 0-12 year olds they can complete the interview for themselves and their child(ren) aged 0-12 without speakerphone capabilities.

### [SpeakPh]

Can I just check, is it possible for you to use the speakerphone facility on your phone so that other people in your household can take part at the same time?

- 1 Yes, this is possible and other household members are present
- 2 Yes, it's possible, but other household members are not available
- 3 No

### ASK ALL READCON

INTERVIEWER DO NOT READ OUT:

Please confirm that the respondent has informed you that they have read the letter and leaflet themselves, or that you have read out the key survey information from your screen to the respondent.

- 1 Respondent confirmed read materials themselves
- 2 Respondent listened to me read out key information
- 3 Respondent neither read themselves or had read out to them

### Ask if readcon = 3

#### Reread

'The letter and leaflet we sent to your address outlined some key things you might like to know about the survey before you take part. It is important that you are aware of this information so you fully understand what taking part involves so I will read this out to you now.

I have quite a lot to read out to you so do please bear with me and listen carefully.

The Scottish Health Survey is an annual survey carried out to gather information used to help develop ways to improve people's health across Scotland. It is carried out for the Scottish Government by ScotCen Social Research, an independent research institute, and academics from the Universities of Glasgow, Aberdeen and Edinburgh. Each year around 7000 people took part.

Your address was chosen at random from the publicly available Postcode Address File, a list of every address in Scotland, held by the Post Office. Yours is one of 64,500 addresses being contacted this time.

**There will be questions about your general health, physical activity, smoking and drinking. There are some questions about diseases of the heart, lungs and chest, and questions about Covid-19 and the vaccination programme.**

You will also be asked to provide some personal details such as age, sex, employment, height and weight to help interpret the answers you give. If you do not wish to answer any questions you do not have to.

**You will receive a £10/£20 high street voucher as a thank you for taking part.**

The Scottish Government and ScotCen guarantee that the survey results will not be published in a form that can reveal your identity and that they will make no attempt to identify you from your answers. The information collected is used for statistical and research purposes only and will be dealt with in accordance with data protection legislation. The information collected in the survey (but no information that would allow you to be identified) is made available via the UK Data Service for use by researchers and academics.

The study has been approved by an independent Research Ethics Committee to protect your safety, rights, wellbeing and dignity. It has been given a favourable opinion by Wales Research Ethics Committee on behalf of the NHS.

Further details on privacy and how the information you provide will be used can be found in the 'Asked to take part?' section of the Scottish Government's survey website: [www.scottishhealthsurvey.org](http://www.scottishhealthsurvey.org). If you have any concerns about how your information is being used, you can contact the Scottish Government's Data Protection Officer by emailing: [DataProtectionOfficer@gov.scot](mailto:DataProtectionOfficer@gov.scot)

If you have any questions about the survey, you can ask me or call the freephone number 0800 652 2704. Alternatively, you can email [Scottishhealthsurvey@scotcen.org.uk](mailto:Scottishhealthsurvey@scotcen.org.uk) or visit [www.scottishhealthsurvey.org](http://www.scottishhealthsurvey.org).

1 and continue

**Ask if readcon = 3**

**[CarryOnB]**

Having heard this are happy to proceed?

- 1 Yes (go to IntDate)
- 2 No (Go TO CallbackA)

**[PersDisp]**

INTERVIEWER: For your information ...

... the person(s) allocated to this session are:

- 1 Continue

**[IntDate]**

INTERVIEWER: Please enter the date of this interview

**[1 Jump[2]]**

INTERVIEWER: Now follows the General Health module ...

- 1 Continue

**ASK ALL (0+)**

**[DBCheck]\***

Can I just check that (your/name of child's) date of birth is: (date of birth from HHGrid)

INTERVIEWER:

Code 1 if the date of birth is correct.

Code 2 if it is wrong.

Code 3 if the date of birth was not collected at the household grid.

- 1 Date of birth is correct
- 2 Date of birth is wrong
- 3 No date of birth has been collected yet

**IF DBCheck = Code 2, 3 THEN**

**[ODoBD]\***

What is (your/name of child's) date of birth?

INTERVIEWER: Enter day, month and year of (name/child's name)'s date of birth separately.

Enter the **day** here.

If (name) does not know their date of birth, enter Don't know <Ctrl K> and get an estimate.

Range: 1..31

**[ODoBM]\***

INTERVIEWER: Code the **month** of (name/child's name)'s date of birth.

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

**[ODoBY]\***

INTERVIEWER: Enter **year** of (name/child's name)'s date of birth.

Range: 1890..2100

**ASK ALL**

**[OwnAge]\*<sup>1</sup>**

Can I just check, is your age: (age from HHGrid)?<sup>1</sup> Yes

- 1 No

---

<sup>1</sup> In the final dataset the participant's age can be found in the variable [age]

**IF RESPONDENT'S AGE HAS CHANGED SINCE THE HOUSEHOLD QUESTIONNAIRE (DUE TO A BIRTHDAY)**

**[Birthday]\***

INTERVIEWER FOR YOUR INFORMATION:

This respondent has had a birthday since you started the household questionnaire (*date of HH Questionnaire*).

For survey reasons the age used in this individual session is based on that date, not today's date. That is, this person will be treated as being (*age at HH Questionnaire*) years old and not (*current age*) years old.

Now press <Enter> to continue.

**IF 'DON'T KNOW' at ODOB, THEN**

**[OwnAgeE]\***

Can you tell me (*your/name of child*)'s age last birthday?

IF NECESSARY: What do you estimate (*your/name of child*)'s age to be?

**IF 'DON'T KNOW' at OwnAgeE AND AGE 0-15**

**[AgeCEst]\***

INTERVIEWER: Estimate nearest age:

- 1 1
- 2 3
- 3 5
- 4 7
- 5 9
- 6 11
- 7 13
- 8 15

**IF 'DON'T KNOW' at OwnAgeE AND AGE 16+**

**[AgeAEst]\***

INTERVIEWER: Estimate nearest age:

- 1 18. (ie between 16 - 19)
- 2 25. (ie between 20 - 29)
- 3 35. (ie between 30 - 39)
- 4 45. (ie between 40 - 49)
- 5 55. (ie between 50 - 59)
- 6 65. (ie between 60 - 69)
- 7 75. (ie between 70 - 79)
- 8 85. (ie 80+)



## General Health module – (ALL)

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### ASK ALL (0+)

**[GenHelf]**

How is your health in general? Would you say it was ...READ OUT...

- 1 ...very good,
- 2 good,
- 3 fair,
- 4 bad, or
- 5 very bad?

**[LongII12] LongIII**

Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more?

- 1 Yes
- 2 No

**(Up to six long-standing illnesses are recorded in the program).**

### IF LongII12=Yes OR More=Yes THEN

**[IIIcode]\* (variable names IIIcode1 to IIIcode6)<sup>1</sup> IIIsM [1] to [6]**

What (*other*) condition(s) or illness(es) do you have?

INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

- 1 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
- 2 Diabetes
- 3 Other endocrine/metabolic
- 4 Mental illness/anxiety/depression/nerves (nes)
- 5 Mental handicap
- 6 Epilepsy/fits
- 7 Migraine/headache
- 8 Other problems of nervous system
- 9 Cataract/poor eye sight/blindness
- 10 Other eye complaints
- 11 Poor hearing/deafness
- 12 Tinnitus/noises in the ear
- 13 Meniere's disease/ear complaints causing balance problems
- 14 Other ear complaints
- 15 Stroke/cerebral haemorrhage/cerebral thrombosis
- 16 Heart attack/angina
- 17 Hypertension/high blood pressure/blood pressure (nes)
- 18 Other heart problems
- 19 Piles/haemorrhoids incl. Varicose Veins in anus
- 20 Varicose veins/phlebitis in lower extremities
- 21 Other blood vessels/embolic
- 22 Bronchitis/emphysema
- 23 Asthma
- 24 Hayfever
- 25 Other respiratory complaints

---

<sup>1</sup> Note – the verbatim illness given by the respondent is coded in the office after interview.

- 26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture
- 27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
- 28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
- 29 Complaints of teeth/mouth/tongue
- 30 Kidney complaints
- 31 Urinary tract infection
- 32 Other bladder problems/incontinence
- 33 Reproductive system disorders
- 34 Arthritis/rheumatism/fibrositis
- 35 Back problems/slipped disc/spine/neck
- 36 Other problems of bones/joints/muscles
- 37 Infectious and parasitic disease
- 38 Disorders of blood and blood forming organs and immunity disorders
- 39 Skin complaints
- 40 Other complaints
- 41 Unclassifiable
- 42 Complaint no longer present
- 99 Not answered/Refusal

***(LimAct12 and More repeated for each illness mentioned at IllsM)***

**[LimAct12] (variable names LimitAc1-LimitAc6)**

Does (*name of condition*) limit your activities in any way?

INTERVIEWER: IF YES, PROBE: Is that a little or a lot?

- 1 Yes, a lot
- 3 Yes, a little
- 2 Not at all

**[More]\* (variable names More1-More6)**

(Can I check) do you have any other physical or mental health condition or illness?

- 1 Yes
- 2 No

**ASK 4+**

**[RG15aNew]**

Apart from anything you do as part of paid employment, do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical, mental ill-health, disability; or problems related to old age?

- 1 Yes
- 2 No

**IF RG15New = Yes THEN**

**[RG16a]**

Who is it that you provide regular help or care for?

INTERVIEWER: Code up to two people cared for.

Code the **first** person here.

- 1-12 Person numbers of household members
- 97 Someone outside the household

**IF RG16a=1-12 or 97 THEN**

**[RG16b]**

Who else do you provide regular help or care for?

INTERVIEWER: Code the **second** person here.

- 1-12 Person numbers of household members
- 97 Someone outside the household
- 98 No one else

**IF CARING FOR SOMEONE OUTSIDE THE HOUSEHOLD (IF RG16a = 97 OR RG16b = 97)**

**[RG16c]**

Who is it that you provide regular help or care for outside your household?

INTERVIEWER: Code all that apply

- 1 Parent/parent-in-law [RG16c1]
- 2 Other relative [RG16c2]
- 3 Friend/neighbour [RG16c3]
- 4 Other person [RG16c4]

**[RG17aNew]**

SHOW CARD A9

In total, how many hours each week approximately do you spend providing any regular help or support?

INTERVIEWER: Include care provided both inside and outside the household.

INTERVIEWER: EXCLUDE ANY CARING THAT IS DONE AS PART OF PAID

EMPLOYMENT

INTERVIEWER: Show showcard

- 1 Up to 4 hours a week
- 2 5 - 19 hours a week
- 3 20 - 34 hours a week
- 4 35 - 49 hours a week
- 5 50 or more hours a week
- 6 Varies (spontaneous - not on SHOW CARD)

**[RG18]**

SHOW CARD A10

How long have you been providing this care for them?

INTERVIEWER: Please code the longest period of care if caring for more than one person.

- 1 Less than one year
- 2 One year but less than 5 years
- 3 5 years but less than 10 years
- 4 10 years but less than 20 years
- 5 20 years or more

**ASK ALL 16-70 who are carers (IF RG15New=Yes) THEN**

**[RG19]**

SHOW CARD A11

Has your employment been affected by the help or support you give the (person/people) that you currently care for in any of these ways? Please read out the numbers that apply from the card.

INTERVIEWER: CODE ALL THAT APPLY

INTERVIEWER: The question relates to the impact of caring on **present** employment. If unsure of how to code a particular answer code as 'other' and write in details

- |    |   |          |
|----|---|----------|
| 1  | Been unable to take up employment       | [RG191]  |
| 2  | Worked fewer hours                      | [RG192]  |
| 3  | Reduced responsibility at work          | [RG193]  |
| 4  | Flexible employment agreed              | [RG194]  |
| 5  | Changed to work at home                 | [RG195]  |
| 6  | Reduced opportunities for promotion     | [RG196]  |
| 7  | Took new job                            | [RG197]  |
| 8  | Left employment altogether              | [RG198]  |
| 9  | Took early retirement                   | [RG199]  |
| 10 | Other (SPECIFY)                         | [RG1910] |
| 11 | Employment not affected/never had a job | [RG1911] |

**[RG190]\***

**INTERVIEWER: WRITE IN OTHER ANSWER**

**ASK ALL 16+ who are carers (IF RG15new=Yes) THEN**

**[RG20]**

SHOW CARD A12

What kind of support, if any, do you personally receive as a carer to help with the care that you provide?

INTERVIEWER: CODE ALL THAT APPLY

- |    |   |          |
|----|---|----------|
| 1  | Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite | [RG201]  |
| 2  | Advice and information  | [RG202]  |
| 3  | Practical support (e.g. transport, equipment/adaptations)                           | [RG203]  |
| 4  | Counselling or emotional support  | [RG204]  |
| 5  | Training and learning   | [RG205]  |
| 6  | Advocacy services   | [RG206]  |
| 7  | Personal assistant/ support worker/ community nurse/ home help                      | [RG207]  |
| 8  | Help from family, friends or neighbours   | [RG208]  |
| 9  | Carer's allowance   | [RG209]  |
| 10 | Other (SPECIFY)   | [RG2010] |
| 11 | Receive no help or support  | [RG2011] |

**ASK ALL aged 4-15 who are carers (IF RG15New=Yes THEN)**

**[RG20b]**

SHOW CARD A13

What kind of support, if any, do you personally receive as a carer to help with the care that you provide?

INTERVIEWER: CODE ALL THAT APPLY

- |    |  |           |
|----|--|-----------|
| 1  | Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite  | [RG20b1]  |
| 2  | Advice and information   | [RG20b2]  |
| 3  | Practical things, e.g. putting hand rails in the bathroom, transport to a day centre | [RG20b3]  |
| 4  | Talking to someone for support, e.g. family member, friend, counsellor               | [RG20b4]  |
| 5  | Having a befriender or a peer mentor   | [RG20b5]  |
| 6  | Advocacy services  | [RG20b6]  |
| 7  | Personal assistant/ support worker/ community nurse/ home help                       | [RG20b7]  |
| 8  | Help from family, friends or neighbours  | [RG20b8]  |
| 9  | Help from teachers at school, e.g. talking or extra help with homework               | [RG20b9]  |
| 10 | Social activities and support, e.g. young carers' groups or day trips                | [RG20b10] |
| 11 | Other (SPECIFY)  | [RG20b11] |
| 12 | Receive no help or support   | [RG20b12] |

**IF (Other IN RG20) OR (Other in RG20b)**

**[RG200]\***

INTERVIEWER: WRITE IN OTHER ANSWER

**ASK ALL 16+**

**[LifeSat]**

SHOW CARD A14

All things considered, how satisfied are you with your life as a whole nowadays?

- |    |                            |
|----|----------------------------|
| 0  | 0 – Extremely dissatisfied |
| 1  | 1                          |
| 2  | 2                          |
| 3  | 3                          |
| 4  | 4                          |
| 5  | 5                          |
| 6  | 6                          |
| 7  | 7                          |
| 8  | 8                          |
| 9  | 9                          |
| 10 | 10 – Extremely satisfied   |

## Respiratory symptoms, Cardiovascular Disease and Use of Services – All Versions

---

### ASK ALL AGED 16+

#### [EverBp]

Do you have, or have you ever had high blood pressure (sometimes called hypertension)?

- 1 Yes
- 2 No

#### [Everangi]

Have you ever had angina?

- 1 Yes
- 2 No

#### [Everhart]

Have you ever had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

#### [Evermur]

And do you now have, or have you ever had a heart murmur?

- 1 Yes
- 2 No

#### [Everireg]

...abnormal heart rhythm?

- 1 Yes
- 2 No

#### [Everoht]

...any other heart trouble?

- 1 Yes
- 2 No

### IF Everoht = Yes THEN

#### [CVDOth]\*

What is that condition? INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.

Text: Maximum 50 characters

### ASK ALL AGED 16+

#### [Everstro]

Have you ever had a stroke?

- 1 Yes
- 2 No

#### [Everdi]

Do you now have, or have you ever had diabetes?

- 1 Yes
- 2 No

#### [COPD]

Have you ever had COPD, chronic bronchitis or emphysema?

INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease

- 1 Yes
- 2 No

**IF Everangi = Yes THEN**

**[DocAngi]**

You said that you had angina. Were you told by a doctor that you had angina?

- 1 Yes
- 2 No

**IF DocAngi = Yes THEN**

**[RecAngi]**

Have you had angina during the past 12 months?

- 1 Yes
- 2 No

**IF Everhart= Yes THEN**

**[Docheart]**

Were you told by a doctor that you had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1 Yes
- 2 No

**IF Docheart = Yes THEN**

**[RecHeart]**

Have you had a heart attack (including myocardial infarction and coronary thrombosis) during the past 12 months?

- 1 Yes
- 2 No

**IF Everireg = Yes THEN**

**[Doclreg]**

Were you told by a doctor that you had abnormal heart rhythm?

- 1 Yes
- 2 No

**IF Doclreg = Yes THEN**

**[Reclreg]**

Have you had abnormal heart rhythm during the past 12 months?

- 1 Yes
- 2 No

**IF EverOht= Yes THEN**

**[DocOht]**

Were you told by a doctor that you had (*name of 'other heart condition'*)?

- 1 Yes
- 2 No

**IF DocOht = Yes THEN**

**[RecOht]**

Have you had (*name of 'other heart condition'*) during the past 12 months?

- 1 Yes

2 No

**IF Everstro = Yes THEN**

**[Docstro]**

Were you told by a doctor that you had a stroke?

- 1 Yes
- 2 No

**IF DocStro = Yes THEN**

**[RecStro]**

Have you had a stroke during the past 12 months?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH A HEART CONDITION OR WHO HAS HAD A STROKE (IF Everangi / Everhart / Everleg/ Everoht / EverStro= Yes) THEN**

**[MedHeart]**

Are you currently taking any medicines, tablets or pills because of your (*heart condition or stroke*)?

- 1 Yes
- 2 No

**IF Everbp = Yes THEN**

**[DocNurBp]**

You mentioned that you have had high blood pressure. Were you told **by a doctor or nurse** that you had high blood pressure?

- 1 Yes
- 2 No

**IF (DocNurBp= Yes) AND (Sex = Female) THEN**

**[PregBP]**

Can I just check, were you pregnant when you were told that you had high blood pressure?

- 1 Yes
- 2 No

**IF PregBP = Yes THEN**

**[NoPregBp]**

Have you ever had high blood pressure apart from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED HIGH BLOOD PRESSURE [EXCEPT WHEN PREGNANT] (IF docnurbp = Yes AND nopregbb <> No)**

**[medcinbp]**

Are you currently taking any medicines, tablets or pills for high blood pressure?

- 1 Yes
- 2 No



**IF medcinbp = No, Don't know or refused THEN**

**[stillbp]**

ASK OR RECORD: Do you still have high blood pressure?

- 1 Yes
- 2 No

**[pastabbp]**

Have you **ever** taken medicines, tablets, or pills for high blood pressure in the past?

- 1 Yes
- 2 No

**IF pastabbp = Yes THEN**

**[fintabc]\***

Why did you stop taking (medicines/tablets/pills) for high blood pressure? PROBE: What other reason? TAKE LAST OCCASION. CODE ALL THAT APPLY

- 1 **Doctor advised me to stop due to:** improvement [fintabc1]
- 2 lack of improvement [fintabc2]
- 3 other problem [fintabc3]
- 4 **Respondent decided to stop:** because felt better [fintabc4]
- 5 ... for other reason [fintabc5]
- 6 **Other reason** [fintabc6]

**ASK ALL 16+ WITH DIABETES (IF Everdi = Yes THEN)**

**[DocInfo1]**

Were you told by a doctor that you had diabetes?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DIABETES (IF Everdi = Yes AND DocInfo1=Yes THEN)**

**[TypeD]**

Have you been told whether you have Type 1 or Type 2 diabetes?

- 1 Yes, Type 1 diabetes
- 2 Yes, Type 2 diabetes
- 3 Not been told
- 4 Not sure which type

**IF (DocInfo1= Yes) AND (Sex = Female) THEN**

**[PregDi]**

Can I just check, were you pregnant when you were told that you had diabetes?

- 1 Yes
- 2 No

**IF PregDi= Yes THEN**

**[NoPregDi]**

Have you ever had diabetes apart from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED DIABETES [EXCEPT WHEN PREGNANT]  
(IF DocInfo1= Yes AND NoPregDi<> No)**

**[AgeInfo1]**

(*Apart from when you were pregnant, approximately/Approximately*) how old were you when you were first told by a doctor that you had diabetes? ENTER AGE IN YEARS

Range: 0..110

**[Insulin]**

Do you currently inject insulin for diabetes?

- 1 Yes
- 2 No

**[MedcinDi]**

Are you currently taking any medicines, tablets or pills (*other than insulin injections*) for diabetes?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH A HEART MURMUR (IF Evermur = Yes)**

**[Murdoc]**

You mentioned that you have had a heart murmur. Were you told by a **doctor** that you had a heart murmur?

- 1 Yes
- 2 No

**IF (Murdoc = Yes) AND (Sex = Female) THEN**

**[PregMur]**

Can I just check, were you pregnant when you were told that you had a heart murmur?

- 1 Yes
- 2 No

**IF PregMur = Yes THEN**

**[PregMur1]**

Have you ever had a heart murmur **apart** from when you were pregnant?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH DOCTOR-DIAGNOSED HEART MURMUR [EXCEPT WHEN PREGNANT]  
(IF MurDoc= Yes AND PregMur1 <> No)**

**[Murrec]**

Have you had a heart murmur during the past twelve months?

- 1 Yes
- 2 No

**[Murpill]**

Are you currently taking any medicines, tablets or pills because of your heart murmur?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH COPD (IF COPD= Yes)**

**[COPDDoctr]**

You mentioned that you had COPD, chronic bronchitis or emphysema. Did a doctor tell you that you had this?

INTERVIEWER: If asked, COPD stands for Chronic Obstructive Pulmonary Disease.

- 1 Yes
- 2 No

**IF COPDDoctr = Yes**

**[COPDSpir]**

Did your doctor do a spirometry test (a test measuring how much air you could blow into a machine)?

- 1 Yes
- 2 No

**IF COPDDoctr=YES**

**[COPDTrt]**

Are you currently receiving any treatment or advice because of your COPD, chronic bronchitis or emphysema? Please include regular check-ups.

- 1 Yes
- 2 No

**IF COPDTrt = Yes**

**[COPDOth]**

SHOW CARD B2

What treatment or advice are you currently receiving because of your COPD, chronic bronchitis or emphysema?

CODE ALL THAT APPLY.

- 1 Regular check-up with GP / hospital / clinic [COPDOth1]
- 2 Taking medication (tablets / inhalers) [COPDOth2]
- 3 Advice or treatment to stop smoking [COPDOth3]
- 4 Using oxygen [COPDOth4]
- 5 Immunisations against flu / pneumococcus [COPDOth5]
- 6 Exercise or physical activity [COPDOth6]
- 7 Advice or treatment to lose weight [COPDOth7]
- 8 Other [COPDOth8]

**IF COPDOth = Other (COPDOth8)**

**[COPDOthO] \***

INTERVIEWER: Please enter other treatment or advice.

**ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBpto EverDi)**

**[DocTalk]**

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

INTERVIEWER: Exclude consultations made on behalf of others.

- 1 Yes
- 2 No

**IF DocTalk = Yes THEN**

**[DocNum]**

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

**[Consul]**

*(Were any of these consultations/Was this consultation) about your (heart condition, high blood pressure, diabetes or stroke)...READ OUT...*

CODE ALL THAT APPLY

- |   |                                 |           |
|---|---------------------------------|-----------|
| 1 | No                              | [Consul1] |
| 2 | Yes, about: high blood pressure | [Consul2] |
| 3 | Angina                          | [Consul3] |
| 4 | Heart attack                    | [Consul4] |
| 5 | Heart murmur                    | [Consul5] |
| 6 | Abnormal heart rhythm           | [Consul6] |
| 7 | Other heart trouble             | [Consul7] |
| 8 | Stroke                          | [Consul8] |
| 9 | Diabetes                        | [Consul9] |

**IF DocTalk = No or refused**

**[LastDoc]**

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

PROMPT

- 1 Less than two weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than a year ago
- 6 A year or more ago
- 7 Never consulted a doctor

**If LastDoc=2 weeks ... A year ago or more (2-6)**

**[ConCon]**

*(Were any of these consultations/Was that consultation) about your (heart condition, high blood pressure, diabetes or stroke)?*

CODE ALL THAT APPLY

- |   |                                 |           |
|---|---------------------------------|-----------|
| 1 | No                              | [ConCon1] |
| 2 | Yes, about: high blood pressure | [ConCon2] |
| 3 | Angina                          | [ConCon3] |
| 4 | Heart attack                    | [ConCon4] |
| 5 | Heart murmur                    | [ConCon5] |
| 6 | Abnormal heart rhythm           | [ConCon6] |
| 7 | Other heart trouble             | [ConCon7] |
| 8 | Stroke                          | [ConCon8] |
| 9 | Diabetes                        | [ConCon9] |

**ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp to EverDi)**

**[OutPat]**

During the last 12 months, that is since (*date a year ago*), did you attend hospital as an out-patient, day-patient or casualty?

- 1 Yes
- 2 No

**IF OutPat = Yes THEN**

**[WhyOutP]**

Was this because of your (*heart condition, high blood pressure, diabetes or stroke*)?

- 1 Yes
- 2 No

**ASK ALL 16+ WITH A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF Yes at any of: EverBp to EverDi)**

**[InPat]**

During the last 12 months, that is since (*date a year ago*), have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

**IF InPat = Yes**

**[WhyInp]**

Was this because of your (*heart condition, high blood pressure, diabetes or stroke*)?

- 1 Yes
- 2 No

**ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp to EverDi) AND ALL CHILDREN<sup>1</sup>**

**[DocTalkN]**

During the 2 weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

- 1 Yes
- 2 No

**IF DocTalkN = Yes THEN**

**[DocNumN]**

How many times have you talked to a doctor in these 2 weeks?

Range: 0..14

---

<sup>1</sup> Respondents with COPD but no other CVD condition, diabetes or high blood pressure are also asked these questions.

**IF DocTalkN = No**

**[LastDocN]**

Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf?

PROMPT

- 1 Less than two weeks ago
- 2 2 weeks ago but less than a month ago
- 3 1 month ago but less than 3 months ago
- 4 3 months ago but less than 6 months ago
- 5 6 months ago but less than a year ago
- 6 A year or more ago
- 7 Never consulted a doctor

**ASK ALL 16+ WHO DO NOT HAVE A CVD CONDITION, DIABETES OR HIGH BLOOD PRESSURE (IF No at ALL of: EverBp-EverDi) AND ALL CHILDREN<sup>1</sup>**

**[OutPatN]**

During the last 12 months, that is since (*date a year ago*), did you attend hospital as an out-patient, day-patient or casualty?

- 1 Yes
- 2 No

**[InPatN]**

During the last 12 months, that is since (*date a year ago*) have you been in hospital as an in-patient, overnight or longer?

- 1 Yes
- 2 No

**ASK ALL 16+**

**[HNotAsk]**

Can I check, do you have any other health problems that I have not asked you about?

- 1 Yes
- 2 No

**IF HNotAsk=Yes THEN**

**[HNoTWhat] \***

What are these health problems?

DO NOT PROBE

Text: 100 characters

## Asthma Module

---

### ASK ALL AGED 0+

#### [EverW]

I am now going to ask you some questions about your breathing.

Have you ever had wheezing or whistling in the chest at any time, either now or in the past?

- 1 Yes
- 2 No

### ALL 0+ WHO HAVE EVER WHEEZED (IF EverW = Yes)

#### [TweWz]

Have you had wheezing or whistling in the chest in the last 12 months?

- 1 Yes
- 2 No

### ASK ALL 0+

#### [ConDr]

Did a doctor ever tell you that you had asthma?

PLEASE EXCLUDE ADVICE FROM HOMEOPATHS, ETC.

- 1 Yes
- 2 No

### IF (EverW = Yes or ConDR = Yes)

#### [TrtWze]

#### SHOW CARD C1

Have you received any treatment or advice for asthma/wheezing from any of the people on this card in the last 12 months?

- 1 Yes
- 2 No

### IF TrtWze=Yes THEN

#### [TrtWh]

#### Which ones? PROBE: Any others?

- 1 A general practitioner (GP)
- 2 Nurse at GP surgery/Health centre
- 3 Community, School or District Nurse
- 4 Hospital casualty/Accident and Emergency department
- 5 Consultant/Specialist or other doctor at hospital outpatients
- 6 Consultant/Specialist or other doctor elsewhere
- 7 Homeopath
- 8 Acupuncturist
- 9 Other alternative medicine professional

### [Temporary Question]

#### IF Age=4 or Age =5 THEN ASK

#### [StartSch]

Can I check, has (*name of child*) started school?

- 1 Yes
- 2 No

**IF StartSch = Yes AND (TweWz = Yes OR ConDR = Yes). OR IF Age IN [6-16] and (TweWz = Yes OR ConDR = Yes) THEN**

**[SchAb]**

Over the last 12 months, how many days has (asthma/wheezing/whistling) caused them to be absent from school?

- 1 None
- 2 Less than 5
- 3 5-9
- 4 10-14
- 5 15-19
- 6 20-29
- 7 30 or more
- 8 Don't know / can't remember this

## COVID-19 Module

---

**{ASK ALL 0+}**

**[HadCovid]**

Since the start of the pandemic, <have you/has[name]> had, or do you think <you/[name]> <have/has> had Coronavirus, also known as COVID-19?

- 1 I have/they had Coronavirus (COVID-19) and it was confirmed by a test
- 2 I think I/they have had Coronavirus (COVID-19), but it was not confirmed by a test
- 3 I don't think I/they have had Coronavirus (COVID-19)
- 4 Don't know/can't recall
- 5 Refuse

**IF HADCOVID = YES 1 OR 2**

**[LongCovid]**

Would you describe <yourself[name]> as having "long COVID", that is, <you/they> are still experiencing symptoms more than 4 weeks after <you/[name]> first had COVID-19, that are not explained by something else?

- 1 Yes
- 2 No

**IF LONGCOVID = YES**

**[LngCoAct]**

Does this reduce <your/[name's]> ability to carry-out day-to-day activities compared with the time before <you/[name]> had COVID-19?

- 1 Yes, a lot
- 2 Yes, a little
- 3 Not at all



**IF LONGCOVID = YES**

**[LngCoSym]**

<Do/Does> <you[name]> have any of the following symptoms as part of <you/[name's]>r experience of long COVID? Please include any pre-existing symptoms which long COVID has made worse.

INTERVIEWER: IF YES, WHICH ONES FROM THE SHOWCARD

CODE ALL THAT APPLY

- 1 Fever
- 2 Weakness/tiredness
- 3 Diarrhoea
- 4 Loss of smell
- 5 Shortness of breath
- 6 Vertigo/dizziness
- 7 Trouble sleeping
- 8 Headache
- 9 Nausea/vomiting
- 10 Loss of appetite
- 11 Sore throat
- 12 Chest pain
- 13 Worry/anxiety
- 14 Memory loss or confusion
- 15 Muscle ache
- 16 Abdominal pain
- 17 Loss of taste
- 18 Cough
- 19 Palpitations
- 20 Low mood/not enjoying anything
- 21 Difficulty concentrating
- 22 None of these

**{ASK ALL}**

**[CvShield]**

**Have/has you/your child received a letter from Scotland's Chief Medical Officer advising you/them that you/they have been added to the shielding list?**

- 1 Yes
- 2 No

**{ASK ALL 16+}**

**[RecVacB]**

**Have you received at least one vaccination for the coronavirus also known as COVID-19 ?**

- 1 Yes
- 2 No
- 3 Don't know (unprompted by interviewer)

- 4 Refuse (unprompted by interviewer)

**{ASK IF RecVacB = no, refused, don't know}**

**[VacOff]**

**Have you been offered the vaccine for the coronavirus?**

INTERVIEWER: if respondent says 'yes' prompt for whether they are waiting for the vaccine or whether they have decided not to be vaccinated).

- 1 Yes, I am waiting to be vaccinated
- 2 Yes, I have been offered the vaccine and I have decided not to be vaccinated
- 3 No
- 4 Don't know (unprompted by interviewer)
- 5 Refuse (unprompted by interviewer)

**{ASK if VacOff = No, Don't know or Refused}**

**[Vaccine]**

**When a vaccine for the coronavirus is offered to you, how likely or unlikely are you to have the vaccine?**

SHOWCARD

- 1 Very likely
- 2 Fairly likely
- 3 Neither likely nor unlikely
- 4 Fairly unlikely
- 5 Very unlikely
- 6 Don't know (not on showcard)
- 7 Refused (not on showcard)

**[VacNot]**

**VERSION 1** Ask if (Vaccine = Fairly unlikely or Very unlikely) - **For what reasons are you unlikely to have a vaccine for the coronavirus when it is offered to you?**

**VERSION 2** Ask if VacOff = Yes, I have been offered the vaccine and I have decided not to be vaccinated - **For what reasons did you decide to not have the vaccine for the coronavirus when it was offered to you?**

**VERSION 3** Ask if (Vaccine = Fairly likely, Neither likely nor unlikely or Don't know) – **For what reasons are you not certain about getting the vaccine for the coronavirus when it is offered to you? Please select all that apply**

SHOWCARD

- 1 I need more information about the safety of the vaccines
- 2 These are new vaccines so I don't want to be among the first
- 3 I have heard that some people don't feel well after being vaccinated
- 4 I don't think COVID-19 would be a serious illness for me
- 5 I don't think I'm at risk of catching Coronavirus

- 6 I'm concerned about how quickly the vaccines have been developed
- 7 I'm concerned about how quickly the vaccines have been approved
- 8 I have a medical history of allergic reactions and am concerned about my reaction to being vaccinated
- 9 I am concerned about having an allergic reaction, even though I do not have a medical history of allergies
- 10 I would worry about the risk of catching coronavirus at the place where the vaccines are given
- 11 I worry about how I will travel to the place where the vaccines are being given
- 12 I usually choose not to get any vaccines
- 13 I'm unlikely to have time to get vaccinated
- 14 I don't trust vaccines
- 15 Other (please specify)
- 16 Don't know (not on showcard)
- 17 Prefer not to say (not on showcard)

---

## **Accidents – Version A and Child Boost only**

---

### **ASK ALL AGED 0+**

#### **[PreAcc]\***

Now I would like to ask you about accidents that may have happened to you recently. By accidents I mean accidental events which resulted in injury or physical harm to you personally

#### **[DrAcc]**

In the last 12 months have you had any kind of accident which caused you to see a doctor, nurse or other health professional, or to take time off work (or school)?

1 Yes

2 No

**ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**

**[NDrAcc]**

How many accidents have you had in the last 12 months where you saw a doctor or went to hospital?

Range 1..10

**[DrWyr]**

SHOW CARD D1

Now can we talk about the (most recent) accident. Where did the accident happen?

CODE ONE ONLY.

- 1 On a pavement or a pedestrian area
- 2 On a road
- 3 In a home or garden (either your own or someone else's)
- 4 In a place used for sports, play or recreation (including sports facility at a school or college)
- 5 In some other part of a school or college
- 6 In an office, factory, shop, pub, restaurant or other public building
- 7 Other (SPECIFY AT NEXT QUESTION)
- 8 Outdoor place of recreation or work not otherwise specified

**IF DrWyr=Other**

**[WyrOth]\***

PLEASE SPECIFY

Text: maximum 50 characters

**ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**

**[AxCause]\***

What caused this accident? CODE ALL THAT APPLY

- 1 Hit by a falling object [Axcause1]
- 2 Fall, slip or trip [Axcause2]
- 3 Road traffic accident [Axcause3]
- 4 Sports or recreational accident [Axcause4]
- 5 Caused by tool, implement or piece of electrical or mechanical equipment [Axcause5]
- 6 Burn/scald [Axcause6]
- 7 Animal/insect bite or sting [Axcause7]
- 8 Caused by another person (e.g. attacked) [Axcause8]
- 9 Other (SPECIFY AT NEXT QUESTION) [Axcause9]
- 10 Lifting [Axcaus10]

**IF AxCause=Other**

**[CauseOth]\***

PLEASE SPECIFY...

Text: maximum 50 characters

**ASK ALL AGED 13-74 WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**

**[DrJob]**

At the time of the accident, did you have a paid job?

- 1 Yes
- 2 No

**IF DrJob=Yes**

**[DrWrk]**

(Can I check,) did the accident happen while you were at work?

- 1 Yes
- 2 No

**IF DrWrk =Yes THEN**

**[InOut]**

Did the accident happen outdoors or indoors?

- 1 Outdoors
- 2 Indoors

**ASK IF: AGED 16+ AND IN PAID WORK AT TIME OF ACCIDENT, OR IF AGED 4-15 YEARS**

**[TimeOff]**

As a result of the accident did you have to take any time off (*work/school or college*)?

- 1 Yes
- 2 No

**ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**

**[DrInj]\***

SHOW CARD D2

(Can I check,) which of the types of injury described on this card did you suffer?

PROBE: What else?

CODE ALL THAT APPLY

- 1 Broken bones [DrInj01]
- 2 Dislocated joints [DrInj02]
- 3 Losing consciousness [DrInj03]
- 4 Straining or twisting a part of the body [DrInj04]
- 5 Cutting, piercing or grazing a part of the body [DrInj05]
- 6 Bruising, pinching or crushing a part of the body [DrInj06]
- 7 Swelling or tenderness in some part of the body [DrInj07]
- 8 Getting something stuck in the eye, throat, ear or other part of the body [DrInj08]
- 9 Burning or scalding [DrInj09]
- 10 Poisoning [DrInj10]
- 11 Other injury to internal parts of the body [DrInj11]
- 12 Animal or insect bite or sting [DrInj12]
- 13 Other. PLEASE SPECIFY [DrInj13]

**IF DrInj13=Other THEN**

**[InjOth]\***

PLEASE SPECIFY....

Text: maximum 50 characters

**ASK ALL AGED 0+ WHO HAD AN ACCIDENT IN PAST YEAR (IF DrAcc=Yes)**

**[DrAid]\***

SHOW CARD D3

(Can I check,) from which of the people on this card did you get help or advice about the injury you suffered? PROBE: Who else?

CODE ALL THAT APPLY.

- 1 Hospital [Draid01]
- 2 GP/Family Doctor [Draid02]
- 3 Nurse at GP surgery [Draid03]
- 4 Nurse at place of work, school or college [Draid04]

- |    |  |           |
|----|--|-----------|
| 5  | Doctor at place of work, school or college | [Draid05] |
| 6  | Other doctor or nurse                      | [Draid06] |
| 7  | Ambulance staff                            | [Draid07] |
| 8  | Volunteer first aider                      | [Draid08] |
| 9  | Chemist or pharmacist                      | [Draid09] |
| 10 | Family, friends, colleagues, passers-by    | [Draid10] |
| 11 | Looked after self                          | [Draid11] |
| 12 | Other person/s                             | [Draid12] |

**[Prevent]\***

Thinking back to the way the accident happened, do you think anything could have been done to prevent it?

CODE ALL THAT APPLY

- |   |                     |            |
|---|---------------------|------------|
| 1 | Yes - by respondent | [Prevent1] |
| 2 | Yes - by others     | [Prevent2] |
| 3 | No                  | [Prevent3] |
-

## Adult physical activity module (16+)

---

### ASK ALL AGED 16+

#### [Work]

I'd like to ask you about some of the things you have done in the past **four** weeks that involve physical activity, this could be at work (*school*) college or in your free time. (Can I just check) were you in paid employment or self-employed in the past **four** weeks?

- 1 Yes
- 2 No

### IF Work = Yes THEN

#### [Active]

Thinking about your job in general would you say that you are ...READ OUT..

- 1 ...very physically active,
- 2 ...fairly physically active,
- 3 ...not very physically active,
- 4 ...or, not at all physically active in your job?

#### [MainSit]

When you are at work are you mainly sitting down, standing up or walking about?

- 1 Sitting down
- 2 Standing up,
- 3 Walking about,
- 4 Equal time spent doing 2 or more of these

On an average work day in the last **four** weeks, how much time did you usually spend sitting down?

INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED.

#### [WrkAct3H]

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION

#### [WrkAct3M]

ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES (0..59)

### ASK ALL AGED 16+

#### [Housewrk]

I'd like you to think about the physical activities you have done in the last few weeks (*when you were not doing your paid job.*) Have you done any housework in the past **four** weeks, that is from (*date four weeks ago*) up to yesterday?

- 1 Yes
- 2 No

**IF Housewrk = Yes THEN**

**[HWrkList]**

SHOW CARD E1

Have you done any housework listed on this card?

- 1 Yes
- 2 No

**[HevyHWrk]**

SHOW CARD E2

Some kinds of housework are heavier than others. This card gives some examples of heavy housework. It does not include everything, these are just examples. Was any of the housework you did in the last **four** weeks this kind of heavy housework?

- 1 Yes
- 2 No

**IF HevyHWrk = Yes THEN**

**[HeavyDay]**

During the past **four** weeks on how many **days** have you done this kind of **heavy** housework?

Range: 1..28

**[HrsHHW]**

On the days you did heavy housework, how long did you usually spend?

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION; Range: 0..12

**[MinHHW]**

RECORD MINUTES SPENT ON HEAVY HOUSEWORK.

Range: 0..59

**ASK ALL AGED 16+**

**[Garden]**

Have you done any gardening, DIY or building work in the past **four** weeks, that is since *(date four weeks ago)*?

- 1 Yes
- 2 No

**IF Garden = Yes THEN**

**[GardList]**

SHOW CARD E3

Have you done any gardening, DIY or building work listed on this card?

- 1 Yes
- 2 No

**[ManWork]**

SHOW CARD E4

Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?

- 1 Yes
- 2 No



**IF ManWork = Yes THEN**

**[ManDays]**

During the past **four** weeks on how many **days** have you done this kind of **heavy** manual gardening or DIY?

Range: 1..28

**[HrsDIY]**

On the days you did heavy manual gardening or DIY, how long did you usually spend?

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

**[MinDIY]**

RECORD MINUTES SPENT ON GARDENING OR DIY.

Range: 0..59

**ASK ALL AGED 16+**

**[Wik5Int]**

I'd like you to think about **all** the **walking** you have done in the past **four** weeks either locally or away from here. Please include any country walks, walking to and from work and any other walks that you have done. In the past **four** weeks, that is since *(date four weeks ago)*, have you done a **continuous** walk that lasted **at least** 5 minutes?

- 1 Yes
- 2 No
- 3 Can't walk at all

**IF Wik5Int = Yes THEN**

**[Wik10M]**

In the past **four** weeks, have you done a **continuous** walk that lasted **at least** 10 minutes? (That is since *(date four weeks ago)*)

- 1 Yes
- 2 No

**IF Wik10M = Yes THEN**

**[DayWik10]**

During the past **four** weeks, on how **many days** did you do a **continuous** walk of at least 10 minutes? (That is since *(date four weeks ago)*)

*IF THEY WALKED EVERYDAY ENTER 28*

Range: 1..28

**[Day1Wk10]**

On that day (any of those days) did you do **more than one continuous** walk lasting at least 10 minutes?

- 1 Yes, more than one walk of 10+ mins (on at least one day)
- 2 No, only one walk of 10+ mins a day

**IF (DayWik10 in 2..28) AND (Day1Wk10 = Yes) THEN**

**[Day2Wk10]**

On how many days in the last **four** weeks did you do **more than one** walk that lasted at least 10 minutes?

Range: 1..28

**IF Wik10M = Yes THEN**

**[HrsWik10]**

How long did you usually spend walking each time you did a **continuous** walk for 10 minutes or more?

INTERVIEWER: IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

**[MinWik10]**

INTERVIEWER: RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

**IF Wik5Int = Yes THEN**

**[WalkPace]**

Which of the following best describes your **usual** walking pace ...READ OUT...

- 1 ...a slow pace,
- 2 ...a steady average pace,
- 3 ...a fairly brisk pace,
- 4 ...or, a fast pace - at least 4 mph?
- 5 (none of these)

**IF (Wik15M = Yes) AND (Age >= 65) THEN**

**[WalkEff]**

During the past four weeks, was the effort of walking for 10 minutes or more usually enough to make you breathe faster, feel warmer, or sweat?

- 1 Yes
- 2 No

**ASK ALL AGED 16+**

**[ActPhy]**

SHOW CARD E5

Can you tell me if you have done any activities on this card during the last **four** weeks, that is since (date four weeks ago)? Include teaching, coaching, training and practice sessions, but exclude any activities done as part of your main job.

- 1 Yes
- 2 No

**IF ActPhy = Yes THEN**

**[WhtAct]**

Which have you done in the last **four** weeks? PROBE: Any others?

CODE ALL THAT APPLY.

- |    |   |            |
|----|---|------------|
| 1  | Swimming  | [WhtAct01] |
| 2  | Cycling   | [WhtAct02] |
| 3  | Workout at a gym/Exercise bike/ Weight training | [WhtAct03] |
| 4  | Aerobics/Keep fit/Gymnastics/ Dance for fitness | [WhtAct04] |
| 5  | Any other type of dancing                       | [WhtAct05] |
| 6  | Running/ Jogging                                | [WhtAct06] |
| 7  | Football/ Rugby                                 | [WhtAct07] |
| 8  | Badminton/ Tennis                               | [WhtAct08] |
| 9  | Squash  | [WhtAct09] |
| 10 | Exercises (e.g. press-ups, sit ups)             | [WhtAct10] |

**[WhtAcB]**

SHOW CARD E6

And have you done any of the activities on this card in the last **four** weeks? Please just tell me the numbers.

PROBE: ANY OTHERS?

- |    |   |            |
|----|---|------------|
| 0  | No - none of these                              | [WhtAcB0]  |
| 1  | Bowls   | [WhtAcB01] |
| 2  | Fishing/angling                                 | [WhtAcB02] |
| 3  | Golf  | [WhtAcB03] |
| 4  | Hillwalking/rambling                            | [WhtAcB04] |
| 5  | Snooker/billiards/pool                          | [WhtAcB05] |
| 6  | Aqua-robics / aquafit / exercise class in water | [WhtAcB06] |
| 7  | Yoga/pilates                                    | [WhtAcB07] |
| 8  | Athletics                                       | [WhtAcB08] |
| 9  | Basketball                                      | [WhtAcB09] |
| 10 | Canoeing/Kayaking                               | [WhtAcB10] |
| 11 | Climbing  | [WhtAcB11] |
| 12 | Cricket   | [WhtAcB12] |
| 13 | Curling   | [WhtAcB13] |
| 14 | Hockey  | [WhtAcB14] |
| 15 | Horse riding                                    | [WhtAcB15] |
| 16 | Ice skating                                     | [WhtAcB16] |
| 17 | Martial arts including Tai Chi                  | [WhtAcB17] |
| 18 | Netball   | [WhtAcB18] |
| 19 | Powerboating/jet skiing                         | [WhtAcB19] |
| 20 | Rowing  | [WhtAcB20] |
| 21 | Sailing/windsurfing                             | [WhtAcB21] |
| 22 | Shinty  | [WhtAcB22] |
| 23 | Skateboarding/inline skating                    | [WhtAcB23] |
| 24 | Skiing/snowboarding                             | [WhtAcB24] |
| 25 | Subaqua   | [WhtAcB25] |
| 26 | Surfing/body boarding                           | [WhtAcB26] |
| 27 | Table tennis                                    | [WhtAcB27] |
| 28 | Tenpin bowling                                  | [WhtAcB28] |
| 29 | Volleyball                                      | [WhtAcB29] |
| 30 | Waterskiing                                     | [WhtAcB30] |

**ASK ALL AGED 16+**

**REPEAT FOR UP TO 6 ADDITIONAL SPORTS, WHEN ANSWER YES AT EACH SUCCESSIVE 'OTHER ACTIVITY' VARIABLE OActQ11 to OActQ16**

**[OactQ]\*** (Variable names: OActQ11-OActQ16)

Have you done any other sport or exercise not listed on the cards?

INTERVIEWER: PROBE FOR NAME OF SPORT OR EXERCISE AND WRITE IN.

- 1 Yes
- 2 No

**IF OActQ = Yes THEN**

**[WHTACT11 – WHT16<sup>1</sup>]**

For each activity, a set of questions about number of days/hours/minute and effort was asked:

**[swimocc to wskiocc] DayExc**

Can you tell me on how many separate days did you do (name of activity) for at least 10 minutes at a time during the past **four** weeks, that is since (date four weeks ago)?

IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.

Range: 0..28

**[swimhrs to wskihrs] ExcHrs**

How much time did you usually spend doing (name of activity) on each day? (Only count times you did it for at least 10 minutes).

RECORD HOURS SPENT BELOW.

ENTER 0 IF LESS THAN 1 HOUR.

RECORD MINUTES AT NEXT QUESTION.

Range: 0..12

**[swimmin to wskimmin] ExcMin**

INTERVIEWER: RECORD MINUTES HERE.

Range: 0..59

**[swimeff to wskieff] ExcSwt**

During the past **four** weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?

- 1 Yes
- 2 No

**[ExcMus]**

For certain activities an additional question was asked to identify whether the activity could be classed as muscle strengthening.

**IF WhtAct, WhtAcB or OactQ = cycling, workout at a gym, aerobics, any other type of dancing, running/jogging, football/rugby, badminton/tennis, squash, exercises, ten pin bowling, yoga/piates, aquarobics/aquafit, martial arts/Tai Chi, basketball, netball, lawn bowls, golf, hill walking/rambling, cricket, hockey, curling, ice skating, shinty, surf/body boarding, volleyball THEN**

**[cyclemus to Vollmus]**

During the past **four** weeks, was the effort of (name of activity) usually enough to make your muscles feel some tension, shake or feel warm?

- 1 Yes
- 2 No

---

<sup>1</sup> Up to 6 other activities can be recorded. These are then assigned a code in the office.

**IF WhtAct = Exercises (e.g. press-ups, sit-ups) AND (Age>=65) THEN**

**[ExMov]**

Did these exercises involve you standing up and moving about?

- 1 Yes
- 2 No

## **Child physical activity module (2-15)**

---

**ASK IF RESPONDENT IS 4 or 5 YEARS OLD**

**[ChSch]**

Can I just check, is (*name of child*) at school in Primary 1 yet?

- 1 Yes
- 2 No

**ASK ALL AGED 2-15**

**[Wik5Ch]**

Now I'd like to ask you about some of the things (*you/name of child*) (*have/has*) done **in the last week**. By last week I mean last (*day seven days ago*) up to yesterday. In the last week, (*have you/have they*) done a **continuous** walk that lasted **at least 5 minutes**

- 1 Yes
- 2 No

**IF Wik5Ch = Yes THEN**

**[DwikChb]**

On how many **days** in the last week did (*you/name of child*) do a continuous walk that lasted at least 5 minutes (*not counting things done as part of school lessons*)?

- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

**[DayWikT]**

SHOW CARD F1

On each day that (*you/name of child*) did a walk like this for at least 5 minutes, how long did (*you/they*) spend walking altogether? Please give an answer from this card

INTERVIEWER NOTE: COUNT TOTAL TIME SPENT WALKING. SO TWO WALKS OF 10 MINUTES EACH = 20 MINUTES WALKING

- (1) *Less than five minutes*
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1½ hours
- 6 1½ hours, less than 2 hours
- 7 2 hours, less than 2½ hours
- 8 2½ hours, less than 3 hours

- 9 3 hours, less than 3½ hours
- 10 3½ hours, less than 4 hours
- 11 4 hours or more (please specify how long)

**IF DayWikT = 4 hours or more THEN**

**[WikHrs]**

How long did (*you/name of child*) spend walking on each day?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

**[WikMin]**

RECORD HERE MINUTES SPENT WALKING.

Range: 0..59

**ASK ALL AGED 5-15**

**[ChPace]**

Which of the following describes your **usual** walking pace ... READ OUT ...

- 1 ... a slow pace,
- 2 ... a steady average pace,
- 3 ... a fairly brisk pace,
- 4 ... or, a fast pace – at least 4 mph?
- 5 (None of these)

**ASK ALL AGED 8-15**

**[HWkCh]**

In the last week (*have you/has name of child*) done any housework or gardening which involved pulling or pushing, like hoovering, cleaning a car, mowing grass or sweeping up leaves for at least 15 minutes a time?

- 1 Yes
- 2 No

**IF HWkCh = Yes THEN**

**[DHWkCh]**

On how many days in the last week (*have you/has name of child*) done any housework or gardening of this type for at least 15 minutes a time?

- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

**[THWk]** (See question [DayWikT] for full listing of answer options on card F1)

SHOW CARD F1 AGAIN

On each day that (*you/name of child*) did any housework or gardening of this type for at least 15 minutes a time, how long did (*you/they*) spend?

Please give an answer from this card.

**IF THWk = 4 hours or more THEN**

**[HWkHrs]**

How long did (*you/name of child*) spend doing housework or gardening on each day?  
RECORD HOURS SPEND BELOW. RECORD MINUTES AT NEXT QUESTION. Range:  
4..12

**[HwkMin]**

RECORD HERE MINUTES SPENT DOING HOUSEWORK/GARDENING.  
Range: 0..59

**ASK ALL AGED 2-15**

**[Sport]\***

I would now like to ask (*you/name of child*) about any sports or exercise activities that (*they/you*) have/has done. I will then go on to ask about other active things (*they/you*) may have done

Showcard F2 shows what we would like you to include for sports and exercises, and Showcard F3 shows what we would like you to include for other active things.

INTERVIEWER: Please ask respondent to look at Showcards F2 and F3.

For the following questions please include any activities done at a nursery or playgroup, but don't count any activities done as part of school lessons. Activities associated with their school should be counted here as long as they are not part of a mandatory lesson (e.g. football practice on a Saturday for the school team).

1 Continue

**[Spt1ch]**

SHOW CARD F2

In the last week, that is last (*day 7 days ago*) up to yesterday, have/has (*you/name of child*) done any sports or exercise activities (*not counting things done as part of school lessons*)? This card shows some of the things (*you/they*) might have done; please also include any other sports or exercise activities like these.

INTERVIEWER: DO NOT COUNT ANYTHING DONE TODAY.

- 1 Yes
- 2 No

**ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF Spt1ch = Yes)**

**[WESpDo]**

Did (*you/they*) do any of these sports or exercise activities at the weekend, that is last Saturday and Sunday (*yesterday and last Sunday*)?

- 1 Yes
- 2 No

**IF WESpDo = Yes THEN**

**[DWeSpCh]**

Was that on Saturday or Sunday or on both days?

- 1 Saturday only
- 2 Sunday only
- 3 Both Saturday and Sunday

**[LweSp]** (See question [*DayWkT*] for full listing of answer options on card F1)  
SHOW CARD F1

On (Saturday/Sunday/Saturday and Sunday) when (you/name of child) did these sports or exercise activities, how long did (you/they) spend (on each day)? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

**IF WeSpor = 4 hours or more THEN**

**[WeSpH]**

How long did (you/name of child) spend doing these sports or exercise activities?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

**[WeSpM]**

RECORD HERE MINUTES SPEND DOING SPORTS OR EXERCISE ACTIVITIES.

Range: 0..59

**ASK ALL AGED 2-15 WHO DID SOME SPORT IN THE PAST 7 DAYS (IF SportDo = Yes)**

**[DaySpCh]**

Still thinking about last week. On how many of the **weekdays** did (you/name of child) do any of these sports or exercise activities? (Please remember not to count things done as part of school lessons)

- 0 None in last week
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days

**IF DaySpCh = 1 day to 5 days THEN**

**[LWkSp]** (See question [DayWikT] for full listing of answer options on card F1)

SHOW CARD F1 AGAIN

On each weekday that (you/they) did these sports or exercise activities, how long did (you/they) spend? Please give an answer from this card.

**IF LWkSp = 4 hours or more THEN**

**[WkSpH]**

How long did you spend doing these sports or exercise activities on each weekday?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

**[WkSpM]**

RECORD HERE MINUTES SPENT DOING SPORTS OR EXERCISE ACTIVITIES

Range: 0..59



**ASK ALL AGE 2-15**

**[WeActCh]**

SHOW CARD F3

Now I would like to know about when *(you/name of child)* do/does active things, like the things on this card or other activities like these. Did *(you/they)* do any active things like these at the weekend, that is last Saturday and Sunday *(yesterday and last Sunday)*?

INTERVIEWER NOTE: DO NOT INCLUDE ANY ACTIVITIES ALREADY COVERED UNDER SPORTS AND EXERCISE ACTIVITIES

INTERVIEWER: The showcard includes ride a bike as the first examples and jump around as the last example

- 1 Yes
- 2 No

**IF WeActCh = Yes THEN**

**[DWEActCH]**

Was that on Saturday or Sunday or on both days?

- 1 Saturday only
- 2 Sunday only
- 3 Both Saturday and Sunday

**[LWeAct]** *(See question [DayWkT] for full listing of answer options on card F1)*

SHOW CARD F1 AGAIN

On *(Saturday/Sunday/Saturday and Sunday)* when *(you/name of child)* did active things like these, how long did *(you/they)* spend *(on each day)*? Please give an answer from this card.

INTERVIEWER: IF IT VARIED, TAKE AVERAGE

**IF LWeAct = 4 hours or more THEN**

**[WeActH]**

How long did *(you/name of child)* spend doing active things like these?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION.

Range: 4..12

**[WeActM]**

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE

Range: 0..59

**ASK ALL AGE 2-15**

**[WkActCh]**

SHOW CARD F3 AGAIN

Still thinking about last week. On how many of the **weekdays** did *(you/name of child)* do active things, like the things on this card or other activities like these *(not counting things done as part of school lessons)*?

INTERVIEWER NOTE: DO NOT INCLUDE ANY ACTIVITIES ALREADY COVERED UNDER SPORTS AND EXERCISE ACTIVITIES

- 0 None in last week
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days

**IF WkActCh = 1 day to 5 days THEN**

**[LWkAct]** (See question [DayWkT] for full listing of answer options on card F1)

SHOW CARD F1 AGAIN

On each **weekday** that (*you/name of child*) did active things like these, how long did (*you/they*) spend? Please give an answer from this card.

**IF LWkAct = 4 hours or more THEN**

**[WkActH]**

How long did (*you/name of child*) spend doing active things like these on each weekday?

RECORD HOURS SPENT BELOW. RECORD MINUTES AT NEXT QUESTION

Range: 4..12

**[WkActM]**

RECORD HERE MINUTES SPENT DOING ACTIVE THINGS LIKE THESE.

Range: 0..59

**ASK ALL AGE 2-15**

**[DaysTot]**

Now thinking about all the activities during the past week you have just told me about including any walking, (*gardening, housework,*) sports or other active things. On how many **days** in the last week **in total** did (*you/name of child*) do any of these activities (*not counting things done as part of school lessons*)?

- 0 None
- 1 One day
- 2 Two days
- 3 Three days
- 4 Four days
- 5 Five days
- 6 Six days
- 7 Every day

**SCHOOL BASED PHYSICAL ACTIVITY**

**ASK IF AGED 5-15 OR IF AGED 4 AND IS AT SCHOOL**

**[SchAct]**

I would now like to ask about any activities such as walking, sports, exercise or other active things that (*you/child's name*) have/has done in the last week whilst in a lesson at school.

Did (*you/child's name*) do any activities (walking, sports, exercise or other active things) in any lessons whilst at school last week?

- 1 Yes
- 2 No

**IF SchAct=Yes THEN**

**[SchDays]**

On how many days in the last week did (*you/child's name*) do any activities (walking, sports, exercise or other active things) in lessons at school?

- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

**[SchTime]**

SHOW CARD F1 AGAIN

On each day that (*you/child's name*) did something active (walking, sports, exercise or other active things) in lessons at school, how long did (*you/they*) spend doing it?

Please give an answer from this card.

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
- 5 1 hour, less than 1 ½ hours
- 6 1 ½ hours, less than 2 hours
- 7 2 hours, less than 2 ½ hours
- 8 2 ½ hours, less than 3 hours
- 9 3 hours, less than 3 ½ hours
- 10 3 ½ hours, less than 4 hours
- 11 4 hours or more (please say how long)

**IF SchTime = 4 hours or more THEN**

**[SchTmH]**

How long did (*you/child's name*) spend doing active things in lessons at school on each day?

INTERVIEWER: RECORD HOURS SPENT BELOW

RECORD MINUTES AT THE NEXT QUESTION

Range: 4..12

**[SchTmM]**

INTERVIEWER: RECORD MINUTES SPENT DOING ACTIVE THINGS IN LESSONS AT SCHOOL

Range: 0..59

**ASK ALL 2-15**

**[Usual]**

Were the activities (*you/child's name*) did last week different from what (*you/they*) would usually do for any reason?

IF YES PROBE: Would (*you/child's name*) usually do **more** physical activity or **less**?

- 1 NO - same as usual
- 2 YES DIFFERENT - usually do MORE
- 3 YES DIFFERENT - usually do LESS

## Eating habits module (2-15)

---

### ASK ALL AGED 2-15

#### [UsBread]<sup>1</sup>

What kind of bread do you usually eat? Is it ... READ OUT...

CODE ONE ONLY

INTERVIEWER: Soda Bread, Chollah = CODE 1;

Wheatgerm, Wheatmeal, Granary, Rye, German, Highbran = CODE 2

- 1 white
- 2 brown, granary, wheatmeal,
- 3 wholemeal
- 4 SPONTANEOUS: (Wholemeal/white mixture e.g. 'Best of Both')
- 5 SPONTANEOUS: (Does not have usual type)
- 6 (Does not eat any type of bread)
- 7 (Other type of bread that does not fit above codes)

### If UsBred08 =Other type of bread

#### [BreadOth]\*

INTERVIEWER: PLEASE SPECIFY...

Text: Maximum [90] characters

### ASK ALL WHO EAT BREAD (AT UsBread08)

#### [BrSlice]

SHOW CARD G1

Now looking at this card, how many **slices of bread**, or how many **rolls**, do you usually eat on any **one day**?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

### ASK ALL AGED 2-15

#### [Milk08]<sup>1</sup>

What kind of milk do you usually use for drinks, in tea or coffee and on cereals?

Is it ... READ OUT...

CODE ONE ONLY

- 1 whole milk,
- 2 semi-skimmed,
- 3 skimmed,
- 4 or, some other kind of milk? (TRY TO USE CODES BELOW)
- 5 (Soya/Rice/Oat-based milk)
- 6 (Goat's milk)
- 7 (Infant formula milk)
- 8 (Does not have usual type)
- 9 (Does not drink milk)

---

<sup>1</sup> The question wording and answer categories changed in 2008.

**[Cereal08]<sup>1</sup> Cereal**

Which type of breakfast cereal, including porridge, do you normally eat?

CODE ONE ONLY FROM CODING LIST 1

- 1 High fibre & high sugar
- 2 High fibre & low or no sugar
- 3 Low fibre & high sugar
- 4 Low fibre & low or no sugar
- 5 Other cereal **not** on coding list
- 6 SPONTANEOUS: (Does not have usual type)
- 7 (Does not eat breakfast cereal)

**IF Cereal08 = Other THEN**

**[CerOth]\***

PLEASE SPECIFY

**IF Cereal08=1 to 6 OR DON'T KNOW**

**[Cereals]**

SHOW CARD G2

How often do you eat **breakfast cereals, including porridge?**

DO NOT COUNT BREAKFAST CEREAL BARS

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

*(The answer options used at Cereals, on show card G2, are used repeatedly in the eating habits module. Further mentions of show card G2 will not, therefore, list out the options in full).*

**ASK ALL AGED 2-15**

**[Chips]**

SHOW CARD G2

How often do you eat **chips?**

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 to 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times per month
- 9 Less often or never

**[Potatoes]**

SHOW CARD G2

---

<sup>1</sup> The question wording and answer categories changed in 2008.

Other than chips, how often do you eat **potatoes, pasta or rice**?

**[Meat03] Meat**

SHOW CARD G2

How often do you eat **meat such as beef, lamb, pork etc**, not including poultry?

**[MeatProd]**

SHOW CARD G2

How often do you eat **meat products** such as sausages, meat pies, bridies, corned beef, or burgers?

INTERVIEWER: INCLUDE LORNE, SLICED, AND LINKS SAUSAGES

**[TFish]**

SHOW CARD G2

How often do you eat **canned tuna fish**? Please don't count fresh or frozen tuna.

**[WFish03] WFish**

SHOW CARD G2

How often do you eat **white fish** such as cod, haddock, whiting, sole or plaice, including fresh or frozen fish?

**[FshOil03] FishOil**

SHOW CARD G2

How often do you eat **other types of fish** such as herring, mackerel, salmon or kippers, including fresh, frozen or canned fish?

INTERVIEWER: If asked, include fresh or frozen tuna here.

**[Cheese]**

SHOW CARD G2

How often do you eat **cheese** not including cottage cheese and other reduced fat cheeses?

**[Confec]**

SHOW CARD G2

How often do you eat **sweets or chocolates**?

**[IceCream]**

SHOW CARD G2

How often do you eat **ice cream**?

**[Crisps]**

SHOW CARD G2

How often do you eat **crisps or other savoury snacks**?

**[DietDr18]**

SHOW CARD G2

How often do you drink diet, low-calorie or no-added sugar **soft drinks**?

Include diet fizzy drinks, low-cal flavoured water and no-added sugar diluting juice. (*adults only*) Include diet or low-calorie soft drinks added to alcohol. Do **not** include fresh fruit juice or plain water

**[SoftDr18]**

SHOW CARD G2

How often do you drink **sugary soft drinks**?

Include fizzy drinks, energy drinks and diluting juice with added sugar.

*(adults only)* Include sugary soft drinks added to alcohol.

INTERVIEWER: Do **not** include diet, low-calorie or no-added sugar drinks or fresh fruit juice.

**IF (Age<=15) THEN**

**[MilkDr]**

SHOW CARD G2

How often does (they/name) drink milk, **not** including milk used for tea, coffee and cereals, or in milkshakes and other flavoured milks?

INTERVIEWER: include soya / goat's milk.

**ASK ALL AGED 2-15**

**[CakesEtc]**

SHOW CARD G2

How often do you eat **cakes, scones, sweet pies or pastries**?

**[Biscuits]**

SHOW CARD G2

How often do you eat **biscuits**?

**ASK ALL WHO EAT BISCUITS AT LEAST ONCE A DAY (IF [Biscuits] in [1..4])**

**[Biscuit]**

SHOW CARD G1 AGAIN

How many **biscuits** do you usually eat on any one day?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

**ASK ALL WHO EAT CAKES / SCONES / PIES ETC AT LEAST ONCE A DAY**

**[CakeScon]**

SHOW CARD G1 AGAIN

How many **cakes, scones, sweet pies or pastries** do you usually eat on any one day?

INTERVIEWER: If varies, ask for an average

- 1 6 a day or more
- 2 4-5 a day
- 3 2-3 a day
- 4 One a day
- 5 Less than one per day

## Fruit and vegetable module (2-15)

---

**Note that the fruit and veg module is now only being asked of adults through Intake24. It will be included in SHes every four years (included in 2021 and 2025).**

### ASK ALL AGED 2-15

**[VFInt]\***

I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten.

1 Continue

**[VegSal]**

Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.

INTERVIEWER: Salads made mainly from beans can **either** be included here **or** at the next question.

1 Yes

2 No

### IF VegSal = Yes THEN

**[VegSalQ]**

How many cereal bowlsful of salad did you eat yesterday?

IF ASKED: 'Think about an average-sized cereal bowl'.

Range: 0.5 ..50.0

### ASK ALL AGED 2-15

**[VegPul]**

Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.

1 Yes

2 No

### IF VegPul = Yes THEN

**[VegPulQ]**

SHOW CARD G3

How many tablespoons of pulses did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

FOR INFO: An average sized can of baked beans = 10 tablespoons.

Range: 0.5.. 50.0

### ASK ALL AGED 2-15

**[VegVeg]**

Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

1 Yes

2 No

### IF VegVeg = Yes THEN

**[VegVegQ]**

SHOW CARD G3

How many tablespoons of vegetables did you eat yesterday?



IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5...50.0

**ASK ALL AGED 2-15**

**[VegDish]**

(Apart from anything you have already told me about, did /Did) you eat any (other) dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?

Don't count vegetable soup, or dishes made mainly from potatoes.

- 1 Yes
- 2 No

**IF VegDish = Yes THEN**

**[VegDishQ]**

SHOW CARD G3

How many tablespoons of vegetables or pulses did you eat (*in these kinds of dishes*) yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5 - 50.0

**ASK ALL AGED 2-15**

**[VegUsual]**

Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

...READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

**[FrtDrk09] FrtDrnk**

Did you drink any pure fruit juice yesterday? Don't count diluting juice, squashes, cordials or fruit-drinks.

INTERVIEWER: Include pure fruit juice from concentrate.

- 1 Yes
- 2 No

**IF FrtDrk09 = Yes THEN**

**[FrtDrnkQ]**

How many small glasses of pure fruit juice did you drink yesterday?

IF ASKED: 'A small glass is about a quarter of a pint'.

Range: 0.5-.50.0

**ASK ALL AGED 2-15**

**[Frt]**

Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

**FrtC TO FrtMor REPEATED FOR EACH FRUIT CODED AT FrtC OR MENTIONED AT FrtOth  
IF Frt = Yes (OR FrtMor = Yes)**

**[FrtC]\*** (*Variable names: FrtC01-FrtC08*)

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: Use the **Fresh Fruit Size list** in the coding booklet to code the size of this fruit (common examples listed below, **if in doubt** use the coding booklet).

INTERVIEWER: IF MORE THAN ONE KIND OF FRUIT MENTIONED AND IF SAME SIZE, CODE EACH KIND OF FRUIT SEPARATELY.

For example: If respondent ate 2 apples and 1 banana code size of apple first (in this case 3 – medium fruit) then enter quantity of apples (in this case 2). Next code size of banana (3 – medium fruit) then quantity of bananas (in this case 1).

- 1 Very large fruit (e.g. melon (all types), pineapple)
- 2 Large fruit (e.g. grapefruit, mango)
- 3 Medium-sized fruit (e.g. apple, banana, orange, peach)
- 4 Small fruit (e.g. kiwi, plum, apricot)
- 5 Very small fruit (e.g. strawberry, grapes (all types))
- 6 Not on coding list

**IF (FrtC = Very large fruit ... Very small fruit)**

**[FrtQ]** (*Variable names: FrtQ01-FrtQ08*)

IF FrtC= 'Very large fruit': How many average slices of this fruit did you eat yesterday?

IF FrtC= 'Large / Medium / Small fruit': How much of this fruit did you eat yesterday?

IF FrtC= 'Very small fruit': How many average handfuls of this fruit did you eat yesterday?

Range: 0.5-.50.0

**IF (FrtC = Not on coding list)**

**[FrtOth]** (*Variable names: FrtOth01-FrtOth15*)

What was the name of this fruit?

Text: Maximum 50 characters

**[FrtNotQ]** (*Variable names: FrtNot01-FrtNot15*)

How much of this fruit did you eat?

Text: Maximum 50 characters

**REPEAT FOR UP TO 15 ADDITIONAL FRUITS**

**[FrtMor]** (*Variable names: FrtMor01-FrtMor15*)

Did you eat any other fresh fruit yesterday?

- 1 Yes
- 2 No

**ASK ALL AGED 2+**

**[FrtDry]**

Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.

- 1 Yes
- 2 No

**IF FrtDry = Yes THEN**

**[FrtDryQ] SHOW CARD WITH SPOON PICTURES)**

SHOW CARD G3

How many tablespoons of dried fruit did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5-.50.0

**ASK ALL AGED 2-15**

**[FrtFroz]**

Did you eat any frozen or tinned fruit yesterday?

- 1 Yes
- 2 No

**IF FrtFroz = Yes THEN**

**[FrtFrozQ] (SHOW CARD WITH SPOON PICTURES)**

SHOW CARD G3

How many tablespoons of frozen or tinned fruit did you eat yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5-.50.0

**ASK ALL AGED 2-15**

**[FrtDish]**

(*Apart from anything you have already told me about,*) Did you eat any (*other*) dishes made **mainly** from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

- 1 Yes
- 2 No

**IF FrtDish = Yes THEN**

**[FrtDishQ]**

SHOW CARD G3

How many tablespoons of fruit did you eat (*in these kinds of dishes*) yesterday?

IF ASKED: 'Think about a heaped or full tablespoon'.

Range: 0.5-.50.0

**ASK ALL AGED 215**

**[FrtUsual]**

Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...

...READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

## **Vitamin supplements (All versions 0+)**

---

### **ASK ALL 0+**

#### **[VitTake]**

At present, are you taking any vitamins, fish oils, iron supplements, calcium, other minerals or anything else to supplement your diet or improve your health, other than those prescribed by your doctor?

INTERVIEWER: ONLY INCLUDE SUPPLEMENTS WHICH ARE TAKEN OVER A LONG PERIOD OF TIME. DO NOT INCLUDE ANYTHING TAKEN ON A MORE TEMPORARY BASIS. E.G. TO CURE A COLD.

- 1 Yes
- 2 No

IF VitTake=yes THEN

#### **[VitaminD]**

Are you currently taking vitamin d supplements, including as part of a multi-vitamin supplement?

- 1 Yes
- 2 No

IF AGE 16-49 AND SEX= female THEN

#### **[PregNTJ]**

Can I check, are you pregnant at the moment?

- 1 Yes
- 2 No

#### **[Folic]**

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?

- 1 Yes
- 2 No

IF PreNTJ = Yes AND Folic = Yes THEN

#### **[FolPreg]**

Did you start taking folic acid supplements before becoming pregnant?

- 1 Yes
- 2 No

**IF FolPreg = Yes THEN**

**[FolPrg12]**

Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?

INTERVIEWER: IF RESPONDENT HAS BEEN PREGNANT FOR LESS THAN 12 WEEKS AND HAS TAKEN FOLIC ACID SUPPLEMENTS SINCE THE START OF PREGNANCY CODE YES.

- 1 Yes
- 2 No

**IF PreNTJ = No AND Folic = Yes THEN**

**[FolHelp]**

People can take folic acid for various health reasons.

Are you taking folic acid supplements because you hope to become pregnant?

- 1 Yes
- 2 No

## Smoking module

---

### IF Age of Respondent is 18 or 19 years THEN

[BookChk]

INTERVIEWER CHECK: (*Name of respondent*) IS AGED (*age of respondent*).  
RESPONDENT TO BE...

- 1 Asked Smoking/Drinking questions
- 2 Given LILAC SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

### ASK ALL AGED 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)

[SmokPreAm]<sup>\$</sup>

The next few questions ask about whether you smoke tobacco products. This means tobacco products which you light and smoke, and include, for example, cigarettes or hand-rolling tobacco.

When answering these questions please do **NOT** include:

- cigarettes that include no tobacco, or
- electronic cigarettes

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE

[SmokEv]<sup>\$</sup>

May I just check, have you ever smoked a cigarette, a cigar or a pipe?

CODE ALL THAT APPLY.

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1 Yes: cigarette</li> <li>2 Yes: cigars</li> <li>3 Yes: pipe</li> <li>4 No</li> </ol> | <p>[SmokEv08]</p> <p>[SmokEv09]</p> <p>[SmokEv10]</p> <p>[SmokEv11]</p> |
|--|---|

**IF ANY SmokEv08 to Smokev10 = yes THEN SmokEver = Yes; IF SmokEv08 = 4 THEN SmokEver = N**

**IF SmokEver = Yes THEN**

[SmokeNow]<sup>\$</sup>

Do you smoke cigarettes nowadays?

- 1 Yes
- 2 No

**IF SmokeNow = Yes THEN**

[DlySmoke]<sup>\$</sup>

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

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.

Range: 0..97

**IF DlySmoke = 97 THEN**

[DlyEst]<sup>\$</sup>

<sup>\$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

How much tobacco do you usually smoke on weekdays?  
CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.  
ENTER THE AMOUNT AT THE NEXT QUESTION:

- 1 Grams
- 2 Ounces

**IF DlyEst = Grams THEN**

**[DlyG]<sup>\$</sup>**  
ENTER AMOUNT IN GRAMS  
Range: 0..100

**IF DlyEst = Ounces OR Don't know THEN**

**[DlyOz]**  
ENTER AMOUNT IN OUNCES  
Range: 0.00..100.00

**IF SmokeNow = Yes THEN**

**[WkndSmok]<sup>\$</sup>**  
And about how many cigarettes a day do you usually smoke at weekends?  
IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.  
IF LESS THAN ONE A DAY, ENTER 0  
IF SMOKES ROLL-UPS AND CANNOT GIVE CIGARETTE NO., CODE 97.  
Range : 0..97

**IF WkndSmok = 97 THEN**

**[WkndEst]<sup>\$</sup>**  
How much tobacco do you usually smoke on weekends?  
CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.  
ENTER THE AMOUNT AT THE NEXT QUESTION

- 1 Grams
- 2 Ounces

**IF WkndEst = Grams THEN**

**[WkndG]<sup>\$</sup>**  
ENTER AMOUNT IN GRAMS  
Range: 0..100

**IF WkndEst = Ounces THEN**

**[WkndOz]<sup>\$</sup>**  
ENTER AMOUNT IN OUNCES  
Range: 0.00..100.00

**IF SmokeEv08=Yes AND SmokeNow= No THEN**

**[SmokeReg]<sup>\$</sup>**  
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?

- 1 Smoked cigarettes regularly, at least 1 per day
- 2 Smoked them only occasionally

---

<sup>\$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

3 SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice

**IF SmokeReg = Smoked cigarettes regularly THEN**

**[NumSmok]<sup>§</sup>**

About how many cigarettes did you smoke in a day?

IF RESPONDENT CAN ONLY GIVE RANGE, TAKE THE MID-POINT.

IF LESS THAN ONE A DAY, ENTER 0

IF SMOKES ROLL-UPS, AND CANNOT GIVE CIGARETTE NO., CODE 97

Range: 0..97

**IF NumSmok = 97 THEN**

**[NumEst]<sup>§</sup>**

About how much tobacco did you smoke a day?

CODE HERE WHETHER THE AMOUNT IS TO BE CODED IN GRAMS OR OUNCES.

ENTER THE AMOUNT AT THE NEXT QUESTION

1 Grams

2 Ounces

**IF NumEst= Grams THEN**

**[NumG]<sup>§</sup>**

ENTER AMOUNT IN GRAMS

Range: 0..100

**IF NumEst = Ounces THEN**

**[NumOz]<sup>§</sup>**

ENTER AMOUNT IN OUNCES

Range: 0.00..100.00

**IF SmokeReg = Smoked cigarettes regularly THEN**

**[SmokYrs]**

And for approximately how many years did you smoke regularly?

INTERVIEWER: IF LESS THAN ONE YEAR, CODE 0.

Range: 0..64

**IF SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally THEN**

**[EndSmoke]**

How long ago did you stop smoking cigarettes (regularly/occasionally)?

INTERVIEWER: ENTER NO. OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.

Range: 0..64

**IF EndSmoke >= 0 THEN**

**[LongEnd]**

How many months ago was that?

1 Less than six months ago

2 Six months, but less than one year

**IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly) THEN**

**[StartSmk]<sup>§</sup>**

---

<sup>§</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.



How old were you when you started to smoke cigarettes regularly?

INTERVIEWER: IF 'Never smoked regularly', CODE 97.

Range: 0..97

**IF (SmokeNow = Yes) OR (SmokeReg = Smoked cigarettes regularly OR Smoked them only occasionally) THEN**

**[DrSmoke]**

Has a medical person (e.g. doctor/nurse) ever advised you to stop smoking altogether because of your health?

- 1 Yes
- 2 No

**IF DrSmoke= Yes THEN**

**[DrSmoke1]**

How long ago was that?

- 1 Within the last twelve months
- 2 Over twelve months ago

**ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW) WHO CURRENTLY SMOKE (IF SmokeNow = Yes)**

**[SmokStop]**

Can I check, how many times, **if any**, have you tried to give up smoking?

- 1 Never tried to stop smoking
- 2 Once or twice
- 3 Three times or more

**ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW) WHO HAVE GIVEN UP SMOKING IF (SmokStop= once or twice OR three times or more) THEN**

**[StopLong]**

SHOW CARD H1

And what is the longest period of time you have ever managed to stop smoking?:

- 1 Less than a week
- 2 At least a week but less than a month
- 3 1 – 3 months
- 4 4 – 6 months
- 5 Over 6 months

**[StopWant]**

Would you like to give up smoking?

- 1 Yes
- 2 No

**ASK ALL 20+ (OR AGED 18-19 IF BEING ASKED IN MAIN INTERVIEW)**

**[ECigEv16]<sup>1</sup>**

Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

INTERVIEWER NOTE: AN ELECTRONIC CIGARETTE IS A DEVICE THAT CAN LOOK LIKE A NORMAL CIGARETTE (THOUGH SOME CAN LOOK DIFFERENT) AND THAT

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<sup>§</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

<sup>1</sup> New question in 2014, revised in 2016

USES A BATTERY TO CREATE A VAPOUR THAT CAN LOOK LIKE SMOKE. UNLIKE NORMAL CIGARETTES, THEY DO NOT BURN, NOR CONTAIN TOBACCO, THEY SHOULD NOT BE CONFUSED WITH NICOTINE INHALERS/INHALATORS, WHICH ARE LICENSED NICOTINE REPLACEMENT THERAPY (NRT) PRODUCTS. E-CIGARETTES ARE SOLD AS AN ALTERNATIVE TO SMOKING.

- 1 Yes
- 2 No

**IF ECigEv16=1 THEN**

**[ECigNw16]<sup>1</sup>**

Do you use an e-cigarette or vaping device at all nowadays?

- 1 Yes
- 2 No

**IF ECigNw16=yes**

**[OfteCigC]**

SHOW CARD H2

How often in the last **four weeks** have you used an e-cigarette or vaping device?

- 1 Every day
- 2 4-6 days a week
- 3 2-3 days a week
- 4 Once a week
- 5 2-3 times in the last 4 weeks
- 6 Once in the last 4 weeks
- 7 Not at all in last 4 weeks

**IF ECigNw16=no**

**[EcigReg]**

Did you use an e-cigarette or vaping device regularly or did you only try them once or twice?

- 1 Used e-cigarettes/vaping devices regularly
- 2 SPONTANEOUS: Used e-cigarettes/vaping devices occasionally
- 3 Never really used e-cigarettes/vaping devices, just tried them once or twice

**IF EcigReg =regular or occasional**

**[OfteCigX]**

SHOW CARD H3

How often did you use an e-cigarette or vaping device in a typical **four week** period?

- 1 Every day
- 2 4-6 days a week
- 3 2-3 days a week
- 4 Once a week
- 5 2-3 times in a 4 week period
- 6 Once in a 4 week period
- 7 Less than once in a 4 week period

**IF ECigNw16=yes OR EcigReg= Used e-cigarettes regularly/occasionally**

**[StrtEcig]**

Can I just check, how old were you when you first tried an e-cigarette or vaping device?

**IF ECigNw16=yes**

---

<sup>1</sup> New question in 2014, revised in 2016

**[EcigYrC]**

And for approximately how long have you been using an e-cigarette or vaping device?

INTERVIEWER: Record **years** below and **months** at next question.

INTERVIEWER: Enter 0 if less than 1 year.

**[EcigMthC]**

INTERVIEWER: Record **months** here.

INTERVIEWER: Enter 0 if less than 1 month.

**IF ECigReg=used e-cigarettes regularly or occasionally**

**[EcigYrX]**

And for approximately how long did you use an e-cigarette or vaping device?

INTERVIEWER: Record **years** below and **months** at next question.

INTERVIEWER: Enter 0 if less than 1 year.

**[EcigMthX]**

INTERVIEWER: Record **months** here.

INTERVIEWER: Enter 0 if less than 1 month.

**IF StrtEcig AND StartSmk=SAME**

**[WhchFrst]**

Can I just check, did you start **regularly** smoking tobacco cigarettes before **first trying** e-cigarettes/vaping devices?"

- 1 Yes, started **regularly smoking** tobacco cigarettes *before first trying* e-cigarettes/vaping devices, or
- 2 No, **started regularly** smoking tobacco cigarettes *after first trying* e-cigarettes/vaping devices first")

**IF (SmokStop >1 OR (EndSmoke >= 0) THEN**

**[UseNRT...]**

SHOW CARD H4

We are also interested in whether people use any nicotine replacement or other products. Have you used any of the following products as part of your most recent attempt to stop smoking?

CODE ALL THAT APPLY

- 1 Yes, nicotine gum [UseNRT1c]
- 2 Yes, nicotine patches that you stick on your skin [UseNRT2c]
- 3 Yes, nasal spray/nicotine inhaler [UseNRT3c]
- 4 Yes, lozenge/microtab [UseNRT4c]
- 5 Yes, Champix/Varenicline [UseNRT5c]
- 6 Yes, Zyban/Bupropion [UseNRT6c]
- 7 Yes, electronic cigarette/Vaping devices [UseNRT7e]
- 8 Yes, other [UseNRT8d]
- 9 No [UseNRT9d]

**[NRT0th]\***

What other products did you use?

**ASK IF (LongStop > 2 OR EndSmoke = RESPONSE) AND response given at UseNRT Loop for each product mentioned at UseNRT ASK**

**[NRTHelp]**

Did using (product) help you to successfully stop smoking for a month or more?

- 1 Yes
- 2 No

**[NRTpresc]**

Did you buy these products yourself or did you get them on prescription?

- 1 Bought them myself
- 2 Got them on prescription
- 3 Mixture of both

**IF NOT 'NO' in USENRT**

**[NRTSupp...]**

Was this accompanied by smoking cessation support?

INTERVIEWER: IF YES: From Whom?

- |   |   |             |
|---|---|-------------|
| 1 | Yes, pharmacy                             | [NRTSupp1]  |
| 2 | Yes, GP practice nurse                    | [NRTSupp2]  |
| 3 | Yes, GP                                   | [NRTSupp3a] |
| 4 | Yes, specialist smoking cessation advisor | [NRTSupp4a] |
| 5 | Yes, other                                | [NRTSupp5]  |
| 6 | No  | [NRTSupp6]  |

**[SuppOth]\***

What other type of support did you receive?

**ASK ALL – age range extended to all (0+) in 2012**

**[Passive...]<sup>\$</sup>**

SHOW CARD H5

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

PROBE: Where else?

INTERVIEWER: If asked: only include current exposure to other people's tobacco.

CODE ALL THAT APPLY

- |   |  |             |
|---|--|-------------|
| 1 | At own home  | [Passive1]  |
| 2 | At work  | [Passive2]  |
| 3 | In other people's homes                            | [Passive3]  |
| 4 | In cars, vans etc                                  | [Passive4a] |
| 5 | Outside of buildings (e.g. pubs, shops, hospitals) | [Passive5a] |
| 6 | In other public places                             | [Passive6a] |
| 7 | No, none of these                                  | [Passive7a] |

**IF EXPOSED TO SMOKE IN ANY PLACES (IF Passive7=0 OR Don't know AND Age>=13)**

**[Bother]<sup>\$</sup>**

<sup>\$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '<sup>\$</sup>' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

Does this bother you at all?

- 1 Yes
- 2 No

## Drinking module (All Versions)

---

### IF (Age of Respondent is 18 years or over) OR (BookChk = Asked)

[Drink]<sup>\$</sup>

I am now going to ask you a few questions about what you drink – that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- 1 Yes
- 2 No

### IF Drink = No THEN

[DrinkAny]<sup>\$</sup>

Could I just 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?

- 1 Very occasionally
- 2 Never

### ASK ALL 18/20+ WHO NEVER DRINK ALCOHOL (IF DrinkAny = Never)

[AlwaysTT]<sup>\$</sup>

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

- 1 Always a non-drinker
- 2 Used to drink but stopped

### ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))

[Intro]\*

INTERVIEWER – READ OUT: I'd like to ask you (all) whether you have drunk different types of alcoholic drink in the last 12 months. I do not need to know about non-alcoholic or low alcohol drinks.

---

<sup>\$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

**[Nbeer]<sup>\$</sup>**

**SHOW CARD J1**

I'd like to ask you first about **normal strength** beer or cider which has less than 6% alcohol. How often have you had a drink of **normal strength** BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) during the last 12 months? (NORMAL = less than 6% Alcohol by volume)

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE HERE AS NORMAL.

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

*(The answer options used at Nbeer, on show card J1, are used repeatedly in the drinking module. Further mentions of show card J1 will not, therefore, list out the options in full).*

**IF (Nbeer =Almost every day...Once or twice a year) THEN**

**[NbeerM...]<sup>\$</sup>**

How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints [NbeerM1]
- 2 Small cans [NbeerM2]
- 3 Large cans [NbeerM3]
- 4 Bottles [NbeerM4]<sup>1</sup>

**IF NbeerM = Half pints (IF NbeerM1=1) THEN**

**[NbeerQ1]<sup>\$</sup>**

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER OR SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day?

Range: 1..97

**IF NbeerM = Small cans (IF NbeerM2=1) THEN**

**[NbeerQ2]<sup>\$</sup>**

ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**IF NbeerM = Large cans (IF NbeerM3=1) THEN**

**[NbeerQ3]<sup>\$</sup>**

ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

---

<sup>\$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+.  
See the separate derived variable listing for details of these combined variable names.

<sup>1</sup> No equivalent in self-completion questionnaire

Range: 1..97

**IF NbeerM = Bottles (IF NbeerM4=1) THEN**

**[nberqbt]<sup>§</sup>NBeerQ4**

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**[Nbottle]\***

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER do you usually drink from bottles?

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHAT MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF NORMAL STRENGTH BEER, LAGER, STOUT OR CIDER,

PROBE: What make have you drunk most frequently or most recently?

Text: Maximum 21 characters

**[NcodeEq]**

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[Sbeer]<sup>§</sup>**

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

Now I'd like to ask you about **strong** beer or cider which has 6% or more alcohol (e.g. Tennent's Super, Special Brew).

How often have you had a drink of **strong** BEER, LAGER, STOUT or CIDER during the last 12 months? (STRONG=6% and over Alcohol by volume)

INTERVIEWER: IF RESPONDENT DOES NOT KNOW WHETHER BEER ETC DRUNK IS STRONG OR NORMAL, INCLUDE AS NORMAL STRENGTH AT [Nbeer] ABOVE.

**IF (Sbeer =Almost every day...Once or twice a year) THEN**

**[SbeerM...]<sup>§</sup>**

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- |   |            |                        |
|---|------------|------------------------|
| 1 | Half pints | [SbeerM1]              |
| 2 | Small cans | [SbeerM2]              |
| 3 | Large cans | [SbeerM3]              |
| 4 | Bottles    | [SbeerM4] <sup>1</sup> |

**IF SbeerM = Half pints THEN**

**[SbeerQ1]<sup>§</sup>**

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

---

<sup>1</sup> No equivalent in self-completion questionnaire



**IF SbeerM = Small cans THEN**

**[SbeerQ2]<sup>§</sup>**

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**IF SbeerM = Large cans THEN**

**[SbeerQ3]<sup>§</sup>**

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**IF SbeerM = Bottles THEN**

**[sberqbt]<sup>§</sup> SBeerQ4**

ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day?

Range: 1..97

**[Sbottle]\***

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER do you usually drink from bottles?

INTERVIEWER: IF RESPONDENT DOES KNOW MAKE, OR RESPONDENT DRINKS DIFFERENT MAKES OF STRONG BEER, LAGER, STOUT OR CIDER.

PROBE: What make have you drunk most frequently or most recently?

Text: Maximum 21 characters

**[ScodeEq]<sup>§</sup>**

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[Spirits]<sup>§</sup>**

SHOW CARD J1 (**See question [Nbeer] for full listing of answer options on card J1**)

How often have you had a drink of spirits or liqueurs, such as gin, whisky, brandy, rum, vodka, or cocktails during the last 12 months?

**IF (Spirits =Almost every day...Once or twice a year) THEN**

**[SpiritsQ]<sup>§</sup>**

How much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, or cocktails) have you usually drunk on any one day?

CODE THE NUMBER OF **SINGLES** – COUNT DOUBLES AS TWO SINGLES.

25ml = 1 shot/single

1/5 70cl bottle = 5.5 singles

1/4 70cl bottle = 7 singles

---

<sup>§</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

1/3 70cl bottle = 9.5 singles  
1/2 70cl bottle = 14 singles  
70cl bottle = 28 singles  
1L bottle = 40 singles

Range: 1..97

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[Sherry]<sup>\$ 1</sup>**

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

How often have you had a drink of sherry or martini including port, vermouth, Cinzano, t or Buckfast during the last 12 months?

**IF (Sherry =Almost every day...Once or twice a year) THEN**

**[SherryQ]<sup>\$ 1</sup>**

How much sherry or martini, including port, vermouth, Cinzano, or Buckfast have you usually drunk on any one day?

CODE THE NUMBER OF GLASSES

Range: 1..97

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[Wine]<sup>\$</sup>**

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

How often have you had a drink of wine, including Babycham, champagne and prosecco, during the last 12 months?

**IF (Wine=Almost every day...Once or twice a year) THEN**

**[WineQ]<sup>\$ 2</sup>**

How much wine, including Babycham, champagne and prosecco, have you usually drunk on any one day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

- 1 Bottle or parts of bottle
- 2 Glasses
- 3 Both bottles or parts of bottle, and glasses

---

<sup>1</sup> Buckfast was added to this question in 2008

<sup>\$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

<sup>2</sup> Question wording was revised in 2008.

**IF WineQ = Bottle or parts of bottle OR Both bottles and glasses**

**[WQBt]<sup>\$</sup>**

INTERVIEWER: Code the number of 125ml glasses usually drunk **from the bottle** by the respondent.

E.g. If they usually drank half a bottle, code 3 glasses.

Press <F9> for more information.

Interviewer information screen:

1 750ml bottle = 6 glasses.  
 ½ 750ml bottle = 3 glasses.  
 1/3 750ml bottle = 2 glasses.  
 ¼ 750ml bottle = 1.5 glasses.

1 litre = 8 glasses.  
 ½ litre = 4 glasses.  
 1/3 litre = 2.5 glasses.  
 ¼ litre = 2 glasses.

If respondent has answered in bottles or litres, convert to glasses using the information provided on the screen.

For example, if a respondent said they usually share a bottle with one other person and they share it equally, code 3 glasses.

Small bottles (e.g. 250ml, 175ml) should **not** be coded here – record them as glasses.  
 Press <Esc> to close.

Range: 1.0..97.9

**IF WineQ = Glasses OR Both bottles and glasses**

**[WQGI]<sup>\$</sup>**

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

**[WQGIz]<sup>\$</sup>**

Do you usually drink from a large, standard, or small glass?

INTERVIEWER: Show wine glass cards.

INTERVIEWER: If respondent drinks from two or three different size glasses, please code all that apply.

Please note that if respondent usually drinks in a pub or wine bar and had a small glass, this would usually be 175ml. Also record the size of small bottles here.

- |   |                        |          |
|---|------------------------|----------|
| 1 | Large glass (250ml)    | [WQGIz1] |
| 2 | Standard glass (175ml) | [WQGIz2] |
| 3 | Small glass (125ml)    | [WQGIz3] |

<sup>\$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

**IF WQG1z1 = mentioned THEN**

**[Q250G1z]§**

How many large glasses (250ml) have you usually drunk?

Range: 1.0..97.9

**IF WQG1z2 = mentioned THEN**

**[Q175G1z]§**

How many standard glasses (175ml) have you usually drunk?

Range: 1.0..97.9

**IF WQG1z3 = mentioned THEN**

**[Q125G1z]§**

How many small glasses (125ml) have you usually drunk?

Range: 1.0..97.9

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[Pops03]§**

SHOW CARD J1 (*See question [Nbeer] for full listing of answer options on card J1*)

How often have you had a drink of alcoholic soft drink ('alcopop'), or a pre-mixed alcoholic drink such as WKD, Smirnoff Ice, Bacardi Breezer etc, in the last 12 months?

**IF (Pops03=Almost every day...Once or twice a year) THEN**

**[PopsM03]§<sup>1</sup>**

How much alcopops or pre-mixed alcoholic drinks have you usually drunk on any one day?

INTERVIEWER CODE THE MEASURE(S) THAT YOU ARE GOING TO USE.

- |   |                          |            |
|---|--------------------------|------------|
| 1 | Small cans               | [PopsM031] |
| 2 | Standard Bottles (275ml) | [PopsM032] |
| 3 | Large Bottles (700ml)    | [PopsM033] |

**IF PopsM03 = Small cans THEN**

**[PopsQ031]§**

ASK OR CODE: How many small cans of alcopops or pre-mixed alcoholic drinks have you usually drunk on any one day?

Range: 1..97

**IF PopsM03 = Standard Bottles THEN**

**[PopsQ032]§**

ASK OR CODE: How many standard bottles of alcopops or pre-mixed alcoholic drinks have you usually drunk on any one day?

Range: 1..97

**IF PopsM03 = Large Bottles THEN**

**[PopsQ033]§**

ASK OR CODE: How many large bottles of alcopops or pre-mixed alcoholic drinks have you usually drunk on any one day?

---

<sup>1</sup> Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).

§ 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

Range: 1..97

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[AlcotA]\***

Have you drunk any other types of alcoholic drink in the last 12 months?

- 1 Yes
- 2 No

**IF AlcotA = Yes THEN**

**[OthDrnkA]\***

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**[FreqA]\***

SHOW CARD J1 (**See question [Nbeer] for full listing of answer options on card J1**)

How often have you had a drink of (*name of 'other' alcoholic drink*) in the last 12 months?

**IF FreqA IN [Almost every day...Once or twice a year] THEN**

**[OthQMA]\***

How much (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

**IF OthQMA = Other THEN**

**[OthQOA]\***

WHAT OTHER MEASURE?

Text: Maximum 12 characters

**[OthQA]\***

ASK OR CODE: How many (*half pints/singles/glasses/bottles/'other' measures*) of (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

Range: 0..97

**Note: All drinks recorded under OthDrnkA backcoded into Nbeer-Pops03**

**[AlcotB]\***

Have you drunk any other types of alcoholic drink in the last 12 months?

- 1 Yes
- 2 No

**IF AlcotB = Yes THEN**

**[OthDrnkB]\***

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**[FreqB]\***

SHOW CARD J1 (**See question [Nbeer] for full listing of answer options on card J1**)  
How often have you had a drink of (*name of 'other' alcoholic drink*) in the last 12 months?

**IF FreqB IN [Almost every day...Once or twice a year] THEN**

**[OthQMB]\***

How much (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

**IF OthQMB = Other THEN**

**[OthQOB]\***

WHAT OTHER MEASURE?

Text: Maximum 12 characters

**[OthQB]\***

ASK OR CODE: How many (*half pints/singles/glasses/bottles/'other' measure*) of (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

Range: 0..97

**Note: All drinks recorded under OthDrnkB backcoded into Nbeer- Pops03**

**[AlcotC]\***

Have you drunk any other types of alcoholic drink in the last 12 months?

- 1 Yes
- 2 No

**IF AlcotC = Yes THEN**

**[OthDrnkC]\***

What other type of alcoholic drink have you drunk in the last 12 months?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**[FreqC]\***

SHOW CARD J1 (**See question [Nbeer] for full listing of answer options on card J1**)  
How often have you had a drink of (*name of 'other' alcoholic drink*) in the last 12 months?

**IF FreqC IN [Almost every day...Once or twice a year] THEN**

**[OthQMC]\***

How much (*name of 'other' alcoholic drink*) have you usually drunk on any one day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints
- 2 Singles
- 3 Glasses
- 4 Bottles
- 5 Other

**IF OthQMC = Other THEN**

**[OthQOC]\***

WHAT OTHER MEASURE?

Text: Maximum 12 characters

**[OthQC]\***

ASK OR CODE: How many (*half pints/singles/glasses/bottles/other measures*) of (*name of other alcoholic drink*) have you usually drunk on any one day?

Range: 0..97

**Note: All drinks recorded under OthDrnkC backcoded into Nbeer- Pops03**

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[DrinkOft]<sup>§</sup>**

SHOW CARD J1 (**See question [Nbeer] for full listing of answer options on card J1**)

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

**ASK ALL 18/20+ WHO DRANK ALCOHOL IN THE PAST YEAR  
(IF Drink = Yes AND DrinkOft <> Not at all in the last 12 months)**

**[DrinkL7]<sup>§</sup>**

You have told me what you have drunk over the last 12 months, but we know that what people drink can vary a lot from week to week, so I'd like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?

- 1 Yes
- 2 No

**IF DrinkL7=Yes THEN**

**[DrnkDay]<sup>§</sup>**

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

Range: 1..7

**IF DrnkDay = 2 to7 days THEN**

**[DrnkSame]<sup>§</sup>**

Did you drink more on one of the days (*some days than others*), or did you drink about the same on both (*each of those*) days?

- 1 Drank more on one/some day(s) than other(s)
- 2 Same each day

**IF DrinkL7=Yes THEN**

**[WhichDay]<sup>§</sup>**

Which day (*last week*) did you (*last have an alcoholic drink/ have the **most** to drink*)?

- 1 Sunday
- 2 Monday

---

<sup>§</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

<sup>§</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday

**[DrnkTy]<sup>\$</sup>**

SHOW CARD J2

Thinking about last (*answer to WhichDay*), what types of drink did you have that day?

CODE ALL THAT APPLY.

- 1 Normal strength beer/lager/cider/shandy [DrnkTy01]
- 2 Strong beer/lager/cider [DrnkTy02]
- 3 Spirits or liqueurs [DrnkTy03]
- 4 Sherry, martini or buckfast [DrnkTy04]
- 5 Wine, babycham, champagne or prosecco [DrnkTy05]
- 6 Alcopops/Pre-mixed alcoholic drinks [DrnkTy06]
- 7 Other alcoholic drinks [DrnkTy07]
- 8 Low alcohol drinks [DrnkTy08]

**IF DrnkTy=Normal strength beer/lager/cider/shandy (IF DrnkTy01 mentioned) THEN**

**[NBrL7]<sup>\$</sup>**

Still thinking about last (*answer to WhichDay*), how much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- 1 Half pints [NBrL71]
- 2 Small cans [NBrL72]
- 3 Large cans [NBrL73]
- 4 Bottles [NBrL74]

**IF NBrL7=Half pints (IF NBrL71 mentioned) THEN**

**[NBrL7Q1]<sup>\$</sup>**

ASK OR CODE: How many half pints of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) did you drink that day?

Range: 1..97

**IF NBrL7=Small cans (IF NBrL72 mentioned) THEN**

**[NBrL7Q2]<sup>\$</sup>**

ASK OR CODE: How many small cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

**IF NBrL7=Large cans (IF NBrL73 mentioned) THEN**

**[NBrL7Q3]<sup>\$</sup>**

ASK OR CODE: How many large cans of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

---

<sup>\$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '<sup>\$</sup>' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.



**IF NBrL7=Bottles (IF NBrL74 mentioned) THEN**

**[Nberqbt7]<sup>§ 1</sup>**

ASK OR CODE: How many bottles of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink that day?

Range: 1..97

**[Nbotl7]\***

ASK OR CODE: What make of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

**[L7NcodEq]<sup>§</sup>**

EDIT ONLY:

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

**IF DrnkTy=Strong beer/lager/cider (IF DrnkTy02 mentioned) THEN**

**[SBrL7]<sup>§</sup>**

Still thinking about last (*answer to WhichDay*), how much STRONG BEER, LAGER, STOUT or CIDER did you drink that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- |   |            |          |
|---|------------|----------|
| 1 | Half pints | [SBrL71] |
| 2 | Small cans | [SBrL72] |
| 3 | Large cans | [SBrL73] |
| 4 | Bottles    | [SBrL74] |

**IF SBrL7=Half pints (IF SBrL71 mentioned) THEN**

**[SBrL7Q1]<sup>§</sup>**

ASK OR CODE: How many half pints of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

**IF SBrL7=Small cans (IF SBrL72 mentioned) THEN**

**[SBrL7Q2]<sup>§</sup>**

ASK OR CODE: How many small cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

**IF SBrL7=Large cans (IF SBrL73 mentioned) THEN**

**[SBrL7Q3]<sup>§</sup>**

ASK OR CODE: How many large cans of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

**IF SBrL7=Bottles (IF SBrL74 mentioned) THEN**

---

<sup>1</sup> No equivalent in self-completion questionnaire

<sup>§</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

**[sberqbt7]<sup>§ 1</sup>**

ASK OR CODE: How many bottles of STRONG BEER, LAGER, STOUT or CIDER did you drink on that day?

Range: 1..97

**[Sbotl7]\***

ASK OR CODE: What make of STRONG BEER, LAGER, STOUT or CIDER did you drink from bottles on that day?

INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.

Text: Maximum 21 characters

**[L7ScodEq]<sup>§</sup>**

PLEASE LOOK UP AND ENTER PINT EQUIVALENT OF A BOTTLE OF (*Name of Bottle*)

VALID ENTRIES ARE 0.00, 0.32, 0.35, 0.44, 0.48, 0.50, 0.58, 0.77, 0.88, 0.97 AND 1.00.

ENTER 9.99 IF CANNOT CODE

**IF DrnkTy=Spirits (IF DrnkTy03 mentioned) THEN**

**[SpirL7]<sup>§</sup>**

Still thinking about last (*answer to WhichDay*), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, or cocktails) did you drink on that day?

CODE THE NUMBER OF SINGLES – COUNT DOUBLES AS TWO SINGLES.

25ml = 1 shot/single

1/5 70cl bottle = 5.5 singles

1/4 70cl bottle = 7 singles

1/3 70cl bottle = 9.5 singles

1/2 70cl bottle = 14 singles

70cl bottle = 28 singles

1L bottle = 40 singles

Range: 1..97

**IF DrnkTy=Sherry (IF DrnkTy04 mentioned) THEN**

**[ShryL7]<sup>§ 2</sup>**

Still thinking about last (*answer to WhichDay*), how much sherry or martini, including port, vermouth, Cinzano, or Buckfast did you drink on that day?

CODE THE NUMBER OF GLASSES.

Range: 1..97

**IF DrnkTy=Wine (IF DrnkTy05 mentioned) THEN**

**[WineL7]<sup>§</sup>**

---

<sup>1</sup> No equivalent in self-completion questionnaire

<sup>§</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

<sup>2</sup> Buckfast added in 2008

Still thinking about last (*name of day*) how much wine, including Babycham, champagne and prosecco, did you drink on that day?

INTERVIEWER: Code the measure the respondent used.

Please note that respondent may give answer in bottles and glasses.

Code **small** bottles (eg. 250ml, 175ml) as glasses, not bottles.

Please code the relevant option.

- 1 Bottle or parts of bottle
- 2 Glasses
- 3 Both bottles or parts of bottle, and glasses

#### **F WineL7 = Bottle or parts of bottle OR Both bottles and glasses**

**[WL7Bt]**

INTERVIEWER: Code the number of 125ml glasses drunk **from the bottle** by the respondent.

e.g. If they drank half a bottle, code 3 glasses.

Press <F9> for more information.

Range: 1.0..97.9

Interviewer information screen:

1 750ml bottle = 6 glasses.

½ 750ml bottle = 3 glasses.

⅓ 750ml bottle = 2 glasses.

¼ 750ml bottle = 1.5 glasses.

1 litre = 8 glasses.

½ litre = 4 glasses.

⅓ litre = 2.5 glasses.

¼ litre = 2 glasses.

If respondent has answered in bottles or litres, convert to glasses using the information provided on the screen.

For example, if a respondent said they usually share a bottle with one other person and they share it equally, code 3 glasses.

Small bottles (e.g. 250ml, 175ml) should **not** be coded here – record them as glasses.  
Press <Esc> to close.

#### **IF WineL7 = Glasses OR Both bottles and glasses**

**[WL7GI]<sup>\$</sup>**

INTERVIEWER: Code the number of glasses (**drunk as glasses**).

Range: 1.0..97.9

<sup>\$</sup> 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

**[WL7Glz]§**

Were you drinking from a large, standard, or small glass?

INTERVIEWER SHOW WINE GLASS CARDS

INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

Please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml. Also record the size of small bottles here.

- |   |                        |           |
|---|------------------------|-----------|
| 1 | Large glass (250ml)    | [WL7Glz1] |
| 2 | Standard glass (175ml) | [WL7Glz2] |
| 3 | Small glass (125ml)    | [WL7Glz3] |

**IF WL7Glz1=mentioned THEN**

**[ml250Glz]§**

How many large glasses (250ml) did you drink?

Range: 1.0..97.9

**IF WL7Glz2=mentioned THEN**

**[ml175Glz]§**

How many standard glasses (175ml) did you drink?

Range: 1.0..97.9

**IF WL7Glz3=mentioned THEN**

**[ml125Glz]§**

How many small glasses (125ml) did you drink?

Range: 1.0..97.9

**IF DrnkTy=Alcoholic lemonades/colas (IF DrnkTy06 mentioned) THEN**

**[PopsL7]§<sup>1</sup>**

Still thinking about last (*answer to Which Day*), how much alcopops or pre-mixed alcoholic drinks such as WKD, Smirnoff Ice, Bacardi Breezer etc. did you drink on that day?

INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.

- |   |                          |           |
|---|--------------------------|-----------|
| 1 | Small cans               | [PopsL71] |
| 2 | Standard bottles (275ml) | [PopsL72] |
| 2 | Large bottles (700ml)    | [PopsL73] |

**IF PopsL7=Small cans (IF PopsL71 mentioned) THEN**

**[PopsL7Q1]§**

ASK OR CODE: How many small cans of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

**IF PopsL703=Standard Bottles (IF PopsL72 mentioned) THEN**

**[PopsL7Q2]§**

ASK OR CODE: How many standard bottles of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

---

<sup>1</sup> Prior to 2008 the alcopops measures were small cans or bottles. In 2008 the measures were changed to small cans, standard bottles (275ml) or large bottles (700ml).

§ 18 and 19 year olds were either asked the smoking and drinking questions in the main interview, or in the self-completion booklet for young people, at the interviewers' discretion. Variables marked here with '\$' are combined with data from the self-completion booklet in the final dataset to allow analysis of all aged 16+. See the separate derived variable listing for details of these combined variable names.

**IF PopsL703=Large Bottles (IF PopsL73 mentioned) THEN**

**[PopsL7Q3]<sup>§</sup>**

ASK OR CODE: How many large bottles of alcopops or pre-mixed alcoholic drinks did you drink on that day?

Range: 1..97

**IF DrnkType=Other (IF DrnkTy07 mentioned) THEN**

**[OthL7TA]\***

Still thinking about last (*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY

Text: Maximum 30 characters

**[OthL7QA]\***

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

**[OthL7B]\***

Did you drink any other type of alcoholic drink on that day?

1 Yes

2 No

**IF OthL7B=Yes THEN**

**[OthL7TB]\***

Still thinking about last (*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**[OthL7QB]\***

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

**[OthL7C]\***

Did you drink any other type of alcoholic drink on that day?

1 Yes

2 No

**IF OthL7C=Yes THEN**

**[OthL7TC]\***

Still thinking about last (*answer to WhichDay*), what other type of alcoholic drink did you drink on that day?

CODE FIRST MENTIONED ONLY.

Text: Maximum 30 characters

**[OthL7QC]\***

How much (*name of 'other' alcoholic drink*) did you drink on that day?

WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/ BOTTLES.

Text: Maximum 30 characters

**Note: All drinks recorded under OthL7A- OthL7C backcoded into NBrL7- PopsL703**

**[DrWher1]<sup>§ 1</sup>**

SHOW CARD J3

In which of these places on this card would you say you drink the **most** alcohol?

CODE ONE ONLY.

- 1 In a pub or bar
- 2 In a restaurant
- 3 In a club or disco
- 4 At a party with friends
- 5 At my home
- 6 At someone else's home
- 7 Out on the street, in a park or other outdoor area
- 8 Somewhere else (WRITE IN)

**IF DrWher1=Somewhere else**

**[DrWher1E]\***

In which place do you drink the **most** alcohol?

ENTER PLACE

---

<sup>1</sup> In 2008 the question was revised to only allow for the place where most alcohol was drunk, with a follow-up question for the next place. For 2012 onward the follow up question was dropped.

**ASK ALL 18/20+ WHO DRINK ALCOHOL (IF (Drink = Yes) OR (DrinkAny = Very occasionally))**

**[DrWith1]<sup>§ 1</sup>**

SHOW CARD J4

Who are you usually with when you drink the **most** alcohol?

CODE ONE ONLY.

- 1 My husband or wife/boyfriend or girlfriend/partner
- 2 Male friends
- 3 Female friends
- 4 Male and female friends together
- 5 Work colleagues
- 6 Members of my family / relatives
- 7 Someone else (WRITE IN)
- 8 On my own

**IF DrWith1=Someone else**

**[DrWith1E]\***

Who are you usually with when you drink the **most** alcohol?

ENTER NAME

---

---

<sup>1</sup> Prior to 2008 participants were asked who they usually drink with when they drink alcohol. In 2008 the wording was revised and participants were asked who they are usually with when they drink the most alcohol and a follow up question asking who next. For 2012 onward the follow up question was dropped.

## Dental Health<sup>1</sup> (16+)

---

### ASK ALL AGED 16+

#### [NatTeeth]

SHOW CARD K1

Adults can have up to **32** natural teeth but over time people lose some of them. How many natural teeth, including crowns have you got?

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

#### [TthPain]

Have you had any toothache or pain in your mouth within the last month, or are you having any at present?

- 1 Yes
- 2 No

#### [MthIssue]

SHOW CARD K2

Do you currently have any problems with your mouth, teeth or dentures that cause you difficulty with any of the following listed on show card K2? If you prefer please just tell me the number or numbers on the card that apply to you.

INTERVIEWER: PLEASE CODE ALL THAT APPLY.

- 1 Yes, eating food
- 2 Yes, speaking clearly
- 3 Yes, smiling, laughing and showing teeth without embarrassment
- 4 Yes, emotional stability, for example, becoming more easily upset than usual
- 5 Yes, enjoying the company of other people such as family, friends, or neighbours
- 6 No, none of these

#### [GumBld]

SHOW CARD K3

Do your gums bleed when you eat, brush your teeth or floss?

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

#### [DenTreat]

If you went to the dentist tomorrow, do you think you would need treatment?

- 1 Yes
- 2 No

---

<sup>1</sup> The questions in this module were introduced to SHeS in 2008.



## Dental services Module Version A Only

---

### ASK ALL AGED 16+ in Version A

[Denture]

Have you ever had any kind of denture? (False teeth which you can take out)

- 1 Yes
- 2 No

### IF DENTURE=Yes THEN

[DenType]\*

SHOW CARD K4

What kind of denture do you have? Please include any denture that you have but do not wear. Do not include any old dentures you have that have since been replaced.

CODE ALL THAT APPLY

- 1 Full upper denture [Dentype1]
- 2 Full lower denture [Dentype2]
- 3 Partial upper denture [Dentype3]
- 4 Partial lower denture [Dentype4]

### ASK FOR EACH DENTURE RECORDED AT DenType

[DenWear]\*

Do you wear your (*insert type*) denture? (Yes/No)

- 1 Wears full upper denture [DenWear1]
- 2 Wears full lower denture [DenWear2]
- 3 Wears partial upper denture [DenWear3]
- 4 Wears Partial lower denture [DenWear4]

### ASK ALL AGED 16+ in VersionA (SG ROTATING MODULE)

[DentVst]

SHOW CARD K5

About how long ago was your last visit to the dentist?

- 1 Less than a year ago
- 2 More than 1 year, up to 2 years ago
- 3 More than 2 years, up to 5 years ago
- 4 More than 5 years ago
- 5 Never been to the dentist

**IF DentVst = (1 'Less than a year ago' ... 4 'More than 5 years ago') THEN**

**[DentNHS]**

Did you get your treatment on the NHS or was it private?

IF ASKED FOR CLARIFICATION: Dentists can be both private and NHS. For instance - you might see your dentist privately while your children are treated on the NHS for free by the same dentist. Most people are required to pay something towards treatment on the NHS but there are some exceptions. Expectant or nursing mothers or those receiving family tax credit, income support or incapacity benefit are entitled to free dental care on the NHS. If you have received your treatment on the NHS, you need to sign a form called a GP17 form. Some people who pay privately are treated under a dental insurance plan (e.g. Denplan)."

- 1 NHS
- 2 Private
- 3 Both
- 4 Don't know

DentFeel

**IF DentVst NOT = "Never been to the dentist"**

**[DentProb]\***

**SHOW CARD K7**

When visiting the dentist, do any of the following apply to you?

CODE ALL THAT APPLY

- |   |  |            |
|---|--|------------|
| 1 | Difficulty in getting time off work                                | [DentPro1] |
| 2 | Difficulty in getting an appointment that suits me                 | [DentPro2] |
| 3 | Dental treatment too expensive                                     | [DentPro3] |
| 4 | Long way to go to the dentist                                      | [DentPro4] |
| 5 | I have not found a dentist I like                                  | [DentPro5] |
| 6 | I cannot get dental treatment under the NHS                        | [DentPro6] |
| 7 | I have difficulty in getting access, e.g. steps, wheelchair access | [DentPro7] |
| 8 | Other  | [DentPro8] |
| 9 | (None of these)  | [DentPro9] |

**IF DentProb = 8 'Other reason'**

**[DentProbO]\***

INTERVIEWER: Enter other answer

**ASK ALL AGED 16+ in Strand A (SG ROTATING MODULE)**

**[DentHlth]\***

SHOW CARD K8

Which of the following do you do **daily** to improve your dental and oral health?

CODE ALL THAT APPLY.

INTERVIEWER: If respondent is unsure whether the toothpaste they use is fluoride or not, assume that it is and code 1.

- |   |   |            |
|---|---|------------|
| 1 | Brush my teeth with fluoride toothpaste                         | [DentHlt1] |
| 2 | Use dental floss  | [DentHlt2] |
| 3 | Use a mouth rinse   | [DentHlt3] |
| 4 | Restrict my intake of sugary foods and drinks                   | [DentHlt4] |
| 5 | Clean my dentures (including soaking with a sterilising tablet) | [DentHlt5] |
| 6 | Leave my dentures out at night                                  | [DentHlt6] |
| 7 | None of these   | [DentHlt7] |

## **CPR Training 16+**

---

**[CPRInt]**

**INTERVIEWER READ OUT:**

Cardiopulmonary resuscitation, or CPR, is an emergency procedure in which a person presses up and down on the casualty's chest (chest compressions) to help save their life when they are in cardiac arrest. CPR training is delivered either through instructor led sessions or self-instruction using DVD/online instruction with or without a manikin.

**[CPRTTrn]**

Have you ever had any type of training in CPR or learned CPR in any other way?

1. Yes
2. No

**IF CPRTTrn = Yes**

**[CPRWhn]**

SHOWCARD L1

When did you first have any type of training in CPR, or learn CPR in any other way?

1. Within the last 12 months
2. One year ago but less than two years ago
3. Two years ago but less than four years ago
4. Four years ago or more

**IF CPRTTrn = Yes**

**[CPRRef]**

SHOWCARD L2

Since then, have you had any other CPR training, refresher training, or learnt CPR in any other way? If so, when was the most recent?

1. Within the last 12 months
2. One year ago but less than two years ago
3. Two years ago but less than four years ago
4. Four years ago or more
5. No refresher training

**IF CPRTrn = Yes**  
**[CPRHow]**

**SHOWCARD L3**

Which of these best describes how you most recently had any type of training in CPR or learned CPR in any other way?

1. I taught myself from a book, through the internet (e.g. YouTube, other website) or another self-learning tool
  2. Training I took primarily because I am a parent or carer
  3. Training which was compulsory for me to take as part of my work
  4. Training which I opted to take as part of my work
  5. Training which was compulsory for me to take as part of my voluntary work or hobby
  6. Training which I opted to take as part of my voluntary work or hobby
  7. Training I took whilst I was a student as part of my school/college/university work
  8. Other form of CPR training (PLEASE SPECIFY)
-

## Discrimination and harassment (Version A Only)

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### ASK ALL AGED 16+

The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.

#### [Disc]\*

SHOW CARD N1

Have you personally been **unfairly treated** or **discriminated** against in Scotland in the last 12 months, that is since (*date 12 months ago*), for any of the reasons on this card?

Please just tell me the letter next to the reasons that apply.

PROBE: What else?

- |    |   |   |          |
|----|---|---|----------|
| 1  | D | (Your accent)                             | [Disc1]  |
| 2  | K | (Your ethnicity)                          | [Disc2]  |
| 3  | W | (Your age)                                | [Disc3]  |
| 4  | T | (Your language)                           | [Disc4]  |
| 5  | G | (Your colour)                             | [Disc5]  |
| 6  | L | (Your nationality)                        | [Disc6]  |
| 7  | B | (Your mental ill-health)                  | [Disc7]  |
| 8  | H | (Any other health problems or disability) | [Disc8]  |
| 9  | A | (Your sex)                                | [Disc9]  |
| 10 | I | (Sectarian reasons)                       | [Disc10] |
| 11 | C | (Other religious belief or faith reason)  | [Disc11] |
| 12 | P | (Your sexual orientation)                 | [Disc12] |
| 13 | E | (Where you live)                          | [Disc13] |
| 14 | O | (Other reason)                            | [Disc14] |
| 15 | N | (I have not experienced this)             | [Disc15] |

#### [Harass]\*

SHOW CARD N1 AGAIN

Have you personally experienced **harassment or abuse** in Scotland in the last 12 months, that is since (*date 12 months ago*), for any of the reasons on this card?

Please just tell me the letter next to the reasons that apply.

PROBE: What else?

- |    |   |   |            |
|----|---|---|------------|
| 1  | D | (Your accent)                             | [Harass1]  |
| 2  | K | (Your ethnicity)                          | [Harass2]  |
| 3  | W | (Your age)                                | [Harass3]  |
| 4  | T | (Your language)                           | [Harass4]  |
| 5  | G | (Your colour)                             | [Harass5]  |
| 6  | L | (Your nationality)                        | [Harass6]  |
| 7  | B | (Your mental ill-health)                  | [Harass7]  |
| 8  | H | (Any other health problems or disability) | [Harass8]  |
| 9  | A | (Your sex)                                | [Harass9]  |
| 10 | I | (Sectarian reasons)                       | [Harass10] |
| 11 | C | (Other religious belief or faith reason)  | [Harass11] |
| 12 | P | (Your sexual orientation)                 | [Harass12] |
| 13 | E | (Where you live)                          | [Harass13] |
| 14 | O | (Other reason)                            | [Harass14] |
| 15 | N | (I have not experienced this)             | [Harass15] |

## Employment Classification Module

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**IF RESPONDENT IS AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE<sup>1</sup>**

**(IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))**

In the last week (that is the 7 days ending *date last Sunday*) were you doing any of the following, even if only for one hour?

INTERVIEWER: 'Temporarily away' includes away from work ill, on maternity leave, on holiday leave and temporarily laid off (as long as there is still an employment contract). It does not include those who are laid off and no longer have an employment contract.

INTERVIEWER: Code **all that apply**.

- |   |   |            |
|---|---|------------|
| 1 | Working as an employee (or temporarily away)                        | [NWrkemp]  |
| 2 | On a Government sponsored training scheme (or temporarily away)     | [NGvtSchm] |
| 3 | Self employed or freelance (or temporarily away)                    | [NSelfEmp] |
| 4 | Working unpaid for your own family's business (or temporarily away) | [NWrkFam]  |
| 5 | Doing any other kind of paid work                                   | [N0thWrk]  |
| 6 | None of the above   | [NNoneabv] |

**IF (Age 16 to 69) OR (Age 70+ AND EconAc12=1, 3, 4, 5) THEN [Furlough]**

On Sunday [reference date inserted] were you receiving support from any of the following schemes?

Running prompt

1. coronavirus (COVID-19) Job Retention Scheme, commonly known as furlough,
2. coronavirus (COVID-19) Self-employment Income support scheme,
3. neither of these schemes, or
4. don't know?

**IF (HRP Age 16 to 64) AND NOT (NGvtSchm=1) THEN**

**[EducCou]**

Are you at presently at school or enrolled on any **full-time** education course excluding leisure classes? (Include correspondence courses and open learning as well as other forms of full-time education course).

INTERVIEWER: CODE **YES** IF FULL-TIME STUDENT ON HOLIDAY AND WILL BE STUDYING FULL-TIME WHEN NEXT TERM STARTS.

IF RESPONDENT IS STUDYING PART-TIME CODE **NO** HERE.

- 1 Yes
- 2 No

**IF ((NWrkFam=1) OR (NNoneabv=1)) AND NOT ((NWrkemp=1) OR (NGvtSchm=1) OR (NSelfEmp=1) OR (N0thWrk=1)) THEN [Wk4Lk12]**

Thinking of the 4 weeks ending (date last Sunday), were you actively looking for any paid work or Government training scheme at any time in those 4 weeks?

- 1 Yes
- 2 No

---

<sup>1</sup> Economic activity questions changed in 2012

**IF [Wk4Lk12] = No THEN**

**[WaitJb12]**

Are you waiting to take up a job that you have already obtained?

- 1 Yes
- 2 No

**IF (Wk4Lk12 = Yes OR WaitJb12 = Yes) THEN**

**[Wk2Str12]**

If a job or a place on a government scheme had been available in the week ending (*date last Sunday*), would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

**IF (NNoneabv =1) AND (Wk4Lk12 = No) AND (WaitJb12 = No) THEN**

**[YNotWrk]**

May I just check, what was the main reason you did not look for work in the last 4 weeks?

INTERVIEWER: CODE ONE ONLY

- 1 Waiting for the results of an application for a job/being assessed by a training agent
- 2 Student
- 3 Looking after family/home
- 4 Temporarily sick or injured
- 5 Long-term sick or disabled
- 6 Believes no job available
- 7 Not yet started looking
- 8 Doesn't need employment
- 9 Retired from paid work
- 10 Any other reason

**IF (NNoneabv =1) AND (WaitJb12 <> Yes) THEN**

**[EverJob]**

Have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF (WaitJb12 = Yes) THEN**

**[OthPaid]**

Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?

- 1 Yes
- 2 No

**IF (Everjob=Yes) THEN**

**[PayLast]**

Which year did you leave your last paid job?

WRITE IN.

Range: 1920..2021



**IF Last paid job less than or equal to 8 years ago (from PayLast) THEN**

**[PayMon]**

Which month in that year did you leave?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- 98 Can't remember

**[PayAge]**

**Computed: Age when last had a paid job.**

**ASK ALL WHO HAVE EVER WORKED (EverJob=Yes), OR CURRENTLY IN PAID WORK / SELF-EMPLOYED / ON A GOVERNMENT SCHEME / WORKING UNPAID IN OWN OR RELATIVE'S BUSINESS / WAITING TO TAKE UP PAID WORK ALREADY OBTAINED (Nactiv09=3 to 6), OR WORKED IN PAST WEEK (StWork=Yes)**

**[JobTitle]\***

I'd like to ask you some details about *your most recent job/the main job you had/the job you are waiting to take up*. What is *(was/will be)* the name or title of the job?

Text: Maximum 60 characters

**[FtPTime]**

Are you *(were you/will you be)* working full-time or part-time?

(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)

- 1 Full-time
- 2 Part-time

**[WtWork]\***

What kind of work do *(did/will)* you do most of the time?

Text: Maximum 50 characters

**[MatUsed]\***

IF RELEVANT: What materials or machinery do *(did/will)* you use?

IF NONE USED, WRITE IN 'NONE'.

Text: Maximum 50 characters

**[SkiNee]\***

What skills or qualifications are *(were)* needed for the job?

Text: Maximum 120 characters

**[Employee]**

Are you (*were you/will you be*) ...READ OUT...

- 1 an employee,
- 2 or, self-employed

IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

**IF Employee = Self-employed THEN**

**[Dirctr]**

Can I just check, in this job are you (*were you/will you be*) a Director of a limited company?

- 1 Yes
- 2 No

**IF Employee=an employee OR Dirctr=Yes THEN**

**[EmpStat]**

Are you (*were you/will you be*) a ...READ OUT...

- 1 manager,
- 2 foreman or supervisor,
- 3 or other employee?

**[NEmplee]**

Including yourself, about how many people are (*were*) employed at the place where you usually work (*usually worked/will work*)?

- 1 1 or 2
- 2 3-24
- 3 25-499
- 4 500+

**IF Employee = Self-employed AND Dirctr=No THEN**

**[SNEmplee]**

Do (*did/will*) you have any employees?

- 1 None
- 2 1-24
- 3 25-499
- 4 500+

**IF Employee=Employee THEN**

**[Ind]\***

What does (*did*) your employer make or do at the place where you (*usually worked/will work*)?

Text: Maximum 100 characters

**IF Employee=Self-employed THEN**

**[SifWtMad]\***

What (*did/will*) you make or do in your business?

Text: Maximum 100 characters

## Stress at Work (Version A Only)

---

### ASK ALL AGED 16+ AND IN WORK

#### [StrWork]

SHOW CARD P2

In general, how do you find your job?"

- 1 Not at all stressful
- 2 Mildly stressful
- 3 Moderately stressful
- 4 Very stressful
- 5 Extremely stressful

#### [WorkBal]

SHOW CARD P3

How satisfied are you with the balance between the time you spend on your paid work and the time you spend on other aspects of your life? Please take your answer from this card.

0 – Extremely dissatisfied

1 – 1

2 – 2

3 – 3

4 – 4

5 – 5

6 – 6

7 – 7

8 – 8

9 – 9

10 - Extremely satisfied

#### [IntroA]

SHOW CARD P4

I'm going to read out some statements about working conditions in your main job. Each statement refers to your current job and I would like you to use this card to say how often certain circumstances or conditions apply to work.

#### [Demand]

SHOW CARD P4

I have unrealistic time pressures at work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

#### [Contrl]

SHOW CARD P4 AGAIN

I have a choice in deciding how I do my work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

**[Role]**

SHOW CARD P4 AGAIN

I am clear what my duties and responsibilities are at work.

- 1 Always,
- 2 Often,
- 3 Sometimes,
- 4 Seldom,
- 5 Never

**ASK ALL THAT ARE NOT LONE WORKERS (i.e. not self-employed with no employees)**

**[Support1\_19]**

SHOW CARD P5

Please use this card to say how much you agree or disagree with each of the following statements.

Firstly, my line manager encourages me at work.

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree
- 6 (Does not apply)

**[Support2\_19]**

SHOW CARD P5 AGAIN

I get the help and support I need from colleagues at work.

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

**[RelStrain\_19]**

SHOW CARD P5 AGAIN

Relationships at work are strained.

(How much do you agree or disagree?)"

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

**[Change\_19]**

SHOW CARD P5 AGAIN

Staff are consulted about change at work.

- 1 Strongly agree,
- 2 Tend to agree,
- 3 Neutral,
- 4 Tend to disagree,
- 5 Strongly disagree

## Education module

---

### ASK ALL AGED 16+

#### [EducEnd]

At what age did you finish your continuous full-time education at school or college?

- 1 Not yet finished
- 2 Never went to school
- 3 14 or under
- 4 15
- 5 16
- 6 17
- 7 18
- 8 19 or over

#### [TopQua] \*

SHOW CARD Q1

Please look at this card and tell me which, if any, of the following educational qualifications you have.

CODE ALL THAT APPLY.

**None of these qualifications = Code 12**

- 1 School Leaving Certificate, National Qualification Access Unit [TopQua1]
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, National 4 or 5, Senior Certificate or equivalent [TopQua2]
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC/National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent [TopQua3]
- 4 Higher grade, Advanced Higher, CSYS, A level, AS Level, Advanced Senior Certificate or equivalent [TopQua4]
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent [TopQua5]
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent [TopQua6]
- 7 First Degree, Higher degree, SVQ Level 5 or equivalent [TopQua7]
- 8 Professional qualifications e.g. teaching, accountancy [TopQua8]
- 9 Other school examinations not already mentioned [TopQua9]
- 10 Other post-school but pre Higher education examinations not already mentioned [TopQua10]
- 11 Other Higher education qualifications not already mentioned [TopQua11]
- 12 No qualifications [TopQua12]

## Self-reported measurements module (All)

---

### ASK ALL WOMEN AGED 16-49

#### [PregNowC]

May I check, are you pregnant now?

- 1 Yes
- 2 No

### IF AgeOf >=2

#### [SfHt]

INTERVIEWER: Ask (respondent) for an estimated height. Will it be given in metres or in feet and inches?

If respondent doesn't know height use <Ctrl K>, if respondent isn't willing to give height use <Ctrl R>.

- 1 Metres
- 2 Feet and inches

#### [SfWt]

INTERVIEWER: Ask (respondent) for an estimated weight. Will it be given in kilograms or in stones and pounds?

If respondent doesn't know weight use <Ctrl K>, if respondent isn't willing to give weight use <Ctrl R>.

- 1 Kilograms
- 2 Stones and pounds

## National Identity, ethnic background and religion module (All)

---

### ASK ALL (0+)

#### [BirthPla]

What is your country of birth?

- 1 Scotland
- 2 England
- 3 Wales
- 4 Northern Ireland
- 5 Republic of Ireland
- 6 Elsewhere (write in)

#### [BirthPlaO]\*

INTERVIEWER: Write in place of birth

#### [Ethnic12]\*

SHOW CARD Q2

What is your ethnic group?

INTERVIEWER READ OUT: Choose **ONE** from A to F on the card, then tell me which of the options in that section **best describes** your ethnic group or background.

CODE ONE ONLY

- 1 A - White: Scottish
- 2 A - White: Other British
- 3 A - White: Irish
- 4 A - White: Gypsy/Traveller
- 5 A - White: Polish
- 6 A - White: Other (WRITE IN)
- 7 B - Mixed: Any mixed or multiple ethnic groups (WRITE IN)
- 8 C - Asian: Pakistani, Pakistani Scottish or Pakistani British
- 9 C - Asian: Indian, Indian Scottish or Indian British
- 10 C - Asian: Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- 11 C - Asian: Chinese, Chinese Scottish or Chinese British
- 12 C - Asian: Other (WRITE IN)
- 13 D - African: African, African Scottish or African British
- 14 D - African: Other (WRITE IN)
- 15 E - Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British
- 16 E - Caribbean or Black: Black, Black Scottish or Black British
- 17 E - Caribbean or Black: Other (WRITE IN)
- 18 F - Other ethnic group: Arab, Arab Scottish or Arab British
- 19 F - Other ethnic group: other (WRITE IN)

### IF Ethnic12=Other white background

#### [Othwhit]\*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

### IF Ethnic12=Mixed background

#### [Othmix]\*

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

**IF Ethnic12=Other Asian background**

**[OthAsi]\***

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

**IF Ethnic12=Other African background**

**[OthAfr]\***

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

**IF Ethnic12=Other Caribbean or Black background**

**[OthBlk]**

WRITE IN ETHNIC GROUP

INTERVIEWER: Write in.

Text: Maximum 60 characters

**IF Ethnic12=Other**

**[Otheth]\***

WRITE IN ETHNIC GROUP

Text: Maximum 60 characters

**Note: All other ethnic group answers recorded under Othwhit- Otheth backcoded into Ethnic12**

**ASK ALL AGED 16+**

**[Religi09]**

What religion, religious denomination or body do you belong to?

INTERVIEWER: DO NOT PROMPT

- 0 None
- 1 Church of Scotland
- 2 Roman Catholic
- 3 Other Christian
- 4 Muslim
- 5 Buddhist
- 6 Sikh
- 7 Jewish
- 8 Hindu
- 9 Pagan
- 10 Another religion (SPECIFY)
- 97 Refused

**IF Religi09=3 'Other Christian' THEN**

**[Religio2]\* ReligioSC**

How would you describe your religion?

INTERVIEWER: Write in

**IF Religi09=10 'another religion' THEN**

**[Religio3]\***

What is the name of the religion, religious denomination or body you belong to?

INTERVIEWER: Write in



***Note: All other religion answers recorded under Religio2-Religio3 backcoded into Religio9***

## Parental History

---

**[Palntro]\***

If you wouldn't mind, I would now like to ask some more general questions about what your parents did when you were a child. If you were not living with, and had no contact with one or both of your parents at that time, please tell me about the people who did care for you. But if you did have even occasional contact with your parents, please tell me about them.

Press '1' and Enter to continue.

**ASK ALL AGED 16+ NOT CURRENTLY LIVING WITH FATHER**

**[FathOcc]\***

What was the name or title of the job your father did, when you were about 14 years old?

This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF FATHER'S JOB TITLE IS KNOWN.

- 1 FATHER'S JOB TITLE KNOWN
- 2 Did not know father / no contact with father at the time
- 3 Father was dead
- 4 Caring for home / not working
- 5 Don't know

IF FathOcc=3 THEN ASK

**[NatFat]**

Was that your natural father?

1. Yes
2. No

**IF FathOcc = Job title known THEN**

**[FathTitl]\***

PROBE FULLY AND WRITE IN FATHER'S JOB TITLE.

Text: Maximum 60 characters

**[FathSup]**

SHOW CARD Q3

And which of the descriptions on this card best describes the responsibility he had for staff at that time?

CODE ONE ONLY

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman/supervisor
- 7 An employee, not manager

**ASK ALL 16+ NOT CURRENTLY LIVING WITH THEIR MOTHER**

**[MothOcc]**

What was the name or title of the job your mother did, when you were about 14 years old?

This would have been in the year (*year respondent was 14*).

INTERVIEWER CODE 1 IF MOTHER'S JOB TITLE IS KNOWN.

**1 MOTHER'S JOB TITLE KNOWN**

- 2 Did not know mother / no contact with mother at the time
- 3 Mother was dead
- 4 Caring for home / not working
- 5 Don't know

IF MothOcc=3 THEN ASK

**[NatMot]**

Was that your natural mother?

- 1 Yes
- 2 No

**IF MothOcc = Job title known THEN**

**[MothTitl]\***

PROBE FULLY AND WRITE IN MOTHER'S JOB TITLE.

Text: Maximum 60 characters

**[MothSup]**

SHOW CARD Q3

And which of the descriptions on this card best describes the responsibility she had for staff at that time?

CODE ONE ONLY

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman/supervisor
- 7 An employee, not manager

**[PaIntr2]\***

We are interested in the way that some health conditions seem to run in families. The next set of questions relate to your natural parents and to other family members.

Press '1' and Enter to continue.

**ASK ALL AGED 16+ NOT CURRENTLY LIVING WITH THEIR MOTHER**

**IF NatMot= 1(Yes) THEN SKIP LiveMaB**

**[LiveMaB]**

(Can I just check), is your natural mother still alive?

- 1 Yes
- 2 No

**IF (LiveMaB = Yes) THEN**

**[AgeMA]**

How old is your natural mother?

Range: 1..120

**IF (LiveMaB = No OR NatMot = Yes) THEN**

**[ConsMaB]**

SHOW CARD Q4

Did your natural mother die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

**[AgeMaB]**

How old was your natural mother when she died?

Range: 10..120

**ASK ALL AGED 16+ NOT CURRENTLY LIVING WITH THEIR FATHER**

**IF NatFat=1 (Yes) THEN SKIP LivePaB**

**[LivePaB]**

Is your natural father still alive?

- 1 Yes
- 2 No

**IF (LivePaB=Yes) THEN**

**[AgePa]**

How old is your natural father?

Range: 10..120

**IF (LivePaB=No or NatFat=Yes) THEN**

**[ConsPaB]**

SHOW CARD Q4

Did your natural father die from any of the conditions on the card?

CODE ONE ONLY

- 1 High blood pressure (sometimes called hypertension)
- 2 Angina
- 3 Heart attack (including myocardial infarction and coronary thrombosis)
- 4 Stroke
- 5 Other heart trouble (incl. heart murmur, damaged heart valves, tachycardia or rapid heart)
- 6 Diabetes
- 7 None of the above conditions

**[AgePaB]**

How old was your natural father when he died?

Range: 1..120

**[PHIntro]**

I am going to ask you about some conditions which may have been experienced by your own relatives, including those living and any who are deceased.

**[FamDB]<sup>1</sup>**

Have any of your parents, children or your brothers or sisters, ever had Type 1 or Type 2 diabetes?

INTERVIEWER: **IF ASKED, INCLUDE** RELATIVES WHO HAVE DIED BUT **EXCLUDE** NON-BLOOD RELATIVES E.G. STEP-BROTHERS, PARENTS-IN-LAW.

IF ADOPTED: IF POSSIBLE ANSWER ABOUT BIRTH PARENTS, IF NOT ANSWER ABOUT ADOPTIVE FAMILY

- 1 Yes
- 2 No

**[ParCVD]<sup>2</sup>**

Have either of your parents developed heart disease or had a stroke before the age of 60?

INTERVIEWER: **EXCLUDE** CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No

**[SibCVD]<sup>3</sup>**

Have any of your brothers or sisters developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No
- 3 Only child – no brothers/sisters

**[RelCVD]<sup>4</sup>**

Have any of your aunts, uncles or first cousins developed heart disease or had a stroke before the age of 60?

INTERVIEWER: EXCLUDE CONGENITAL HEART DISEASE (I.E. HEART CONDITIONS PEOPLE ARE BORN WITH)

- 1 Yes
- 2 No
- 3 Does not have any aunts, uncles or first cousins

**IF RelCVD = Yes THEN**

**[RelNum]**

How many of them?: 1..97

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<sup>1</sup> New question in 2012

<sup>2</sup> New question in 2012

<sup>3</sup> New question in 2012

<sup>4</sup> New question in 2012

## Self-completion booklets admin

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### IF Age of Respondent is 16 years or over THEN

#### [SCIntAd]

The next part of the interview involves you answering some questions on your own as part of a self-completion questionnaire. I would like you to complete this after we have finished this part of the interview if possible, or as soon as you can after the interview.

The questions cover general health and wellbeing, gambling, drugs, alcohol and social issues, it should take you around 15-25 minutes to complete.

Some of the questions are sensitive, we have provided you with a list of useful contacts which you might find helpful if you want to speak to someone about any of the topics asked about.

Are you happy for me to send you the self-completion via email and/or text for you to complete online?

INTERVIEWER: A paper version is available for participants who do not want/can't take part in online option. However, please reassure participants that the online version is simple to complete and encourage them to take that option if they possibly can.

Yes

No, would prefer/need paper version

No, does not want to take part

### ASK IF SCIntAd = 3. No, does not want to take part

#### [SCRef]

INTERVIEWER: Record why does not want to take part.

CODE ALL THAT APPLY.

1. Eyesight problems
2. Language problems
3. Reading/writing/comprehension problems
4. Respondent bored/fed up/tired
5. Questions too sensitive/invasion of privacy
6. Too long/too busy/taken long enough already
7. Refused to complete (no other reason given)
8. Other (SPECIFY)

### IF SCRef = 8,

#### [SCRefO]

INTERVIEWER: PLEASE SPECIFY OTHER REASON

### IF Age of Respondent is 13-15 years THEN

#### [SCInt13]

The next part of the interview involves <child name> answering some questions on their own as part of a self-completion questionnaire. I would like <child name> to complete this after we have finished this part of the interview if possible or as soon as they can after the interview.

The questions cover general health and wellbeing and should take around 15 minutes to complete.

Some of the questions are sensitive and we have provided you with a list of useful contacts which you might find helpful if you or <child name> wants to speak to someone about any of the topics asked about.

Are you happy for me to send you the self-completion via email and/or text for <child name> to complete online?

INTERVIEWER: A paper version is available for participants who do not want/can't take part in online option.

1. Yes
2. No, would prefer/need paper version
3. No, does not want to take part

**ASK IF SCInt13 = 3. No, does not want to take part  
[SCRef]**

INTERVIEWER: Record why does not want to take part.  
CODE ALL THAT APPLY.

1. Eyesight problems
2. Language problems
3. Reading/writing/comprehension problems
4. Respondent bored/fed up/tired
5. Questions too sensitive/invasion of privacy
6. Too long/too busy/taken long enough already
7. Refused to complete (no other reason given)
8. Other (SPECIFY)

**IF SCRef = 8,**

**[SCRefO]**

INTERVIEWER: PLEASE SPECIFY OTHER REASON

**IF Age of Respondent is 4-12 years THEN  
[SCInt412]**

The next part of the interview involves you answering some questions on behalf of <child name> as part of a self-completion questionnaire. I would like you to complete this after we have finished this part of the interview if possible. or as soon as you can after the interview.

The questions cover strengths and difficulties.

We have provided you with a list of useful contacts which you might find helpful if you want to speak to someone about any of the topics asked about.

Are you happy for me to send you the self-completion via email and/or text for you to complete online?

INTERVIEWER: A paper version is available for participants who do not want/can't take part in online option.

1. Yes
2. No, would prefer/need paper version
3. No, does not want to take part

**ASK IF SCInt412 = 3. No, does not want to take part  
[SCRef]**

INTERVIEWER: Record why does not want to take part.  
CODE ALL THAT APPLY.

1. Eyesight problems
2. Language problems
3. Reading/writing/comprehension problems
4. Respondent bored/fed up/tired
5. Questions too sensitive/invasion of privacy
6. Too long/too busy/taken long enough already
7. Refused to complete (no other reason given)
8. Other (SPECIFY)

**IF SCRef = 8,**

**[SCRefO]**

INTERVIEWER: PLEASE SPECIFY OTHER REASON

SCContac

**IF SCInt412 OR SCInt13 OR SCIntAd= 1. Yes THEN**

Enter the email and phone number collection used in Intake. As we can then route as checks when they get to Intake module.

SCMobiA

**ASK IF RESPONDENT GIVES A DIRECT OR PROXY MOBILE NUMBER**

**[SCMobiB]**

What is the mobile number?

INTERVIEWER: TYPE IN MOBILE NUMBER. READ OUT TO RESPONDENT TO CHECK NUMBER IS CORRECT.

[Mobile number format with standard checks (must be 11 digits, beginning 07)]

SCEmailA

SCEmailB

Soft check if two 'direct' mobile numbers are identical (if InMobiA=Direct for two identical phone numbers):



'You have entered two identical mobile numbers as 'own' mobile numbers. Please change one of these to a 'proxy' mobile number. Select the question you want to change from the list below or use the arrows on the keyboard.'

*Route in the order of the concurrent interviewing session.*

*If all respondents who agreed to take part in Intake24 without support (InAdCon=1) have been asked InEmailA, go to InSubDeP*

**IF RESPONDENT GIVES A DIRECT OR PROXY MOBILE NUMBER**

**[SCSubDeS]**

INTERVIEWER: ENSURE YOUR LAPTOP IS CONNECTED TO THE INTERNET

INTERVIEWER: PRESS 1 AND <ENTER> TO SEND A TEXT MESSAGE

1 Send text message

SCSubDeT

**IF RESPONDENT GIVES A DIRECT OR PROXY EMAIL ADDRESS**

**[SCSubDeP]**

INTERVIEWER: ENSURE YOUR LAPTOP IS CONNECTED TO THE INTERNET

INTERVIEWER: PRESS 1 AND <ENTER> TO SEND AN EMAIL TO JOHN

1 Send email

SCSubDeM

**ASK IF RESPONDENT IS AGED 13-15**

**[SCDeConA]**

*Child Name, please can you check, is your parent or guardian happy for you to be sent a link?*

1 Yes

2 No

**IF SCInt412 OR SCInt13 OR SCIntAd= 2. No, would prefer/need paper version THEN**

**[SCPost]**

INTERVIEWER: Please make sure you are using the 2021 self-completion booklet

INTERVIEWER Prepare @I^Colour@I self-completion booklet^AgeTxt by entering serial number.

Check that you have the correct person number

@/@/@AName.....Year..Sample..Point...Address...Hhold...Check letter...Person

@/^SCLine@A

INTERVIEWER: Please make sure you record your interviewer number on front cover of self-completion.

1 Continue

ParSDQ

SCPostP

**[SCAdd]**

INTERVIEWER: Once all the self-completions have been prepared for the household enter the householders name and address on the envelope (see below). Then place all the prepared self-completions, a blank envelope per self-complete, a useful contact leaflet and a cover letter in the envelope.

Name: [main contact]

Address: [feed forward address]

INTERVIEWER: Notify them that they will receive the self-complete(S) in the post in the next few days. Instruct them to complete it (them) and return it (them) in the freepost envelope.

1 Continue

**IF COMPLETEING PAPER SELF-COMP**

**[ConfPost]**

Thank you for agreeing to complete a paper version of the self-completion questionnaire. I will send it/them to your address in the next day or so but it may take a few days to arrive. You will be provided with instructions which are included with the questionnaire and a useful contact leaflet with the contact details of some organisations that you might find helpful. A pre-paid return envelope will also be included. Please post it back as soon as you can. You can also call me with any queries you have.

1 Continue

## Intake24

---

**{ASK ALL AGED 16+ after end of SHeS interview}**

**[IntakeInt]**

We would like you to complete an online food diary called Intake24. One of the leaflets sent to your address contained information about Intake24. It's easy to complete and should only take around 20 minutes. We'd like you to complete it today, after this interview, and then a second time in the next week. You'll be asked to give details about the food and drink you had the day before. Everyone who completes the diary twice will get a £10 shopping voucher and you can get feedback on your diet if you like.

INTERVIEWER: ASK THE PARTICIPANT WHETHER THEY RECEIVED THE Intake24 LEAFLET SENT WITH THEIR SURVEY PACK 21 AND WHETHER THEY HAVE READ IT. IF THEY HAVE THE LETTER BUT HAVE NOT READ IT YET, ASK THEM TO DO SO NOW. IF THEY DON'T HAVE A COPY OF THE LEAFLET PLEASE READ IT OUT TO THEM.

1 Continue

Go to InAdCon

**IF AgeOf >= 16**

**[InAdCon]**

/"Whether respondent willing to take part in Intake24"

INTERVIEWER: ONCE RESPONDENT HAS READ THE LEAFLET, ASK:

^RespFirstname, are you willing to complete the online diary?"

INTERVIEWER: IF THEY HAVE INTERNET BUT ARE UNSURE THEY WILL BE ABLE TO COMPLETE Inake24 ONLINE, EXPLAIN THAT Intake24 IS VERY STRAIGHTFORWARD TO COMPLETE AND THAT THERE IS A VIDEO ON THE WEBSITE ([intake24.co.uk](http://intake24.co.uk)) THAT EXPLAINS WHAT TO DO.

- 1 IF THEY HAVE NO INTERNET AND/OR THEY STILL FEEL UNABLE TO DO Intake24 ONLINE, EXPLAIN THAT THEY CAN GO THROUGH IT BY TELEPHONE ARRANWITH THE INTAKE24 TEAM AT CAMBRIDGE UNIVERSITY (IN THIS CASE CODE '3' Willing, but unable...'). **ONLY USE THIS OPTION WHEN STRICTLY NECESSARY** Willing and able to complete online diary without interviewer support
- 2 Not willing to take part
- 3 Willing, but unable to do so without interviewer support/has no internet

**If InAdCon = 1:**

- *Route in the order of the concurrent interviewing session.*
- *If no further respondents present, go to InContact*

*If InAdCon = 2 go to InRefRea.*

*If InAdCon = 3 go to InUnRea*

**ASK IF InAdCon = 2, ask all respondents not willing to take part in Intake24**

**[InRefRea]** INTERVIEWER: WHY IS ^RespFirstName UNWILLING TO DO Intake24?

IF NO REASON GIVEN, ASK: Please could you tell me why you are not willing to do Intake24?

CODE ALL THAT APPLY. DO NOT PROMPT.

/"Reasons for refusing to complete Intake24"

1. "Illness",
2. "Not feeling well"
3. "Not interested"
4. "No time"
5. "Already answered questions about diet"
6. "Not comfortable sharing information about diet"
7. "Not comfortable with information being entered online"
8. "Other (specify)"
9. "Does not wish to give reason")

*If Other, go to InRefO*

*If NoTime ONLY, go to InRefNT*

*If any other code:*

- *Route in the order of the concurrent interviewing session. If all have been asked InAdCon:*
  - *If at least one respondent present answered 1 or 3 at InadCon go to InContact*
  - *If all respondents present answered NotWill, go to InEndTS.*

**IF InRefRea = "No Time" ONLY**

**[InRefNT]** You don't need to do your first food diary straight away. Would you like me to get you set up for Intake24 so that you can do your first diary later on when it's more convenient?

- 1 Yes
- 2 No

If Yes: return to InAdCon and Interviewer change answer

If NO:

- Route in the order of the concurrent interviewing session.
- If all have been asked:
  - If at least one respondent present answered 1 at InadCon, go to InContact
  - If all respondents present answered NotWill, go to InEndTS.

### **ASK IF InRefRea = Other**

#### **[InRefO]**

/ "Other reason for refusing to complete Intake24"

INTERVIEWER: PLEASE WRITE IN OTHER REASON"

: STRING[250]

If any respondents present have still not been asked InAdCon, go to InAdCon

If all have been asked InAdCon:

- If at least one respondent present answered 1 at InadCon go to InContact
- If all respondents present answered NotWill, go to InEndTS.

### **ASK IF InAdCon = 3**

#### **[InUnRea]**

Reason respondent unable to do Intake24 on own

INTERVIEWER: WHY IS ^RespFirstName UNABLE TO DO INTAKE24 ONLINE?

1. No internet
2. Literacy issues
3. Health problems / disability
4. Not confident using the internet
5. Other reason (specify)

If 5. (Other), go to InUnReO

If 4. Not confident, show soft check, then follow rules for Nolnt, Liter and Disab:

"INTERVIEWER: encourage respondent to do intake24 themselves online. Explain it is very straightforward and that there is a video on the website that explains what to do.

If respondent agrees to do intake24 online, use the 'up' arrow to go back to the consent screen (InAdCON) and change answer to 'yes'.

If Nolnt, Liter or Disab:

- Route in the order of the concurrent interviewing session.
- If no further adults then go to InSupInt

### **ASK IF InUnRea = Other**

#### **[InUnReO]**

/ "Other reason respondent unable to do Intake24 on own"

INTERVIEWER: PLEASE WRITE IN OTHER REASON"

: STRING[250]

Route in the order of the concurrent interviewing session.

**{INTAKE24 SECTION 2: COMPLETING INTAKE24 ONLINE [ CONTACT DETAILS FOR REMINDERS AND INSTANT LINK] }**

**IF InAdCon = 1 i.e. ASK IF ABLE TO COMPLETE WITHOUT SUPPORT**

**[InContact]**

If you have a smartphone or an email address, I can send you a link to access Intake24, and reminders.

ADD IF NECESSARY: We will not share your contact details with anyone else or use them to contact you about anything else or store them once the project is completed.

ADD IF NECESSARY AND IF MORE THAN ONE PERSON IN HOUSEHOLD: If you don't have an email or a mobile phone yourself, I can send the link to someone else in the household, if they're also happy with this.

1 Continue

Go to *InMobiA* for first respondent

NOTE TO PROGRAMMER:

Contact detail questions below [*inemaila*, *inemailb*, *inmobia*, *inmobib*] should be repeated for all respondents who agreed to take part in intake24 without support (*inadcon*=1).

Route in the order of the concurrent interviewing session.

**ASK IF InAdCon = 1, ASK ALL respondents who consented to take part in INTAKE24 and are able to complete without support.**

**[InMobiA]**

^RespFirstName, are you happy to give me a mobile number to a Smartphone?

ADD IF NECESSARY: A smartphone is a mobile phone which can access the internet.

IF YES: And can I just check, will it be your own mobile number or someone else's in your household?

INTERVIEWER: IF TWO OR MORE PEOPLE SHARE A MOBILE, CODE THE FIRST PERSON AS 'OWN' MOBILE NUMBER AND THE REMAINDER AS 'PROXY' MOBILE NUMBERS.

/"Mobile number direct or proxy or no mobile"

Direct Yes – respondent's own mobile number

Proxy Yes – proxy / someone else's mobile number

Refused Mobile number refused

NoMobile No one in household has mobile number

If Direct or Proxy go to *InMobiB*. If Refused or NoMobile:

- Route in the order of the concurrent interviewing session.
- If no one in household has provided email address at *InEmailB*, but someone has agreed to take part in Intake24 with support (*InAdCon*=3), go to *InSupInt*
- If no one in household has provided email address at *InEmailB* and no one in the household has agreed to take part with support, go to *InEnd1*

**MobChkA**

**ASK IF InMobiA = DIRECT OR PROXY**

**InMobiB**

What is the mobile number?

INTERVIEWER: TYPE IN MOBILE NUMBER. READ OUT TO RESPONDENT TO CHECK NUMBER IS CORRECT.

[Mobile number format with standard checks (must be 11 digits, beginning 07)]

Soft check if two 'direct' mobile numbers are identical (if *InMobiA*=Direct for two identical phone numbers): 'You have entered two identical mobile numbers as 'own' mobile numbers. Please change one of these to a 'proxy' mobile number. Select the question you want to change from the list below or use the arrows on the keyboard.'

Route in the order of the concurrent interviewing session.

*If all respondents who agreed to take part in Intake24 without support (InAdCon=1) have been asked InEmailA, go to InSubDeP*

**ASK IF InAdCon = 1, i.e. ALL RESPONDENTS WHO CONSENTED TO INTAKE24 AND ARE ABLE TO COMPLETE WITHOUT SUPPORT.**

**[InEmailA]**

^RespFirstName, are you happy to give me an email address?

IF YES: And can I just check, is that your own email address or someone else's?

INTERVIEWER: IF TWO OR MORE PEOPLE SHARE AN EMAIL ADDRESS, CODE THE FIRST PERSON AS 'OWN' EMAIL ADDRESS AND OTHERS AS 'PROXY' EMAIL ADDRESSES.

/"Email address direct or proxy or no email"

Direct: Yes – respondent's own email address,

Proxy Yes – proxy / someone else's email address

Refused Email address refused

NoEmail No one in household has email address

*If Direct or Proxy go to InEmailB.*

*If Refused or NoEmail go to InMobiA.*

*EmChkA*

**ASK IF InEmailA = Direct or Proxy**

**[InEmailB]**

What is the email address?

INTERVIEWER: TYPE IN EMAIL ADDRESS. READ AND SPELL BACK TO RESPONDENT TO CHECK EMAIL IS CORRECT.: STRING[60]

Soft check if two 'direct' email addresses are identical (InEmailA=Direct for two identical email addresses): 'You have entered two identical email addresses as 'own' email addresses. Please change one of these to a 'proxy' email address. Select the question you want to change from the list below or use the arrows on the keyboard.'

*Go to InMobiA.*

**IF InAdCon = 1 AND HAVE PROVIDED MOBILE NUMBER AT InMobiB**

**[InSubDeS]**

INTERVIEWER: ENSURE YOUR MOBILE PHONE'S HOTSPOT IS TURNED ON AND YOUR TABLET IS CONNECTED TO THE MOBILE PHONE AND CONNECTED TO THE INTERNET – PLEASE REFER TO INSTRUCTIONS PROVIDED IF REQUIRED.

INTERVIEWER: PRESS 1 AND <ENTER> TO SUBMIT CONTACT DETAILS.

: (Submit "Submit contact details"), NODK, NORF

InSubDeT

**ASK IF InAdCon = 1 AND HAVE PROVIDED EMAIL ADDRESS AT InEmailB**

**[InSubDeP]**

INTERVIEWER: ENSURE YOUR MOBILE PHONE'S HOTSPOT IS TURNED ON AND YOUR TABLET IS CONNECTED TO THE MOBILE PHONE AND CONNECTED TO THE INTERNET – PLEASE REFER TO INSTRUCTIONS PROVIDED IF REQUIRED.

INTERVIEWER: PRESS 1 AND <ENTER> TO SUBMIT CONTACT DETAILS.  
: (Submit "Submit contact details"), NODK, NORF

InSubDeM

**ASK IF InAdCon = 1 AND InEmailA = Direct or Proxy, OR InMobiA = Direct or Proxy  
[InLogon]**

Your link should arrive shortly. Please complete your first food diary TODAY. The scheduled date(s) for you to complete your second food diary is:

[DISPLAY ON CAPI SCREEN. KEEP WELL SPACED: FOR EACH RESPONDENT INDIVIDUALLY]

[Respfirstname] [date of 2<sup>nd</sup> recall]

We will also send you a reminder message on the day, which will include the link that you can use to access Intake24.

Press 1 and Enter to continue.

*Route in the order of the concurrent interviewing session.*

*If all respondents who agreed to take part in Intake24 without support and provided a contact detail (InAdCon=1, and (InEmailA = direct or proxy, OR InMobiA = direct or proxy)) have been asked InContact:*

- *If there are other respondents who agreed to take part in Intake24 without support but who did not provide either an email or phone number – go to InLogPh*
- *If there are other respondents who agreed to take part in Intake24 but with support (InAdCon = 3) – go to InSupInt*
- *If there are no other respondents go to InEnd1*

InLogCa

**{INTAKE SECTION 3: PASS ON LOGON DETAILS}**

**IF InAdCon = 1 AND InEmailA = Refused or NoEmail, AND InMobiA = Refused or NoMobile  
[InLogPh]**

Another way to access your diary is to go to the Intake24 website and enter your personal Intake24 username and password. I need to give these to you just now over the phone along with the date we want you to complete your second diary. Could you please write this information down in the space provided on your Intake24 leaflet under your name?

INTERVIEWER: OF THE PARTICIPANT CANNOT FIND THEIR Intake24 LEAFLET PLEASE ASK THEM TO WRITE THE INFORMATION DOWN ON ANOTHER PIECE OF PAPER.

INTERVIEWER: NOW READ OUT THE WEBSITE ADDRESS, (THIS IS ALSO IN THEIR INTAKE24 LEAFLET) EACH PARTICIPANT'S USERNAME AND PASSWORD AND THE DATE OF THEIR SECOND IntAKE24 RECALL GIVEN BELOW:

WEBSITE: XXXXX

1. INTERVIEWEE(S) NAMES

Login: Username: [I24\_USERNAME]

Password: [I24\_PASSWORD]

Day of second recall

INTERVIEWER: ASK EACH RESPONDENT TO READ THEIR USERNAME AND PASSWORD BACK TO YOU TO MAKE SURE IT IS CORRECT.

INTERVIEWER READ OUT: The website address is also included on the Intake24 leaflet that was sent to your address.

Please complete your first food diary TODAY, and then use these same details to complete your second diary on: [date of 2<sup>nd</sup> recall]

INTERVIEWER: IF MORE THAN ONE PERSON IS TAKING PART IN Intake24, EXPLAIN THAT IT IS IMPORTANT THAT THEY USE THEIR OWN Intake24 USERNAME AND PASSWORD – THEY SHOULD **NOT** USE SOMEONE ELSE'S CHECK IF THEY HAVE ANY QUESTIONS.

Press 1 and enter to continue.

Go to *InEnd1*.

**{INTAKE24 SECTION 4: SUPPORTED RECALL; COLLECT PHONE NUMBER FOR CAMBRIDGE}**

**ASK IF InAdCon = 3, OTHER RESPONDENT(S) WILLING BUT NOT PROVIDED EMAIL AND NEED SUPPORT TO COMPLETE**

**[InSupInt]** \*\*Everyone completing Intake24 with support (InAdCon = 3 WillUnab)\*\*

If you are happy for them to do so, a member of the research team at Cambridge University will go through Intake24 with you over the phone.

To organise this I will need to pass on your name and telephone number.

ADD IF NECESSARY: We will not share your details with anyone other than Cambridge University Intake24 team and they will not use your phone number to contact you about anything other than Intake24. They will securely destroy your contact details once the project is finished.

Press 1 and Enter to continue.

Go to *InSupCo*

**InSupInt2**

**ASK IF InAdCon = 3**

**[InSupCo]** ^RespFirstName, are you happy for me to pass on your name and phone number to the Intake24 research team at Cambridge University?

1 Yes

2 No

If Yes, go to *InSupPh*

If No:

- If other respondents require support and have not yet answered *InSupCo*, go to *InSupCo* for them
- If no other respondents agreed to Intake24 and require support go to *InEnd1*

**ASK IF InSupCo = Yes, IF OTHER RESPONDENTS REQUIRE SUPPORT AND HAVE NOT YET ANSWERED InSupCo**

**[InSupPh]**

What is the best phone number to reach you on?

[PHONE NUMBER BOX WITH STANDARD PHONE NUMBER CHECKS]

INTERVIEWER: TYPE IN PHONE NUMBER. READ OUT TO RESPONDENT TO CHECK NUMBER IS CORRECT.

Go to *InSupP2*

**[InSupP2]**

And do you have an alternative phone number?

[PHONE NUMBER BOX WITH STANDARD PHONE NUMBER CHECKS]



INTERVIEWER: IF HAVE ALTERNATIVE PHONE NUMBER, TYPE IN BELOW. READ OUT TO RESPONDENT TO CHECK NUMBER IS CORRECT.  
IF NO ALTERNATIVE PHONE NUMBER, USE CTRL+R TO MOVE ON TO NEXT QUESTION.  
*Go to InSupCom*

**[InSupCom]**

INTERVIEWER: EXPLAIN THAT CAMBRIDGE WILL CALL THE RESPONDENT AS SOON AS POSSIBLE TO COMPLETE THEIR FIRST FOOD DIARY.  
Is there a good day, Monday to Friday, for my colleague from Cambridge University to call you, around a week from now? [date must be +7 days from interview date]

**[InSupCmb2]**

Is there a time that is most convenient for them to call you on that day between 9am and 6pm?  
INTERVIEWER: WRITE IN TIME IN 24HOUR FORMAT EG 4:45PM= 1645

[STRING [0...250]]

[Soft check on values ≠ 4 numeric digits, and <18.00 and >09.00]

Soft check: 'Telephone calls will only be made between the hours of 9am and 6pm.

The researcher at Cambridge University will make a second appointment directly with you.

ENTER ANY OTHER COMMENTS YOU THINK WILL BE USEFUL FOR CONTACTING THE RESPONDENT.

*If other respondents require support and have not yet answered InSupCo, go to InSupCo for them  
If all respondents where InAdCon=3 have been asked InSupCo and answered Yes, go to InSupAt*

**[InSupAt]**

To go through Intake24 over the phone you will need an Intake24 Food Atlas.

I'll send one to you. Please make sure you keep it to hand for your phone calls with the researcher from Cambridge University. They will explain how to use it at the time.

When you have completed your two Intake24 diaries, we politely ask that you return the Food Atlas using the pre-paid return envelope, which can be put in a post box.

INTERVIEWER: IF MORE THAN ONE PERSON IN THE HOUSEHOLD IS COMPLETING INTAKE24 WITH SUPPORT, EXPLAIN THAT THEY WILL HAVE TO SHARE THE SAME ATLAS AND SHOULD NOT RETURN THE ATLAS UNTIL EVERYONE HAS DONE THE DIARY TWICE.

1 1 Continue

Go to InEnd1

InSupAtP

InSupSu

InSupOc

InSupRea

InSupRe2

InSupRe3

InSupRe4

InSupRe5

InSupRe6

InSupReO

InSupNw

**IF InAdCon = 1, BUT NO OTHER RESPONDENTS, NO ONE PROVIDED EMAIL ADDRESS, AND NO ONE AGREED TO TAKE PART WITH SUPPORT**

**[InEnd1]**

INTERVIEWER: THANK RESPONDENT FOR THEIR TIME AND CHECK IF THEY HAVE ANY QUESTIONS.

IF AT LEAST ONE PERSON WILL COMPLETE Intake24 ON THEIR OWN: REMIND THEM TO DO SO **TODAY**.

INTERVIEWER: Can I just check, have you received the link? IF NECESSARY: If you would like to know more about Intake24 or how your answers will be used, you can visit the website – [intake24.co.uk](http://intake24.co.uk), refer to your survey leaflets or you can call the telephone number provided in the leaflet I gave you.

**IF NO RESPONDENTS WILLING TO TAKE PART**

**[InEndTS]** [Intake timestamp]

[now go to SHes end screen]

## Consents

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### ASK ALL

**[InfoLeaf]**

IMPORTANT: PLEASE MAKE SURE THAT ALL RESPONDENTS HAVE RECEIVED A COPY OF THE SHES INFORMATION LEAFLET PLEASE REMIND RESPONDENTS AT THIS POINT THAT THIS CONTAINS MORE INFORMATION ABOUT HOW THEIR INFORMATION IS USED AND GIVE THEM A CHANCE IF THEY WANT TO READ IT AGAIN OR ASK ANY QUESTIONS.

**[LinkOp]**

Please select the first names of any household members that opted themselves out of NHS data linkage after reading the information leaflet.

AS PER THE INSTRUCTIONS PLEASE NOTE YOU WERE NOT EXPECTED TO ASK THEM ABOUT THIS SO YOU ONLY NEED TO RECORD HERE IF ANY RESPONDENTS MENTIONED TO YOU THAT THEY WANT TO BE OPTED OUT.

INTERVIEWER: If a parent/guardian has opted out of data linkage on behalf of their child, the name of the child should be selected below.

### Health Record linkage

Ask if READCON=2,3

**[LinkInf]**

Survey answers will be linked to some information from NHS health records on:

- any visits to hospital and length of stays.
- COVID-19 positive test results (subject to Public Benefit and Privacy Panel approval)
- Information about diagnosis, treatments and hospital stays for cancer, heart disease, stroke, diabetes and psychiatric episodes.
- Details about registration with a general practitioner and, when someone passes away, the date and cause of death.

This is done in such a way that no data which can identify you or any other individual is released, and really increases the value of the information you provide. If you do not want your survey results to be linked to your health records in this way, please tell me.

The Public Benefit and Privacy Panel will review the process for linkage of the survey data with information from the NHS health records.

Press 1 and enter to continue

**ASK ALL**

INSERT THE QUESTION FROM ADMIN BLOCK HERE ON OPT-OUTS

SG consent

**ASK ALL**

**Add {textfills} if asked [ReadOut]**

**[FoIRes]**

In the future, the Scottish Government may want to commission follow-up research among particular groups of the public to improve public policies and services. {More information about this can be found in the letter and leaflet sent to your address and on the survey website.}

If you give your permission, your name, contact details and relevant survey answers may be passed on to the Scottish Government or research agencies for the purpose of further research among particular groups of people to improve health or health services.

Please be assured that any information you provide for this purpose will be released for statistical and research purposes only carried out by reputable research organisations and that your confidentiality will be protected in the publication of any results given.

{Any information passed to any other organisation will be treated in accordance with data protection legislation and will not be used for any purposes other than further research about health or health services.}

If you are invited to take part in any future studies you will be free to refuse if you do not want to take part.

You can cancel this permission at any time in the future by contacting the researchers at ScotCen, using the details provided in the Information Leaflet or on the survey website: [www.scottishhealthsurvey.org](http://www.scottishhealthsurvey.org)

**ASK ALL**

**[FoIResA]**

Would you be willing to have your name, contact details and relevant answers you have given during the interview passed on to the Scottish Government or other research agencies acting on behalf of, or in collaboration with, the Scottish Government for this purpose?

- 1 Consent given
- 2 Consent refused

**ASK ALL AGED 12+ (IF FoIResA = 1)**

**[ReIntEmA]**

In addition to the other contact details provided during this interview, would you be willing to provide us with your email address so that we can pass this on to the Scottish Government or other research agencies with the permission of the Scottish Government to contact you about taking part in follow-up research? This will only be used for research purposes as previously explained.

IF YES: Please note that we can only accept an email address that is yours and not someone else's? It is fine if both yourself and someone else use the same email address.

INTERVIEWER: IF TWO OR MORE PEOPLE SHARE AN EMAIL ADDRESS, CODE THE AS 'OWN' EMAIL ADDRESS.

1. Yes – respondent's own email address,
2. Email address refused
3. No one in household has email address

EmChkB

**ASK IF ReIntEmA = 1**

**[EmailA]**

What is the email address?

INTERVIEWER: TYPE IN EMAIL ADDRESS.

: STRING[60]

**[EmailChk]**

INTERVIEWER: Read out the email below to check that it is correct.

**[Display email address entered at *EmailA*]**

1. Email address correct
2. Email address not correct

IF EmailChk=2, HARD CHECK: INTERVIEWER: RETURN TO EMAILA AND RE-ENTER THE EMAIL ADDRESS

**Thank you section**

**[ASK ALL]**

**[Thankyou]**

As a thank you, everyone that takes part receives a £10 high street voucher. We'd like to email this to you.

- 1 Respondent happy to have voucher emailed
- 2 Respondent asks for voucher to be posted (INTERVIEWER - do not read out as an option)
- 3 Respondent refuses voucher

**Ask if ThankYou=1 AND RelntEmA=1 and EmailChk=1**

**[EmailThk]**

Is it okay to send it to the email address you just provided?

**[Display email address entered at *EmailA*]**

- 1 Yes
- 2 No

**Ask if ThankYou=1 AND slf OR EmailThk = 2**

**RelntEmb**

Do you have an email address we can email your £10 voucher to?

1. Yes – respondent's own email address,
2. Email address refused
3. No one in household has email address

**VDeConA**

**ASK IF RelntEmB = 1**

**[EmailB]**

What is the email address?

INTERVIEWER: TYPE IN EMAIL ADDRESS.

: STRING[60]

**[EmailChkB]**

INTERVIEWER: Read out the email below to check that it is correct.

**[Display email address entered at *EmailB*]**

1. Email address correct
2. Email address not correct

IF EmailChkB=2, HARD CHECK: INTERVIEWER: RETURN TO EMAILB AND RE-ENTER THE EMAIL ADDRESS

**ASK IF RelntEmB=2,3 OR ThankYou=2**

**[PostVouch]**

That's okay. We will post the voucher to your address.

- 1 Respondent happy to have voucher posted
- 2 Respondent doesn't want a voucher

**ASK (if ThankYou=1 and EmailChk=1) OR (ThankYou=1 and EmailChkB=1) OR (PostVouch=1)**

**[ThankSoon]**

It can take up to three weeks for your voucher to arrive, but it may come quicker than this.

INTERVIEWER: Press 1 and Enter

**Name checks**

**[ASK ALL]**

**[FstNm]**

INTERVIEWER: At the Household Grid you recorded the first name of this person as:

<person name>

Is this the respondents full, complete, first name (i.e. not initials, not abbreviated, not a nickname)?

ASK IF NECESSARY: Can I check, is <person name> your complete first name?

- 1 Yes, complete first name recorded at Household Grid
- 2 No, complete first name not yet recorded

**ASK IF FstNm = No**

**[NewNm]**

INTERVIEWER: Please type in the complete first name of this person

**[Ttl]**

INTERVIEWER: Code the title of <person name>

- 1 Mr
- 2 Mrs
- 3 Miss
- 4 Ms
- 5 Mx (gender neutral – pronounced 'mix' or 'mex')
- 6 Dr
- 7 Prof
- 8 Rev
- 9 None of the above

**[Initl]**

INTERVIEWER: Enter the initials (up to two) of <person name>

**[Surname]**

INTERVIEWER: Enter the surname of <person name>

**[TPhoneN]**

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could use the phone number(s) that you provided when you opted in for this purpose. This telephone number will also be used to contact those that consented to be contacted for follow-up research.

- 1 Agree for number to be used for these purposes
- 2 Don't agree for number to be used for these purposes

**[Thank]**

That is the end of the interview. Thank you for your help.

- 1 Continue

P15381

Serial Number

--	--	--	--	--	--	--	--

1-8

CKL

--

9

Person no

--	--

10-11

SPARE 12-13

Interviewer number

--	--	--	--

22-25

First name

--

Card

Batch

3	1	2
---	---	---

14-16

17-21

Survey month

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SPARE 26-265

## Scottish Health Survey 2021 Booklet for Adults Version A

### How to fill in this questionnaire

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

**Example:**

**Tick ONE box**

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

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

**Example:**

**Tick ONE box**

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

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



## DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

**Q1a** How often do you have a drink containing alcohol?

Tick ONE box

Never	<input type="checkbox"/>	1	Go to Q11 on pg 4
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	Go to Q1b ↓
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

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**Q1b** 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

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**Q2** 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

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**Q3** 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

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**Q4** 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

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**Q5** 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

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**Q6** How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box**

- Never  1
- Less than monthly  2
- Monthly  3
- Weekly  4
- Daily or almost daily  5

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**Q7** 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  1
- Less than monthly  2
- Monthly  3
- Weekly  4
- Daily or almost daily  5

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**Q8** Have you or someone else been injured because of your drinking? **Tick ONE box**

- No  1
- Yes, but not in the last year  2
- Yes, during the last year  3

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**Q9** Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box**

- No  1
- Yes, but not in the last year  2
- Yes, during the last year  3

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**Q10** I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box**

- Yes  1
- No  2

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We would like to know whether you have ever personally had a problem or issue with the amount of alcohol you drink either now or at any point in your life.

**EVERYONE PLEASE ANSWER**

**Q11** Have you **ever** had a problem with how much alcohol you drink?

Tick **ONE** box

Yes  <sub>1</sub> — Go to Q12 ↓

No  <sub>2</sub> — Go to Q13 on page 5

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**Q12** Do you **still** have a problem with how much alcohol you drink?

Tick **ONE** box

Yes  <sub>1</sub> — Go to Q13 ↓

No  <sub>2</sub> — Go to Q13 on page 5

284

SPARE 285-300

## DRUGS

The following questions ask whether or not you have used drugs in the last 12 months or not. The answers you give are completely confidential.  
PLEASE READ THIS CAREFULLY

### EVERYONE PLEASE ANSWER

**Q13** Have you taken any of the following in the **last 12 months?**

Please tick **ONE** box for each substance

Tick **ONE** box per substance

	Yes	No	
Amphetamine (speed, sulph, uppers, Billy, base)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	301
Methamphetamine (crystal meth, ice, glass, Tina, yabba, crystal)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	302
Cannabis (weed, pot, grass, hash, skunk, ganja, blunt, dope, blow, spliff, smoke, green, edibles, joints, marijuana, oil, resin, pollen, shatter)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	303
Synthetic cannabis (K2, spice, black mamba, incense, fake weed, Yucatan, genie)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	304
Cocaine (coke, charlie, white, flake, ching, posh, petrol)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	305
Crack (rock, sand, stone, pebbles, freebase, wash)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	306
Ecstasy / MDMA Powder (‘E’, ‘X’, eccies, ‘XTC’, MDMA, swedgerz, pingers, sweeties, pills, Mandy, madman)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	307
Heroin (smack, skag, ‘H’, morphine, fentanyl, brown, junk, gear, kit)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	308
LSD (acid, tabs, trips, blotters)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	309
Magic mushrooms (mushies, psilocybin, shrooms, liberty caps)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	310
Methadone / Physeptone <u>without prescription</u> (phy, meth, linctus, juice, turtle, green)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	311
Semeron (sems, ‘S’)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	312
Anabolic steroids <u>without prescription</u> (steroids, roids)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	313
Poppers (amyl nitrate, liquid gold, TNT)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	314
Ketamine (K, special K, ket)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	315
Glues, solvents, gas or aerosols (to sniff or inhale)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	316
Mephedrone (M-Cat, 4MMC, ‘bubbles’, drone, meph)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	317
Tranquilisers: Benzodiazepines <u>without prescription</u> (temazepam, nitrazepam, diazepam, etizolam, Valium, Xanax, blues, yellows, benzos, jellies, scoobies)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	318

**Please turn over**

GHB/GBL (G, GINA, LIQUID E, LIQUID X)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	319
Nitrous Oxide (laughing gas, whippets, NOS)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	320
Prescription only painkillers that were <u>not prescribed for you</u> (morphine, codeine, co-codamol, oxycontin, tramadol, gabapentin, pregabalin)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	321

**We would like to know whether you have ever personally had a problem or issue with taking drugs either now or at any point in your life.**

**EVERYONE PLEASE ANSWER**

**Q14** Have you **ever** had a problem with your use of drugs (including prescription drugs)?

**Tick ONE box**

Yes  1 **Go to Q15 ↓**

No  2 **Go to Q16 on page 7** 322

**Q15** Do you **still** have a problem with your use of drugs (including prescription drugs)?

**Tick ONE box**

Yes  1 **Go to Q16 ↓**

No  2 **Go to Q16 on page 7** 323

SPARE 324-349

**EVERYONE PLEASE ANSWER**

**Q16** Have you spent any money on any of the following activities in the **last 12 months?**

Please tick **ONE** box for each activity

	Tick <b>ONE</b> box per activity		
	Yes	No	
Tickets for the National Lottery Draw, <b>including</b> Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	350
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	351
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	352
The football pools	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	353
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	354
Fruit or slot machines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	355
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	356
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	357
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	358
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	359
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	360
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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	361
Betting on <b>horse</b> races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	362
Betting on <b>dog</b> races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	363
Betting on <b>sports events</b> <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	364
Betting on <b>other events</b> <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	365
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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	366
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	367
Another form of gambling in the last 12 months	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	368

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q16, PLEASE GO TO Q17 ON PAGE 8 OTHERWISE GO TO Q27 ON PAGE 10.**

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q16, PLEASE GO TO Q17 BELOW  
OTHERWISE GO TO Q27 ON PAGE 10.**

**Q17** 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 |



**In the past 12 months, how often...**

**Tick ONE box for each question**

	<b>Almost always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Never</b>	
<b>Q18</b> ...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	370
<b>Q19</b> ...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	371
<b>Q20</b> ...have you gone back 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	372
<b>Q21</b> ...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	373
<b>Q22</b> ...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	374
<b>Q23</b> ...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	375
<b>Q24</b> ...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	376
<b>Q25</b> ...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	377
<b>Q26</b> ...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	378

SPARE 379-389

## 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**

	<b>Better than usual</b>	<b>Same as usual</b>	<b>Less than usual</b>	<b>Much less than usual</b>	
<b>Q27</b> 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	390

**Tick ONE box**

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>	
<b>Q28</b> Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	391

**Tick ONE box**

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less useful than usual</b>	<b>Much less useful</b>	
<b>Q29</b> 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	392

**Tick ONE box**

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less so than usual</b>	<b>Much less capable</b>	
<b>Q30</b> Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	393

**Tick ONE box**

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>	
<b>Q31</b> Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	394

**Tick ONE box**

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>	
<b>Q32</b> Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	395

**HAVE YOU RECENTLY:**

Tick ONE box

<b>More so than usual</b>	<b>Same as usual</b>	<b>Less so than usual</b>	<b>Much less than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q33** Been able to enjoy your normal day-to-day activities?

396

Tick ONE box

<b>More so than usual</b>	<b>Same as usual</b>	<b>Less able than usual</b>	<b>Much less able</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q34** Been able to face up to your problems?

397

Tick ONE box

<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q35** Been feeling unhappy and depressed?

398

Tick ONE box

<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q36** Been losing confidence in yourself?

399

Tick ONE box

<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q37** Been thinking of yourself as a worthless person?

400

Tick ONE box

<b>More so than usual</b>	<b>About same as usual</b>	<b>Less so than usual</b>	<b>Much less than usual</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q38** Been feeling reasonably happy, all things considered?

401

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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**

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the Time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q39</b> I've been feeling optimistic about the future	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	402

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q40</b> I've been feeling useful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	403

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q41</b> I've been feeling relaxed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	404

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q42</b> I've been feeling interested in other people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	405

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q43</b> I've had energy to spare	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	406

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q44</b> I've been dealing with problems well	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	407

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q45</b> I've been thinking clearly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	408

**Please read this carefully:**

Below are some statements about feelings and thoughts.

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

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q46</b> I've been feeling good about myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	409

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q47</b> I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	410

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q48</b> I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	411

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q49</b> I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	412

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q50</b> I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	413

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q51</b> I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	414

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q52</b> I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	415

SPARE 416-461

The following questions are about social issues.

**Q53** Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

**Tick ONE box**

Most people can be trusted	<input type="checkbox"/>	1
Can't be too careful in dealing with people	<input type="checkbox"/>	2
It depends on people/circumstances	<input type="checkbox"/>	3

462

**Q54** This question is about your immediate neighbourhood, that is, your street or block. Would you say that:

**Tick ONE box**

Most of the people in your neighbourhood can be trusted	<input type="checkbox"/>	1
Some can be trusted	<input type="checkbox"/>	2
A few can be trusted	<input type="checkbox"/>	3
No-one can be trusted	<input type="checkbox"/>	4
Just moved here	<input type="checkbox"/>	5

463

**Q55** How involved do you feel in the local community?

**Tick ONE box**

A great deal	<input type="checkbox"/>	1
A fair amount	<input type="checkbox"/>	2
Not very much	<input type="checkbox"/>	3
Not at all	<input type="checkbox"/>	4

464

**Q56** To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

**Tick ONE box**

Strongly agree	<input type="checkbox"/>	1
Agree	<input type="checkbox"/>	2
Neither agree nor disagree	<input type="checkbox"/>	3
Disagree	<input type="checkbox"/>	4
Strongly disagree	<input type="checkbox"/>	5
Don't have an opinion	<input type="checkbox"/>	6
Don't know	<input type="checkbox"/>	7

465

**Q57** Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet? **Tick ONE box**

- On most days  1
- Once or twice a week  2
- Once or twice a month  3
- Less often than once a month  4
- Never  5

466

**Q58** If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

Write in number of people in this space

467-468

**Q59** How much of the time during the past week have you felt lonely? **Tick ONE box**

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

469

**Please read this carefully:**

The next questions ask about whether you, or anyone in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

During the last 12 months, was there a time when:

**Q60** You were worried you would run out of food because of a lack of money or other resources? **Tick ONE box**

Yes  <sub>1</sub> **Go to Q61 ↓**

No  <sub>2</sub> **Go to Q63**

470

**Q61** You ate less than you thought you should because of a lack of money or other resources? **Tick ONE box**

Yes  <sub>1</sub> **Go to Q62 ↓**

No  <sub>2</sub> **Go to Q63**

471

**Q62** Your household ran out of food because of lack of money of other resources? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

472

**EVERYONE PLEASE ANSWER**

**Q63** Which of the following options best describes how you think of yourself? **Tick ONE box**

Heterosexual or Straight  <sub>1</sub>

Gay or Lesbian  <sub>2</sub>

Bisexual  <sub>3</sub>

Other  <sub>4</sub>

473

**Q64** How would you describe your gender identity? **Tick ONE box**

Man / Boy  <sub>1</sub>

Woman / Girl  <sub>2</sub>

In another way  <sub>3</sub>

474

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

.....

475

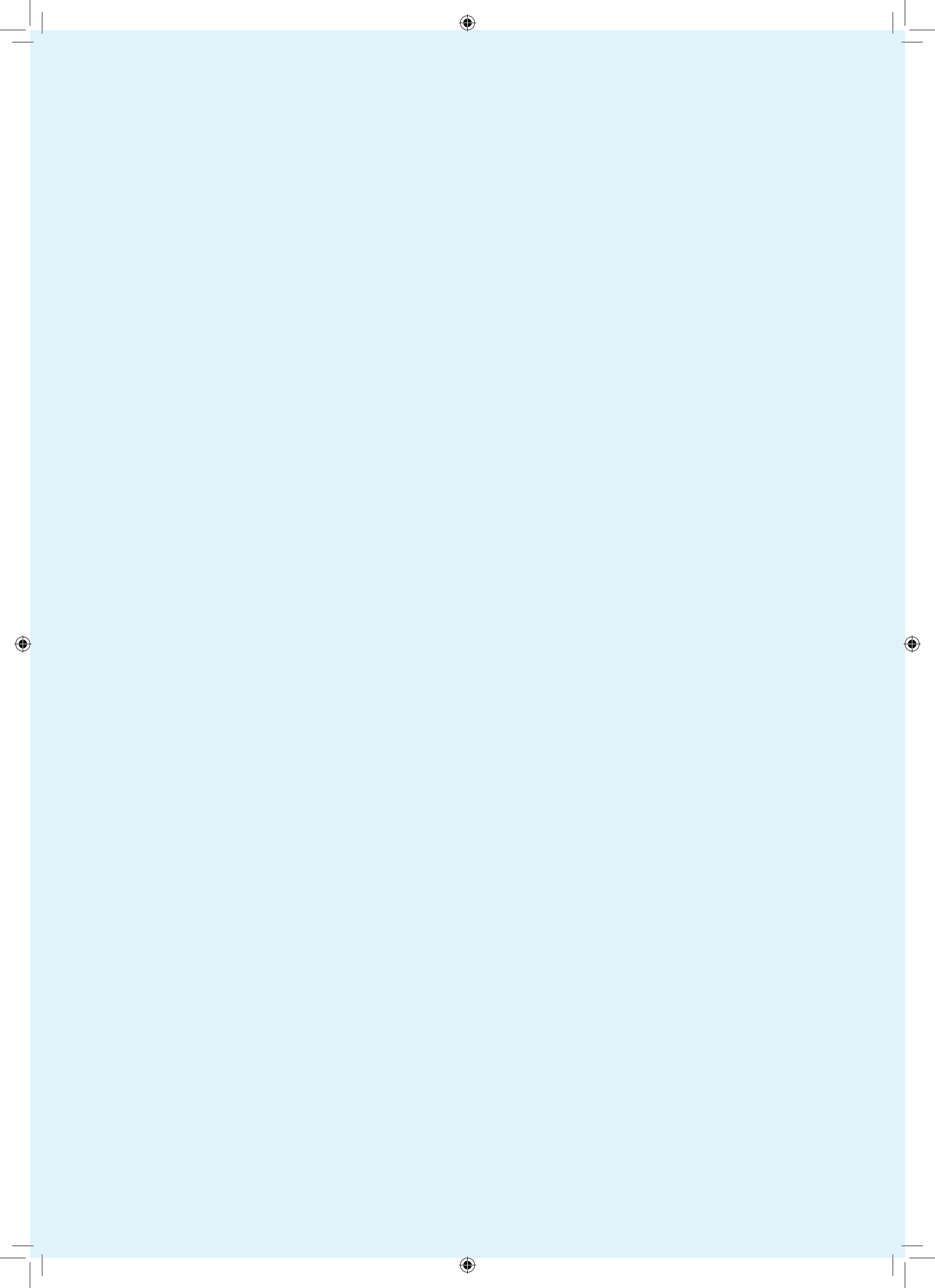


**THANK YOU FOR TAKING PART**

**PLEASE REMEMBER TO RETURN THE BOOKLET USING THE ENVELOPE  
PROVIDED**

**A USEFUL CONTACTS LEAFLET HAS BEEN INCLUDED IN THE ENVELOPE IF YOU  
WOULD LIKE TO TALK TO SOMEONE ABOUT ANY OF THE TOPICS COVERED IN THE  
QUESTIONNAIRE**





P15381

Serial Number

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1-8

CKL

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9

Person no

--	--

10-11

SPARE 12-13

Interviewer number

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22-25

First name

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Card

Batch

3	1	6
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14-16

17-21

Survey month

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SPARE 26-265

## Scottish Health Survey 2021 Booklet for Adults Version B

### How to fill in this questionnaire

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

**Example:**

**Tick ONE box**

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

Do you feel that you lead a





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

**Example:**

**Tick ONE box**

Yes  → Go to Q4

No  → Go to Q5

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

## DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

**Q1a** How often do you have a drink containing alcohol?

Tick ONE box

Never	<input type="checkbox"/>	1	Go to Q11 on pg 4
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	Go to Q1b ↓
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

266

**Q1b** 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

267

**Q2** 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

268

**Q3** 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

269

**Q4** 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

270

**Q5** 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

271

**Q6** How often during the last year have you had a feeling of guilt or remorse after drinking? **Tick ONE box**

- Never  1
- Less than monthly  2
- Monthly  3
- Weekly  4
- Daily or almost daily  5

272

**Q7** 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  1
- Less than monthly  2
- Monthly  3
- Weekly  4
- Daily or almost daily  5

273

**Q8** Have you or someone else been injured because of your drinking? **Tick ONE box**

- No  1
- Yes, but not in the last year  2
- Yes, during the last year  3

274

**Q9** Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? **Tick ONE box**

- No  1
- Yes, but not in the last year  2
- Yes, during the last year  3

275

**Q10** I have been drunk at least once a week, on average, in the last three weeks **Tick ONE box**

- Yes  1
- No  2

276

We would like to know whether you have ever personally had a problem or issue with the amount of alcohol you drink either now or at any point in your life.

**EVERYONE PLEASE ANSWER**

**Q11** Have you **ever** had a problem with how much alcohol you drink?

Tick **ONE** box

- Yes  <sub>1</sub> — Go to Q12 ↓
- No  <sub>2</sub> — Go to Q13 on page 5

283

**Q12** Do you **still** have a problem with how much alcohol you drink?

Tick **ONE** box

- Yes  <sub>1</sub> — Go to Q13 ↓
- No  <sub>2</sub> — Go to Q13 on page 5

284

SPARE 285-300



## DRUGS

The following questions ask whether or not you have used drugs in the last 12 months or not. The answers you give are completely confidential.  
PLEASE READ THIS CAREFULLY

### EVERYONE PLEASE ANSWER

**Q13** Have you taken any of the following in the **last 12 months?**  
Please tick **ONE** box for each substance

Tick **ONE** box per substance

	Yes	No	
Amphetamine (speed, sulph, uppers, Billy, base)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	301
Methamphetamine (crystal meth, ice, glass, Tina, yabba, crystal)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	302
Cannabis (weed, pot, grass, hash, skunk, ganja, blunt, dope, blow, spliff, smoke, green, edibles, joints, marijuana, oil, resin, pollen, shatter)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	303
Synthetic cannabis (K2, spice, black mamba, incense, fake weed, Yucatan, genie)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	304
Cocaine (coke, charlie, white, flake, ching, posh, petrol)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	305
Crack (rock, sand, stone, pebbles, freebase, wash)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	306
Ecstasy / MDMA Powder (‘E’, ‘X’, eccies, ‘XTC’, MDMA, swedgerz, pingers, sweeties, pills, Mandy, madman)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	307
Heroin (smack, skag, ‘H’, morphine, fentanyl, brown, junk, gear, kit)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	308
LSD (acid, tabs, trips, blotters)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	309
Magic mushrooms (mushies, psilocybin, shrooms, liberty caps)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	310
Methadone / Physeptone <u>without prescription</u> (phy, meth, linctus, juice, turtle, green)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	311
Semeron (sems, ‘S’)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	312
Anabolic steroids <u>without prescription</u> (steroids, roids)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	313
Poppers (amyl nitrate, liquid gold, TNT)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	314
Ketamine (K, special K, ket)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	315
Glues, solvents, gas or aerosols (to sniff or inhale)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	316
Mephedrone (M-Cat, 4MMC, ‘bubbles’, drone, meph)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	317
Tranquilisers: Benzodiazepines <u>without prescription</u> (temazepam, nitrazepam, diazepam, etizolam, Valium, Xanax, blues, yellows, benzos, jellies, scoobies)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	318

**Please turn over**

GHB/GBL (G, GINA, LIQUID E, LIQUID X)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	319
Nitrous Oxide (laughing gas, whippets, NOS)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	320
Prescription only painkillers that were <u>not prescribed for you</u> (morphine, codeine, co-codamol, oxycontin, tramadol, gabapentin, pregabalin)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	321

**We would like to know whether you have ever personally had a problem or issue with taking drugs either now or at any point in your life.**

**EVERYONE PLEASE ANSWER**

**Q14** Have you **ever** had a problem with your use of drugs (including prescription drugs)?

**Tick ONE box**

Yes  1 **Go to Q15 ↓**

No  2 **Go to Q16 on page 7**

322

**Q15** Do you **still** have a problem with your use of drugs (including prescription drugs)?

**Tick ONE box**

Yes  1 **Go to Q16 ↓**

No  2 **Go to Q16 on page 7**

323

SPARE 324-349

**EVERYONE PLEASE ANSWER**

**Q16** Have you spent any money on any of the following activities in the **last 12 months?**

Please tick **ONE** box for each activity

	Tick <b>ONE</b> box per activity		
	Yes	No	
Tickets for the National Lottery Draw, <b>including</b> Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	350
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	351
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	352
The football pools	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	353
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	354
Fruit or slot machines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	355
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	356
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	357
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	358
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	359
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	360
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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	361
Betting on <b>horse</b> races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	362
Betting on <b>dog</b> races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	363
Betting on <b>sports events</b> <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	364
Betting on <b>other events</b> <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	365
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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	366
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	367
Another form of gambling in the last 12 months	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	368

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q16, PLEASE GO TO Q17 ON PAGE 8 OTHERWISE GO TO Q27 ON PAGE 10.**

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q16, PLEASE GO TO Q17 BELOW  
OTHERWISE GO TO Q27 ON PAGE 10.**

**Q17** 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 |

**In the past 12 months, how often...**

Tick **ONE** box for each question

	Almost always	Most of the time	Sometimes	Never	
<b>Q18</b> ...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	370
<b>Q19</b> ...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	371
<b>Q20</b> ...have you gone back 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	372
<b>Q21</b> ...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	373
<b>Q22</b> ...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	374
<b>Q23</b> ...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	375
<b>Q24</b> ...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	376
<b>Q25</b> ...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	377
<b>Q26</b> ...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	378

SPARE 379-389

# 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	
<b>Q27</b> 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	390

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q28</b> Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	391

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful	
<b>Q29</b> 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	392

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable	
<b>Q30</b> Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	393

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q31</b> Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	394

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q32</b> Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	395

**HAVE YOU RECENTLY:**

Tick ONE box

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less so than usual</b>	<b>Much less than usual</b>		
<b>Q33</b>	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	396

Tick ONE box

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less able than usual</b>	<b>Much less able</b>		
<b>Q34</b>	Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	397

Tick ONE box

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>		
<b>Q35</b>	Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	398

Tick ONE box

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>		
<b>Q36</b>	Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	399

Tick ONE box

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>		
<b>Q37</b>	Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	400

Tick ONE box

	<b>More so than usual</b>	<b>About same as usual</b>	<b>Less so than usual</b>	<b>Much less than usual</b>		
<b>Q38</b>	Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	401

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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**

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the Time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q39</b> I've been feeling optimistic about the future	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	402

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q40</b> I've been feeling useful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	403

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q41</b> I've been feeling relaxed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	404

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q42</b> I've been feeling interested in other people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	405

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q43</b> I've had energy to spare	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	406

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q44</b> I've been dealing with problems well	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	407

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q45</b> I've been thinking clearly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	408



**Please read this carefully:**

Below are some statements about feelings and thoughts.

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

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q46</b> I've been feeling good about myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	409

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q47</b> I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	410

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q48</b> I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	411

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q49</b> I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	412

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q50</b> I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	413

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q51</b> I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	414

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q52</b> I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	415

SPARE 416-424

**The next set of questions cover topics to do with depression, anxiety and self-harm.**

The next few questions ask about how you've been feeling lately and if you've been feeling depressed, worried or anxious

**Q53** Have you been feeling anxious or nervous in the past month? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

425

**Q54** In the past month, did you ever find your muscles felt tense or that you couldn't relax? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

426

**Q55** Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance, they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

**Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

427

**IF YOU ANSWERED 'YES' TO ANY OF THE THREE QUESTIONS ABOVE TO GO TO Q56**

**OR**

**IF YOU ANSWERED 'NO' TO ALL OF THE ABOVE THREE QUESTIONS, PLEASE GO TO Q63 ON PAGE 16**

**Q56** In the past month, when you felt anxious/nervous/tense, was this always brought on by a phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

**Tick ONE box**

Always brought on by phobia

<sub>1</sub>

Go to Q63 on page 16

Sometimes generally anxious

<sub>2</sub>

Go to Q57 ↓

428

**Q57** The next questions are concerned with general anxiety/nervousness/tension only.  
On how many of the past seven days have you felt generally anxious/nervous/tense?

Tick **ONE** box

4 days or more

Go to Q58 ↓

1 to 3 days

Go to Q58 ↓

None

Go to Q63 on page 16

429

**Q58** In the past week, has your anxiety/nervousness/tension been:

Tick **ONE** box

...very unpleasant

...a little unpleasant

...or not unpleasant

430

**Q59** In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below?

- Heart racing or pounding
- Hands sweating or shaking
- Feeling dizzy
- Difficulty getting your breath
- Butterflies in your stomach
- Dry mouth
- Nausea or feeling as though you wanted to vomit

Tick **ONE** box

Yes

Go to Q60 ↓

No

Go to Q61 on page 16

431

**Q60** Which of these symptoms did you have when you felt anxious/nervous/tense?

Tick **ALL** that apply

Heart racing or pounding

01

Hands sweating or shaking

02

Feeling dizzy

03

Difficulty getting your breath

04

Butterflies in stomach

05

Dry mouth

06

Nausea or feeling as though you wanted to vomit

07

432-445

**Q61** Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

446

**Q62** How long have you had these feelings of general anxiety/nervousness/tension as you described? **Tick ONE box**

Less than 2 weeks  <sub>01</sub>

2 weeks but less than 6 months  <sub>02</sub>

6 months but less than 1 year  <sub>03</sub>

1 year but less than 2 years  <sub>04</sub>

2 years or more  <sub>05</sub>

447-478

**Q63** Almost everyone becomes sad, miserable or depressed at times.  
Have you had a spell of feeling sad, miserable or depressed in the past month? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

449

**Q64** During the past month, have you been able to enjoy or take an interest in things as much as you usually do? **Tick ONE box**

Yes  <sub>1</sub>

No/no enjoyment or interest  <sub>2</sub>

450

**Q65** In the past week have you had a spell of feeling sad, miserable or depressed? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

451

**Q66** In the past week have you been able to enjoy or take an interest in things as much as usual?

Tick **ONE** box

Yes

 1

No/no enjoyment or interest

 2

452

**Q67** Since this day last week on how many days have you felt depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things?

Tick **ONE** box

4 days or more

Go to Q68 ↓

1 to 3 days

Go to Q68 ↓

None

 1

Go to Q71 on page 18

453

**Q68** Have you felt depressed or unable to take an interest in things/ sad, miserable or depressed/ unable to enjoy or take an interest in things for more than 3 hours in total on any day in the past week?

Tick **ONE** box

Yes

 1

No

 2

454

**Q69** In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

Tick **ONE** box

Yes, at least once

 1

No

 2

455

**Q70** How long have you been feeling sad, miserable or depressed/ unable to enjoy or take an interest in things as you have described?

Tick **ONE** box

Less than 2 weeks

 01

2 weeks but less than 6 months

 02

6 months but less than a year

 03

1 year but less than 2 years

 04

2 years but less than 5 years

 05

5 years but less than 10 years

 06

10 years or more

 07

456-457

**Q71** Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way? **Tick ONE box**

Yes  <sub>1</sub> **Go to Q72↓**

No  <sub>2</sub> **Go to Q73↓**

458

**Q72** When was this? Please tell us about the most recent time **Tick ONE box**

In the last week?  <sub>1</sub>

In the last year?  <sub>2</sub>

Some other time?  <sub>3</sub>

459

**Q73** Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself? **Tick ONE box**

Yes  <sub>1</sub> **Go to Q74↓**

No  <sub>2</sub> **Go to Q75 on page 19**

460

**Q74** When was this? Please tell us about the most recent time **Tick ONE box**

In the last week?  <sub>1</sub>

In the last year?  <sub>2</sub>

Some other time?  <sub>3</sub>

461

The following questions are about social issues.

**Q75** Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

**Tick ONE box**

- |   |                          |   |
|---|--------------------------|---|
| Most people can be trusted                  | <input type="checkbox"/> | 1 |
| Can't be too careful in dealing with people | <input type="checkbox"/> | 2 |
| It depends on people/circumstances          | <input type="checkbox"/> | 3 |

462

**Q76** This question is about your immediate neighbourhood, that is, your street or block. Would you say that:

**Tick ONE box**

- |   |                          |   |
|---|--------------------------|---|
| Most of the people in your neighbourhood can be trusted | <input type="checkbox"/> | 1 |
| Some can be trusted                                     | <input type="checkbox"/> | 2 |
| A few can be trusted                                    | <input type="checkbox"/> | 3 |
| No-one can be trusted                                   | <input type="checkbox"/> | 4 |
| Just moved here   | <input type="checkbox"/> | 5 |

463

**Q77** How involved do you feel in the local community?

**Tick ONE box**

- |               |                          |   |
|---------------|--------------------------|---|
| A great deal  | <input type="checkbox"/> | 1 |
| A fair amount | <input type="checkbox"/> | 2 |
| Not very much | <input type="checkbox"/> | 3 |
| Not at all    | <input type="checkbox"/> | 4 |

464

**Q78** To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

**Tick ONE box**

- |                            |                          |   |
|----------------------------|--------------------------|---|
| Strongly agree             | <input type="checkbox"/> | 1 |
| Agree                      | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree                   | <input type="checkbox"/> | 4 |
| Strongly disagree          | <input type="checkbox"/> | 5 |
| Don't have an opinion      | <input type="checkbox"/> | 6 |
| Don't know                 | <input type="checkbox"/> | 7 |

465

**Q79** Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet? **Tick ONE box**

- On most days  1
- Once or twice a week  2
- Once or twice a month  3
- Less often than once a month  4
- Never  5

466

**Q80** If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

Write in number of people in this space

467-468

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

**Tick ONE box**

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

469

**Please read this carefully:**

The next questions ask about whether you, or anyone in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

During the last 12 months, was there a time when:

**Q82** You were worried you would run out of food because of a lack of money or other resources?

**Tick ONE box**

- Yes  1 **Go to Q83 ↓**
- No  2 **Go to Q85 on page 21**

470

**Q83** You ate less than you thought you should because of a lack of money or other resources?

**Tick ONE box**

- Yes  1 **Go to Q84 ↓**
- No  2 **Go to Q85 on page 21**

471



**Q84** Your household ran out of food because of lack of money of other resources? **Tick ONE box**

Yes  1  
No  2

472

**EVERYONE PLEASE ANSWER**

**Q85** Which of the following options best describes how you think of yourself?

**Tick ONE box**

Heterosexual or Straight  1  
Gay or Lesbian  2  
Bisexual  3  
Other  4

473

**Q86** How would you describe your gender identity?

**Tick ONE box**

Man / Boy  1  
Woman / Girl  2  
In another way  3

474

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

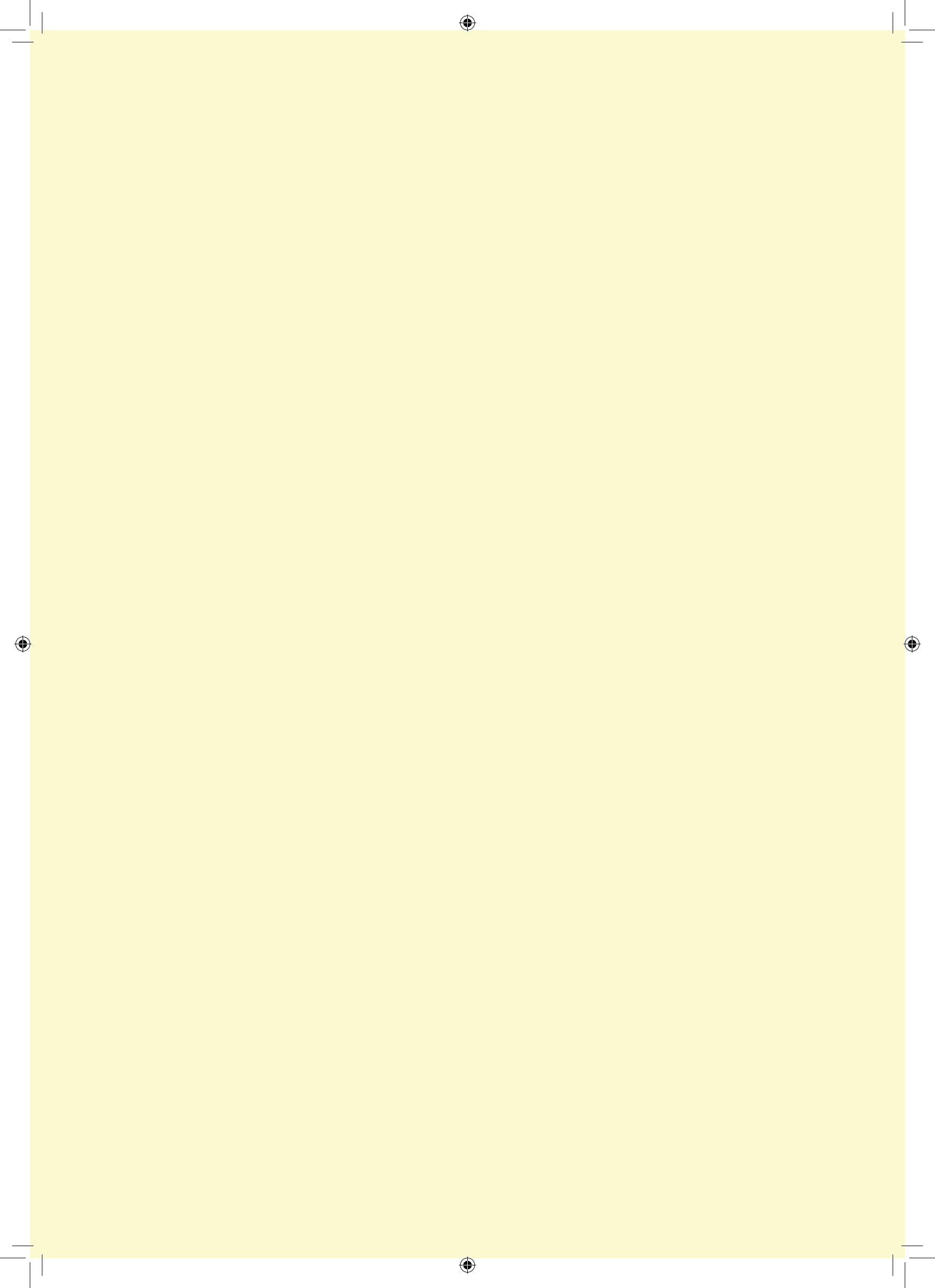
.....

475

**THANK YOU FOR TAKING PART**

**PLEASE REMEMBER TO RETURN THE BOOKLET USING THE ENVELOPE  
PROVIDED**

**A USEFUL CONTACTS LEAFLET HAS BEEN INCLUDED IN THE ENVELOPE IF YOU  
WOULD LIKE TO TALK TO SOMEONE ABOUT ANY OF THE TOPICS COVERED IN THE  
QUESTIONNAIRE**



P15381

Serial Number

--	--	--	--	--	--	--	--

1-8

CKL

--

9

Person no

--	--

10-11

SPARE 12-13

Interviewer number

--	--	--	--

22-25

First name

--

Card

Batch

3	1	1
---	---	---

14-16

17-21

Survey month

--

SPARE 26-49

## Scottish Health Survey 2021 Booklet for Young Adults Version A

### How to fill in this questionnaire

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

Tick **ONE** box

**Example:**

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

Do you feel that you lead a





- B Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

**Example:**

Write in no.

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  → Go to Q4

No  → Go to Q5

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

# SMOKING

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

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

When answering these questions please do NOT include:

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

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

Tick ALL that apply

Yes – cigar

1

Yes – pipe

2

No

3

Go to Q2 ↓

50-51

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

Tick ONE box

Yes

1

Go to Q3 ↓

No

2

Go to Q7 on page 2

52

**Q3** How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

Go to Q4 ↓

53-55

**Q4** Do you smoke cigarettes nowadays?

Tick ONE box

Yes

1

Go to Q6a ↓

No

2

Go to Q5 ↓

56

**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

57

## CURRENT SMOKERS

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

Write in number smoked a day

Go to Q6b ↓

58-60

**Q6b** And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

Go to Q7 on page 2

61-63

**EVERYONE PLEASE ANSWER**

**Q7** Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

Tick ONE box

- Yes  <sub>1</sub> — Go to Q8 ↓
- No  <sub>2</sub> — Go to Q15 on page 3

64

**Q8** Do you use an e-cigarette or vaping device at all nowadays?

Tick ONE box

- Yes  <sub>1</sub> — Go to Q10 ↓
- No  <sub>2</sub> — Go to Q9 ↓

65

**Q9** Did you use an e-cigarette or vaping device regularly or did you only try them once or twice?

Tick ONE box

- Used e-cigarettes/vaping devices regularly  <sub>1</sub> — Go to Q11 ↓
- Used e-cigarettes/vaping devices occasionally  <sub>2</sub> — Go to Q11 ↓
- Never really used e-cigarettes/vaping devices, just tried them once or twice  <sub>3</sub> — Go to Q15 on page 3

66

**Q10** How often in the last **four weeks** have you used an e-cigarette or vaping device?

Tick ONE box

- Every day  <sub>01</sub>
- 4-6 days a week  <sub>02</sub>
- 2-3 days a week  <sub>03</sub>
- Once a week  <sub>04</sub> — Go to Q12 on page 3
- 2-3 times in the last 4 weeks  <sub>05</sub>
- Once in the last 4 weeks  <sub>06</sub>
- Not at all in the last 4 weeks  <sub>07</sub>

67-68

**Q11** How often did you use an e-cigarette or vaping device in a typical **four week** period?

Tick ONE box

- Every day  <sub>01</sub>
- 4-6 days a week  <sub>02</sub>
- 2-3 days a week  <sub>03</sub>
- Once a week  <sub>04</sub> — Go to Q12 on page 3
- 2-3 times in a 4 week period  <sub>05</sub>
- Once in a 4 week period  <sub>06</sub>
- Less than once in a 4 week period  <sub>07</sub>

69-70

**Q12** Can I just check, how old were you when you first tried an e-cigarette or vaping device?

Write in how old you were then

Go to Q13 ↓

71-73

**Q13** And for approximately how long have you been using/did you use an e-cigarette or vaping device?

Please write in number of years and months. For example if 1 year and 4 months enter '1' in years box and '4' in months box. If less than 1 month enter '0' in months box.

Years

Months

Go to Q14 ↓

74-75

76-77

**Q14** Can I just check, did you start **regularly** smoking tobacco cigarettes before **first trying** e-cigarettes/vaping devices?

Tick ONE box

Yes (**started regularly** smoking tobacco cigarettes *before* **first trying** e-cigarettes/vaping devices)

1

No (**started regularly** smoking tobacco cigarettes *after* **first trying** e-cigarettes/vaping devices)

2

Go to Q15 ↓

Not applicable – *never* **regularly** smoked tobacco cigarettes

3

78

**Q15** Are you regularly exposed to other people's tobacco smoke in any of these places?

Please tick all boxes that apply

Tick ALL that apply

At home

1

At work

2

In other people's homes

3

Go to Q16 ↓

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 Q17 on page 4

79-84

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

Tick ONE box

Yes

1

No

2

85

SPARE 86-99

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

## DRINKING

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

Tick ONE box

Yes  <sub>1</sub> — Go to Q20 ↓

No  <sub>2</sub> — Go to Q18 ↓

100

**Q18** Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

Very occasionally  <sub>1</sub> — Go to Q20 ↓

Never  <sub>2</sub> — Go to Q19 ↓

101

**Q19** Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

Always a non-drinker  <sub>1</sub> —

Used to drink but stopped  <sub>2</sub> — Go to Q33a on page 12

102

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

Write in how old you were then

Go to the next page

103-105



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

**EXAMPLE**

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

**Tick ONE box**

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

**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 Q21-Q28**

**Q21** **Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.**

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

**Tick ONE box**

44

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

106

**Go to Q22 on page 6**

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

	Half-pints	107-108	
AND/OR		Large cans or bottles	109-1010
AND/OR		Small cans or bottles	111-112

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

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

Tick **ONE** box

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

Go to Q23 ↓

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

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

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

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

Tick **ONE** box

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

Go to Q24 on page 7

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

<input type="text"/>	Glasses (count doubles as 2 singles)	121-122
----------------------	--------------------------------------	---------

**Q24 Sherry or martini (including port, vermouth, cinzano) or Buckfast**

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

Tick ONE box

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

123

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

Glasses (count doubles as 2 singles)

124-125

Go to Q25 ↓

**Q25 Wine (including babycham and champagne and prosecco)**

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

Tick ONE box

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

126

How much did you usually drink on any one day? WRITE IN NUMBER You can write in parts of a bottle, e.g. half a bottle

If you drink **small** bottles (e.g. 250ml or 175ml) enter the number of glasses you drank from the bottle

<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)

127-128

Standard Glasses (175ml)

129-130

Small Glasses (125ml)

131-132

Bottles (750ml)

133-134

Go to Q26 on page 8

SPARE 135-149

**Q26 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)**

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	150

Go to Q27 ↓

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

<input type="text"/>	Small cans	151-152
<input type="text"/>	Standard bottles (275ml)	153-154
<input type="text"/>	Large bottles (700ml)	155-156

**Q27 Have you had any other kinds of alcoholic drink in the last 12 months?**

Tick **ONE** box

No  1 — Go to Q29 on page 10

Yes  2 157

WRITE IN NAME OF DRINK

158-159

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	160

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

<input type="text"/>	Glasses (count doubles as 2 singles)	161-162
AND/OR <input type="text"/>	Half-pints	163-164
AND/OR <input type="text"/>	Large cans or bottles	165-166
AND/OR <input type="text"/>	Small cans or bottles	167-168

Go to Q28 on page 9

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

Tick **ONE** box

No  <sub>1</sub> — Go to Q29 on page 10  
Yes  <sub>2</sub>

169

WRITE IN NAME OF DRINK

170-171

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

172

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

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

**Go to Q29 on page 10**

SPARE 181- 199

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

**Tick ONE box**

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

200-201

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

**Tick ONE box**

- Yes  1 **Go to Q31 ↓**
- No  2 **Go to Q33 on page 12**

202

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

**Tick ONE box**

- One  1
  - Two  2
  - Three  3
  - Four  4
  - Five  5
  - Six  6
  - Seven  7
- Go to Q32 on page 11**

203

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

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

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

**Go to next page**

## DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

**Q33a** How often do you have a drink containing alcohol?

Tick **ONE** box

Never	<input type="checkbox"/>	1	Go to Q45 on pg 16
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	Go to Q33b ↓
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

266

**Q33b** 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

267

**Q34** 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

268



**Q35** 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

269

**Q36** 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

270

**Q37** 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

271

**Q38** How often during the last year have you had a feeling of guilt or remorse after drinking?

**Tick ONE box**

- Never  1
- Less than monthly  2
- Monthly  3
- Weekly  4
- Daily or almost daily  5

272

**Q39** 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  1
- Less than monthly  2
- Monthly  3
- Weekly  4
- Daily or almost daily  5

273

**Q40** Have you or someone else been injured because of your drinking?

**Tick ONE box**

- No  1
- Yes, but not in the last year  2
- Yes, during the last year  3

274

**Q41** Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

**Tick ONE box**

- No  1
- Yes, but not in the last year  2
- Yes, during the last year  3

275

**Q42** I have been drunk at least once a week, on average, in the last three weeks

**Tick ONE box**

- Yes  1
- No  2

276

**Q43a** 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"/> | 01 | } <b>Go to Q44a</b> ↓ |
| In a restaurant                                    | <input type="checkbox"/> | 02 |                       |
| In a club or disco                                 | <input type="checkbox"/> | 03 |                       |
| At a party with friends                            | <input type="checkbox"/> | 04 |                       |
| At my home   | <input type="checkbox"/> | 05 |                       |
| At someone else's home                             | <input type="checkbox"/> | 06 |                       |
| Out on the street, in a park or other outdoor area | <input type="checkbox"/> | 07 |                       |
| Somewhere else                                     | <input type="checkbox"/> | 08 |                       |

277-278

**Q43b** In which place do you drink the **most** alcohol? **Write in:**

279

**Q44a** 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"/> | 01 | } <b>Go to Q45 on page 16</b> |
| Male friends                                       | <input type="checkbox"/> | 02 |                               |
| Female friends                                     | <input type="checkbox"/> | 03 |                               |
| Male and female friends together                   | <input type="checkbox"/> | 04 |                               |
| Work colleagues                                    | <input type="checkbox"/> | 05 |                               |
| Members of my family / relatives                   | <input type="checkbox"/> | 06 |                               |
| On my own  | <input type="checkbox"/> | 07 |                               |
| Someone else                                       | <input type="checkbox"/> | 08 |                               |

280-281

**Q44b** Who are you usually with when you drink the **most** alcohol? **Write in:**

282

**We would like to know whether you have ever personally had a problem or issue with the amount of alcohol you drink either now or at any point in your life.**

**EVERYONE PLEASE ANSWER**

**Q45** Have you **ever** had a problem with how much alcohol you drink?

Tick **ONE** box

Yes  <sub>1</sub>

**Go to Q46 ↓**

No  <sub>2</sub>

**Go to Q47 on page 17**

283

**Q46** Do you **still** have a problem with how much alcohol you drink?

Tick **ONE** box

Yes  <sub>1</sub>

**Go to Q47 ↓**

No  <sub>2</sub>

**Go to Q47 on page 17**

284

SPARE 285-300

## DRUGS

The following questions ask whether or not you have used drugs in the last 12 months or not. The answers you give are completely confidential.  
PLEASE READ THIS CAREFULLY

### EVERYONE PLEASE ANSWER

**Q47** Have you taken any of the following in the **last 12 months?**  
Please tick **ONE** box for each substance

Tick **ONE** box per substance

	Yes	No	
Amphetamine (speed, sulph, uppers, Billy, base)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	301
Methamphetamine (crystal meth, ice, glass, Tina, yabba, crystal)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	302
Cannabis (weed, pot, grass, hash, skunk, ganja, blunt, dope, blow, spliff, smoke, green, edibles, joints, marijuana, oil, resin, pollen, shatter)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	303
Synthetic cannabis (K2, spice, black mamba, incense, fake weed, Yucatan, genie)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	304
Cocaine (coke, charlie, white, flake, ching, posh, petrol)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	305
Crack (rock, sand, stone, pebbles, freebase, wash)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	306
Ecstasy / MDMA Powder (‘E’, ‘X’, eccies, ‘XTC’, MDMA, swedgerz, pingers, sweeties, pills, Mandy, madman)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	307
Heroin (smack, skag, ‘H’, morphine, fentanyl, brown, junk, gear, kit)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	308
LSD (acid, tabs, trips, blotters)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	309
Magic mushrooms (mushies, psilocybin, shrooms, liberty caps)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	310
Methadone / Physeptone <u>without prescription</u> (phy, meth, linctus, juice, turtle, green)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	311
Semeron (sems, ‘S’)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	312
Anabolic steroids <u>without prescription</u> (steroids, roids)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	313
Poppers (amyl nitrate, liquid gold, TNT)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	314
Ketamine (K, special K, ket)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	315
Glues, solvents, gas or aerosols (to sniff or inhale)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	316
Mephedrone (M-Cat, 4MMC, ‘bubbles’, drone, meph)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	317
Tranquilisers: Benzodiazepines <u>without prescription</u> (temazepam, nitrazepam, diazepam, etizolam, Valium, Xanax, blues, yellows, benzos, jellies, scoobies)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	318

**Please turn over**

GHB/GBL (G, GINA, LIQUID E, LIQUID X)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	319
Nitrous Oxide (laughing gas, whippets, NOS)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	320
Prescription only painkillers that were <u>not prescribed for you</u> (morphine, codeine, co-codamol, oxycontin, tramadol, gabapentin, pregabalin)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	321

**We would like to know whether you have ever personally had a problem or issue with taking drugs either now or at any point in your life.**

**EVERYONE PLEASE ANSWER**

**Q48** Have you **ever** had a problem with your use of drugs (including prescription drugs)?

**Tick ONE box**

Yes	<input type="checkbox"/> 1	<b>Go to Q49 ↓</b>	
No	<input type="checkbox"/> 2	<b>Go to Q50 on page 19</b>	322

**Q49** Do you **still** have a problem with your use of drugs (including prescription drugs)?

**Tick ONE box**

Yes	<input type="checkbox"/> 1	<b>Go to Q50 ↓</b>	
No	<input type="checkbox"/> 2	<b>Go to Q50 on page 19</b>	323

SPARE 324-349

**EVERYONE PLEASE ANSWER**

**Q50** Have you spent any money on any of the following activities in the **last 12 months?**

Please tick **ONE** box for each activity

	Tick <b>ONE</b> box per activity		
	Yes	No	
Tickets for the National Lottery Draw, <b>including</b> Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	350
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	351
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	352
The football pools	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	353
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	354
Fruit or slot machines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	355
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	356
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	357
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	358
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	359
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	360
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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	361
Betting on <b>horse</b> races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	362
Betting on <b>dog</b> races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	363
Betting on <b>sports events</b> <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	364
Betting on <b>other events</b> <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	365
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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	366
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	367
Another form of gambling in the last 12 months	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	368

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q50, PLEASE GO TO Q51 ON PAGE 20 OTHERWISE GO TO Q61 ON PAGE 22.**

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q50, PLEASE GO TO Q51 BELOW  
OTHERWISE GO TO Q61 ON PAGE 22.**

**Q51** 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 |



**In the past 12 months, how often...**

Tick **ONE** box for each question

	<b>Almost always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Never</b>	
<b>Q52</b> ...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	370
<b>Q53</b> ...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	371
<b>Q54</b> ...have you gone back 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	372
<b>Q55</b> ...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	373
<b>Q56</b> ...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	374
<b>Q57</b> ...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	375
<b>Q58</b> ...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	376
<b>Q59</b> ...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	377
<b>Q60</b> ...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	378

SPARE 379-389

## 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**

	<b>Better than usual</b>	<b>Same as usual</b>	<b>Less than usual</b>	<b>Much less than usual</b>	
<b>Q61</b> 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	390

**Tick ONE box**

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>	
<b>Q62</b> Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	391

**Tick ONE box**

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less useful than usual</b>	<b>Much less useful</b>	
<b>Q63</b> 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	392

**Tick ONE box**

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less so than usual</b>	<b>Much less capable</b>	
<b>Q64</b> Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	393

**Tick ONE box**

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>	
<b>Q65</b> Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	394

**Tick ONE box**

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>	
<b>Q66</b> Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	395

**HAVE YOU RECENTLY:**

Tick ONE box

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less so than usual</b>	<b>Much less than usual</b>		
<b>Q67</b>	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	396

Tick ONE box

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less able than usual</b>	<b>Much less able</b>		
<b>Q68</b>	Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	397

Tick ONE box

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>		
<b>Q69</b>	Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	398

Tick ONE box

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>		
<b>Q70</b>	Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	399

Tick ONE box

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>		
<b>Q71</b>	Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	400

Tick ONE box

	<b>More so than usual</b>	<b>About same as usual</b>	<b>Less so than usual</b>	<b>Much less than usual</b>		
<b>Q72</b>	Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	401

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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**

**Tick ONE box**

	None of the time	Rarely	Some of the Time	Often	All of the time	
<b>Q73</b> I've been feeling optimistic about the future	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	402

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q74</b> I've been feeling useful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	403

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q75</b> I've been feeling relaxed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	404

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q76</b> I've been feeling interested in other people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	405

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q77</b> I've had energy to spare	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	406

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q78</b> I've been dealing with problems well	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	407

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q79</b> I've been thinking clearly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	408

**Please read this carefully:**

Below are some statements about feelings and thoughts.

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

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q80</b> I've been feeling good about myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	409

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q81</b> I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	410

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q82</b> I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	411

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q83</b> I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	412

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q84</b> I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	413

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q85</b> I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	414

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q86</b> I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	415

SPARE 416-461

The following questions are about social issues.

**Q87** Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

**Tick ONE box**

- Most people can be trusted  1
- Can't be too careful in dealing with people  2
- It depends on people/circumstances  3

462

**Q88** This question is about your immediate neighbourhood, that is, your street or block. Would you say that:

**Tick ONE box**

- Most of the people in your neighbourhood can be trusted  1
- Some can be trusted  2
- A few can be trusted  3
- No-one can be trusted  4
- Just moved here  5

463

**Q89** How involved do you feel in the local community?

**Tick ONE box**

- A great deal  1
- A fair amount  2
- Not very much  3
- Not at all  4

464

**Q90** To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

**Tick ONE box**

- Strongly agree  1
- Agree  2
- Neither agree nor disagree  3
- Disagree  4
- Strongly disagree  5
- Don't have an opinion  6
- Don't know  7

465

**Q91** Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet? **Tick ONE box**

- On most days  1
- Once or twice a week  2
- Once or twice a month  3
- Less often than once a month  4
- Never  5

466

**Q92** If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

Write in number of people in this space

467-468

**Q93** How much of the time during the past week have you felt lonely? **Tick ONE box**

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

469

**Please read this carefully:**

The next questions ask about whether you, or anyone in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

During the last 12 months, was there a time when:

**Q94** You were worried you would run out of food because of a lack of money or other resources?

**Tick ONE box**

- Yes  1 **Go to Q95 ↓**
- No  2 **Go to Q97 on page 28**

470

**Q95** You ate less than you thought you should because of a lack of money or other resources?

**Tick ONE box**

- Yes  1 **Go to Q96 ↓**
- No  2 **Go to Q97 on page 28**

471

**Q96** Your household ran out of food because of lack of money of other resources? **Tick ONE box**

Yes  1  
No  2

472

**EVERYONE PLEASE ANSWER**

**Q97** Which of the following options best describes how you think of yourself?

**Tick ONE box**

Heterosexual or Straight  1  
Gay or Lesbian  2  
Bisexual  3  
Other  4

473

**Q98** How would you describe your gender identity?

**Tick ONE box**

Man / Boy  1  
Woman / Girl  2  
In another way  3

474

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

.....

475

**THANK YOU FOR TAKING PART**

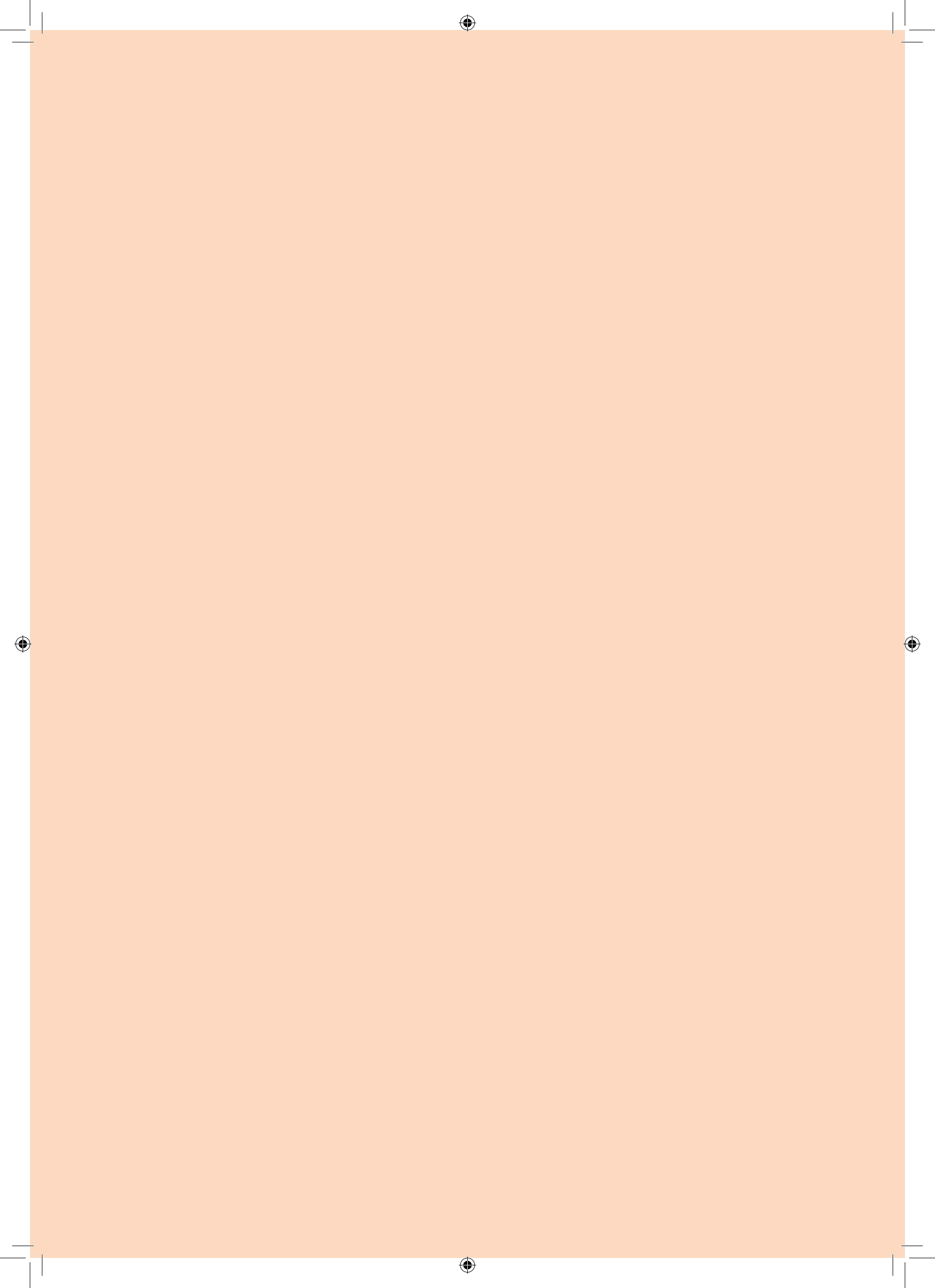
**PLEASE REMEMBER TO RETURN THE BOOKLET USING THE ENVELOPE PROVIDED**

**A USEFUL CONTACTS LEAFLET HAS BEEN INCLUDED IN THE ENVELOPE IF YOU WOULD LIKE TO TALK TO SOMEONE ABOUT ANY OF THE TOPICS COVERED IN THE QUESTIONNAIRE**









P15381

Serial Number

--	--	--	--	--	--	--	--

1-8

CKL

--

9

Person no

--	--

10-11

SPARE 12-13

Interviewer number

--	--	--	--

22-25

First name

--

Card

Batch

3	1	5
---	---	---

14-16

17-21

Survey month

--

SPARE 26-49

## Scottish Health Survey 2021 Booklet for Young Adults Version B

### How to fill in this questionnaire

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

Tick **ONE** box

**Example:**

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

Do you feel that you lead a





- B Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

**Example:**

Write in no.

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

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

# SMOKING

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

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

When answering these questions please do NOT include:

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

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

Tick ALL that apply

Yes – cigar

1

Yes – pipe

2

No

3

Go to Q2 ↓

50-51

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

Tick ONE box

Yes

1

Go to Q3 ↓

No

2

Go to Q7 on page 2

52

**Q3** How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

Go to Q4 ↓

53-55

**Q4** Do you smoke cigarettes nowadays?

Tick ONE box

Yes

1

Go to Q6a ↓

No

2

Go to Q5 ↓

56

**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

57

## CURRENT SMOKERS

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

Write in number smoked a day

Go to Q6b ↓

58-60

**Q6b** And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

Go to Q7 on page 2

61-63

**EVERYONE PLEASE ANSWER**

**Q7** Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

Tick ONE box

- Yes  <sub>1</sub> — Go to Q8 ↓
- No  <sub>2</sub> — Go to Q15 on page 3

64

**Q8** Do you use an e-cigarette or vaping device at all nowadays?

Tick ONE box

- Yes  <sub>1</sub> — Go to Q10 ↓
- No  <sub>2</sub> — Go to Q9 ↓

65

**Q9** Did you use an e-cigarette or vaping device regularly or did you only try them once or twice?

Tick ONE box

- Used e-cigarettes/vaping devices regularly  <sub>1</sub> — Go to Q11 ↓
- Used e-cigarettes/vaping devices occasionally  <sub>2</sub> — Go to Q11 ↓
- Never really used e-cigarettes/vaping devices, just tried them once or twice  <sub>3</sub> — Go to Q15 on page 3

66

**Q10** How often in the last **four weeks** have you used an e-cigarette or vaping device?

Tick ONE box

- Every day  <sub>01</sub>
- 4-6 days a week  <sub>02</sub>
- 2-3 days a week  <sub>03</sub>
- Once a week  <sub>04</sub> — Go to Q12 on page 3
- 2-3 times in the last 4 weeks  <sub>05</sub>
- Once in the last 4 weeks  <sub>06</sub>
- Not at all in the last 4 weeks  <sub>07</sub>

67-68

**Q11** How often did you use an e-cigarette or vaping device in a typical **four week** period?

Tick ONE box

- Every day  <sub>01</sub>
- 4-6 days a week  <sub>02</sub>
- 2-3 days a week  <sub>03</sub>
- Once a week  <sub>04</sub> — Go to Q12 on page 3
- 2-3 times in a 4 week period  <sub>05</sub>
- Once in a 4 week period  <sub>06</sub>
- Less than once in a 4 week period  <sub>07</sub>

69-70

**Q12** Can I just check, how old were you when you first tried an e-cigarette or vaping device?

Write in how old you were then

Go to Q13 ↓

71-73

**Q13** And for approximately how long have you been using/did you use an e-cigarette or vaping device?

Please write in number of years and months. For example if 1 year and 4 months enter '1' in years box and '4' in months box. If less than 1 month enter '0' in months box.

Years

74-75

Months

76-77

Go to Q14 ↓

**Q14** Can I just check, did you start **regularly** smoking tobacco cigarettes before **first trying** e-cigarettes/vaping devices?

Tick ONE box

Yes (**started regularly** smoking tobacco cigarettes *before first trying* e-cigarettes/vaping devices)

1

No (**started regularly** smoking tobacco cigarettes *after first trying* e-cigarettes/vaping devices)

2

Go to Q15 ↓

Not applicable – *never* **regularly** smoked tobacco cigarettes

3

78

**Q15** Are you regularly exposed to other people's tobacco smoke in any of these places?

Please tick all boxes that apply

Tick ALL that apply

At home

1

At work

2

In other people's homes

3

Go to Q16 ↓

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 Q17 on page 4

79-84

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

Tick ONE box

Yes

1

No

2

85

SPARE 86-99

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

## DRINKING

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

Tick ONE box

Yes  <sub>1</sub> — Go to Q20 ↓

No  <sub>2</sub> — Go to Q18 ↓

100

**Q18** Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

Very occasionally  <sub>1</sub> — Go to Q20 ↓

Never  <sub>2</sub> — Go to Q19 ↓

101

**Q19** Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

Always a non-drinker  <sub>1</sub> —

Used to drink but stopped  <sub>2</sub> — Go to Q33a on page 12

102

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

Write in how old you were then

Go to the next page

103-105



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

**EXAMPLE**

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

**Tick ONE box**

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

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 Q21-Q28**

**Q21** **Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy.**

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

**Tick ONE box**

44

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 **Q22**  
on page 6

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

	Half-pints	106
AND/OR		Large cans or bottles
AND/OR		Small cans or bottles

107-108  
109-110  
111-112

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

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

Tick **ONE** box

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

113

Go to Q23 ↓

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

	<input type="text"/>	Half-pints
AND/OR	<input type="text"/>	Large cans or bottles
AND/OR	<input type="text"/>	Small cans or bottles

114-115

116-117

118-119

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

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

Tick **ONE** box

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

120

Go to Q24 on page 7

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

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

121-122

**Q24 Sherry or martini (including port, vermouth, cinzano) or Buckfast**

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

Tick ONE box

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

123

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

Glasses (count doubles as 2 singles)

124-125

Go to Q25 ↓

**Q25 Wine (including babycham and champagne and prosecco)**

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

Tick ONE box

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

126

How much did you usually drink on any one day? WRITE IN NUMBER You can write in parts of a bottle, e.g. half a bottle

If you drink **small** bottles (e.g. 250ml or 175ml) enter the number of glasses you drank from the bottle

<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)

127-128

Standard Glasses (175ml)

129-130

Small Glasses (125ml)

131-132

Bottles (750ml)

133-134

Go to Q26 on page 8

SPARE 135-149

**Q26 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer etc)**

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	150

Go to Q27 ↓

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

<input type="checkbox"/>	Small cans	151-152
<input type="checkbox"/>	Standard bottles (275ml)	153-154
<input type="checkbox"/>	Large bottles (700ml)	155-156

**Q27 Have you had any other kinds of alcoholic drink in the last 12 months?**

Tick **ONE** box

No  1 — Go to Q29 on page 10

Yes  2 157

WRITE IN NAME OF DRINK

158-159

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

Tick **ONE** box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	160

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

<input type="checkbox"/>	Glasses (count doubles as 2 singles)	161-162
AND/OR <input type="checkbox"/>	Half-pints	163-164
AND/OR <input type="checkbox"/>	Large cans or bottles	165-166
AND/OR <input type="checkbox"/>	Small cans or bottles	167-168

Go to Q28 on page 9

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

Tick **ONE** box

No

1

Go to Q29 on page 10

Yes

2

169

WRITE IN NAME OF DRINK

170-171

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

Tick **ONE** box

Almost every day

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

172

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

Glasses (count doubles as 2 singles)

173-174

AND/OR

Half-pints

175-176

AND/OR

Large cans or bottles

177-178

AND/OR

Small cans or bottles

179-180

Go to Q29 on page 10

SPARE 181-199

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

**Tick ONE box**

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

200-201

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

**Tick ONE box**

- Yes  1 **Go to Q31 ↓**
- No  2 **Go to Q33 on page 12**

202

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

**Tick ONE box**

- One  1
  - Two  2
  - Three  3
  - Four  4
  - Five  5
  - Six  6
  - Seven  7
- Go to Q32 on page 11**

203

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

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

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

**Go to next page**

## DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

**Q33a** How often do you have a drink containing alcohol?

Tick **ONE** box

Never	<input type="checkbox"/>	1	Go to Q45 on pg 16
Monthly or less	<input type="checkbox"/>	2	
2-4 times a month	<input type="checkbox"/>	3	Go to Q33b ↓
2-3 times a week	<input type="checkbox"/>	4	
4 or more times a week	<input type="checkbox"/>	5	

266

**Q33b** 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

267

**Q34** 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

268



**Q35** 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

269

**Q36** 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

270

**Q37** 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

271

**Q38** How often during the last year have you had a feeling of guilt or remorse after drinking?

**Tick ONE box**

- Never  1
- Less than monthly  2
- Monthly  3
- Weekly  4
- Daily or almost daily  5

272

**Q39** 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  1
- Less than monthly  2
- Monthly  3
- Weekly  4
- Daily or almost daily  5

273

**Q40** Have you or someone else been injured because of your drinking?

**Tick ONE box**

- No  1
- Yes, but not in the last year  2
- Yes, during the last year  3

274

**Q41** Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

**Tick ONE box**

- No  1
- Yes, but not in the last year  2
- Yes, during the last year  3

275

**Q42** I have been drunk at least once a week, on average, in the last three weeks

**Tick ONE box**

- Yes  1
- No  2

276

**Q43a** 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"/> | 01 | } <b>Go to Q44a ↓</b> |
| In a restaurant                                    | <input type="checkbox"/> | 02 |                       |
| In a club or disco                                 | <input type="checkbox"/> | 03 |                       |
| At a party with friends                            | <input type="checkbox"/> | 04 |                       |
| At my home   | <input type="checkbox"/> | 05 |                       |
| At someone else's home                             | <input type="checkbox"/> | 06 |                       |
| Out on the street, in a park or other outdoor area | <input type="checkbox"/> | 07 |                       |
| Somewhere else                                     | <input type="checkbox"/> | 08 | <b>Go to Q43b ↓</b>   |

277-278

**Q43b** In which place do you drink the **most** alcohol? **Write in:**

279

**Q44a** 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"/> | 01 | } <b>Go to Q45 on page 16</b> |
| Male friends                                       | <input type="checkbox"/> | 02 |                               |
| Female friends                                     | <input type="checkbox"/> | 03 |                               |
| Male and female friends together                   | <input type="checkbox"/> | 04 |                               |
| Work colleagues                                    | <input type="checkbox"/> | 05 |                               |
| Members of my family / relatives                   | <input type="checkbox"/> | 06 |                               |
| On my own  | <input type="checkbox"/> | 07 |                               |
| Someone else                                       | <input type="checkbox"/> | 08 | <b>Go to question 44b ↓</b>   |

280-281

**Q44b** Who are you usually with when you drink the **most** alcohol? **Write in:**

282

We would like to know whether you have ever personally had a problem or issue with the amount of alcohol you drink either now or at any point in your life.

**EVERYONE PLEASE ANSWER**

**Q45** Have you **ever** had a problem with how much alcohol you drink?

Tick **ONE** box

Yes  <sub>1</sub>

**Go to Q46 ↓**

No  <sub>2</sub>

**Go to Q47 on page 17**

283

**Q46** Do you **still** have a problem with how much alcohol you drink?

Tick **ONE** box

Yes  <sub>1</sub>

**Go to Q47 ↓**

No  <sub>2</sub>

**Go to Q47 on page 17**

284

SPARE 285-300

## DRUGS

The following questions ask whether or not you have used drugs in the last 12 months or not. The answers you give are completely confidential.  
PLEASE READ THIS CAREFULLY

### EVERYONE PLEASE ANSWER

**Q47** Have you taken any of the following in the **last 12 months?**

Please tick **ONE** box for each substance

Tick **ONE** box per substance

	Yes	No	
Amphetamine (speed, sulph, uppers, Billy, base)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	301
Methamphetamine (crystal meth, ice, glass, Tina, yabba, crystal)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	302
Cannabis (weed, pot, grass, hash, skunk, ganja, blunt, dope, blow, spliff, smoke, green, edibles, joints, marijuana, oil, resin, pollen, shatter)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	303
Synthetic cannabis (K2, spice, black mamba, incense, fake weed, Yucatan, genie)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	304
Cocaine (coke, charlie, white, flake, ching, posh, petrol)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	305
Crack (rock, sand, stone, pebbles, freebase, wash)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	306
Ecstasy / MDMA Powder (‘E’, ‘X’, eccies, ‘XTC’, MDMA, swedgerz, pingers, sweeties, pills, Mandy, madman)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	307
Heroin (smack, skag, ‘H’, morphine, fentanyl, brown, junk, gear, kit)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	308
LSD (acid, tabs, trips, blotters)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	309
Magic mushrooms (mushies, psilocybin, shrooms, liberty caps)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	310
Methadone / Physeptone <u>without prescription</u> (phy, meth, linctus, juice, turtle, green)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	311
Semeron (sems, ‘S’)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	312
Anabolic steroids <u>without prescription</u> (steroids, roids)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	313
Poppers (amyl nitrate, liquid gold, TNT)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	314
Ketamine (K, special K, ket)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	315
Glues, solvents, gas or aerosols (to sniff or inhale)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	316
Mephedrone (M-Cat, 4MMC, ‘bubbles’, drone, meph)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	317
Tranquilisers: Benzodiazepines <u>without prescription</u> (temazepam, nitrazepam, diazepam, etizolam, Valium, Xanax, blues, yellows, benzos, jellies, scoobies)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	318

**Please turn over**

GHB/GBL (G, GINA, LIQUID E, LIQUID X)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	319
Nitrous Oxide (laughing gas, whippets, NOS)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	320
Prescription only painkillers that were <u>not prescribed for you</u> (morphine, codeine, co-codamol, oxycontin, tramadol, gabapentin, pregabalin)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	321

**We would like to know whether you have ever personally had a problem or issue with taking drugs either now or at any point in your life.**

**EVERYONE PLEASE ANSWER**

**Q48** Have you **ever** had a problem with your use of drugs (including prescription drugs)?

**Tick ONE box**

Yes  1 **Go to Q49 ↓**

No  2 **Go to Q50 on page 19** 322

**Q49** Do you **still** have a problem with your use of drugs (including prescription drugs)?

**Tick ONE box**

Yes  1 **Go to Q50 ↓**

No  2 **Go to Q50 on page 19** 323

SPARE 324-349

**EVERYONE PLEASE ANSWER**

**Q50** Have you spent any money on any of the following activities in the **last 12 months?**

Please tick **ONE** box for each activity

	Tick <b>ONE</b> box per activity		
	Yes	No	
Tickets for the National Lottery Draw, <b>including</b> Thunderball and Euromillions and tickets bought online	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	350
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	351
Tickets for any <u>other</u> lottery, including charity lotteries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	352
The football pools	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	353
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	354
Fruit or slot machines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	355
Virtual gaming machines <u>in a bookmakers</u> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	356
Table games (roulette, cards or dice) <u>in a casino</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	357
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	358
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <u>for money</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	359
Online betting <u>with a bookmaker</u> on any event or sport	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	360
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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	361
Betting on <b>horse</b> races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	362
Betting on <b>dog</b> races <u>in a bookmaker's, by phone or at the track</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	363
Betting on <b>sports events</b> <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	364
Betting on <b>other events</b> <u>in a bookmaker's, by phone or at the venue</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	365
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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	366
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	367
Another form of gambling in the last 12 months	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	368

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q50, PLEASE GO TO Q51 ON PAGE 20 OTHERWISE GO TO Q61 ON PAGE 22.**

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q50, PLEASE GO TO Q51 BELOW  
OTHERWISE GO TO Q61 ON PAGE 22.**

**Q51** 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 |



**In the past 12 months, how often...**

Tick **ONE** box for each question

	<b>Almost always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Never</b>	
<b>Q52</b> ...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	370
<b>Q53</b> ...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	371
<b>Q54</b> ...have you gone back 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	372
<b>Q55</b> ...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	373
<b>Q56</b> ...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	374
<b>Q57</b> ...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	375
<b>Q58</b> ...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	376
<b>Q59</b> ...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	377
<b>Q60</b> ...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	378

SPARE 379-389

## 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**

	<b>Better than usual</b>	<b>Same as usual</b>	<b>Less than usual</b>	<b>Much less than usual</b>	
<b>Q61</b> 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	390

**Tick ONE box**

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>	
<b>Q62</b> Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	391

**Tick ONE box**

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less useful than usual</b>	<b>Much less useful</b>	
<b>Q63</b> 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	392

**Tick ONE box**

	<b>More so than usual</b>	<b>Same as usual</b>	<b>Less so than usual</b>	<b>Much less capable</b>	
<b>Q64</b> Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	393

**Tick ONE box**

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>	
<b>Q65</b> Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	394

**Tick ONE box**

	<b>Not at all</b>	<b>No more than usual</b>	<b>Rather more than usual</b>	<b>Much more than usual</b>	
<b>Q66</b> Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	395

**HAVE YOU RECENTLY:**

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less than usual	
<b>Q67</b> 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	396

Tick ONE box

	More so than usual	Same as usual	Less able than usual	Much less able	
<b>Q68</b> Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	397

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q69</b> Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	398

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q70</b> Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	399

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q71</b> Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	400

Tick ONE box

	More so than usual	About same as usual	Less so than usual	Much less than usual	
<b>Q72</b> Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	401

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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**

**Tick ONE box**

	None of the time	Rarely	Some of the Time	Often	All of the time	
<b>Q73</b> I've been feeling optimistic about the future	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	402

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q74</b> I've been feeling useful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	403

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q75</b> I've been feeling relaxed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	404

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q76</b> I've been feeling interested in other people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	405

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q77</b> I've had energy to spare	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	406

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q78</b> I've been dealing with problems well	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	407

**Tick ONE box**

	None of the time	Rarely	Some of the time	Often	All of the time	
<b>Q79</b> I've been thinking clearly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	408

**Please read this carefully:**

Below are some statements about feelings and thoughts.

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

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q80</b> I've been feeling good about myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	409

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q81</b> I've been feeling close to other people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	410

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q82</b> I've been feeling confident	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	411

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q83</b> I've been able to make up my own mind about things	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	412

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q84</b> I've been feeling loved	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	413

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q85</b> I've been interested in new things	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	414

**Tick ONE box**

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q86</b> I've been feeling cheerful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	415

SPARE 416-424

**The next set of questions cover topics to do with depression, anxiety and self-harm.**

The next few questions ask about how you've been feeling lately and if you've been feeling depressed, worried or anxious

**Q87** Have you been feeling anxious or nervous in the past month? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

425

**Q88** In the past month, did you ever find your muscles felt tense or that you couldn't relax? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

426

**Q89** Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance, they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

**Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

427

**IF YOU ANSWERED 'YES' TO ANY OF THE THREE QUESTIONS ABOVE TO GO Q90**

**OR**

**IF YOU ANSWERED 'NO' TO ALL OF THE ABOVE THREE QUESTIONS, PLEASE GO TO Q97 ON PAGE 28**

**Q90** In the past month, when you felt anxious/nervous/tense, was this always brought on by a phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

**Tick ONE box**

Always brought on by phobia

<sub>1</sub>

Go to Q97 on page 28

Sometimes generally anxious

<sub>2</sub>

Go to Q91 ↓

428

**Q91** The next questions are concerned with general anxiety/nervousness/tension only.  
On how many of the past seven days have you felt generally anxious/nervous/tense?

Tick **ONE** box

4 days or more

1 — Go to Q92 ↓

1 to 3 days

2 — Go to Q92 ↓

None

3 — Go to Q97 on page 28

429

**Q92** In the past week, has your anxiety/nervousness/tension been:

Tick **ONE** box

...very unpleasant

1

...a little unpleasant

2

...or not unpleasant

3

430

**Q93** In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below?

- Heart racing or pounding
- Hands sweating or shaking
- Feeling dizzy
- Difficulty getting your breath
- Butterflies in your stomach
- Dry mouth
- Nausea or feeling as though you wanted to vomit

Tick **ONE** box

Yes

1 — Go to Q94 ↓

No

2 — Go to Q95 on page 28

431

**Q94** Which of these symptoms did you have when you felt anxious/nervous/tense?

Tick **ALL** that apply

Heart racing or pounding

01

Hands sweating or shaking

02

Feeling dizzy

03

Difficulty getting your breath

04

Butterflies in stomach

05

Dry mouth

06

Nausea or feeling as though you wanted to vomit

07

432-445

**Q95** Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

446

**Q96** How long have you had these feelings of general anxiety/nervousness/tension as you described? **Tick ONE box**

Less than 2 weeks  <sub>01</sub>

2 weeks but less than 6 months  <sub>02</sub>

6 months but less than 1 year  <sub>03</sub>

1 year but less than 2 years  <sub>04</sub>

2 years or more  <sub>05</sub>

447-448

**Q97** Almost everyone becomes sad, miserable or depressed at times.  
Have you had a spell of feeling sad, miserable or depressed in the past month? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

449

**Q98** During the past month, have you been able to enjoy or take an interest in things as much as you usually do? **Tick ONE box**

Yes  <sub>1</sub>

No/no enjoyment or interest  <sub>2</sub>

450

**Q99** In the past week have you had a spell of feeling sad, miserable or depressed? **Tick ONE box**

Yes  <sub>1</sub>

No  <sub>2</sub>

451

**Q100** In the past week have you been able to enjoy or take an interest in things as much as usual? **Tick ONE box**

Yes  <sub>1</sub>

No/no enjoyment or interest  <sub>2</sub>

452



**Q101** Since this day last week on how many days have you felt depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things?

Tick **ONE** box

4 days or more

 1

Go to Q102 ↓

1 to 3 days

 2

Go to Q102 ↓

None

 3

Go to Q105 on page 30

453

**Q102** Have you felt depressed or unable to take an interest in things/ sad, miserable or depressed/ unable to enjoy or take an interest in things for more than 3 hours in total on any day in the past week?

Tick **ONE** box

Yes

 1

No

 2

454

**Q103** In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

Tick **ONE** box

Yes, at least once

 1

No

 2

455

**Q104** How long have you been feeling sad, miserable or depressed/ unable to enjoy or take an interest in things as you have described?

Tick **ONE** box

Less than 2 weeks

 01

2 weeks but less than 6 months

 02

6 months but less than a year

 03

1 year but less than 2 years

 04

2 years but less than 5 years

 05

5 years but less than 10 years

 06

10 years or more

 07

456-457

**Q105** Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

Tick **ONE** box

Yes  <sub>1</sub>

Go to Q106↓

No  <sub>2</sub>

Go to Q107↓

458

**Q106** When was this? Please tell us about the most recent time

Tick **ONE** box

In the last week?  <sub>1</sub>

In the last year?  <sub>2</sub>

Some other time?  <sub>3</sub>

459

**Q107** Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

Tick **ONE** box

Yes  <sub>1</sub>

Go to Q108↓

No  <sub>2</sub>

Go to Q109↓

460

**Q108** When was this? Please tell us about the most recent time

Tick **ONE** box

In the last week?  <sub>1</sub>

In the last year?  <sub>2</sub>

Some other time?  <sub>3</sub>

461

The following questions are about social issues.

**Q109** Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

Tick **ONE** box

Most people can be trusted  <sub>1</sub>

Can't be too careful in dealing with people  <sub>2</sub>

It depends on people/circumstances  <sub>3</sub>

462

**Q110** This question is about your immediate neighbourhood, that is, your street or block. Would you say that:

**Tick ONE box**

- Most of the people in your neighbourhood can be trusted  1
- Some can be trusted  2
- A few can be trusted  3
- No-one can be trusted  4
- Just moved here  5

463

**Q111** How involved do you feel in the local community?

**Tick ONE box**

- A great deal  1
- A fair amount  2
- Not very much  3
- Not at all  4

464

**Q112** To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area?

**Tick ONE box**

- Strongly agree  1
- Agree  2
- Neither agree nor disagree  3
- Disagree  4
- Strongly disagree  5
- Don't have an opinion  6
- Don't know  7

465

**Q113** Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet?

**Tick ONE box**

- On most days  1
- Once or twice a week  2
- Once or twice a month  3
- Less often than once a month  4
- Never  5

466

**Q114** If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

Write in number of people in this space

467-468

**Q115** How much of the time during the past week have you felt lonely?

**Tick ONE box**

None or almost none of the time

 1

Some of the time

 2

Most of the time

 3

All or almost all of the time

 4

469

**Please read this carefully:**

The next questions ask about whether you, or anyone in your household, worry about being able to buy enough food. They ask whether you have enough money to buy the quantity of food your household needs, rather than whether you have enough money to eat a nutritious or balanced diet.

During the last 12 months, was there a time when:

**Q116** You were worried you would run out of food because of a lack of money or other resources?

**Tick ONE box**

Yes

 1

**Go to Q117 ↓**

No

 2

**Go to Q119 on page 33**

470

**Q117** You ate less than you thought you should because of a lack of money or other resources?

**Tick ONE box**

Yes

 1

**Go to Q118 ↓**

No

 2

**Go to Q119 on page 33**

471

**Q118** Your household ran out of food because of lack of money or other resources?

**Tick ONE box**

Yes

 1

No

 2

472

**EVERYONE PLEASE ANSWER**

**Q119** Which of the following options best describes how you think of yourself?

**Tick ONE box**

- Heterosexual or Straight  1
- Gay or Lesbian  2
- Bisexual  3
- Other  4

473

**Q120** How would you describe your gender identity?

**Tick ONE box**

- Man / Boy  1
- Woman / Girl  2
- In another way  3

474

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

.....

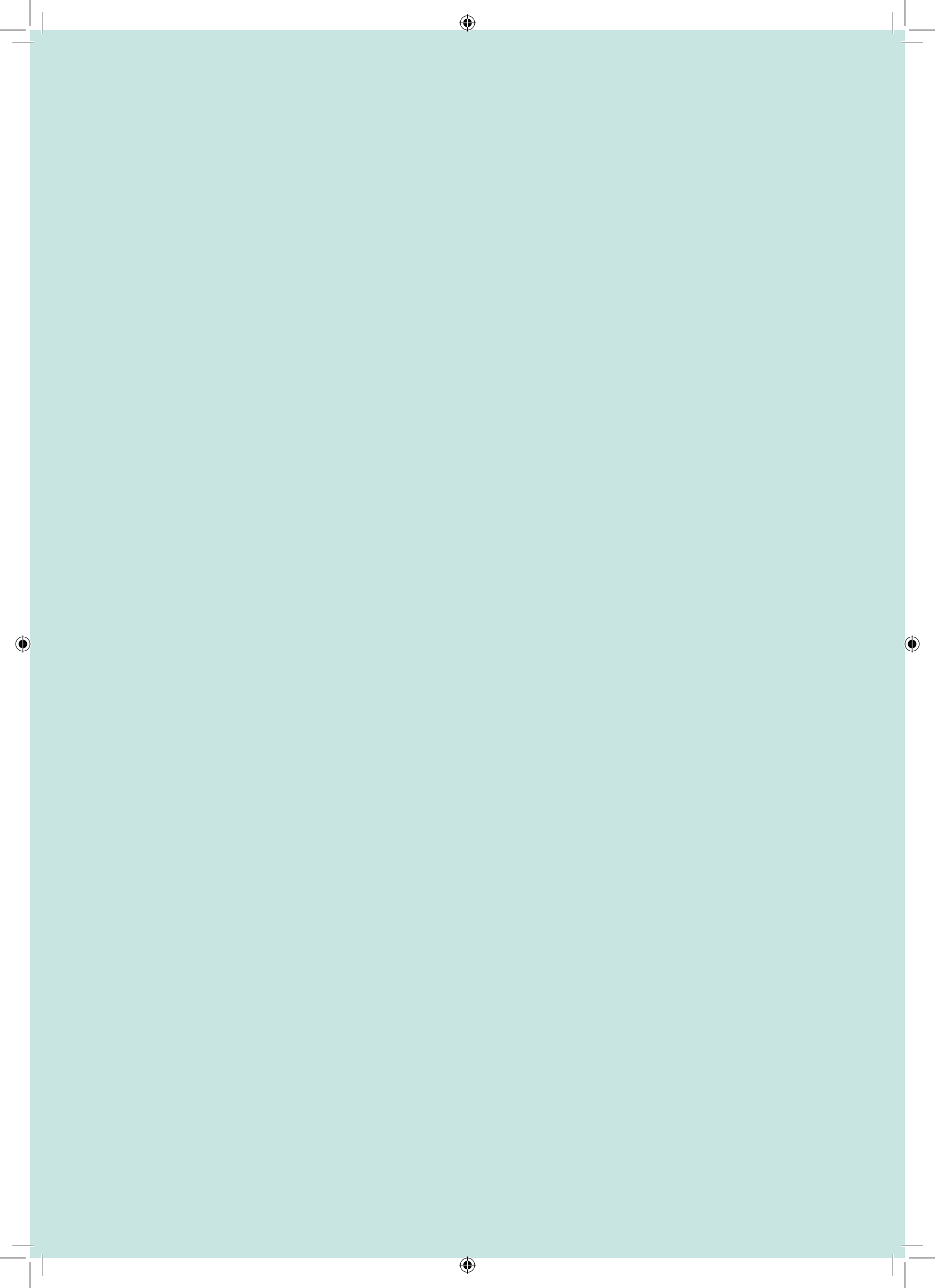
475

**THANK YOU FOR TAKING PART**

**PLEASE REMEMBER TO RETURN THE BOOKLET USING THE ENVELOPE PROVIDED**

**A USEFUL CONTACTS LEAFLET HAS BEEN INCLUDED IN THE ENVELOPE IF YOU WOULD LIKE TO TALK TO SOMEONE ABOUT ANY OF THE TOPICS COVERED IN THE QUESTIONNAIRE**





P15381

Serial Number

--	--	--	--	--	--	--	--

1-8

CKL

--

9

Child no

--	--

10-11

SPARE 12-13

Interviewer number

--	--	--	--

22-25

First name

--

Card

3	1	3
---	---	---

14-16

Batch

17-21

Survey month

--

SPARE 26-389

## Scottish Health Survey 2021

### Booklet for 13-15 year olds

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- You do not have to answer all the questions. If you want to miss a question, please just leave it out and move to the next one.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

**Thank you for taking part in this survey**





## How to answer these questions

- Please read each question carefully
- All of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes  <sub>1</sub>

No  <sub>2</sub>

## General health over the last few weeks

**Please read this carefully:**

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

**HAVE YOU RECENTLY:**

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual	
<b>Q1.</b> 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	390

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q2.</b> Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	391

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful	
<b>Q3.</b> 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	392

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable	
<b>Q4.</b> Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	393

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q5.</b> Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	394

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
<b>Q6.</b> Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	395

**HAVE YOU RECENTLY:**

Tick ONE box

**Q7.** Been able to enjoy your normal day-to-day activities?

More so than usual  
 1

Same as usual  
 2

Less so than usual  
 3

Much less than usual  
 4

396

Tick ONE box

**Q8.** Been able to face up to your problems?

More so than usual  
 1

Same as usual  
 2

Less able than usual  
 3

Much less able  
 4

397

Tick ONE box

**Q9.** Been feeling unhappy and depressed?

Not at all  
 1

No more than usual  
 2

Rather more than usual  
 3

Much more than usual  
 4

398

Tick ONE box

**Q10.** Been losing confidence in yourself?

Not at all  
 1

No more than usual  
 2

Rather more than usual  
 3

Much more than usual  
 4

399

Tick ONE box

**Q11.** Been thinking of yourself as a worthless person?

Not at all  
 1

No more than usual  
 2

Rather more than usual  
 3

Much more than usual  
 4

400

Tick ONE box

**Q12.** Been feeling reasonably happy, all things considered?

More so than usual  
 1

About same as usual  
 2

Less so than usual  
 3

Much less than usual  
 4

401

**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

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the Time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q13</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	402
	1	2	3	4	5	

Tick **ONE** box

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q14</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	403
	1	2	3	4	5	

Tick **ONE** box

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q15</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	404
	1	2	3	4	5	

Tick **ONE** box

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q16</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	405
	1	2	3	4	5	

Tick **ONE** box

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q17</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	406
	1	2	3	4	5	

Tick **ONE** box

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q18</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	407
	1	2	3	4	5	

Tick **ONE** box

	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	
<b>Q19</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	408
	1	2	3	4	5	

**Please read this carefully:**

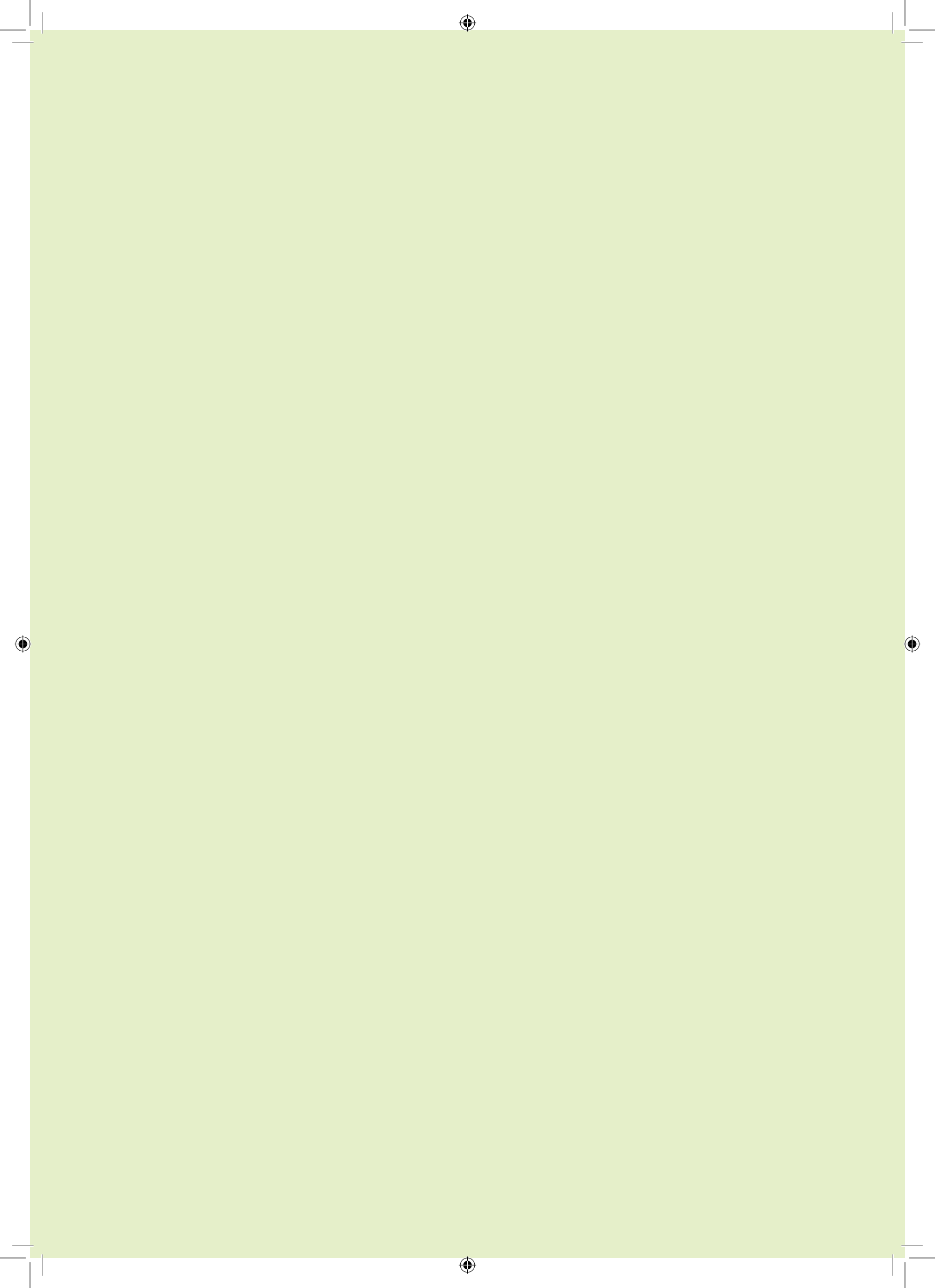
Below are some statements about feelings and thoughts.

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

<b>Q20</b>	I've been feeling good about myself	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	409
<b>Q21</b>	I've been feeling close to other people	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	410
<b>Q22</b>	I've been feeling confident	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	411
<b>Q23</b>	I've been able to make up my own mind about things	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	412
<b>Q24</b>	I've been feeling loved	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	413
<b>Q25</b>	I've been interested in new things	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	414
<b>Q26</b>	I've been feeling cheerful	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	415

**Thank you for answering these questions.**

**PLEASE REMEMBER TO RETURN THE BOOKLET USING THE ENVELOPE PROVIDED**



P15381

Serial Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1-8

CKL

<input type="text"/>
----------------------

9

Child no

<input type="text"/>	<input type="text"/>
----------------------	----------------------

10-11

Person no of parent

<input type="text"/>	<input type="text"/>
----------------------	----------------------

12-13

First name  
of **child**

Card

3	1	4
---	---	---

14-16

Batch

17-21

First name of **parent**  
completing booklet

Interviewer  
number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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22-25

Survey month

## Scottish Health Survey 2021

### Booklet for parents of 4–12 year olds

#### How to fill in this questionnaire.

The questions in this booklet can be answered by ticking the box below the answer that applies. You do not have to answer every question.

#### Example:

Tick **ONE** box on each row

	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"/>

SPARE 26-499



## Strengths and Difficulties Questionnaire

For each item, please mark the box for **Not True**, **Somewhat True** or **Certainly True**. It would help us if you answered all Items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of the child's behaviour over the last six months.

Tick **ONE** box on each row

	Not true	Somewhat true	Certainly true	
Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	500
Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	501
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	502
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	503
Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	504
Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	505
Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	506
Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	507
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	508
Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	509
Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	510
Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	511
Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	512
Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	513
Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	514
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	515
Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	516
Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	517
Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	518
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	519
Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	520
Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	521
Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	522
Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	523
Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	524

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	<input type="checkbox"/>	1	→ Go to end of questionnaire
Yes – minor difficulties	<input type="checkbox"/>	2	→ Go to next question
Yes – definite difficulties	<input type="checkbox"/>	3	
Yes – severe difficulties	<input type="checkbox"/>	4	

525

If you have answered “Yes”, please answer the following questions about these difficulties:

How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

526

Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

527

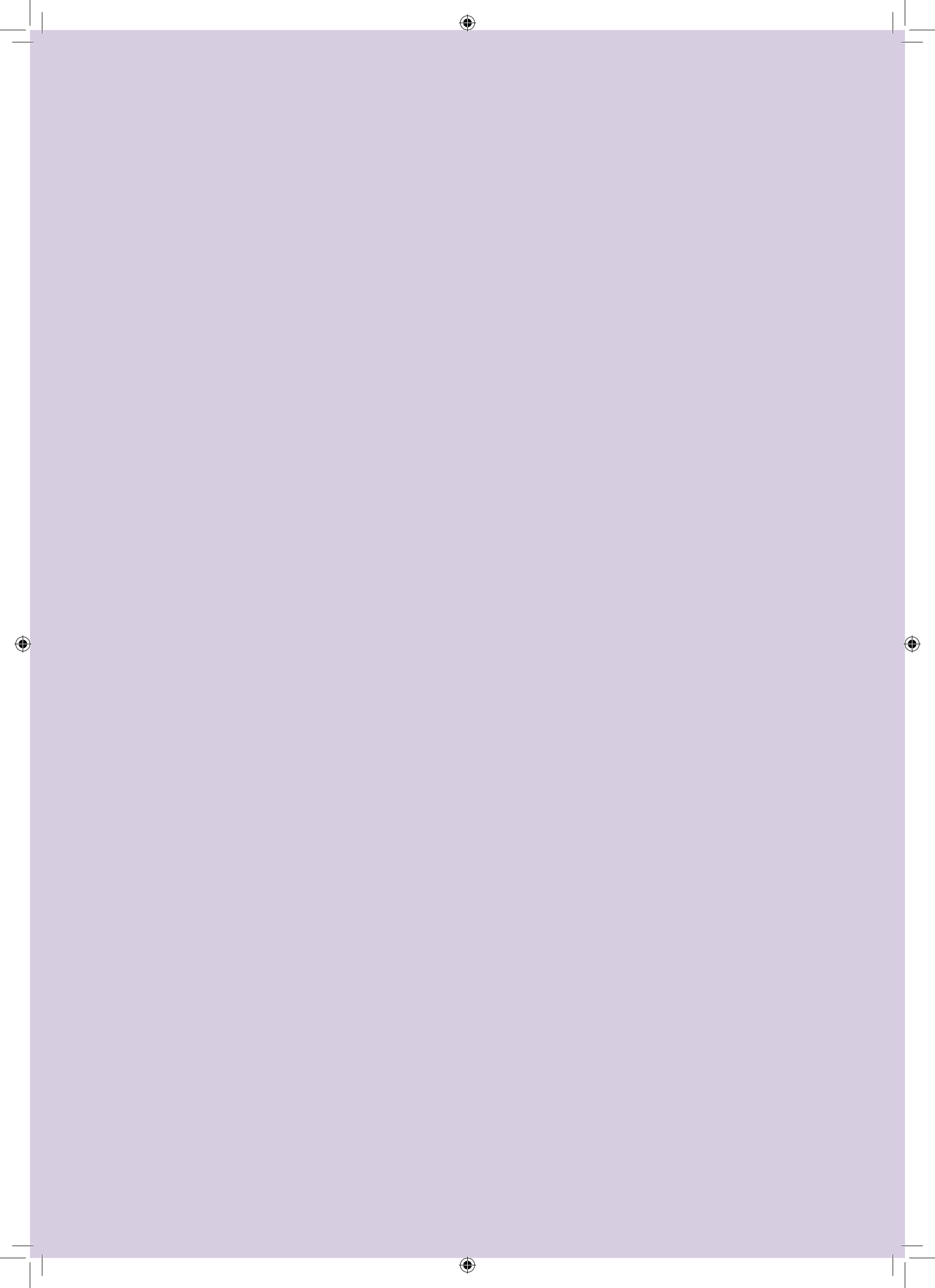
Do the difficulties interfere with your child’s everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal	
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	528
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	529
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	530
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	531
	1	2	3	4	

Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

532



# **SCOTTISH HEALTH SURVEY 2021**

# **SHOWCARDS**

## CARD A1

### MARITAL STATUS

- 1 Never married and never registered a same-sex civil partnership
- 2 Married
- 3 In a registered same-sex civil partnership
- 4 Separated, but still legally married
- 5 Separated, but still legally in a same-sex civil partnership
- 6 Divorced
- 7 Formerly in a same-sex civil partnership which is now legally dissolved
- 8 Widowed
- 9 Surviving partner from a same-sex civil partnership

## CARD A2

### RELATIONSHIP

- 1 Husband / Wife / Spouse
- 2 Legally recognised civil partner
- 3 Partner / Cohabitee
  
- 4 Natural child
- 5 Adopted child
- 6 Foster child
- 7 Step-child
- 8 Child's spouse / civil partner (in law)
- 9 Natural parent
- 10 Adoptive parent
- 11 Foster parent
- 12 Step-parent / Parent's partner
- 13 Parent-in-law
  
- 14 Natural sibling (i.e. both natural parents the same)
- 15 Half-sibling (i.e. one natural parent the same)
- 16 Step-sibling (i.e. no natural parents the same)
- 17 Adopted sibling
- 18 Foster sibling
- 19 Sibling-in-law
  
- 20 Grandchild
- 21 Grandparent
  
- 22 Other relative
- 23 Other non-relative

## CARD A3

- 1 Buying with mortgage / loan
- 2 Own it outright
- 3 Part rent / part mortgage
- 4 Rent (including rents paid by housing benefit)
- 5 Living here rent free

## CARD A4

- 1 People can smoke anywhere inside this house / flat
- 2 People can only smoke in certain areas or rooms inside this house / flat (include smoking out of the window and at an open back door)
- 3 People can only smoke in outdoor areas (e.g. gardens / balconies of this house / flat)
- 4 People cannot smoke indoors or in outdoor areas of this house / flat



## CARD A5

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Fairly dissatisfied
- 5 Very dissatisfied
- 6 No opinion

## CARD A6

- 1 Earnings from employment or self-employment (including overtime, tips, bonuses)
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal pensions
- 5 Pension Credit
- 6 Child Benefit
- 7 Universal Credit
- 8 Job-Seekers Allowance
- 9 Income Support
- 10 Working Tax Credit, Child Tax Credit or any other Tax Credit
- 11 Housing Benefit
- 12 Employment and Support Allowance
- 13 Personal Independence Payments
- 14 Disability Living Allowance
- 15 Attendance Allowance
- 16 Carer's Allowance
- 17 Other state benefits
- 18 Student grants and bursaries (but not loans)
- 19 Interest from savings and investments (eg. stocks and shares)
- 20 Rent from property (after expenses)
- 21 Other kinds of regular income (eg. maintenance or grants)
- 22 No source of income

## CARD A7

### GROSS INCOME FROM ALL SOURCES

(before any deductions for taxes, National Insurance contributions, health insurance payments, superannuation payments etc.)

WEEKLY	or	MONTHLY	or	ANNUAL
Less than £10 ..... 1		Less than £40 ..... 1		Less than £520 ..... 1
£10 less than £30 ..... 2		£40 less than £130 ..... 2		£520 less than £1,600 ..... 2
£30 less than £50 ..... 3		£130 less than £220 ..... 3		£1,600 less £2,600 ..... 3
£50 less than £70 ..... 4		£220 less than £300 ..... 4		£2,600 less than £3,600 ..... 4
£70 less than £100 ..... 5		£300 less than £430 ..... 5		£3,600 less than £5,200 ..... 5
£100 less than £150 ..... 6		£430 less than £650 ..... 6		£5,200 less than £7,800 ..... 6
£150 less than £200 ..... 7		£650 less than £870 ..... 7		£7,800 less than £10,400 ..... 7
£200 less than £250 ..... 8		£870 less than £1,100 ..... 8		£10,400 less than £13,000 ..... 8
£250 less than £300 ..... 9		£1,100 less than £1,300 ..... 9		£13,000 less than £15,600 ..... 9
£300 less than £350 ..... 10		£1,300 less than £1,500 ..... 10		£15,600 less than £18,200 ..... 10
£350 less than £400 ..... 11		£1,500 less than £1,700 ..... 11		£18,200 less than £20,800 ..... 11
£400 less than £450 ..... 12		£1,700 less than £2,000 ..... 12		£20,800 less than £23,400 ..... 12
£450 less than £500 ..... 13		£2,000 less than £2,200 ..... 13		£23,400 less than £26,000 ..... 13
£500 less than £550 ..... 14		£2,200 less than £2,400 ..... 14		£26,000 less than £28,600 ..... 14
£550 less than £600 ..... 15		£2,400 less than £2,600 ..... 15		£28,600 less than £31,200 ..... 15
£600 less than £650 ..... 16		£2,600 less than £2,800 ..... 16		£31,200 less than £33,800 ..... 16
£650 less than £700 ..... 17		£2,800 less than £3,000 ..... 17		£33,800 less than £36,400 ..... 17
£700 less than £800 ..... 18		£3,000 less than £3,500 ..... 18		£36,400 less than £41,600 ..... 18
£800 less than £900 ..... 19		£3,500 less than £3,900 ..... 19		£41,600 less than £46,800 ..... 19
£900 less than £1,000 ..... 20		£3,900 less than £4,300 ..... 20		£46,800 less than £52,000 ..... 20
£1,000 less than £1,150 ..... 21		£4,300 less than £5,000 ..... 21		£52,000 less than £60,000 ..... 21
£1,150 less than £1,350 ..... 22		£5,000 less than £5,800 ..... 22		£60,000 less than £70,000 ..... 22
£1,350 less than £1,500 ..... 23		£5,800 less than £6,500 ..... 23		£70,000 less than £78,000 ..... 23
£1,500 less than £1,750 ..... 24		£6,500 less than £7,500 ..... 24		£78,000 less than £90,000 ..... 24
£1,750 less than £1,900 ..... 25		£7,500 less than £8,300 ..... 25		£90,000 less than £100,000 ..... 25
£1,900 less than £2,100 ..... 26		£8,300 less than £9,200 ..... 26		£100,000 less than £110,000 ..... 26
£2,100 less than £2,300 ..... 27		£9,200 less than £10,000 ..... 27		£110,000 less than £120,000 ..... 27
£2,300 less than £2,500 ..... 28		£10,000 less than £10,800 ..... 28		£120,000 less than £130,000 ..... 28
£2,500 less than £2,700 ..... 29		£10,800 less than £11,700 ..... 29		£130,000 less than £140,000 ..... 29
£2,700 less than £2,900 ..... 30		£11,700 less than £12,500 ..... 30		£140,000 less than £150,000 ..... 30
£2,900 or more ..... 31		£12,500 or more ..... 31		£150,000 or more ..... 31

## **CARD A8**

- 1 Working as an employee (or temporarily away)
- 2 On a Government sponsored training scheme (or temporarily away)
- 3 Self employed or freelance (or temporarily away)
- 4 Working unpaid for your own family's business (or temporarily away)
- 5 Doing any other kind of paid work
- 6 None of the above

## CARD A9

### HOURS SPENT PROVIDING CARE

- 1 Up to 4 hours a week
- 2 5 - 19 hours a week
- 3 20 - 34 hours a week
- 4 35 - 49 hours a week
- 5 50 or more hours a week

## CARD A10

- 1 Less than one year
- 2 One year but less than 5 years
- 3 5 years but less than 10 years
- 4 10 years but less than 20 years
- 5 20 years or more

## **CARD A11**

- 1 Been unable to take up employment
- 2 Worked fewer hours
- 3 Reduced responsibility at work
- 4 Flexible employment agreed
- 5 Changed to work at home
- 6 Reduced opportunities for promotion
- 7 Took new job
- 8 Left employment altogether
- 9 Took early retirement
- 10 Other (Please say what)
- 11 Employment not affected/never had a job

## CARD A12

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical support (e.g. transport, equipment/adaptations)
- 4 Counselling or emotional support
- 5 Training and learning
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Carer's allowance
- 10 Other (Please say what)
- 11 Receive no help or support



## CARD A13

- 1 Short breaks or respite e.g. day time breaks, overnight breaks or emergency respite
- 2 Advice and information
- 3 Practical things, e.g. putting hand rails in the bathroom, transport to a day centre
- 4 Talking to someone for support, e.g. family member, friend, counsellor
- 5 Having a befriender or a peer mentor
- 6 Advocacy services
- 7 Personal assistant/ support worker/ community nurse/ home help
- 8 Help from family, friends or neighbours
- 9 Help from teachers at school, e.g. talking or extra help with homework
- 10 Social activities and support, e.g. young carers' groups or day trips
- 11 Other (Please say what)
- 12 Receive no help or support

# CARD A14

**Extremely  
dissatisfied**

**Extremely  
satisfied**

**0**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

## CARD B2

- 1 Regular check-up with GP / hospital / clinic
- 2 Taking medication (tablets / inhalers)
- 3 Advice or treatment to stop smoking
- 4 Using oxygen
- 5 Immunisations against flu / pneumococcus
- 6 Exercise or physical activity
- 7 Advice or treatment to lose weight
- 8 Other (Please say what)

## **CARD C1**

- 1 A general practitioner (GP)
- 2 Nurse at GP surgery/Health centre
- 3 Community, School or District Nurse
- 4 Hospital casualty/Accident and Emergency department
- 5 Consultant/Specialist or other doctor at hospital outpatients
- 6 Consultant/Specialist or other doctor elsewhere
- 7 Homeopath
- 8 Acupuncturist
- 9 Other alternative medicine professional

## CARD C2

- 1 Fever
- 2 Weakness/tiredness
- 3 Diarrhoea
- 4 Loss of smell
- 5 Shortness of breath
- 6 Vertigo/dizziness
- 7 Trouble sleeping
- 8 Headache
- 9 Nausea/vomiting
- 10 Loss of appetite
- 11 Sore throat
- 12 Chest pain
- 13 Worry/anxiety
- 14 Memory loss or confusion
- 15 Muscle ache
- 16 Abdominal pain
- 17 Loss of taste
- 18 Cough
- 19 Palpitations
- 20 Low mood/not enjoying anything
- 21 Difficulty concentrating
- 22 None of these

## CARD C3

- 1 Very likely
- 2 Fairly likely
- 3 Neither likely nor unlikely
- 4 Fairly unlikely
- 5 Very unlikely

## CARD C4

- 1 I need more information about the safety of the vaccines
- 2 These are new vaccines so I don't want to be among the first
- 3 I have heard that some people don't feel well after being vaccinated
- 4 I don't think COVID-19 would be a serious illness for me
- 5 I don't think I'm at risk of catching Coronavirus
- 6 I'm concerned about how quickly the vaccines have been developed
- 7 I'm concerned about how quickly the vaccines have been approved
- 8 I have a medical history of allergic reactions and am concerned about my reaction to being vaccinated
- 9 I am concerned about having an allergic reaction, even though I do not have a medical history of allergies
- 10 I would worry about the risk of catching coronavirus at the place where the vaccines are given
- 11 I worry about how I will travel to the place where the vaccines are being given
- 12 I usually choose not to get any vaccines
- 13 I'm unlikely to have time to get vaccinated
- 14 I don't trust vaccines
- 15 Other (Please say what)

## CARD D1

- 1 On a pavement or a pedestrian area
- 2 On a road
- 3 In a home or garden (either your own or someone else's)
- 4 In a place used for sports, play or recreation (including sports facility at a school or college)
- 5 In some other part of a school or college
- 6 In an office, factory, shop, pub, restaurant or other public building
- 7 Somewhere else (Please say where)
- 8 Outdoor place of recreation or work otherwise not specified



## CARD D2

1. Broken bone
2. Dislocated joints
3. Losing consciousness
4. Straining or twisting a part of the body
5. Cutting, piercing or grazing a part of the body
6. Bruising, pinching or crushing a part of the body
7. Swelling or tenderness in some part of the body
8. Getting something stuck in the eye, throat, ear or other part of the body
9. Burning or scalding
10. Poisoning
11. Other injury to internal parts of the body
12. Animal or insect bite or sting
13. Other (Please say what)

### CARD D3

1. Hospital
2. GP/Family Doctor
3. Nurse at GP surgery
4. Nurse at place of work, school or college
5. Doctor at place of work, school or college
6. Other doctor or nurse
7. Ambulance staff
8. Volunteer first aider
9. Chemist or pharmacist
10. Family, friends, colleagues, passers-by
11. Looked after self
12. Other person/s

## CARD E1

### HOUSEWORK

Done during the last 4 weeks -

Hoovering

Dusting

Ironing

General tidying

Washing floors and paintwork

## CARD E2

### HEAVY HOUSEWORK

Done during the last 4 weeks -

Moving heavy furniture

Spring cleaning

Walking with heavy shopping  
(for more than 5 minutes)

Cleaning windows

Scrubbing floors with a scrubbing brush

## **CARD E3**

### **GARDENING, DIY AND BUILDING WORK**

Done during the last 4 weeks -

Hoeing, weeding, pruning

Mowing with a power mower

Planting flowers/seeds

Decorating

Minor household repairs

Car washing and polishing

Car repairs and maintenance

## CARD E4

### HEAVY MANUAL WORK

Done during the last 4 weeks -

Digging, clearing rough ground

Building in stone/bricklaying

Mowing large areas with a hand mower

Felling trees, chopping wood

Mixing/laying concrete

Moving heavy loads

Refitting a kitchen or bathroom

## CARD E5

Done during the last 4 weeks -

- 1 Swimming
- 2 Cycling
- 3 Workout at a gym / Exercise bike / Weight training
- 4 Aerobics / Keep fit / Gymnastics / Dance for Fitness
- 5 Any other type of dancing
- 6 Running / Jogging
- 7 Football / Rugby
- 8 Badminton / Tennis
- 9 Squash
- 10 Exercises (e.g. press-ups, sit-ups)

Please also include teaching, coaching and training/practice sessions

## CARD E6

- 1 Bowls
  - 2 Fishing / angling
  - 3 Golf
  - 4 Hillwalking / rambling
  - 5 Snooker / billiards / pool
  - 6 Aqua-robics / aquafit / exercise class in water
  - 7 Yoga / pilates
  - 8 Athletics
  - 9 Basketball
  - 10 Canoeing / Kayaking
  - 11 Climbing
  - 12 Cricket
  - 13 Curling
  - 14 Hockey
  - 15 Horse riding
  - 16 Ice skating
  - 17 Martial arts including Tai Chi
  - 18 Netball
  - 19 Powerboating / jet skiing
  - 20 Rowing
  - 21 Sailing / windsurfing
  - 22 Shinty
  - 23 Skateboarding / inline skating
  - 24 Skiing/ snowboarding
  - 25 Subaqua
  - 26 Surfing / body boarding
  - 27 Table tennis
  - 28 Tenpin bowling
  - 29 Volleyball
  - 30 Waterskiing
- 0 No – none of these**



## CARD F1

- 1 Less than 5 minutes
- 2 5 minutes, less than 15 minutes
- 3 15 minutes, less than 30 minutes
- 4 30 minutes, less than 1 hour
  
- 5 1 hour, less than 1 ½ hours
- 6 1 ½ hours, less than 2 hours
- 7 2 hours, less than 2 ½ hours
- 8 2 ½ hours, less than 3 hours
- 9 3 hours, less than 3 ½ hours
- 10 3 ½ hours, less than 4 hours
- 11 4 hours or more (please say how long)

## CARD F2

### SPORTS AND EXERCISE ACTIVITIES

INCLUDE any sports and exercise activities like:

Playing football, rugby or netball in a team,  
or any other organised team games

Playing tennis, squash or badminton

*include playing in:  
a practice session  
a match  
a club  
out-of-school lesson*

Going swimming or swimming lessons

Gymnastics (include Toddler Gym, Tumble Tots etc)

Dance lessons, ballet lessons, ice skating

Horse riding

Disco dancing

Any other organised sports, team sports or exercise activities

## CARD F3

Other active things like:

Ride a bike

Kick a ball around

Run about (outdoors or indoors)

Play active games

Jump around

Any other things like these

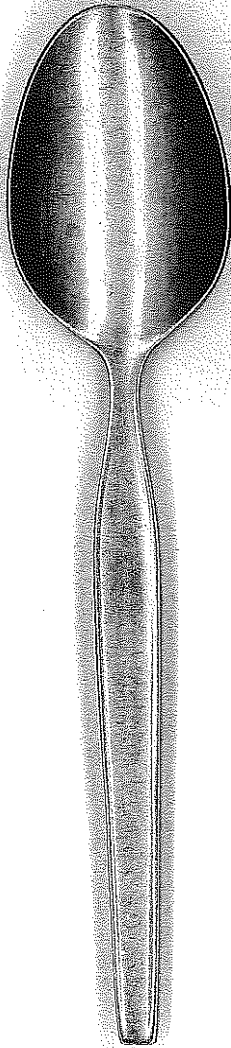
## CARD G1

- 1 6 a day or more
- 2 4 or 5 a day
- 3 2 or 3 a day
- 4 One a day
- 5 Less than one a day

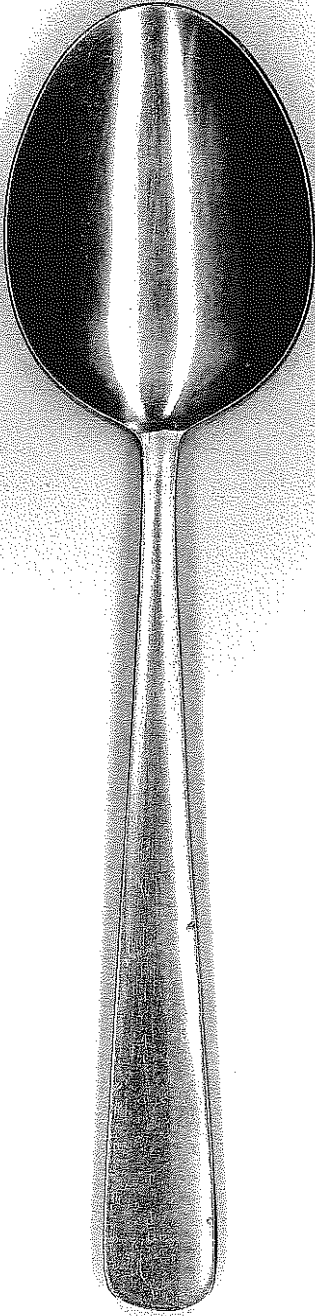
## CARD G2

- 1 6 or more times a day
- 2 4 or 5 times a day
- 3 2 or 3 times a day
- 4 Once a day
- 5 5 or 6 times a week
- 6 2 to 4 times a week
- 7 Once a week
- 8 1 to 3 times a month
- 9 Less often or never

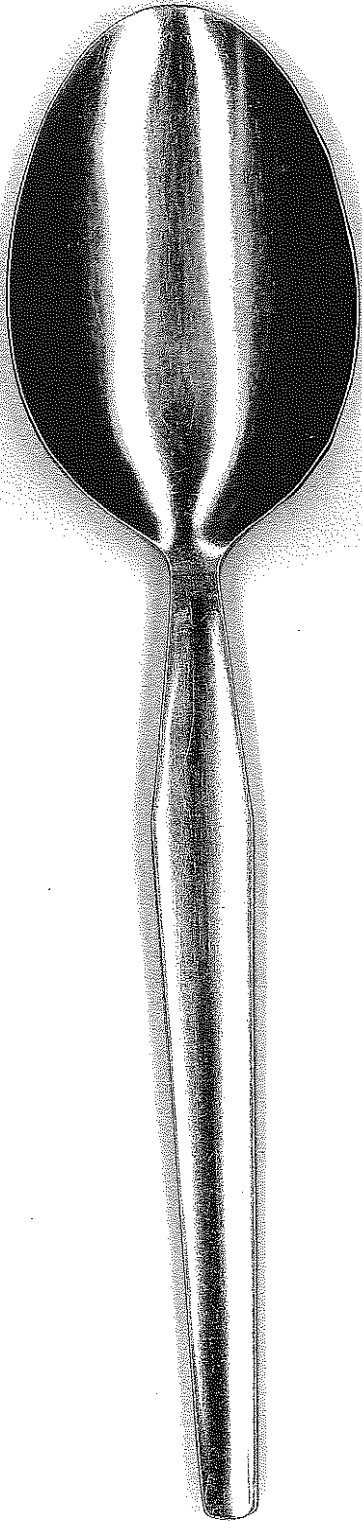
**CARD G3**



**Teaspoon**



**Dessertspoon**



**Tablespoon**

## CARD H1

- 1 Less than a week
- 2 At least a week but less than a month
- 3 1 - 3 months
- 4 4 - 6 months
- 5 Over 6 months

## CARD H2

- 1 Every day
- 2 4 - 6 days a week
- 3 2 – 3 days a week
- 4 Once a week
- 5 2 – 3 times in the last 4 weeks
- 6 Once in the last 4 weeks
- 7 Not at all in last 4 weeks



## CARD H3

- 1 Every day
- 2 4 - 6 days a week
- 3 2 – 3 days a week
- 4 Once a week
- 5 2 – 3 times in a 4 week period
- 6 Once in a 4 week period
- 7 Less than once in a 4 week period

## CARD H4

- 1 Nicotine gum
- 2 Nicotine patches that you stick on your skin
- 3 Nasal spray/nicotine inhaler
- 4 Lozenge / microtab
- 5 Champix / Varenicline
- 6 Zyban / Bupropion
- 7 Electronic cigarette / vaping device
- 8 Other (Please say what)
- 9 No products used

## CARD H5

- 1 At own home
- 2 At work
- 3 In other people's homes
- 4 In cars, vans etc
- 5 Outside of buildings (e.g. pubs, shops, hospitals)
- 6 In other public places
- 7 No, none of these

## CARD J1

- 1 Almost every day
- 2 Five or six days a week
- 3 Three or four days a week
- 4 Once or twice a week
- 5 Once or twice a month
- 6 Once every couple of months
- 7 Once or twice a year
- 8 Not at all in the last 12 months

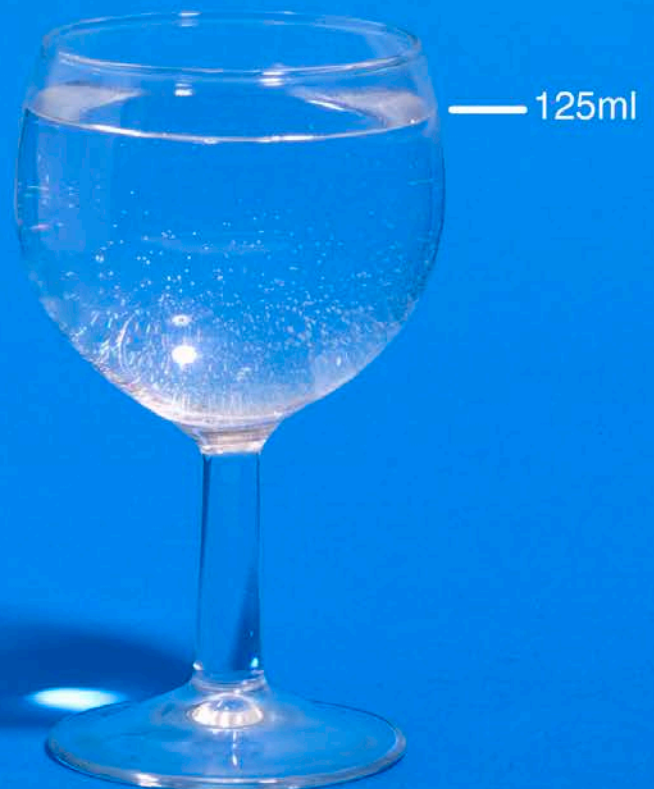


— 250 ml

250ml wine glass



175ml wine glass



125ml wine glass

## CARD J2

- 1 Normal strength beer / lager / cider / shandy
- 2 Strong beer / lager / cider
- 3 Spirits or Liqueurs
- 4 Sherry, Martini or Buckfast
- 5 Wine (including Babycham, champagne and prosecco)
- 6 Alcopops / pre-mixed drinks
- 7 Other alcoholic drinks
- 8 Low alcohol drinks only

## CARD J3

- 1 In a pub or bar
- 2 In a restaurant
- 3 In a club or disco
- 4 At a party with friends
- 5 At my home
- 6 At someone else's home
- 7 Out on the street, in a park or other outdoor area
- 8 Somewhere else (Please say where)



## CARD J4

- 1 My husband or wife / boyfriend or girlfriend / partner
- 2 Male friends
- 3 Female friends
- 4 Male and female friends together
- 5 Work colleagues
- 6 Members of my family / relatives
- 7 Someone else (Please say who)
- 8 On my own

## CARD K1

- 1 No natural teeth
- 2 Fewer than 10 natural teeth
- 3 Between 10 and 19 natural teeth
- 4 20 or more natural teeth

## CARD K2

- 1 Eating food
- 2 Speaking clearly
- 3 Smiling, laughing and showing teeth without embarrassment
- 4 Emotional stability, for example, becoming more easily upset than usual
- 5 Enjoying the company of other people such as family, friends, or neighbours
- 6 None of these

## CARD K3

- 1 Yes, often
- 2 Yes, occasionally
- 3 No, never

## CARD K4

- 1 Full upper denture
- 2 Full lower denture
- 3 Partial upper denture
- 4 Partial lower denture

## CARD K5

- 1 Less than a year ago
- 2 More than 1 year, up to 2 years ago
- 3 More than 2 years, up to 5 years ago
- 4 More than 5 years ago
- 5 Never been to the dentist

## CARD K7

- 1 Difficulty in getting time off work
- 2 Difficulty in getting an appointment that suits me
- 3 Dental treatment too expensive
- 4 Long way to go to the dentist
- 5 I have not found a dentist I like
- 6 I cannot get dental treatment under the NHS
- 7 I have difficulty getting access, e.g. steps, wheelchair access
- 8 Other (Please say what)

## CARD K8

- 1 Brush my teeth with a fluoride toothpaste
- 2 Use dental floss
- 3 Use a mouth rinse
- 4 Restrict my intake of sugary foods and drinks
- 5 Clean my dentures (including soaking with a sterilising tablet)
- 6 Leave my dentures out at night



## **CARD L1**

- 1 Within the last 12 months
- 2 One year ago but less than two years ago
- 3 Two years ago but less than four years ago
- 4 Four years ago or more

## **CARD L2**

- 1 Within the last 12 months
- 2 One year ago but less than two years ago
- 3 Two years ago but less than four years ago
- 4 Four years ago or more
- 5 No refresher training

### CARD L3

- 1 I taught myself from a book, through the internet (e.g. YouTube, other website) or another self-learning tool
- 2 Training I took primarily because I am a parent or carer
- 3 Training which was compulsory for me to take as part of my work
- 4 Training which I opted to take as part of my work
- 5 Training which was compulsory for me to take as part of my voluntary work or hobby
- 6 Training which I opted to take as part of my voluntary work or hobby
- 7 Training I took whilst I was a student as part of my school/college/university work
- 8 Other form of CPR training (Please say what)

## CARD N1

- D Your accent
- K Your ethnicity
- W Your age
- T Your language
- G Your colour
- L Your nationality
- B Your mental ill-health
- H Any other health problems or disability
- A Your sex
- I Sectarian reasons
- C Other religions belief or faith reason
- P Your sexual orientation
- E Where you live
- O Other reason
- N I have not experienced this

## **CARD P1**

- 1 Working as an employee (or temporarily away)
- 2 On a Government sponsored training scheme (or temporarily away)
- 3 Self employed or freelance (or temporarily away)
- 4 Working unpaid for your own family's business (or temporarily away)
- 5 Doing any other kind of paid work
- 6 None of the above

## CARD P2

- 1 Not at all stressful
- 2 Mildly stressful
- 3 Moderately stressful
- 4 Very stressful
- 5 Extremely stressful

## CARD P3

0	Extremely dissatisfied
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	Extremely satisfied

## CARD P4

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Seldom
- 5 Never



## CARD P5

- 1 Strongly agree
- 2 Tend to agree
- 3 Neutral
- 4 Tend to disagree
- 5 Strongly disagree

## CARD Q1

- 1 School Leaving Certificate, National Qualification Access Unit
- 2 O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, National 4 or 5, Senior Certificate or equivalent
- 3 GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC / National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent
- 4 Higher Grade, Advanced Higher, CSYS, A level, AS level, Advanced Senior Certificate or equivalent
- 5 GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
- 6 HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent
- 7 First Degree, Higher Degree, SVQ Level 5 or equivalent
- 8 Professional qualifications e.g. teaching, accountancy
- 9 Other school examinations not already mentioned
- 10 Other post-school but pre Higher education examinations not already mentioned
- 11 Other Higher education qualifications not already mentioned
- 12 No qualifications

## CARD Q2

Choose **ONE** section from A to F, then choose **ONE** option which best describes your ethnic group or background.

### **A White**

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Other white ethnic group (please say what)

### **B Mixed or multiple ethnic group**

Any mixed or multiple ethnic groups (please say what)

### **C Asian, Asian Scottish or Asian British**

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other (please say what)

### **D African**

African, African Scottish or African British

Other (please say what)

### **E Caribbean or Black**

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other (please say what)

### **F Other ethnic group**

Arab, Arab Scottish or Arab British

Other, (please say what)

### CARD Q3

- 1 Self-employed, with a business with 25 or more employees
- 2 Self-employed, with a business with fewer than 25 employees
- 3 Self-employed, in a business with no employees
- 4 A manager of 25 or more staff
- 5 A manager of fewer than 25 staff
- 6 Foreman or supervisor
- 7 An employee, not a manager

## CARD Q4

- 1 High Blood Pressure
- 2 Angina
- 3 Heart Attack
- 4 Stroke
- 5 Other Heart Trouble
- 6 Diabetes