



P7032

Point 1-3	Address 4-5	HHLID 6	CKL 7	Person no 8-9
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First name:

Spare 10-11	Card 12-14	Batch 15-20
	3 1 1	

Survey month

Scottish Health Survey

Booklet for Young Adults

In Confidence

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"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- 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.

- 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	<input checked="" type="checkbox"/> 1	➔Go to Q4
No	<input type="checkbox"/> 2	➔Go to Q5

SMOKING

Q1 Have you ever smoked a cigar or a pipe?

Tick ALL that apply

Yes – cigar

²¹
 1

Yes – pipe

2

No

3

➔Go to Q2

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes

²²
 1

➔Go to Q3

No

2

➔Go to Q7 on page 2

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

Write in how old you were then

²³⁻²⁴

➔Go to Q4

Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box

Yes

²⁵
 1

➔Go to Q6a

No

2

➔Go to Q5

Q5 Did you smoke cigarettes regularly or occasionally?

Regularly, that is at least one cigarette a day

Occasionally

I never really smoked cigarettes, just tried them once or twice

Tick ONE box

²⁶
 1

2

3

➔Go to Q7 on page 2

CURRENT SMOKERS

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

Write in number smoked a day

²⁷⁻²⁸

➔Go to Q6b

Q6b And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

²⁹⁻³⁰

➔Go to Q7 on page 2

EVERYONE PLEASE ANSWER

Q7 Do you find that you are regularly exposed to other people's tobacco smoke in any of these places?

Please tick all boxes which apply

Tick ALL that apply

31

At home	<input type="checkbox"/>	1	} Go to Q8
At work	<input type="checkbox"/>	2	
On public transport	<input type="checkbox"/>	3	
In other people's homes	<input type="checkbox"/>	4	
In pubs	<input type="checkbox"/>	5	
In other public places	<input type="checkbox"/>	6	
No, none of these	<input type="checkbox"/>	7	Go to Q9 on p3

Q8 Does this bother you?

Tick ONE box

32

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

NOW GO TO THE DRINKING QUESTIONS ON THE NEXT PAGE ➡

DRINKING

Q9 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

33

Yes

1

➡ Go to Q12

No

2

➡ Go to Q10

Q10 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

34

Very occasionally

1

➡ Go to Q12

Never

2

➡ Go to Q11

Q11 Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

35

Always a non-drinker

1

Used to drink but stopped

2

➡ Go to Q37 on p15

Q12 How old were you the first time you ever had a proper alcoholic drink – a whole drink, not just a sip?

36-37

Write in how old you were then

➡ Go to the next page

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

EXAMPLE

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

Tick ONE box

Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice in the last 12 months	Never in the last 12 months
<input style="width: 40px; height: 20px;" type="checkbox"/> 1	<input style="width: 40px; height: 20px;" type="checkbox"/> 2	<input style="width: 40px; height: 20px;" type="checkbox"/> 3	<input checked="" style="width: 40px; height: 20px;" type="checkbox"/> 4	<input style="width: 40px; height: 20px;" type="checkbox"/> 5	<input style="width: 40px; height: 20px;" type="checkbox"/> 6	<input style="width: 40px; height: 20px;" type="checkbox"/> 7	<input style="width: 40px; height: 20px;" type="checkbox"/> 8

Go to QB

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

<input style="width: 80px; height: 20px;" type="text" value="2"/>	Half-pints
AND/OR <input style="width: 80px; height: 20px;" type="text"/>	Large cans or bottles
AND/OR <input style="width: 80px; height: 20px;" type="text" value="1"/>	Small cans or bottles

NOW PLEASE ANSWER Q13-Q20

Q13 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

38

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 style="width: 40px; height: 20px;" type="checkbox"/> 1	<input style="width: 40px; height: 20px;" type="checkbox"/> 2	<input style="width: 40px; height: 20px;" type="checkbox"/> 3	<input style="width: 40px; height: 20px;" type="checkbox"/> 4	<input style="width: 40px; height: 20px;" type="checkbox"/> 5	<input style="width: 40px; height: 20px;" type="checkbox"/> 6	<input style="width: 40px; height: 20px;" type="checkbox"/> 7	<input style="width: 40px; height: 20px;" type="checkbox"/> 8

Go to Q14 →

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

<input style="width: 80px; height: 20px;" type="text" value="39-46"/>	Half-pints
AND/OR <input style="width: 80px; height: 20px;" type="text"/>	Large cans or bottles
AND/OR <input style="width: 80px; height: 20px;" type="text"/>	Small cans or bottles

Q14 Strong beer, lager, stout, cider (6% alcohol or more, such as Tennant's Super, Special Brew, White Lightning)

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

Tick ONE box

47

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8

Go to Q15 ↓

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

48-55

<input type="text"/>	Half-pints
AND/OR <input type="text"/>	Large cans or bottles
AND/OR <input type="text"/>	Small cans or bottles

Q15 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

56

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8

Go to Q16 →

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

57-58

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

Q16 Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast

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

Tick ONE box

59

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

Go to Q17 ↓

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

60-61

Glasses (count doubles as 2 singles)

Q17 Wine (including babycham and champagne)

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

Tick ONE box

62

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

Go to Q18 →

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

63-72

Large Glasses (250ml)

Standard Glasses (175ml)

Small Glasses (125ml)

Bottles (750ml)

Q18 Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)

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

Tick ONE box

73

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8

Go to Q19 ↓

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

74-79

Small cans

Standard bottles (275ml)

Large bottles (700ml)

Q19 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick ONE box

80

No

Go to Q21 on p9

Yes

WRITE IN NAME OF DRINK

81-82

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

Tick ONE box

83

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

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

84-93

Glasses (count doubles as 2 singles)

AND/OR

Half-pints

AND/OR

Large cans or bottles

AND/OR

Small cans or bottles

Go to Q20 on page 8 ➔

Q20 Have you had any other kinds of alcoholic drink in the last 12 months?

Tick ONE box

No

94
 1

Go to Q21 on p9

Yes

2

WRITE IN NAME OF DRINK

95-96

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

Tick ONE box

97

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

1

2

3

4

5

6

7

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

98-107

Glasses (count doubles as 2 singles)

AND/OR

Half-pints

AND/OR

Large cans or bottles

AND/OR

Small cans or bottles

Go to Q21 on page 9

Q21 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

108-109

- Almost every day
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not all in the last 12 months

 01 02 03 04 05 06 07 08

→ Go to Q22

Q22 Did you have an alcoholic drink in the seven days ending yesterday?

Tick **ONE** box

110

Yes

 1

→ Go to Q23

No

 2

→ Go to Q25 on p11

Q23 On how many days out of the last seven did you have an alcoholic drink?

Tick **ONE** box

111

- One
- Two
- Three
- Four
- Five
- Six
- Seven

 1 2 3 4 5 6 7

→ Go to Q24 on p10

Q24 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.	112-127 <input type="text"/> 01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	128-135
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew, White Lightning)	<input type="text"/> 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	136-143
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	<input type="text"/> 03	<input type="text"/>				144-145
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	<input type="text"/> 04	<input type="text"/>				146-147
Wine (including babycham and champagne) You can write in parts of a bottle, e.g. half a bottle If you drank <u>small</u> bottles (e.g. 250ml or 175ml) enter the number of glasses drunk from the bottle	<input type="text"/> 05	Large glasses (250ml) <input type="text"/>	Standard glasses (175ml) <input type="text"/>	Small glasses (125ml) <input type="text"/>	Bottles (750ml) <input type="text"/>	148-157
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	<input type="text"/> 06		Small cans <input type="text"/>	Standard bottles (275ml) <input type="text"/>	Large bottles (700ml) <input type="text"/>	158-163
Other kinds of alcoholic drink WRITE IN NAME OF DRINK		Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles	
1. <input type="text"/>	<input type="text"/> 07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	164-173
2. <input type="text"/>	<input type="text"/> 08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	174-183

DRINKING EXPERIENCES

PLEASE READ THIS CAREFULLY

Please read each statement. Thinking about the last three months only, if you have had the experience tick the box next to the word "Yes". If you have not had the experience in the last three months, tick the box next to the word "No".

Q25 I have felt that I ought to cut down on my drinking

Tick ONE box

184

Yes

1

No

2

Q26 I have felt ashamed or guilty about my drinking

Tick ONE box

185

Yes

1

No

2

Q27 People have annoyed me by criticising my drinking

Tick ONE box

186

Yes

1

No

2

Q28 I have found that my hands were shaking in the morning after drinking the previous night

Tick ONE box

187

Yes

1

No

2

Q29 I have had a drink first thing in the morning to steady my nerves or get rid of a hangover

Tick ONE box

188

Yes

1

No

2

Q30 There have been occasions when I felt that I was unable to stop drinking

Tick ONE box

189

Yes

1

No

2

Q31 I have been drunk at least once a week, on average, in the last three weeks

Tick ONE box

190

Yes

1

No

2

➡ Go to Q34a on p13

➡ Go to Q32 on p12

Q32 Drinking has made me slightly (or very) drunk in the last three months

Tick ONE box

191

Yes

1

➔ Go to Q33

No

2

➔ Go to Q34a on p13

Tick ONE box

192

Once

Twice

Three times

Four or more times

Q33 If yes, please tick one of the boxes to show how many times in the last 3 months?

1

2

3

4

Q34a In which of these places would you say you drink the **most** alcohol?

Please tick **one** box only

Tick ONE box
193

In a pub or bar	<input type="checkbox"/>	1	} Go to question 35a
In a restaurant	<input type="checkbox"/>	2	
In a club or disco	<input type="checkbox"/>	3	
At a party with friends	<input type="checkbox"/>	4	
At my home	<input type="checkbox"/>	5	
At someone else's home	<input type="checkbox"/>	6	
Out on the street, in a park or other outdoor area	<input type="checkbox"/>	7	
Somewhere else	<input type="checkbox"/>	8	— Go to question 34b

↓

Q34b 194-195 In which place do you drink the **most** alcohol? **Write in:**

Q35a And which next?

Please tick **one** box only

Tick ONE box
196

In a pub or bar	<input type="checkbox"/>	1	} Go to question 36a
In a restaurant	<input type="checkbox"/>	2	
In a club or disco	<input type="checkbox"/>	3	
At a party with friends	<input type="checkbox"/>	4	
At my home	<input type="checkbox"/>	5	
At someone else's home	<input type="checkbox"/>	6	
Out on the street, in a park or other outdoor area	<input type="checkbox"/>	7	
No further place	<input type="checkbox"/>	8	} Go to question 35b
Somewhere else	<input type="checkbox"/>	9	

↓

Q35b 197-198 What is the next place you drink the **most** alcohol? **Write in:**

Q36a Who are you usually with when you drink the **most** alcohol?

Please tick **one** box only

Tick **ONE** box

199

My boyfriend or girlfriend/partner/husband or wife

1

Male friends

2

Female friends

3

Male and female friends together

4

Work colleagues

5

Members of my family / relatives

6

On my own

7

Someone else

8

→ Go to question 36c

→ Go to question 36b



200-201

Q36b

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

Q36c And who next?

Please tick **one** box only

Tick **ONE** box

202

My boyfriend or girlfriend/partner/husband or wife

1

Male friends

2

Female friends

3

Male and female friends together

4

Work colleagues

5

Members of my family / relatives

6

On my own

7

No one else

8

→ Go to question 37 on next page

203-205 spare

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
206

	Better than usual	Same as usual	Less than usual	Much less than usual
Q37 Been able to concentrate on whatever you're doing?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Tick ONE box
207

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q38 Lost much sleep over worry?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Tick ONE box
208

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q39 Felt you were playing a useful part in things?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Tick ONE box
209

	More so than usual	Same as usual	Less so than usual	Much less capable
Q40 Felt capable of making decisions about things?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Tick ONE box
210

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q41 Felt constantly under strain?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

Tick ONE box
211

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q42 Felt you couldn't overcome your difficulties?	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>

HAVE YOU RECENTLY:

Tick ONE box
212

	More so than usual	Same as usual	Less so than usual	Much less than usual
Q43 Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box
213

	More so than usual	Same as usual	Less able than usual	Much less able
Q44 Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box
214

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q45 Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box
215

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q46 Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box
216

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q47 Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Tick ONE box
217

	More so than usual	About same as usual	Less so than usual	Much less than usual
Q48 Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

General Health Questionnaire (GHQ-12)
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Please read this carefully:

Below are some statements about feelings and thoughts.

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

Q49 I've been feeling optimistic about the future

	None of the time	Rarely	Some of the Time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q50 I've been feeling useful

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q51 I've been feeling relaxed

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q52 I've been feeling interested in other people

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q53 I've had energy to spare

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q54 I've been dealing with problems well

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q55 I've been thinking clearly

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please read this carefully:

Below are some statements about feelings and thoughts.

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

Q56 I've been feeling good about myself

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box
225

Q57 I've been feeling close to other people

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box
226

Q58 I've been feeling confident

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box
227

Q59 I've been able to make up my own mind about things

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box
228

Q60 I've been feeling loved

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box
229

Q61 I've been interested in new things

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box
230

Q62 I've been feeling cheerful

	None of the time	Rarely	Some of the time	Often	All of the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick ONE box
231

CONTRACEPTION

Q63 Are you currently sexually active?

Tick **ONE** box

232

Yes

 1

→ Go to Q64

No

 2

→ Go to Q68 on page 21

Q64 Which method of contraception are you or your partner currently using?

Tick up to 3 methods

Tick up to 3

Methods

233-238

I am not using any contraception

 01

→ Go to Q66 on page 20

Mini pill

 02

Combined pill

 03

Pill – not sure which

 04

Mirena coil (hormone releasing coil)

 05

Coil/other device

 06

Condom/male sheath/Durex

 07

Femidom (female sheath)

 08

Cap/diaphragm

 09

Foams, gels, sprays, pessaries (spermicides)

 10

→ Go to Q68 on page 21

Contraceptive sponge

 11

Persona

 12

Safe period/rhythm method (other than Persona)

 13

Withdrawal

 14

Injection

 15

Implant

 16

Emergency contraception

 17

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

 18

Going without sex

 19

Another method of contraception

 20

Go to Q65 ↓

Q65

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

239-240

Q66

Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you and your partner?

Tick **ONE** box

241-242

- | | | |
|---|-----------------------------|-----------------------------|
| I am / my partner is trying to become pregnant or is already pregnant | <input type="checkbox"/> 01 | } → Go to Q68 on p21 |
| I am / my partner is unlikely to conceive because of the menopause | <input type="checkbox"/> 02 | |
| I am / my partner is unlikely to conceive because of infertility | <input type="checkbox"/> 03 | |
| Against my faith/beliefs | <input type="checkbox"/> 04 | |
| I am having sex with someone of the same sex | <input type="checkbox"/> 05 | |
| I don't like contraception / find methods unsatisfactory | <input type="checkbox"/> 06 | |
| My partner doesn't like – or won't use – contraception | <input type="checkbox"/> 07 | |
| Don't know where to obtain contraceptives / advice | <input type="checkbox"/> 08 | |
| Find access to contraceptive services difficult | <input type="checkbox"/> 09 | |
| Some other reason | <input type="checkbox"/> 10 | |

Q67

Please write in other reason:

243-244

Now go to Q68 on page 21 →

EVERYONE PLEASE ANSWER

Q68

Which of the following best describes your sexual orientation?
(If forming any of the following relationships: girlfriend / boyfriend / wife / husband / partner – with which sex(es) would that be?)

Tick ONE box

245

Bisexual (both sexes)

 1

Gay or Lesbian (same sex)

 2

Heterosexual (opposite sex)

 3

Other

 4

Prefer not to answer

 5

246-300 spare