



P7042

Yr	Sample Type	Point	Address	HHLID	CKL	Person no
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
1-11						

First name:

Spare	Card	Batch
12	3 1 2	13-15 16-20

Survey month:

Scottish Health Survey 2009

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

- 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
	1	2

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".

BLANK 21 - 168

Q1 I have felt that I ought to cut down on my drinking

Tick ONE box

169

Yes

1

No

2

Q2 I have felt ashamed or guilty about my drinking

Tick ONE box

170

Yes

1

No

2

Q3 People have annoyed me by criticising my drinking

Tick ONE box

171

Yes

1

No

2

Q4 I have found that my hands were shaking in the morning after drinking the previous night

Tick ONE box

172

Yes

1

No

2

Q5 I have had a drink first thing in the morning to steady my nerves or get rid of a hangover

Tick ONE box

173

Yes

1

No

2

Q6 There have been occasions when I felt that I was unable to stop drinking

Tick ONE box

174

Yes

1

No

2

Q7 I have been drunk at least once a week, on average, in the last three weeks

Tick ONE box

175

Yes

1

No

2

→Go to Q10 on p3

→Go to Q8 on p2

Q8 Drinking has made me slightly (or very) drunk in the last three months

Tick ONE box

176

Yes

1

→ Go to Q9

No

2

→ Go to Q10 on p3

Tick ONE box

177

Once

Twice

Three times

Four or more times

Q9 If yes, please tick one of the boxes to show how many times in the last 3 months?

1

2

3

4

178-188 BLANK

GENERAL HEALTH OVER THE LAST FEW WEEKS

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
189

	Better than usual	Same as usual	Less than usual	Much less than usual
Q10 Been able to concentrate on whatever you're doing?	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>4</small>

Tick ONE box
190

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q11 Lost much sleep over worry?	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>4</small>

Tick ONE box
191

	More so than usual	Same as usual	Less useful than usual	Much less useful
Q12 Felt you were playing a useful part in things?	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>4</small>

Tick ONE box
192

	More so than usual	Same as usual	Less so than usual	Much less capable
Q13 Felt capable of making decisions about things?	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>4</small>

Tick ONE box
193

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q14 Felt constantly under strain?	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>4</small>

Tick ONE box
194

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q15 Felt you couldn't overcome your difficulties?	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 20px;" type="checkbox"/> <small>4</small>

HAVE YOU RECENTLY:

Q16 Been able to enjoy your normal day-to-day activities?

Tick ONE box ¹⁹⁵			
More so than usual	Same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q17 Been able to face up to your problems?

Tick ONE box ¹⁹⁶			
More so than usual	Same as usual	Less able than usual	Much less able
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q18 Been feeling unhappy and depressed?

Tick ONE box ¹⁹⁷			
Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q19 Been losing confidence in yourself?

Tick ONE box ¹⁹⁸			
Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q20 Been thinking of yourself as a worthless person?

Tick ONE box ¹⁹⁹			
Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q21 Been feeling reasonably happy, all things considered?

Tick ONE box ²⁰⁰			
More so than usual	About same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please read this carefully:

Below are some statements about feelings and thoughts.

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

		Tick ONE box <small>201</small>				
	None of the time	Rarely	Some of the Time	Often	All of the time	
Q22 I've been feeling optimistic about the future	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>202</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q23 I've been feeling useful	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>203</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q24 I've been feeling relaxed	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>204</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q25 I've been feeling interested in other people	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>205</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q26 I've had energy to spare	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>206</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q27 I've been dealing with problems well	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

		Tick ONE box <small>207</small>				
	None of the time	Rarely	Some of the time	Often	All of the time	
Q28 I've been thinking clearly	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>4</small>	<input type="checkbox"/> <small>5</small>	

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

Q29 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
208

Q30 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
209

Q31 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
210

Q32 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
211

Q33 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
212

Q34 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
213

Q35 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
214

CONTRACEPTION

Q36 Are you currently sexually active?

Tick ONE box

215

Yes

 1

→ Go to Q37

No

 2

→ Go to Q41 on page 9

Q37 Which method of contraception are you or your partner currently using? Please include permanent methods like sterilization.

Tick up to 3 Methods

216-221

Tick up to 3 methods

Not using any contraception (myself or my partner)

 01

→ Go to Q39 on page 8

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

 02

Mini pill

 03

Combined pill

 04

Pill – not sure which

 05

Mirena coil (hormone releasing coil)

 06

Coil/other device

 07

Condom/male sheath/Durex

 08

Femidom (female sheath)

 09

Cap/diaphragm

 10

Foams, gels, sprays, pessaries (spermicides)

 11

→ Go to Q41 on page 9

Contraceptive sponge

 12

Persona

 13

Safe period/rhythm method (other than Persona)

 14

Withdrawal

 15

Injection

 16

Implant

 17

Emergency contraception

 18

Going without sex

 19

Another method of contraception

 20

→ Go to Q38 ↓

Q38

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

222-223

Now go to Q41 on page 9 →

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

Q39 Here is a list of reasons why people do not use any method of contraception. Which is the **main** reason that currently applies to you or your partner?

Tick ONE box

224-225

- | | | | |
|---|--------------------------|----|----------------------------|
| I am / my partner is trying to become pregnant or is already pregnant | <input type="checkbox"/> | 01 | } → Go to Q41 on p9 |
| 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 | |

Q40

226-227

Please write in other reason:

Now go to Q41 on page 9 →

EVERYONE PLEASE ANSWER

Q41

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

228

- | | |
|-----------------------------|----------------------------|
| Bisexual (both sexes) | <input type="checkbox"/> 1 |
| Gay or Lesbian (same sex) | <input type="checkbox"/> 2 |
| Heterosexual (opposite sex) | <input type="checkbox"/> 3 |
| Other | <input type="checkbox"/> 4 |
| Prefer not to answer | <input type="checkbox"/> 5 |