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P16448		
Serial Number	CKL Person no  9 10-11	SPARE 12-13
Interviewer number	First name	
Card Batch		
3 1 5	Survey month	
14-16 17-21		SPARE 26-49
	h Health Survey : Young Adults—\	
How to fill in this questionnaire		
A Most of the questions on the followor below or alongside the answevery question.		
Example.	nealthy Fairly healthy Not very fe life healthy life	An e unhealthy life
Do you feel that you lead a		
B Sometimes you are asked to write enter numbers as figures rather the		er in your own words. Please
Example:	Write in no. 6	
C On most pages you should answ instruction next to the box you has By following the instructions care to you.	ave ticked telling you to go	to another question.
Example:	Yes ✓ → Go to	o Q4
	No ☐ → Go to	
	ave completed all the quality of the pages have student	



# **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 – ciga	ar
	Yes – pip	e
	N	o
Q2	Have you ever smoked a cigarette?	Tick ONE box
	Ye	S Go to Q3 ♥
	N	O 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 the	n <b>Go to Q4                                 </b>
Q4	Do you smoke cigarettes nowadays?	Tick ONE box
	Ye	s Go to Q6a ♥
	N	o Go to Q5 ♥
Q5	Did you smoke cigarettes regularly or occasionally?	Tick ONE box
	Regularly, that is at least one cigarette a da	у
	Occasional	y Go to Q7 on page 2 →
	I never really smoked cigarettes, just tried them once of twice	
CURRI	ENT SMOKERS	
Q6a	About how many cigarettes a day do you usually smoke on weekdays?	
	Write in number smoked a da	y Go to Q6b on page 2 → 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 ♥ 61-63
EVER Q7	YONE PLEASE ANSWER  Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?	Tick ONE box
	Yes	Go to Q8 ♥
	No	Go to Q15 on page 4 → 64
Q8	Do you use an e-cigarette or vaping device at all nowadays?	Tick ONE box
	Yes	Go to Q10 <b>Ψ</b>
	No	Go to Q9 ♥
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	Go to Q11 on page 3 →
	Used e-cigarettes/vaping devices occasionally	Go to Q11 on page 3 →
	Never really used e-cigarettes/vaping devices, just tried them once or twice	Go to Q15 on page 4 → 66
Q10	How often in the last <b>four weeks</b> have you used an e-cigarette or vaping device?	Tick ONE box
	Every day	01
	4-6 days a week	02
	2-3 days a week	03
	Once a week	Go to Q12 on page 3 →
	2-3 times in the last 4 weeks	05
	Once in the last 4 weeks	06
	Not at all in the last 4 weeks	07 67–68

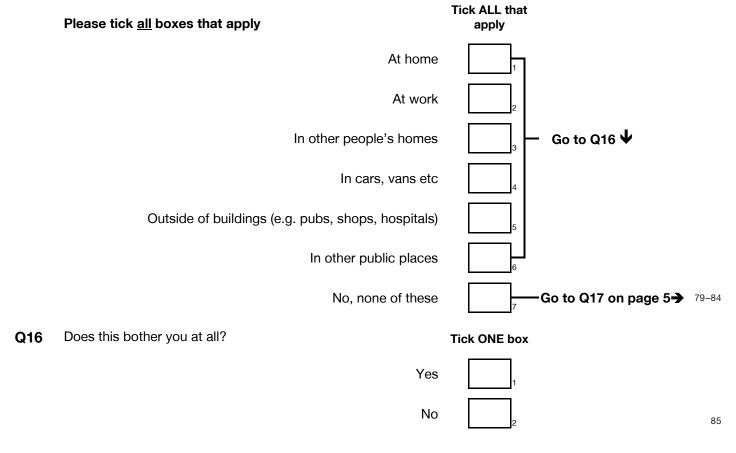
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Q11	How often did you use an e-cigarette or vaping device in a typical <b>four week</b> period?	Tick ONE box
	Every day	01
	4-6 days a week	02
	2-3 days a week	03
	Once a week	
	2-3 times in a 4 week period	05
	Once in a 4 week period	06
	Less than once in a 4 week period	07 69–70
Q12	Can I just check, how old were you when you first tried an ecigarette 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 us device?	se an e-cigarette or vaping
	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
Q14	Can I just check, did you start <b>regularly</b> smoking tobacco cigarettes before <b>first trying</b> e-cigarettes/vaping devices?	Tick ONE box
	Yes ( <b>started regularly</b> smoking tobacco cigarettes before <b>first trying</b> e-cigarettes/vaping devices)	
	No (started regularly smoking tobacco cigarettes after first trying e-cigarettes/vaping devices)	Go to Q15 on page 4
	Not applicable – <i>never</i> <b>regularly</b> smoked tobacco cigarettes	3 78





**Q15** Are you regularly exposed to other people's tobacco smoke in any of these places?



NOW GO TO THE QUESTIONS ON THE NEXT PAGE ->



SPARE 86-99



**DRINKING** 

Do you ever drink alcohol nowadays, including drinks you **Q17** brew or make at home? **Tick ONE box** Go to Q20 ₩ Yes Go to Q18 **↓** No 100 Just to check, does that mean you never have an alcoholic Q18 drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year? **Tick ONE box** Very occasionally Go to Q20 ₩ Go to Q19 **↓** Never 101 Have you always been a non-drinker or did you stop drinking Q19 for some reason? **Tick ONE box** Always a non-drinker Go to Q33 on page 13 -> Used to drink but stopped 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



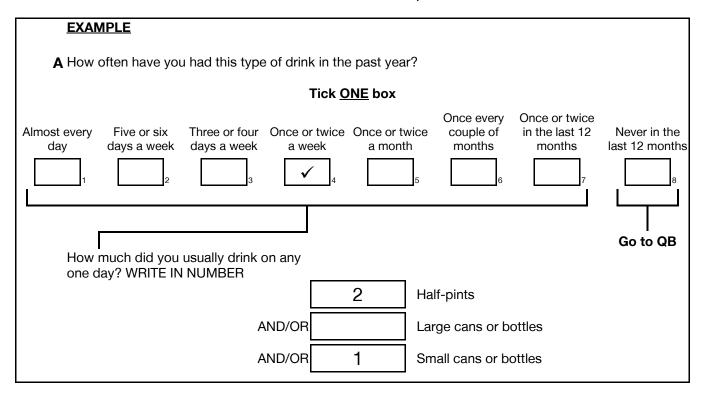


The next few questions are concerned with different types of alcoholic drink.

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.



#### 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?

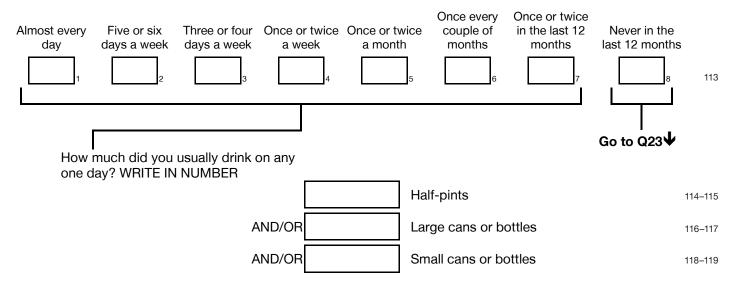
#### Tick ONE box Once every Once or twice Almost every Three or four Once or twice Once or twice couple of in the last 12 Never in the Five or six days a week a month months months last 12 months day days a week a week Go to Q22 on page 7 -> How much did you usually drink on any one day? WRITE IN NUMBER Half-pints 107-108 AND/OR Large cans or bottles 109-110 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



#### 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

	much did you lay? WRITE IN		-	Gla	asses (count o	doubles as 2 si	ngles)	
							Go to Q24 on page 8→	
1	2	3	4	5	6	7	8	120
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	couple of months	in the last 12 months	Never in the last 12 months	



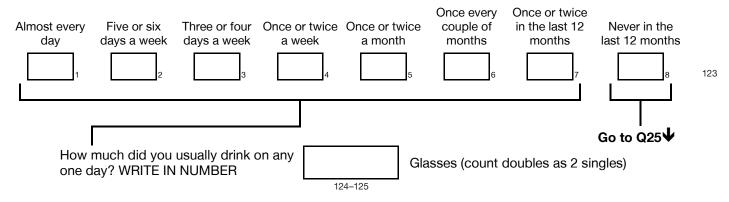




# Q24 Sherry or martini (including port, vermouth, cinzano) or Buckfast

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

### Tick ONE box



# Q25 Wine (including babycham, 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	126
one c	much did you lay? WRITE IN	NUMBER Yo	u can				Go to Q26 on page 9→	
bottle If you 175m	in parts of a b e I drink <u>small</u> bo II) enter the nu I from the bott	ottles (e.g. 250 mber of glass	Oml or					
G. G		.0		La	rge Glasses (	250ml)		127–128
				St	andard Glass	es (175ml)	1	129–130
				Sr	nall Glasses (	125ml)		131–132
				Во	ottles (750ml)		1	133–134

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 da		ve or six rs 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	150
			usually drink NUMBER	on any	Sta	nall cans andard bottle: rge bottles (70			151–152 153–154 155–156
Q27	Have you 12 month		other kinds (	of <u>alcoholic</u> dr	r <b>ink in the last</b> N Ye	Tick ONE	1	9 on page 11 •	<b>→</b>
	WRITE IN			e of drink in the	e past year?				158–159
Almost da	y day	2	Three or four days a week	Once or twice a week	ONE box  Once or twice a month	Once every couple of months	Once or twice in the last 12 months		160
	one day?	WRITE IN	NUMBER		Gla	asses (count o	doubles as 2 si	ngles)	161–162
			A	AND/OR	Ha	lf-pints			163–164
				AND/OR	La	rge cans or b	ottles		165–166
			A	AND/OR	Sm	nall cans or be	ottles		167–168

Go to Q28 on page 10 →



Q28	Have you had any other kinds of <u>alcoholic</u> drink in the last 12 months?  No  Yes	Tick ONE box  Go to Q29 on page 11 →  169
	WRITE IN NAME OF DRINK	170–171
Almost day	every Five or six Three or four Once or twice Once or twice	Once every Once or twice couple of in the last 12 months months
	How much did you usually drink on any one day? WRITE IN NUMBER	
	Glass	ses (count doubles as 2 singles) 173-174
	AND/OR Half-	pints 175–176
	AND/OR Large	e cans or bottles 177–178
	AND/OR Smal	I cans or bottles 179–180

SPARE 181-199

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**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 Five or six days a week Three or four days a week Once or twice a week Go to Q30 **↓** Once or twice a month Once every couple of months Once or twice a year Not at all in the last 12 months 200-201 Did you have an alcoholic drink in the seven days ending Q30 yesterday? **Tick ONE box** Go to Q31 **↓** Yes Go to Q33 on page 13 → 202 No On how many days out of the last seven did you have an Q31 alcoholic drink? **Tick ONE box** One Two Three -Go to Q32 on page 12 → Four Five Six



Seven



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 <u>on that day</u>. For the ones you drank, write in how much you drank <u>on that day</u>. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

	,	WRITE IN HOW MUCH DRUNK ON THAT DAY Glasses			
TICK <u>ALL</u> DRINKS DRUNK ON THAT DAY		(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		220-221	222-223	224–225
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent's Super, Special Brew)	02		226-227	228–229	230–231
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails	03	232–233			
Sherry or martini (including port, vermouth, cinzano, dubonnet) or Buckfast	04	234–235			
Wine (including babycham, champagne and prosecco) 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	05	Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	06		Small cans	Standard bottles (275ml)	Large bottles (700ml)
Other kinds of alcoholic drink WRITE IN NAME OF DRINK  1.	07	Glasses (count doubles as 2 singles)	Half-pints	Large cans or bottles	Small cans or bottles
2.	08	250–251	252-253	254-255	256–257

Go to next page →





### **GENERAL HEALTH OVER THE LAST FEW WEEKS**

#### **EVERYONE PLEASE ANSWER**

### Please read this carefully:

We would like to know how your health has been in general over <u>the past few weeks</u>. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

HAVE	YOU RECENTLY:	Tick <u>ONE</u> box					
Q33	Been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual	390	
Q34	Lost much sleep over worry?	Not at all	Tick <u>Ol</u> No more than usual	NE box  Rather more than usual	Much more than usual	391	
<b>Q</b> 35	Felt you were playing a useful part in things?	More so than usual	Tick OI Same as usual	NE box  Less useful than usual	Much less useful	392	
<b>Q</b> 36	Felt capable of making decisions about things?	More so than usual	Tick <u>Ol</u> Same as usual		Much less capable	393	
<b>Q</b> 37	Felt constantly under strain?	Not at all	Tick <u>Ol</u> No more than usual	NE box  Rather more than usual	Much more than usual	394	
Q38	Felt you couldn't overcome your difficulties?	Not at all	Tick <u>Ol</u> No more than usual	NE box  Rather more than usual	Much more than usual	395	



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HAVE	HAVE YOU RECENTLY: Tick ONE box					
Q39	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual	396
			Tick <u>ON</u>	<u>NE</u> box		
Q40	Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able	397
			Tick <u>Ol</u>	<u>NE</u> box		
Q41	Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual	398
			Tick <u>O</u>	<u>NE</u> box		
Q42	Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual	399
			Tick <u>Ol</u>	NE box		
Q43	Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual	400
			Tick <u>ON</u>	NE box		

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considered?

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Q44 Been feeling reasonably happy, all things



More so

than usual

**About same** 

as usual

Less so than

usual

**Much less** 

than usual



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 <u>2 weeks</u>

				Tick ONE box		
		None of the time	Rarely	Some of the time	Often	All of the time
Q45	I've been feeling optimistic about the future	1	2	3	4	5 402
				Tick ONE box	•	
Q46	I've been feeling useful	None of the time	Rarely	Some of the time	Often	All of the time
				Tick <u>ONE</u> box		
Q47	I've been feeling relaxed	None of the time	Rarely	Some of the time	Often	All of the time 5 404
				Tick <u>ONE</u> box		
0.40	Buch as for Proceedings of the collection	None of the time	Rarely	Some of the time	Often	All of the time
Q48	I've been feeling interested in other people	1	2	3	4	5 405
				Tick <u>ONE</u> box		
Q49	I've had energy to spare	None of the time	Rarely	Some of the time	Often	All of the time
				Tick <u>ONE</u> box		
		None of the time	Rarely	Some of the time	Often	All of the time
Q50	I've been dealing with problems well	1	2	3	4	5 407
				Tick <u>ONE</u> box		
Q51	I've been thinking clearly	None of the time	Rarely	Some of the time	Often	All of the time
æJ I	. To book dimining olderly	1	2	3	4	5 408





# 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 <u>2 weeks</u>

				Tick ONE box		
Q52	I've been feeling good about myself	None of the time	Rarely	Some of the time	Often	All of the time 5 409
<b>Q</b> 53	I've been feeling close to other people	None of the time	Rarely	Some of the time	Often	All of the time 5 410
<b>Q</b> 54	I've been feeling confident	None of the time	Rarely	Some of the time	Often	All of the time
<b>Q</b> 55	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
<b>Q</b> 56	I've been feeling loved	None of the time	Rarely	Some of the time	Often	All of the time 5 413
<b>Q</b> 57	I've been interested in new things	None of the time	Rarely	Some of the time	Often	All of the time
Q58	I've been feeling cheerful	None of the time	Rarely	Some of the time	Often	All of the time

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.





# 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

Q59	Have you been feeling anxious or nervous in the past mon	th? Yes No	Tick ONE box	425
Q60	In the past month, did you ever find your muscles felt tens that you couldn't relax?		Tick <u>ONE</u> box	426
Q61	Some people have phobias; they get nervous or uncomfortable about specific things or situations when the no real danger. For instance, they may get extremely anxious when in confined spaces, or they may have a fear of height 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?	ous its.	Tick ONE box	427
IF YOU	ANSWERED 'YES' TO ANY OF THE THREE QUESTION:	S AB	OVE TO GO Q62	
OR				
IF YOU	ANSWERED 'NO' TO ALL OF THE ABOVE THREE QUES	STIOI	NS, PLEASE GO TO Q69 ON PAGE 19	
Q62	In the past month, when you felt anxious/nervous/tense, we this always brought on by a phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?		Tick <u>ONE</u> box	
	Always brought on by ph	obia	Go to Q69 on page 19	
	Sometimes generally any	kious	Go to Q63 on page 18 →	



Go to Q63 on page 18 ->

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Q63	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?  4 days or more  1 to 3 days  None	Tick ONE box  Go to Q64  Go to Q64  Go to Q69 on page 19  3
Q64	In the past week, has your anxiety/nervousness/tension	
	been:	Tick <u>ONE</u> box
	very unpleasant	1
	a little unpleasant	2
	or not unpleasant	3 430
Q65	Yes	Fick <u>ONE</u> box  Go to Q66   Go to Q67 on page 19→  2  431
Q66	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

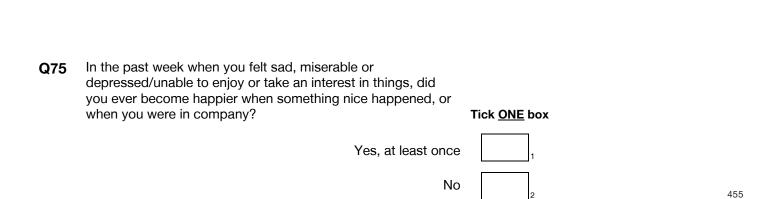
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Q67	Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?	Tick ONE box
	Yes	1
	No	2 446
Q68	How long have you had these feelings of general anxiety/nervousness/tension as you described?	Tick ONE box
	Less than 2 weeks	01
	2 weeks but less than 6 months	02
	6 months but less than 1 year	03
	1 year but less than 2 years	04
	2 years or more	05 447–448
Q69	Almost everyone becomes sad, miserable or depressed at times.  Have you had a spell of feeling sad, miserable or depressed in the past month?  Yes	'' 
Q70	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	
	No/no enjoyment or interes	1
Q71	In the past week have you had a spell of feeling sad, miserable or depressed?	Tick ONE box
	No	2 451



Q72	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 452 Since this day last week on how many days have you felt **Q73** 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** Go to Q74 **↓** 4 days or more 1 to 3 days Go to Q74♥ Go to Q77 on page 21 None 453 Have you felt depressed or unable to take an interest in things/ **Q74** 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



No

V

Q76	How long have you been feeling sad, miserable or depressed/ unable to enjoy or take an interest in things as you have described?	Tick <u>ONE</u> 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
Q77	Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?	Tick <u>ONE</u> box
	Yes	Go to Q78♥
	No	Go to Q79 <b>↓</b>
Q78	When was this? Please tell us about the most recent time	Tick <u>ONE</u> box
	In the last week?	1
	In the last year?	
	Some other time?	
	Some other time:	3 459
Q79	Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?	Tick <u>ONE</u> box
	Yes	Go to Q80 <b>Ψ</b>
	No	Go to Q81 on page 22 460
000	When was this? Please tell us about the most recent time	Tisk ONE have
Q80	In the last week?	Tick <u>ONE</u> box
		1
	In the last year?	2
	Some other time?	3 461

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SPARE 462-468





# **EVERYONE PLEASE ANSWER**

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	
	Most of the time	3
	All or almost all of the time	4 469
Q82	Which of the following options best describes your sexual orientation? Tick	SPARE 470-472
	one box only.	Tick ONE box
	Straight/Heterosexual	1
	Gay or Lesbian	2
	Bisexual	3
	Other sexual orientation, please write in	4 473
16		
іт уо	u would like to, please write in the other words you would use in the space belov	V.
		474
Q83	What is your sex?	
	Tick ONE box only  Tick ONE	box only
	Female	1
	Male	2
	Prefer not to say	3 475
Q84	Do you consider yourself to be trans, or have a trans history?	
<b>Q</b> 0.	Tick ONE box only  Tick ONE	box only
	No	Go to Q86 on page 23→
	Yes	Go to Q85 on page 23→
	Prefer not to say	Go to Q86 on page 23→
		476



	R
7	7

Q85	binary, trans man, trans woman):		
			477
Q86	Have you previously served in the UK Armed Forces?  Current serving members should only tick 'No'.	Tick ALL that apply	
	No	1	
	Yes, previously served in regular armed forces	;	
	Yes, previously served in reserve armed forces	3	478–479

# 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





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