

### **SMOKING**

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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

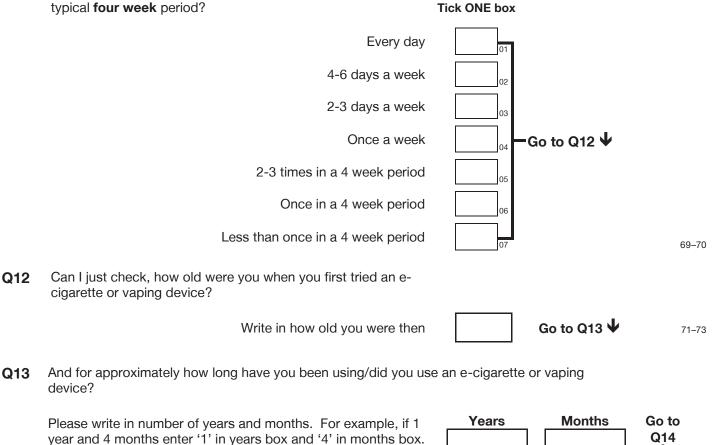
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**Tick ALL that Q1** Have you ever smoked a cigar or a pipe? apply Yes – cigar Yes – pipe Go to Q2  $\checkmark$ 50-51 No **Q2** Have you ever smoked a cigarette? **Tick ONE box** Yes Go to Q3  $\checkmark$ Go to Q7 on page 2 🗲 52 No **Q**3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two? Go to Q4  $\checkmark$ Write in how old you were then 53–55 Do you smoke cigarettes nowadays? **Q4 Tick ONE box** Go to Q6a 🗸 Yes Go to Q5  $\checkmark$ 56 No **Q5** Did you smoke cigarettes regularly or occasionally? **Tick ONE box** Regularly, that is at least one cigarette a day Go to Q7 on page 2 -> Occasionally I never really smoked cigarettes, just tried them once or twice 57 **CURRENT SMOKERS** About how many cigarettes a day do you usually smoke on Q6a weekdays? Go to Q6b ↓ Write in number smoked a day 58-60

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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
EVEF Q7	RYONE PLEASE ANSWER Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?	Tick ONE box
	Yes	<b>Go to Q8 ↓</b> 64
	No	Go to Q15 on page 4 ➔
Q8	Do you use an e-cigarette or vaping device at all nowadays?	Tick ONE box
	Yes	Go to Q10 ♥
	No	<b>Go to Q9 ↓</b> 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	Go to Q11 on page 3 ➔
	Used e-cigarettes/vaping devices occasionally	$rac{1}{2}$ Go to Q11 on page 3 $\rightarrow$
	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

**Q11** How often did you use an e-cigarette or vaping device in a typical **four week** period?



Q14 Can I just check, did you start **regularly** smoking tobacco cigarettes before **first trying** e-cigarettes/vaping devices?

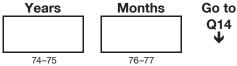
If less than 1 month enter '0' in months box.

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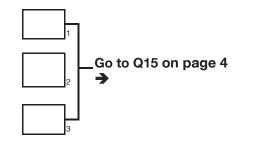
Yes (**started regularly** smoking tobacco cigarettes *before* **first trying** e-cigarettes/vaping devices)

No (started regularly smoking tobacco cigarettes *after* first trying e-cigarettes/vaping devices)

Not applicable – *never* regularly smoked tobacco cigarettes



### Tick ONE box



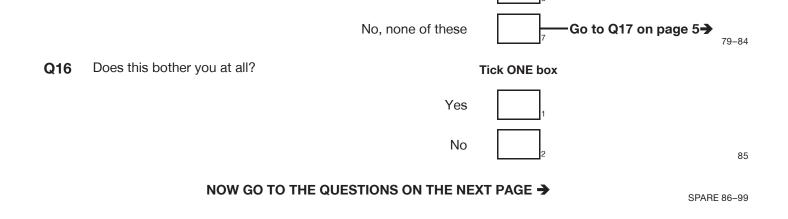


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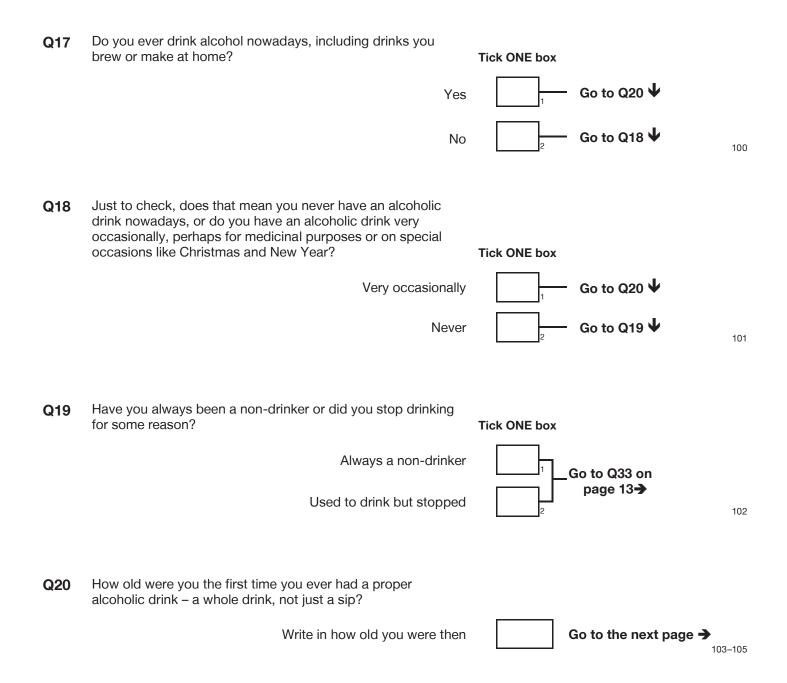
Q15	Are you regularly exposed to other people's tobacco smoke in any of these places?	
	Please tick <u>all</u> boxes that apply	Tick ALL that apply
	At home	
	At work	
	In other people's homes	Go to Q16 ♥
	In cars, vans etc	

Outside of buildings (e.g. pubs, shops, hospitals)



In other public places

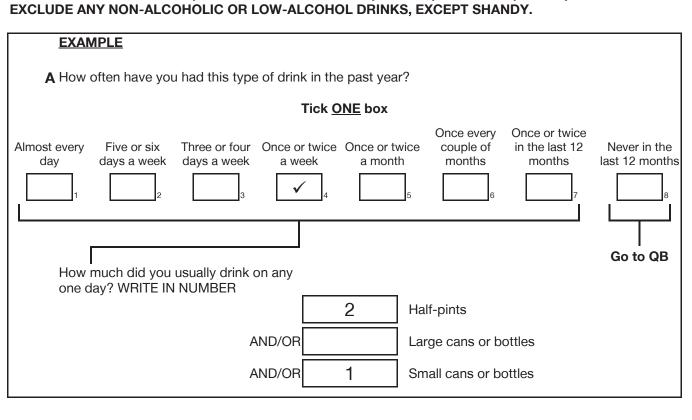
### DRINKING



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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.



### NOW PLEASE ANSWER Q21-Q28

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Q21 <u>Normal</u> 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?

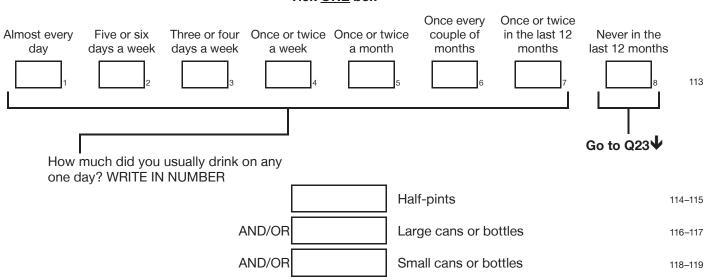
Five or six days a week 2 2 much did you ay? WRITE IN	days a week	Once or twice a week	44 Once or twice a month	Once every couple of months	Once or twice in the last 12 months 7	Never in the last 12 months	106
			H	alf-pints		1	07–108
	A	ND/OR	La	arge cans or b	ottles	10	09–110
	Δ	ND/OR	Si	mall cans or b	ottles	1	111–112

Tick ONE box

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# Q22 <u>Strong</u> 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?



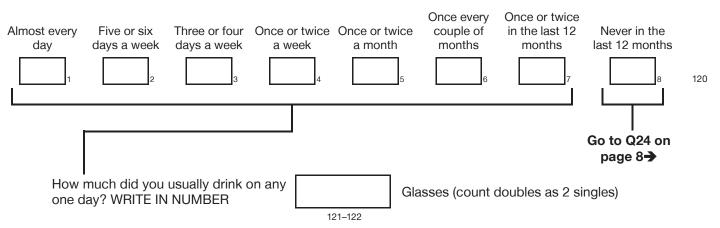
### Q23 Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails

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

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### Tick ONE box

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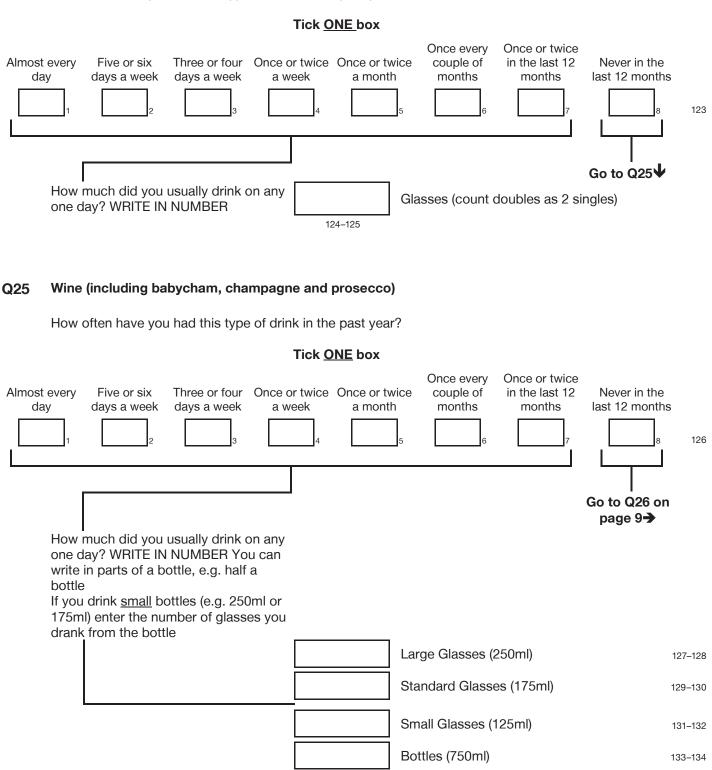
## Tick <u>ONE</u> box

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

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



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SPARE 135-149

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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 <u>ONE</u> box					
Almost every Five or six Three or four Once or twice Once or twice Couple of in the last 12 Never in the last 12 month of the last 12 m					
Go to Q27	L				
How much did you usually drink on any one day? WRITE IN NUMBER	151–152				
Standard bottles (275ml)	153–154				
Large bottles (700ml)	155–156				
Q27 Have you had any other kinds of <u>alcoholic</u> drink in the last 12 months? Tick ONE box No Go to Q29 on page 1 Yes 2	<b>1 →</b> 157				
WRITE IN NAME OF DRINK How often have you had this type of drink in the past year?	158–159				
Tick <u>ONE</u> box					
Almost every Five or six Three or four Once or twice Once or twice Couple of in the last 12 months days a week days a week a week a month of the last 12 months for the last 12 months	160				
Glasses (count doubles as 2 singles)	161–162				
AND/OR Half-pints	163–164				
AND/OR Large cans or bottles	165–166				
AND/OR Small cans or bottles	167–168				
Go to Q28 on page	10 🗲				

Q28 12 months? Tick ONE box Go to Q29 on page 11 -> No Yes 169 WRITE IN NAME OF DRINK 170–171 How often have you had this type of drink in the past year? Tick ONE box Once every Once or twice Almost every Five or six Three or four Once or twice Once or twice couple of in the last 12 day days a week days a week a week a month months months 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 11 →

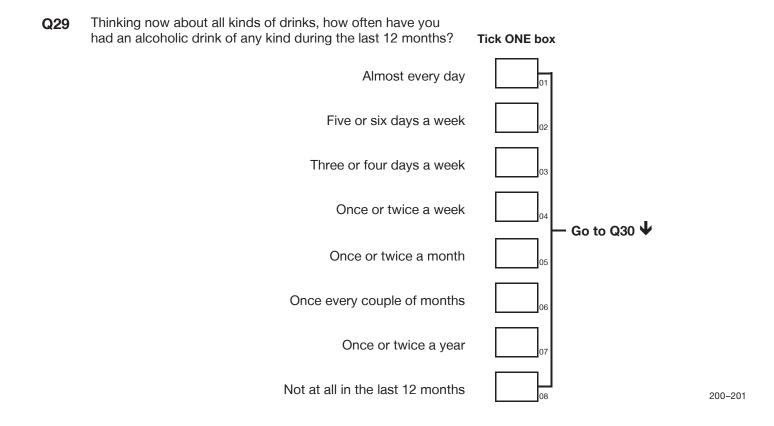
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Have you had any other kinds of alcoholic drink in the last

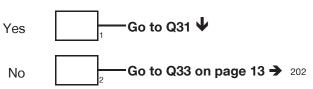
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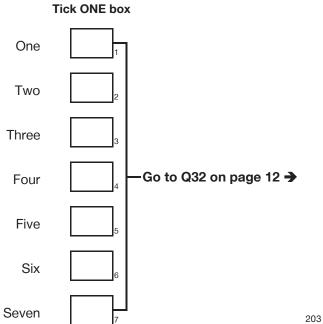


Q30 Did you have an alcoholic drink in the seven days ending yesterday?



**Tick ONE box** 

**Q31** On how many days out of the last seven did you have an alcoholic drink?



**Q32** Please think about <u>the day in the last week on which you drank the most.</u> (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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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
<u>Normal</u> strength beer, lager, stout, cider or shandy (less than 6% alcohol) - exclude bottles/cans of shandy	204–219		220–221	222-223	224-225
<u>Strong</u> 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) 236–237	Standard glasses (175ml) 238-239	Small glasses (125ml)  240-241	Bottles (750ml) 242–243
Alcoholic soft drinks or 'alcopops' (such as WKD, Smirnoff Ice, Bacardi Breezer)	06		Small cans  244-245	Standard bottles (275ml) 246-247	Large bottles (700ml)  248-249
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.	07	250-251	252–253	254–255	256–257
2.	08	258–259	260–261	262–263	264–265

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Go to next page →

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SPARE 266-389

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

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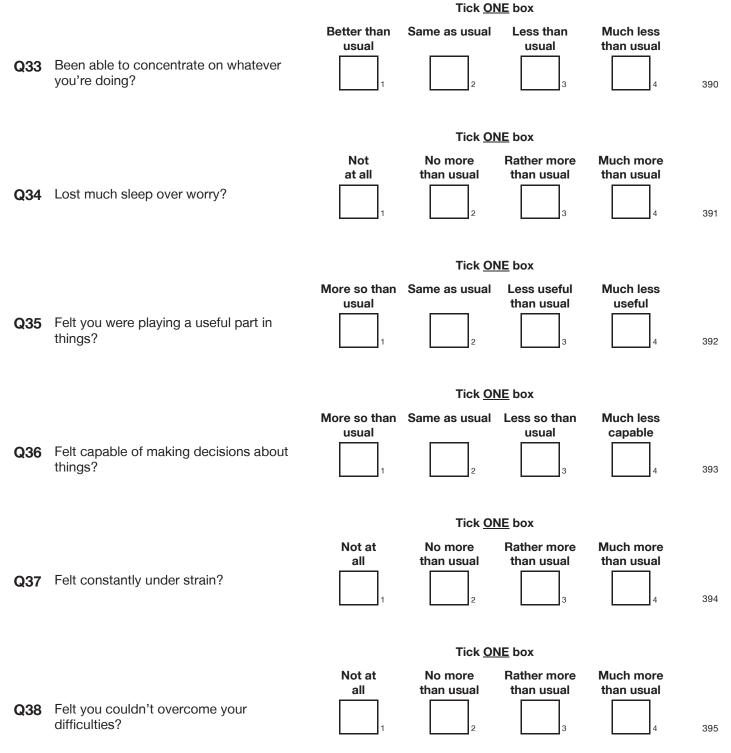
### **EVERYONE PLEASE ANSWER**

### 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 below the answer which you think most applies to you.

### HAVE YOU RECENTLY:

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More so

# Q39 Been able to enjoy your normal day-to-day activities?

Q40 Been able to face up to your problems?

Q41 Been feeling unhappy and depressed?

Q42 Been losing confidence in yourself?

Q43 Been thinking of yourself as a worthless

HAVE YOU RECENTLY:

396 Tick ONE box More so Same as Less able **Much less** than usual usual than usual able 397 Tick ONE box Not at No more **Rather more** Much more all than usual than usual than usual 398 Tick ONE box Not at **Rather more** No more Much more all than usual than usual than usual 399 Tick ONE box Not at No more **Rather more** Much more than usual all than usual than usual 400

Tick ONE box

Less so

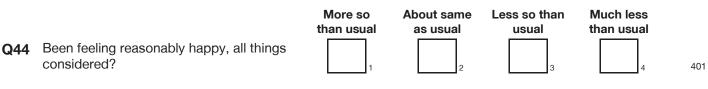
than usual

Much less than usual

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Same as usual

### Tick <u>ONE</u> box



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person?

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14

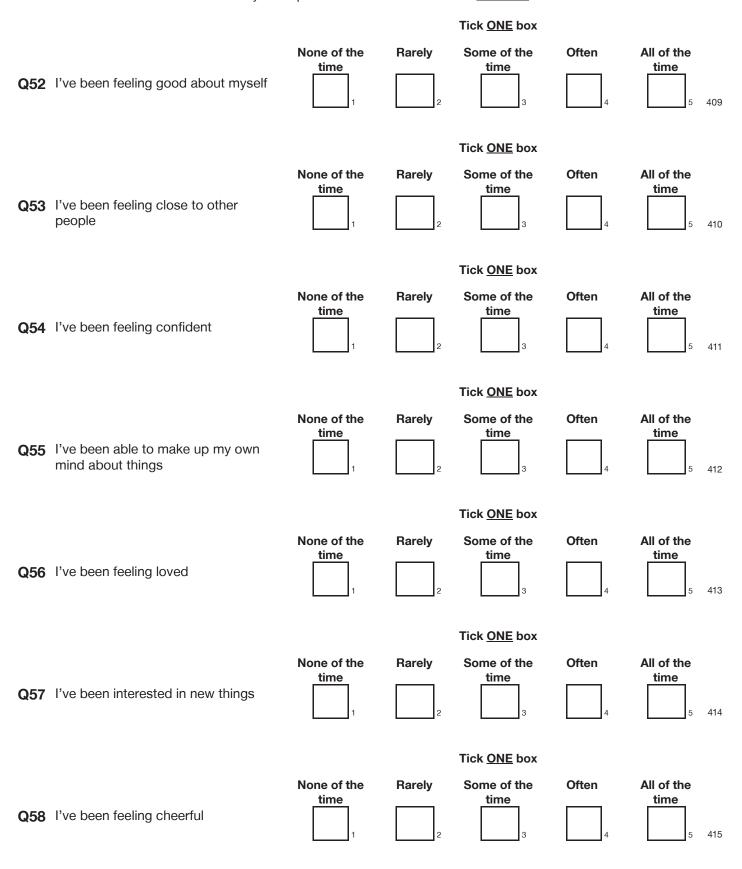
Please read this carefully: Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last <u>2 weeks</u>

<b>Q45</b> I've been feeling optimistic about the future	None of the time	Rarely	Tick <u>ONE</u> box Some of the time	Often	All of the time
Q46 I've been feeling useful	None of the time	Rarely	Tick <u>ONE</u> box Some of the time	Often	All of the time 5 403
<b>Q47</b> I've been feeling relaxed	None of the time	Rarely	Tick <u>ONE</u> box Some of the time	Often	All of the time 5 404
<b>Q48</b> I've been feeling interested in other people	None of the time	Rarely	Tick <u>ONE</u> box Some of the time	Often	All of the time
<b>Q49</b> I've had energy to spare	None of the time	Rarely	Tick <u>ONE</u> box Some of the time	Often	All of the time 5 406
<b>Q50</b> I've been dealing with problems well	None of the time	Rarely	Tick <u>ONE</u> box Some of the time	Often	All of the time 5 407
<b>Q51</b> I've been thinking clearly	None of the time	Rarely	Tick <u>ONE</u> box Some of the time	Often	All of the time 5 408

### Please read this carefully:

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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>



Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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SPARE 416-468

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### **EVERYONE PLEASE ANSWER**

Q59	How much of the time during the past week have you felt lonely?	Tick ONE box
	None or almost none of the time	
	Some of the time	
	Most of the time	
	All or almost all of the time	4 469
		SPARE 470-472
Q60	Which of the following options best describes your sexual orientation? Tick one box only.	
		Tick ONE box
	Straight/Heterosexua	ll1
	Gay or Lesbiar	n2
	Bisexua	l
	Other sexual orientation, please write in	۲ <sub>4</sub> 473
If yo	ou would like to, please write in the other words you would use in the space below	w:
		474
Q61	What is your sex? Tick ONE box only	- hav anh
		E box only
	Female	1
	Male	
		2
	Prefer not to say	3 475
Q62	Do you consider yourself to be trans, or have a trans history? Tick ONE box only	
	Tick ONE	E box only
	No	Go to Q64 on page 18-
	Yes	Go to Q63 on page 18
	Prefer not to say	Go to Q64 on page 18 <del>3</del>
		476

 Q63
 If you would like to, please describe your trans status (for example non-binary, trans man, trans woman):
 477

 Q64
 Have you previously served in the UK Armed Forces?
 477

 Q64
 Have you previously served in the UK Armed Forces?
 Tick ALL that apply

 No
 1

 Yes, previously served in regular armed forces
 2

 Yes, previously served in reserve armed forces
 3

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### THANK YOU FOR TAKING PART

### PLEASE REMEMBER TO RETURN THE BOOKLET USING THE ENVELOPE PROVIDED

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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

