

P16448

Serial Number

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1-8

CKL

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9

Person no

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10-11

SPARE 12-13

Interviewer number

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22-25

First name

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Card

3	1	1
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14-16

Batch

17-21

Survey month

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SPARE 26-49

Scottish Health Survey 2022 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<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

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	<input type="checkbox"/>	} Go to Q2 ↓	50–51
Yes – pipe	<input type="checkbox"/>		
No	<input type="checkbox"/>		

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes	<input type="checkbox"/>	Go to Q3 ↓	
No	<input type="checkbox"/>	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	<input type="checkbox"/>	Go to Q6a ↓	
No	<input type="checkbox"/>	Go to Q5 ↓	56

Q5 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

Regularly, that is at least one cigarette a day	<input type="checkbox"/>	} Go to Q7 on page 2 →	57
Occasionally	<input type="checkbox"/>		
I never really smoked cigarettes, just tried them once or twice	<input type="checkbox"/>		

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 ↓

61-63

EVERYONE PLEASE ANSWER

Q7 Have you ever used an electronic cigarette (e-cigarette), or any other vaping device?

Tick ONE box

Yes

1

Go to Q8 ↓

64

No

2

Go to Q15 on page 4 →

Q8 Do you use an e-cigarette or vaping device at all nowadays?

Tick ONE box

Yes

1

Go to Q10 ↓

No

2

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

1

Go to Q11 on page 3 →

Used e-cigarettes/vaping devices occasionally

2

Go to Q11 on page 3 →

Never really used e-cigarettes/vaping devices, just tried them once or twice

3

Go to Q15 on page 4 →

66

Q10 How often in the last **four weeks** 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

04

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?

Tick ONE box

- Every day 01
- 4-6 days a week 02
- 2-3 days a week 03
- Once a week 04
- 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

Go to Q12 ↓

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
- Not applicable – *never* **regularly** smoked tobacco cigarettes 3

Go to Q15 on page 4 →

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
 - 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 Q16 ↓
- Go to Q17 on page 5 →

79-84

Q16 Does this bother you at all?

Tick ONE box

- Yes 1
- No 2

85

NOW GO TO THE QUESTIONS ON THE NEXT PAGE →

SPARE 86-99

DRINKING

Q17 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

- Yes ₁ — Go to Q20 ↓
- No ₂ — 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 ₁ — Go to Q20 ↓
- Never ₂ — 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 ₁ —
- Used to drink but stopped ₂ —
- Go to Q33 on page 13 →

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

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

Go to QB

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

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

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

Go to Q22 on page 7 →

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 8 →

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

<input type="text"/>	Glasses (count doubles as 2 singles)	121-122
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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, 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

Large Glasses (250ml)

127-128

Standard Glasses (175ml)

129-130

Small Glasses (125ml)

131-132

Bottles (750ml)

133-134

Go to Q26 on page 9 →

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	<input type="checkbox"/> 1	Go to Q29 on page 11 →	
Yes	<input type="checkbox"/> 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 10 →

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 11 →**
 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	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

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 11 →

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 13 → 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 — Go to Q32 on page 12 →
- Five 5
- Six 6
- Seven 7

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, 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	<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 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"/> 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 →

SPARE 266-389

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 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	
Q33 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	
Q34 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	
Q35 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	
Q36 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	
Q37 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	
Q38 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	
Q39 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	
Q40 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	
Q41 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	
Q42 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	
Q43 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	
Q44 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	
Q45 I've been feeling optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	402

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q46 I've been feeling useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	403

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q47 I've been feeling relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	404

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q48 I've been feeling interested in other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	405

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q49 I've had energy to spare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	406

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q50 I've been dealing with problems well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	407

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q51 I've been thinking clearly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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 **2 weeks**

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q52 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

	None of the time	Rarely	Some of the time	Often	All of the time	
Q53 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

	None of the time	Rarely	Some of the time	Often	All of the time	
Q54 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

	None of the time	Rarely	Some of the time	Often	All of the time	
Q55 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

	None of the time	Rarely	Some of the time	Often	All of the time	
Q56 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

	None of the time	Rarely	Some of the time	Often	All of the time	
Q57 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

	None of the time	Rarely	Some of the time	Often	All of the time	
Q58 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

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 1
- Some of the time 2
- Most of the time 3
- 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/Heterosexual 1
- Gay or Lesbian 2
- Bisexual 3
- Other sexual orientation, please write in 4

473

If you would like to, please write in the other words you would use in the space below:

.....

474

Q61 What is your sex?
Tick ONE box only

Tick ONE 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 box only

- No 1 **Go to Q64 on page 18➔**
- Yes 2 **Go to Q63 on page 18➔**
- Prefer not to say 3 **Go to Q64 on page 18➔**

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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?
Current serving members should only tick 'No'.

Tick ALL that apply

No

 1

Yes, previously served in regular armed forces

 2

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

