NHS
Ayrshire
& Arran

ADULT HEALTH AND LIFESTYLE SURVEY 2002

Final Copy

IMPORTANT NOTE

Adult Health and Lifestyle Survey 2002

PRIVATE AND STRICTLY CONFIDENTIAL

Thank you for helping us by filling in this questionnaire. We hope that you will find it interesting and easy to complete. The aim of this survey is to help us to better understand your health and how we might improve our services in response to that.

To ensure that your information is treated as strictly private and confidential, we guarantee that no names, or any other means of identifying an individual, will be recorded. Only what you put in this questionnaire will actually be recorded and this will be done completely without any knowledge of who sent the information, making it impossible to link the data to named individuals. This means that all data kept on computer will be strictly anonymous.

Names and addresses will only be used for the purpose of sending out questionnaires and checking returns.

We carried out this survey before in 1997 and as a matter of honour, and of complying fully with data protection requirements, we aim to take the same care in the matter of confidentiality as before.

Dr. Alister Hooke
Health Improvement Officer
Ayrshire and Arran NHS Board

Adult Health and Lifestyle Survey 2002

HOW TO ANSWER THE QUESTIONS

- (1) Please work through all of the questions carefully. There are no right or wrong answers.
- (2) Please answer questions on your own behalf whether you are writing the answers yourself or getting someone else to help them write for you. It is your voice we really want to hear!
- (3) If you are unsure how to answer a question, please give us the best answer you can.
- (4) If you are answering a question and can't find a tick-box that is right for you, then please just write in your answer instead next to the question.
- (5) Please tick the appropriate boxes or write in brief comments where this is indicated. You will find that some questions ask you to tick ONE box only, some ask you to tick up to UP TO THREE boxes only, and some ask you to tick AS MANY boxes as appropriate. So please be careful to check any instructions before answering questions.
- **(6) If you have any problems with these questions then please phone us on FREEPHONE 0800-1691441 during working hours.**
- (7) When you have finished the questions, please post the questionnaire back to us in the envelope provided as soon as possible. **No stamp is needed.**

Remember that all your answers will be STRICTLY CONFIDENTIAL

Please try to answer every question

Background details

1. Are you… 1. ☐ Male 2. ☐ Female

2. How old are you? _____ Years

3. Which statement best describes you at present? *(Please tick ONE box only)*

1. ☐ Married
2. ☐ Living with a partner
3. ☐ Single
4. ☐ Widowed
5. ☐ Divorced or separated

4. Including yourself, how many people live in your home altogether? *(Please write in the number)*

Adults aged 16 and over: include yourself ☐

Children: aged 0-15 ☐

5. Which statement best describes you at present? *(Please tick ONE box only)*

1. ☐ In paid work or self employed – FULL TIME (30 or more hours per week)
2. ☐ In paid work or self employed – PART TIME (less than 30 hours per week)
3. ☐ Unemployed
4. ☐ Intending to look for work but prevented by temporary sickness or injury
5. ☐ Permanently sick or disabled and not able to work
6. ☐ Retired
7. ☐ Looking after the home or family full time
8. ☐ In full time education
9. ☐ Doing something else *(please specify)* _____

6. Please work down this list of qualifications and tick the box corresponding to the HIGHEST qualification you have. *(Please tick ONE box only)*

1.	☐	No qualifications
2.	☐	Higher degree *in addition to a first degree* (e.g. Ph.D., Masters) NVQ/SVQ level 5
3.	☐	First degree Diploma in higher education RSA higher diploma Teaching qualifications NVQ/SVQ level 4 Nursing or other medical qualifications HNC/HND BTec Higher National Certificate
4.	☐	A-levels/CSYS Highers or equivalent RSA advanced diploma Trade Apprenticeship NVQ/SVQ level 3 GNVQ advanced OND/ONC BTec Higher National Diploma
5.	☐	O level/GCSE or equivalent Standard Grades/O grades RSA diploma City & Guilds craft NVQ level 2 GNVQ intermediate SCOTVEC general diploma BTec National Certificate
6.	☐	GNVQ/GSVQ foundation level CSE RSA City & Guilds YT, YTP certificate NVQ level 1 SCOTVEC general certificate SCOTVEC modules BTec First Certificate
7.	☐	Other qualifications *(Please specify)*_____ _____

7. Is the home you live in… *(Please tick ONE box only)*

1. ☐ Rented from the Council/ Housing Association?
2. ☐ Owned or mortgaged?
3. ☐ Rented from a private landlord or employer?
4. ☐ Not sure
5. ☐ Other *(please specify)* _____

8. How many cars or vans are there in your household? *(Please tick ONE box only)*

1. ☐ None
2. ☐ One
3. ☐ Two
4. ☐ Three or more

General health

9. Over the last 12 months, would you say that your health has on the whole been…
(Please tick ONE box only)

Good	Fairly good	Not good
1. ☐	2. ☐	3. ☐

10. Do you have any long-term illness, health problem or disability which limits your daily activities or work that you can do? Please include problems which are due to old age.
("Long term" means anything that has troubled you over a period of time, or that is likely to affect you over a period of time)

1. ☐ Yes
2. ☐ No

11. The following questions ask for your views about your health.

Please answer every question by ticking ONE box only. NOTE: If you are unsure about how to answer, please give the best answer you can.

(a) In general, would you say your health is…

Excellent	**Very Good**	**Good**	**Fair**	**Poor**
1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, How much?

		yes, limited a lot	**yes, limited a little**	**no, not limited at all**
(b)	**Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1. ☐	2. ☐	3. ☐
(c)	Climbing **several** flights of stairs	1. ☐	2. ☐	3. ☐

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

		YES	**NO**
(d)	**Accomplished less** than you would like	1. ☐	2. ☐
(e)	Were limited in the **kind** of work or other activities	1. ☐	2. ☐

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

		YES	**NO**
(f)	**Accomplished less** than you would like	1. ☐	2. ☐
(g)	Didn't do work or other activities as **carefully** as usual	1. ☐	2. ☐

(h) During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

The following questions are about how you felt and how things have been with you during the past 4 weeks. For each question, please give one answer that comes closest to the way you have been feeling.

How much of the time in the past 4 weeks…

		all of the time	most of the time	a good bit of the time	some of the time	a little of the time	none of the time
(i)	Have you felt calm and peaceful?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
(j)	Did you have a lot of energy?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
(k)	Have you felt downhearted and blue?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐

(l) During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

all of the time	most of the time	some of the time	a little of the time	none of the time
1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

12. What is your waist measurement?

in inches ☐ **OR** in centimetres ☐

13. How tall are you without shoes?

_____ feet _____ inches **OR** _____m _____ cm

14. What weight are you without clothes?

_____ stones _____ pounds **OR** _____ kg

Accidents and safety

15. (a) In the past 12 months, how many accidents have you had that caused you to see a doctor or other health professional (e.g. nurse, dentist), or caused you to take time off work? *(Please write number in box and put '0' for none, if appropriate)*

If NONE, go to Q16

(b) If you have had accidents in the past 12 months, where were you when you had them? *(Please tick ALL that apply)*

1. ☐ In a house, garden or garage
2. ☐ At a place of work or education
3. ☐ At a place used for sports or recreation
4. ☐ In the street, while on foot
5. ☐ On a bicycle
6. ☐ In a car or other road vehicle
7. ☐ Other places *(please specify)* _____

16. (a) In the past 12 months, how many accidents have any children (aged 0-15 years and not necessarily your own) living in your household had that caused them to see a doctor or other health professional (e.g. nurse, dentist), or caused them to take time off school? *(Please write number in box and put '0' for none, if appropriate)*

If NONE, go to Q17

(b) If any children living in your household have had accidents in the past 12 months, where were they when they had them? *(Please tick ALL that apply)*

1. ☐ In a house, garden or garage
2. ☐ At a place of work or education
3. ☐ At a place used for sports or recreation
4. ☐ In the street, while on foot
5. ☐ On a bicycle
6. ☐ In a car or other road vehicle
7. ☐ On scooter, skateboard, roller-blades
8. ☐ Other places *(please specify)* _____

17. (a) Do you generally feel safe where you live?

1. ☐ Yes ***(go to Q18)***
2. ☐ No ***(answer part b)***

(b) If NO, what is making you feel unsafe? *(Please write in below)*

_____

_____

18. During the last 12 months, have you had sunburn causing redness and soreness of the skin that lasted for at least one or two days? *(Please tick ONE box only)*

1. ☐ Yes, badly
2. ☐ Yes, mildly
3. ☐ No

19. (a) In the last 12 months, have you used a sun bed?

1. ☐ Yes ***(answer part b)***
2. ☐ No ***(go to Q20)***

(b) If YES, how often do you use sun beds?

1. ☐ No more than 1-3 sessions per month ***(go to Q20)***
2. ☐ Regular use – at least once a week or at least 4 sessions per month ***(answer part c)***
3. ☐ Seasonal use only - e.g. just before or after holidays, during winter ***(answer part c)***

(c) When using REGULARLY or SEASONALLY, about how many sessions on average do you have in a sun bed in a month?

☐ sessions a month

Health services

20. (a) During the last 2 weeks, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?

1. ☐ Yes ***(answer part b)***
2. ☐ No ***(go to Q21)***

(b) How many times have you talked to a doctor in these last 2 weeks?

☐ times ***Go on to Q22***

21. Apart from any visit to hospital, when was the last time you talked to a doctor on your own behalf?

1. ☐ At least 2 weeks ago, but less than a month
2. ☐ At least 1 month ago, but less than 3 months
3. ☐ At least 3 months ago, but less than 6 months
4. ☐ At least 6 moths ago, but less than a year
5. ☐ A year or more ago
6. ☐ Never consulted a doctor

22. During the last 12 months, did you attend hospital as an out-patient, day patient or casualty (A&E)?

1. ☐ Yes 2. ☐ No

23. During the last 12 months, have you been in hospital as an in-patient overnight or longer?

1. ☐ Yes 2. ☐ No

24. Which GP practice are you currently registered with?

_____

25. When did you last visit a chemist (pharmacy)? *(Please tick ONE box only)*

1. ☐ Within last week
2. ☐ 1 to 4 weeks ago
3. ☐ 1 to 6 months ago
4. ☐ 7 to 12 months ago
5. ☐ More than 1 year ago / never

26. Do you have any difficulty using a chemist (pharmacy)? *(Please tick ALL that apply)*

1. ☐ No difficulty
2. ☐ Yes, because it's not open at a suitable time
3. ☐ Yes, because it's difficult to travel to
4. ☐ Yes, because of the cost
5. ☐ Yes, for another reason *(please specify)*

_____

27. When did you last attend a dentist? *(Please tick ONE box only)*

1. ☐ Within past 6 months
2. ☐ 7 to 12 months ago
3. ☐ 13 to 24 months ago
4. ☐ 2 to 5 years ago
5. ☐ More than 5 years ago / never

28. Do you have any difficulty using a dentist? *(Please tick ALL that apply)*

1. ☐ No difficulty
2. ☐ Yes, because it isn't open at a suitable time
3. ☐ Yes, because it's difficult to travel to
4. ☐ Yes, because it's difficult to get an appointment
5. ☐ Yes, because of the cost / offer only private (non NHS) treatment
6. ☐ Yes, for emergency treatment
7. ☐ Yes, for another reason *(please specify)*

_____

29. When did you last attend an optician? *(Please tick ONE box only)*

1. ☐ Within past 6 months
2. ☐ 7 to 12 months ago
3. ☐ 13 to 24 months ago
4. ☐ 2 to 5 years ago
5. ☐ More than 5 years ago / never

30. Do you have any difficulty using an optician? *(Please tick ALL that apply)*

1. ☐ No difficulty
2. ☐ Yes, because it isn't open at a suitable time
3. ☐ Yes, because it's difficult to travel to
4. ☐ Yes, because it's difficult to get an appointment
5. ☐ Yes, because of the cost
6. ☐ Yes, for another reason *(please specify)*

_____

Women's health

Men please go on to Q36

31. The national cervical screening programme offers smears to all women aged between 20 and 60. These are usually done 3-yearly. Have you ever had a cervical smear test? *(Please tick ONE box only)*

1. ☐ Yes, within the past 12 months
2. ☐ Yes, between 1 and 3 years ago
3. ☐ Yes, more than 3 years ago
4. ☐ No, never

32. (a) Regardless of whether you have already had a smear test or not, would you have one in future?

1. ☐ Yes ***(go to Q33)***
2. ☐ No ***(answer part b)***

(b) If NO, which of the following reasons would prevent you from having a smear test in future? *(Please tick ALL that apply)*

1. ☐ I feel that I am too young to even consider this just now
2. ☐ I am now too close to, or past, the age when smear testing is offered
3. ☐ I am too embarrassed to have a smear
4. ☐ I do not think that smears tests help prevent cancer of the cervix
5. ☐ I am afraid of having an internal examination
6. ☐ I am afraid of knowing whether I might have cancer
7. ☐ The service is too far away
8. ☐ No female staff available
9. ☐ I have had a hysterectomy
10. ☐ I was unhappy with the process before because… *(please specify)*

_____

11. ☐ Other reason *(please specify)* _____

33. Usually, breast screening is offered to women aged between 50 and 64. This is usually done 3 yearly. Have you ever attended breast screening? *(Please tick ONE box only)*

1. ☐ Yes, within the past 12 months
2. ☐ Yes, between 1 and 3 years ago
3. ☐ Yes, more than 3 years ago
4. ☐ No, never

34. (a) Regardless of whether you have already attended breast screening or not, would you attend in future?

1. ☐ Yes ***(go to Q35)***
2. ☐ No ***(answer part b)***

(b) If NO, what would be your reasons for not attending? *(Please tick ALL that apply)*

1. ☐ I feel that I am too young to even consider this just now
2. ☐ I am now too close to, or past, the age when breast screening is offered
3. ☐ I am too embarrassed to be examined
4. ☐ I do not think that screening helps to prevent breast cancer
5. ☐ I am afraid to be examined
6. ☐ I am afraid of knowing whether I may have cancer
7. ☐ The screening service is too far away
8. ☐ No female staff available
9. ☐ I have undergone mastectomy
10. ☐ I was unhappy with the process before because… *(please specify)*

_____

11. ☐ Other *(please specify)* _____

35. (a) Have you reached the menopause?

1. ☐ Yes ***(answer part b)***
2. ☐ No ***(go to Q36)***

(b) If YES, at what age? ☐ years

Physical activity

36. Which of these statements best describes you at present? *(Please tick ONE box only)*

NOTE: Regular physical activity means taking exercise, sport or heavy work 2-3 times a week or walking for at least 20 minutes on four or more days a week.

I am not regularly physically active and do not intend to be in the next 6 months	1. ☐
I am not regularly physically active but am thinking about starting in the next 6 months	2. ☐
I do some physical activity but less than described at the start of the question	3. ☐
I am regularly physically active but only began in the last 6 months	4. ☐
I am regularly physically active and have been for longer than 6 months	5. ☐

37. During the last 7 days, approximately how much time did you spend in total on the following activities during leisure or work time? *(Please tick the ONE box which most closely applies to you for each activity)*

Walking **Total weekly time** *(Please tick ONE box only)*	INCLUDE: climbing stairs, hill walking, walking the dog, walking to the shops, walking to work, walking to and from your desk at work, "doing the rounds" at work BUT NOT: golf - this is listed below under sports and leisure 1. ☐ None 2. ☐ ½ hour or less 3. ☐ more than ½ hour – 1 hour 4. ☐ more than 1 hour – 2 hours 5. ☐ more than 2 hours – 3 hours 6. ☐ more than 3 hours – 4 hours 7. ☐ more than 4 hours – 5 hours 8. ☐ more than 5 hours
Manual labour **Total weekly time** *(Please tick ONE box only)*	INCLUDE: decorating, DIY, washing the car, building, cutting grass, digging, lifting, loading and unloading, stacking shelves, climbing ladders, cleaning BUT NOT: weeding, planting, pruning, driving, answering phones 1. ☐ None 2. ☐ ½ hour or less 3. ☐ more than ½ hour – 1 hour 4. ☐ more than 1 hour – 2 hours 5. ☐ more than 2 hours – 3 hours 6. ☐ more than 3 hours – 4 hours 7. ☐ more than 4 hours – 5 hours 8. ☐ more than 5 hours

Active housework **Total weekly time** *(Please tick ONE box only)*	INCLUDE: vacuuming, scrubbing or mopping floors, bed making, hanging out washing BUT NOT: sewing, dusting, washing dishes, preparing or cooking food 1. ☐ None 2. ☐ ½ hour or less 3. ☐ more than ½ hour – 1 hour 4. ☐ more than 1 hour – 2 hours 5. ☐ more than 2 hours – 3 hours 6. ☐ more than 3 hours – 4 hours 7. ☐ more than 4 hours – 5 hours 8. ☐ more than 5 hours
Dancing **Total weekly time** *(Please tick ONE box only)*	INCLUDE: only time spent actually dancing on the dance floor – disco, line, country, etc. BUT NOT: time spent in a dance venue not dancing - i.e. sitting, standing, etc. 1. ☐ None 2. ☐ ½ hour or less 3. ☐ more than ½ hour – 1 hour 4. ☐ more than 1 hour – 2 hours 5. ☐ more than 2 hours – 3 hours 6. ☐ more than 3 hours – 4 hours 7. ☐ more than 4 hours – 5 hours 8. ☐ more than 5 hours
Sports, leisure activities or training **Total weekly time** *(Please tick ONE box only)*	INCLUDE: exercise classes/aerobics, jogging, swimming, cycling (include cycling to work), golf, climbing, all vigorous sports (e.g. athletics, skiing, martial arts, football, tennis, squash, badminton) BUT NOT: darts, snooker or pool, bowls, fishing, playing a musical instrument 1. ☐ None 2. ☐ ½ hour or less 3. ☐ more than ½ hour – 1 hour 4. ☐ more than 1 hour – 2 hours 5. ☐ more than 2 hours – 3 hours 6. ☐ more than 3 hours – 4 hours 7. ☐ more than 4 hours – 5 hours 8. ☐ more than 5 hours
OTHER physical activities not listed above **Total weekly time** *(Please tick ONE box only)*	Name(s) of activities: _____ _____ 1. ☐ None 2. ☐ ½ hour or less 3. ☐ more than ½ hour – 1 hour 4. ☐ more than 1 hour – 2 hours 5. ☐ more than 2 hours – 3 hours 6. ☐ more than 3 hours – 4 hours 7. ☐ more than 4 hours – 5 hours 8. ☐ more than 5 hours

38. Do you want to be more physically active?

1. ☐ Yes ***(go to next question)***
2. ☐ No ***(go on to Q41)***

39. Do you intend to become more physically active in the next few months?

1. ☐ Yes
2. ☐ No

40. If you WANT or INTEND to become more physically active, what would encourage or enable you to do this? *(Please tick up to THREE boxes)*

1. ☐ Support from family or friends
2. ☐ Support from professionals
3. ☐ Activities organised through work
4. ☐ Finding more spare time
5. ☐ Affordable leisure centre membership or classes
6. ☐ Stronger personal motivation / Will power
7. ☐ Less pain during physical activity
8. ☐ More information on what is available locally
9. ☐ Improved access to leisure facilities
10. ☐ Finding something that interests me
11. ☐ Other *(please specify)* _____

Oral health

41. Adults can have up to 32 natural teeth, but over time people lose some of them. How many teeth, including those which have been crowned or capped, do you have?

1. ☐ I have 20 or more
2. ☐ I have between 10 and 19
3. ☐ I have fewer than 10
4. ☐ I have no natural teeth ***(go on to Q43)***
5. ☐ I don't know

42. If you have some natural teeth, which of the following, if any, do you do daily to improve your oral health? *(Please tick ALL that apply)*

1. ☐ Avoid having sugary foods or drinks in between meals
2. ☐ Brush your teeth/gums
3. ☐ Use fluoride toothpaste
4. ☐ Use dental floss
5. ☐ Use a mouthwash
6. ☐ Other *(please specify)* _____

Alcohol

43. How often do you drink alcohol at present? *(Please tick ONE box only)*

1. ☐ I never drink alcohol ***(go on to Q56)***
2. ☐ I have given up ***(go on to Q56)***
3. ☐ Less than once a month
4. ☐ More than once a month, but not weekly
5. ☐ 1-2 days per week
6. ☐ 3-5 days per week
7. ☐ 6-7 days per week

Please read each statement below. Thinking about the LAST THREE MONTHS only, if you have had the experience described in the statement tick the box marked “Yes”. If you have not had the experience in the last three months tick the box marked “No”.

44. I have felt that I ought to cut down on my drinking

1. ☐ Yes 2. ☐ No

45. I have felt ashamed or guilty about my drinking

1. ☐ Yes 2. ☐ No

46. People have annoyed me by criticising my drinking

1. ☐ Yes 2. ☐ No

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

1. ☐ Yes 2. ☐ No

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

1. ☐ Yes 2. ☐ No

49. There have been occassions when I felt that I was unable to stop drinking

1. ☐ Yes 2. ☐ No

50. (a) I have been slightly or very drunk in the last three months

1. ☐ Yes ***(answer part b)***
2. ☐ No ***(go on to Q52)***

(b) If YES, please tick one of the boxes to show how many times in the last 3 months

1. ☐ Once 2. ☐ Twice 3. ☐ Three times 4. ☐ Four or more times

51. I have been drunk at least once a week, on average, in the last three months

1. ☐ Yes 2. ☐ No

52. Why do you usually drink? *(Please tick ALL that apply)*

1. ☐ To relax
2. ☐ To be sociable
3. ☐ When lonely
4. ☐ To forget worries
5. ☐ Because I enjoy it
6. ☐ When depressed or anxious
7. ☐ Pressure from others
8. ☐ Addiction

9. ☐ Other reason *(please specify)* _____

53. Do you want to cut down your alcohol consumption?

1. ☐ Yes ***(go to next question)***
2. ☐ No ***(go on to Q56)***

54. Do you intend to cut down your alcohol consumption in the next few months?

1. ☐ Yes 2. ☐ No

55. If you WANT or INTEND to cut down your alcohol consumption, what would encourage or enable you to cut down? *(Please tick up to THREE boxes)*

1. ☐ Encouragement and support from family and friends
2. ☐ Join an organised group
2. ☐ Advice from a doctor
3. ☐ Resources (e.g. booklets, videos, Internet) offering advice and practical tips
4. ☐ More tax on alcohol
5. ☐ Restrictions on advertising
6. ☐ Meeting places other than pubs (e.g. cafes, leisure centres, coffee bars)
7. ☐ Stronger personal motivation / Will power
8. ☐ Restrictions on licensing hours
9. ☐ Programmes for support and guidance at work
10. ☐ Tighter drink driving laws
11. ☐ Other *(please specify)* _____

Sexual health

56. Would you be prepared to answer questions concerning your sexual health?

1. ☐ Yes ***(go to next question)***
2. ☐ No ***(go on to Q64)***

57. (a) Do you or your partner regularly use a form of contraception?

1. ☐ Yes ***(answer part b)***
2. ☐ No ***(go to Q58)***
3. ☐ Don't know ***(go to Q58)***

(b) If YES, which of the following methods do you or your partner use?
(Please tick ALL that apply)

1. ☐ Partner uses contraception, but I am unsure of what they use
2. ☐ Self or partner has been sterilised / had vasectomy
3. ☐ Natural methods (e.g. Rhythm Method, Persona)
4. ☐ Male condoms
5. ☐ Female condoms
6. ☐ The Pill (Combined Oral Contraceptive Pill)
7. ☐ Mini Pill (Progesterone only pill)
8. ☐ Contraceptive Injection ('the jag', Depo-Provero)
9. ☐ Norplant or Implanon (implants)
10. ☐ The Coil (intra-uterine device)
11. ☐ The 'Cap' or diaphragm
12. ☐ Other *(please specify)* _____

58. In a relationship who generally takes responsibility for contraception?

1. ☐ I do
2. ☐ My partner does
3. ☐ We both do
4. ☐ Neither of us

59. How often do you or your partner use condoms?

1. ☐ Never
2. ☐ Sometimes / Depends on who I am with
3. ☐ Always

60. Thinking about the last 12 months, how many sexual partners in total have you had sexual intercourse with during that time? *(Please write number in box)*

Sexual partners in last 12 months ☐

61. Do you worry about getting HIV or AIDS? *(Please tick ONE box only)*

1. ☐ Not at all 2. ☐ A little 3. ☐ Quite a lot 4. ☐ A lot

62. Do you worry about getting other sexually transmitted infections (e.g. Hepatitis C, Chlamydia, Herpes)? *(Please tick ONE box only)*

1. ☐ Not at all 2. ☐ A little 3. ☐ Quite a lot 4. ☐ A lot

63. (a) Have you changed your own sexual lifestyle in any way because of concerns about getting HIV/AIDS or becoming infected with other sexually transmitted infections?

1. ☐ Yes ***(answer part b)***
2. ☐ No ***(go to Q64)***

(b) If YES, have you changed in any of the following ways? *(Please tick ALL that apply)*

1. ☐ Having fewer partners
2. ☐ Finding out more about a person before having sex
3. ☐ Use a condom all the time
4. ☐ Always using a condom with a new partner
5. ☐ Not having sex
6. ☐ Having only one partner
7. ☐ Avoiding some sexual practices
8. ☐ Other *(please specify)* _____

Tobacco smoking

64. Do you find that you are regularly exposed to OTHER PEOPLE'S tobacco smoke in any of these places? *(Please tick ALL that apply)*

1. ☐ YES, at home
2. ☐ YES, at work
3. ☐ YES, on public transport
4. ☐ YES, in other people's homes
5. ☐ YES, in pubs
6. ☐ YES, in other public places *(please specify)* _____
7. ☐ NO, none of the above ***(go on to Q66)***

65. Does this bother you? 1. ☐ Yes 2. ☐ No

66. Have you ever smoked a cigarette, cigar or a pipe?

1. ☐ Yes ***(go to next question)***
2. ☐ No ***(go on to Q79)***

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

☐ *Please write in how old you were then*

68. Do you smoke at all nowadays?

1. ☐ Yes ***(go to next question)***
2. ☐ No ***(go on to Q79)***

69. How often do you smoke nowadays?

1. ☐ Every day
2. ☐ Some days

70. (a) Do you currently smoke hand-rolled cigarettes, cigars or a pipe?

1. ☐ Yes ***(answer part b)***
2. ☐ No ***(go to Q71)***

(b) If YES, how much do you smoke in a week? *(Please write in amount)*

Hand-rolled cigarettes	_____	(ounces of tobacco per week)
Cigars	_____	(number per week)
Pipe	_____	(ounces of tobacco per week)

71. Do you currently smoke manufactured cigarettes?

1. ☐ Yes ***(go to next question)***
2. ☐ No ***(go on to Q75)***

72. If YES, about how many cigarettes a day do you usually smoke…

(a) At weekends?

☐ *Please write in the number smoked a day at weekends*

(b) On weekdays?

☐ *Please write in the number smoked a day on weekdays*

73. Do you mainly smoke…

1. ☐ Filter tipped cigarettes?
2. ☐ Plain or untipped cigarettes?

74. Which brand of cigarettes do you usually smoke?

Brand	☐
Type (e.g. Superkings)	☐
Tar level (check side of packaging)	☐ mg

75. Why do you usually smoke? *(Please tick ALL that apply)*

1. ☐ To relax
2. ☐ To be sociable
3. ☐ When lonely
4. ☐ To forget worries
5. ☐ Because I enjoy it
6. ☐ When depressed or anxious
7. ☐ Pressure from others
8. ☐ Addiction

9. ☐ Other reason *(please specify)* _____

76. Do you want to cut down or stop smoking?

1. ☐ Yes ***(go to next question)***
2. ☐ No ***(go on to Q79)***

77. Do you intend to cut down or stop smoking in the next few months?

1. ☐ Yes
2. ☐ No

78. If you WANT or INTEND to cut down or stop smoking, what would encourage or enable you to cut down or stop? *(Please tick up to THREE boxes)*

1. ☐ Encouragement and support from family and friends
2. ☐ Other members of family quitting
3. ☐ Encouragement and support at work
4. ☐ Join an organised group
5. ☐ Advice from your doctor or health professional
6. ☐ Treatments prescribed by your doctor (e.g. Nicotine patches or gum, Zyban)
7. ☐ Resources (e.g. booklets, videos, Internet) offering advice and practical tips
8. ☐ More tax on cigarettes and other tobacco
9. ☐ One-to-one support by an advisor/ counsellor
10. ☐ Stronger personal motivation/ Will power
11. ☐ Restrictions on smoking at work or in public places
12. ☐ Telephone help line/ Quit line/ Advice line
12. ☐ Media campaigns to quit smoking – television, billboards, etc.
13. ☐ Alternative treatments (e.g. hypnosis, acupuncture)
14. ☐ Ban on advertising
15. ☐ Other *(please specify)* _____

Caring

79. Outside of paid work or volunteering or normal child-caring, do you provide care or support to someone (or some people) on a regular basis who match any of the following descriptions? *(Please tick ALL that apply)*

1. ☐ Older person requiring care
2. ☐ Serious illness, e.g. stroke, cancer
3. ☐ Physical disability
4. ☐ Learning disability
5. ☐ Mental health problem
6. ☐ Drug or alcohol addiction
7. ☐ Other *(please specify)* _____
8. ☐ NONE of the above ***(go on to Q84)***

80. What age is the person you provide most support to? _____

81. What kind of things do you usually do for the people you help? *(Please tick ALL that apply)*

Personal care (e.g. lifting, bathing, dressing, medication, feeding, helping to walk)	1. ☐
Practical help (e.g. cooking, laundry, shopping, repairs, paperwork, finances)	2. ☐
Social support (e.g. keeping company, taking out)	3. ☐

82. How long, in total, do you spend looking after or helping them each week? *(Please tick ONE box only)*

1. ☐ Up to 4 hours
2. ☐ 5-9 hours
3. ☐ 10-19 hours
4. ☐ 20-49 hours
5. ☐ 50 or more hours

83. Do any of the people you care for live with you?

1. ☐ Yes
2. ☐ No

Drug use

84. Have you ever taken or tried any drugs except for medical reasons?

1. ☐ Yes ***(go to next question)***
2. ☐ No ***(go on to Q89)***

85. Please indicate which statement applies to you for each of the following drugs.
(Please tick ONE box on EACH ROW)

	NEVER used this drug	Have only tried this drug **ONCE OR TWICE**	Use **DAILY**	Use **WEEKLY** *but not daily*	Used in **LAST MONTH** *but not every week*	Used **MORE THAN A MONTH AGO** *and more than once or twice*
Cannabis *(blow, pot, dope, hash)*	1.	2.	3.	4.	5.	6.
Amphetamines *(speed, whizz, uppers, dexies)*	1.	2.	3.	4.	5.	6.
Magic Mushrooms	1.	2.	3.	4.	5.	6.
LSD *(acid)*	1.	2.	3.	4.	5.	6.
Rikam *(rikkies)*	1.	2.	3.	4.	5.	6.
Ecstasy *(E, eccy)*	1.	2.	3.	4.	5.	6.
Tranquillisers *(temazepam, valium)*	1.	2.	3.	4.	5.	6.
Temgesic *(tems)*	1.	2.	3.	4.	5.	6.
Heroin *(smack)*	1.	2.	3.	4.	5.	6.
Cocaine *(coke)* / Crack *(rock)*	1.	2.	3.	4.	5.	6.
Other drugs *(Please say how often and name them below)*	1.	2.	3.	4.	5.	6.

Other drugs *(please name)* _____

86. Why do you usually take drugs? *(Please tick ALL that apply)*

1. ☐ To relax
2. ☐ To be sociable
3. ☐ When lonely
4. ☐ To forget worries
5. ☐ Because I enjoy it
6. ☐ When depressed or anxious
7. ☐ Pressure from others
8. ☐ Addiction

9. ☐ Other reason *(please specify)* _____

87. (a) Have you ever injected drugs?

1. ☐ Yes ***(answer part b)***
2. ☐ No ***(go on to Q89)***

(b) If YES, please state…

Which drugs _____

How often _____

88. Have you ever shared injecting equipment (needles, syringes, spoons, filters, water)?

1. ☐ Yes
2. ☐ No

Food

89. How often do you eat the following foods? *(Please tick ONE box in EACH ROW)*

	more than once per day	6-7 days per week	3-5 days per week	1-2 days per week	less than one day per week	rarely/ never
OILY FISH – herring, salmon, mackerel, sardines & pilchards **BUT NOT tuna or any fried fish**	1.	2.	3.	4.	5.	6.
Pasta, chapatti, rice and other grains	1.	2.	3.	4.	5.	6.
Potatoes – baked, boiled or mashed	1.	2.	3.	4.	5.	6.
Chips	1.	2.	3.	4.	5.	6.
Other fried foods (e.g. fried fish, fried breakfasts)	1.	2.	3.	4.	5.	6.
WHITE bread or rolls	1.	2.	3.	4.	5.	6.
WHOLEMEAL bread or rolls	1.	2.	3.	4.	5.	6.
Meat filled pies, sausage rolls, etc.	1.	2.	3.	4.	5.	6.
Cakes, scones, sweet pastries	1.	2.	3.	4.	5.	6.
Crisps and other savoury snacks	1.	2.	3.	4.	5.	6.

90. How many portions of FRUIT or FRESH FRUIT JUICE do you take in a typical day?

Please write number in box below. NOTE: if you eat less than one portion in a typical day, then please just write '0' (zero).

Note:	***1 small glass of fresh fruit juice***	***= 1 portion***
	1 piece of fruit (apple, orange, banana, etc.)	***= 1 portion***
	1 handful of smaller fruit (grapes or berries)	***= 1 portion***

☐ *Portions of fruit a day*

91. How many portions of COOKED or RAW VEGETABLES do you eat in a typical day?

Please write number in box below. NOTE: if you eat less than one portion in a typical day, then please just write '0' (zero).

Note:	***1 small bowl of salad***	***= 1 portion***
	2 tablespoons of cooked vegetables	***= 1 portion***
	1 corn on the cob	***= 1 portion***

☐ *Portions of vegetables a day*

92. If you were changing your diet, which of the following reasons would be important to you?

1. ☐ To eat a healthier diet
2. ☐ To lose weight
3. ☐ To gain weight
4. ☐ To save money
5. ☐ To prevent disease and ill health
6. ☐ To demonstrate self control
7. ☐ To look better
8. ☐ To improve my dental health
9. ☐ Other *(please specify)* _____

93. Do you want to eat a healthier diet?

1. ☐ Yes ***(go to next question)***
2. ☐ No ***(go to note at foot of page)***

94. Do you intend to eat a healthier diet in the next few months?

1. ☐ Yes 2. ☐ No

95. If you WANT or INTEND to eat a healthier diet, what would encourage or enable you to change your diet? *(Please tick up to THREE boxes)*

1. ☐ Wider availability of healthy foods, including fresh fruit and vegetables
2. ☐ Healthy foods, such as fresh fruit and vegetables, at affordable prices
3. ☐ Tastier healthy foods than are generally available at present
4. ☐ More information on food labels
5. ☐ Encouragement and support from family or friends
6. ☐ Other members of family changing their eating habits
7. ☐ Stronger personal motivation / Will power
8. ☐ Encouragement and support at work
9. ☐ Advice from your doctor on changing your eating habits
10. ☐ Drugs prescribed by your doctor
11. ☐ Advice from professionals, such as dietitians, on buying and cooking healthy foods
12. ☐ Demonstrations of buying and cooking healthy foods (television, local events, etc.)
13. ☐ Joining an organised group
14. ☐ Taking part in cooking classes which focus on healthy foods
15. ☐ Resources (e.g. booklets, videos, Internet) offering advice and practical tips
16. ☐ Other *(please specify)* _____

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Thank you very much for helping with this survey

If you have had any problems or have any other comments, please contact us directly on FREEPHONE 0800-1691441

Please return the survey to us in the reply-paid envelope. If you have lost the envelope, you can still return it to us WITOUT A STAMP by sending it to:

Ayrshire and Arran NHS Board
FREEPOST XXX
AYR
KAXXX

Before you send it back in the envelope provided, could you please check that you have answered all of the questions.