

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	6
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14-16

Batch

17-21

Survey month

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SPARE 26-389

Scottish Health Survey 2022 Booklet for Adults – Version B

How to fill in this questionnaire

A Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you. You do not have to answer every question.

Example:

Tick ONE box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick ONE box

Yes	<input checked="" type="checkbox"/>	→	Go to Q4
No	<input type="checkbox"/>	→	Go to Q5

Please check that you have completed all the questions relevant to you and that none of the pages have stuck together

GENERAL HEALTH OVER THE LAST FEW WEEKS

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	
Q1 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	
Q2 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	
Q3 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	
Q4 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	
Q5 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	
Q6 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	
Q7 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	
Q8 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	
Q9 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	
Q10 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	
Q11 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	
Q12 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	
Q13 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	
Q14 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	
Q15 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	
Q16 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	
Q17 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	
Q18 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	
Q19 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	
Q20 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	
Q21 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	
Q22 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	
Q23 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	
Q24 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	
Q25 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	
Q26 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

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

Q27 Have you been feeling anxious or nervous in the past month? **Tick ONE box**

Yes ₁

No ₂

425

Q28 In the past month, did you ever find your muscles felt tense or that you couldn't relax? **Tick ONE box**

Yes ₁

No ₂

426

Q29 Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance, they may get extremely anxious when in confined spaces, or they may have a fear of heights. 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?

Tick ONE box

Yes ₁

No ₂

427

IF YOU ANSWERED 'YES' TO ANY OF THE THREE QUESTIONS ABOVE TO GO TO Q30

OR

IF YOU ANSWERED 'NO' TO ALL OF THE ABOVE THREE QUESTIONS, PLEASE GO TO Q37 ON PAGE 7

Q30 In the past month, when you felt anxious/nervous/tense, was this always brought on by a phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

Tick ONE box

Always brought on by phobia

 ₁

Go to Q37 on page 7

Sometimes generally anxious

 ₂

Go to Q31 → ↓

428

Q31 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?

Tick **ONE** box

4 days or more

Go to Q32↓

1 to 3 days

Go to Q32↓

None

Go to Q37 on page 7

429

Q32 In the past week, has your anxiety/nervousness/tension been:

Tick **ONE** box

...very unpleasant

...a little unpleasant

...or not unpleasant

430

Q33 In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown below?

- Heart racing or pounding
- Hands sweating or shaking
- Feeling dizzy
- Difficulty getting your breath
- Butterflies in your stomach
- Dry mouth
- Nausea or feeling as though you wanted to vomit

Tick **ONE** box

Yes

Go to Q34↓

No

Go to Q35 on page 7→

431

Q34 Which of these symptoms did you have when you felt anxious/nervous/tense?

Tick **ALL** that apply

Heart racing or pounding

Hands sweating or shaking

Feeling dizzy

Difficulty getting your breath

Butterflies in stomach

Dry mouth

Nausea or feeling as though you wanted to vomit

432-445

Q35 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

Q36 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

Q37 Almost everyone becomes sad, miserable or depressed at times.
Have you had a spell of feeling sad, miserable or depressed in the past month? **Tick ONE box**

Yes ₁

No ₂

449

Q38 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 ₁

No/no enjoyment or interest ₂

450

Q39 In the past week have you had a spell of feeling sad, miserable or depressed? **Tick ONE box**

Yes ₁

No ₂

451

Q40 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

 ₂

452

Q41 Since this day last week on how many days have you felt 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

4 days or more

 ₁

Go to Q42 ↓

1 to 3 days

 ₂

Go to Q42 ↓

None

 ₃

Go to Q45 on page 9

453

Q42 Have you felt depressed or unable to take an interest in things/ 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

 ₁

No

 ₂

454

Q43 In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

Tick ONE box

Yes, at least once

 ₁

No

 ₂

455

Q44 How long have you been feeling sad, miserable or depressed/ unable to enjoy or take an interest in things as you have described?

Tick **ONE** 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

Q45 Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

Tick **ONE** box

- Yes 1 **Go to Q46** ↓
- No 2 **Go to Q47** ↓

458

Q46 When was this? Please tell us about the most recent time

Tick **ONE** box

- In the last week? 1
- In the last year? 2
- Some other time? 3

459

Q47 Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

Tick **ONE** box

- Yes 1 **Go to Q48** ↓
- No 2 **Go to Q49 on page 10**

460

Q48 When was this? Please tell us about the most recent time

Tick **ONE** box

- In the last week? 1
- In the last year? 2
- Some other time? 3

461

SPARE 462-468

EVERYONE PLEASE ANSWER

Q49 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

Q50 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

Q51 What is your sex?
Tick ONE box only

Tick ONE box only

- Female 1
- Male 2
- Prefer not to say 3

475

Q52 Do you consider yourself to be trans, or have a trans history?
Tick ONE box only

Tick ONE box only

- No 1 **Go to Q54 on page 11→**
- Yes 2 **Go to Q53 on page 11→**
- Prefer not to say 3 **Go to Q54 on page 11→**

Q53 If you would like to, please describe your trans status (for example non-binary, trans man, trans woman):

.....

477

Q54 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**

