Here are some questions for you to answer on your own.

We are interested in your honest answers.

**We will not tell anyone what your answers are.**

Look at the instructions on the next page and read what to do.

Ask the interviewer for help if you do not understand a question or are not sure what to do.

**Thank you for taking part in this survey**
How to answer these questions

- Please read each question carefully

- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you, like this

  Yes  ✓

  No

- Sometimes you have to write a number in the box, for example

  I was 8 years old

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

  No  

  Yes  ✓  

  I was 10 years old

  Go to question 4

write in
Cigarette Smoking

Q1  Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

No  Go to question 2

Yes

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

I was years old

Write in

Q2  Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

I have never smoked  Go to question 4

I have only smoked once or twice

I used to smoke sometimes, but I never smoke a cigarette now  Go to question 3

I sometimes smoke, but I don't smoke every week

I smoke between one and six cigarettes a week

I smoke more than six cigarettes a week

Q3  Did you smoke any cigarettes last week?

Tick one box

No  Go to question 4

Yes

How many cigarettes did you smoke last week?

I smoked cigarettes

Write in
Drinking

Q4 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

- Yes → Go to question 6
- No → Go to question 5

Q5 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)?

Tick one box

- Yes → Go to question 6
- No → END

Q6 How old were you the first time you had a proper alcoholic drink or alcopop?

I was write in years old

Q7 How often do you usually have an alcoholic drink or alcopop?

Tick one box

- Almost every day → Go to question 8
- About twice a week
- About once a week
- About once a fortnight
- About once a month
- Only a few times a year
- I never drink alcohol now
Q8  When did you **last** have an alcoholic drink or alcopop?

<table>
<thead>
<tr>
<th>Option</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today</td>
<td>1</td>
</tr>
<tr>
<td>Yesterday</td>
<td>2</td>
</tr>
<tr>
<td>Some other time during the last week</td>
<td>3</td>
</tr>
<tr>
<td>1 week, but less than 2 weeks ago</td>
<td>4</td>
</tr>
<tr>
<td>2 weeks, but less than 4 weeks ago</td>
<td>5</td>
</tr>
<tr>
<td>1 month, but less than 6 months ago</td>
<td>6</td>
</tr>
<tr>
<td>6 months ago or more</td>
<td>7</td>
</tr>
</tbody>
</table>

**Tick one box**

`1080`

**Thank you for answering these questions.**

**Please give the booklet back to the interviewer.**
Here are some questions for you to answer on your own.

We are interested in your honest answers.

**We will not tell anyone what your answers are.**

Look at the instructions on the next page and read what to do.

Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey
How to answer these questions

- Please read each question carefully
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this
  
  Yes 
  ![Yes](Yes)  
  No 
  ![No](No)

- Sometimes you have to write a number in the box, for example
  
  I was 13 years old 
  ![write in](write in)

- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.
  
  No  ![Go to Q4](Go to Q4)  
  Yes 
  ![I was 13 years old](I was 13 years old) 
  ![write in](write in)
Cigarette Smoking

Q1  Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Q2  Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have never smoked</td>
<td>Go to question 5</td>
</tr>
<tr>
<td>I have only smoked once or twice</td>
<td></td>
</tr>
<tr>
<td>I used to smoke sometimes, but I never smoke a cigarette now</td>
<td></td>
</tr>
<tr>
<td>I sometimes smoke, but I don’t smoke every week</td>
<td>Go to question 3</td>
</tr>
<tr>
<td>I smoke between one and six cigarettes a week</td>
<td></td>
</tr>
<tr>
<td>I smoke more than six cigarettes a week</td>
<td></td>
</tr>
</tbody>
</table>

Q3  How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was   years old  Go to question 4
write in

Q4  Did you smoke any cigarettes last week?

Tick one box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to question 5</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

How many cigarettes did you smoke last week?

I smoked   cigarettes
Write in Spare 1059 - 1074
Drinking

Q5 Have you ever had a proper alcoholic drink - a whole drink, not just a sip? Please don’t count drinks labelled low alcohol.

Tick one box

Yes \(1\) \(\Rightarrow\) Go to question 7

No \(2\) \(\Rightarrow\) Go to question 6

Q6 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc)?

Tick one box

Yes \(1\) \(\Rightarrow\) Go to question 7

No \(2\) \(\Rightarrow\) END

Q7 How old were you the first time you had a proper alcoholic drink or an alcopop?

I was \(\square\) years old \(\Rightarrow\) Go to question 8

Q8 How often do you usually have an alcoholic drink or alcopop?

Tick one box

Almost every day \(1\)

About twice a week \(2\)

About once a week \(3\)

About once a fortnight \(4\)

About once a month \(5\)

Only a few times a year \(6\)

I never drink alcohol now \(7\) \(\Rightarrow\) Go to question 9
Q9  When did you last have an alcoholic drink or alcopop?

Tick one box

- Today
- Yesterday
- Some other time during the last week
- 1 week, but less than 2 weeks ago
- 2 weeks, but less than 4 weeks ago
- 1 month, but less than 6 months ago
- 6 months ago or more

→ Go to question 10

→ END

Q10  Which, if any, of the drinks shown below, have you drunk in the last 7 days? Please (✔) either yes or no for each kind of drink. For each kind of drink, write in the box how much you drank in the last 7 days.

Beer, lager cider or shandy
(exclude bottles or cans of shandy)

Have you drunk this in the last 7 days?

Tick one box

- No
- Yes

→ Go to question 11

How much did you drink in the last 7 days?

Write in:

- Millions
- Pints (if half a pint, write in ½)  
- Large cans or bottles  
- Small cans or bottles
Q11  Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick one box

No  ➔ Go to question 12

Yes

How much did you drink in the last 7 days?
Write in:

Glasses (count doubles as two glasses)

Q12  Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

No  ➔ Go to question 13

Yes

How much did you drink in the last 7 days?
Write in:

Glasses (count doubles as two glasses)

Q13  Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

No  ➔ Go to question 14

Yes

How much did you drink in the last 7 days?
Write in:
Q14  Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc.)

Have you drunk this in the last 7 days?

Tick one box

No  2  → Go to question 15

Yes  3

How much did you drink in the last 7 days?

Write in:

Spare 1117

1118 - 1119  Large cans or bottles

Spare 1120

1121 - 1122  Small cans or bottles

AND/OR

Q15  Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

No  2  → END

Yes  3  → Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:

Spare 1157 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Example Questions: How to fill in this questionnaire

Most of the questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick one box

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Example 1: Do you feel that you lead a healthy life?

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 2: Write in no. 6

On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question.

Tick one box

Example 3: Would you like to lead a healthier life than you do now?

Yes

Go to question 4

No

Go to question 5
By following the instructions carefully you will miss out questions which do not apply to you.

SMOKING

Q1 Have you ever smoked a cigarette, a cigar or a pipe, or anything with tobacco in it?

Tick one box

Yes

No

\[ \text{Go to question 2} \]

\[ \text{Go to question 11 on page 3} \]

Q2 Have you ever smoked a cigarette?

Tick one box

Yes

No

\[ \text{Go to question 3} \]

\[ \text{Go to question 11 on page 3} \]

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

\[ \text{Go to question 4} \]

Q4 Do you smoke cigarettes at all nowadays?

Tick one box

Yes

No

\[ \text{Go to question 6} \]

\[ \text{Go to question 5} \]

Q5 Did you smoke cigarettes regularly or occasionally?

Regularly, that is at least one cigarette a day

Occasionally

I never really smoked cigarettes, just tried them once or twice

\[ \text{Go to question 9 on page 2} \]

\[ \text{Go to question 11 on page 3} \]

CURRENT SMOKERS
Q6 About how many cigarettes a day do you usually smoke on weekdays?

Write in number smoked a day

\[\rightarrow \text{Go to question 7}\]

Q7 And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

\[\rightarrow \text{Go to question 8 on page 2}\]

Q8 Do you mainly smoke ...

Tick one box

\begin{align*}
\text{filter-tipped cigarettes,} & \quad 1 \\
\text{plain or untipped cigarettes,} & \quad 2 \\
\text{or hand-rolled cigarettes?} & \quad 3
\end{align*}

\[\rightarrow \text{Go to question 11}\]

Q9 About how many cigarettes did you smoke IN A DAY when you smoked them regularly?

Write in number smoked a day

\[\rightarrow \text{Go to question 10}\]

Q10 How long ago did you stop smoking cigarettes regularly? Was it...

Tick one box

\begin{align*}
\text{...less than 6 months ago,} & \quad 1 \\
\text{...6 months to 1 year ago,} & \quad 2 \\
\text{...1 to 2 years ago,} & \quad 3 \\
\text{...2 to 5 years ago,} & \quad 4 \\
\text{...5 to 10 years ago,} & \quad 5 \\
\text{...or more than 10 years ago,} & \quad 6
\end{align*}

\[\rightarrow \text{Go to question 11}\]

Spare 1068 - 1074
EVERYONE PLEASE ANSWER

Q11  Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick one box

Yes  1  ➔ Go to question 14
No   2  ➔ Go to question 12

Q12  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 question 14
Never            2  ➔ Go to question 13

Q13  Have you always been a non-drinker or did you stop drinking for some reason?

Tick one box

Always a non-drinker  1  ➔ END
Used to drink but stopped  2

Q14  How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then  ➔ Go to question 15
Q15 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

- 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 a year
- Not at all in the last 12 months

Go to question 16

Q16 Did you have an alcoholic drink in the seven days ending yesterday?

- Yes
- No

Go to question 17

Q17 On how many days out of the last seven did you have an alcoholic drink?

- One
- Two
- Three
- Four
- Five
- Six
- Seven

Go to question 18
Q18  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.

<table>
<thead>
<tr>
<th>TICK ALL DRINKS DRUNK ON THAT DAY</th>
<th>WRITE IN HOW MUCH DRUNK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Glasses (count doubles as 2 singles)</td>
</tr>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td></td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet)</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne). You can write in parts of a bottle e.g. half a bottle</td>
<td>Large glasses (250ml)</td>
</tr>
<tr>
<td>05</td>
<td></td>
</tr>
<tr>
<td>Alcoholic soft drink ('alcopop') such as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
</tr>
<tr>
<td>Other kinds of alcoholic drink WRITE IN NAME OF DRINK</td>
<td>Glasses (count doubles as 2 singles)</td>
</tr>
<tr>
<td>07</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Here are some questions for you to answer on your own.

We are interested in your honest answers.

**We will not tell anyone what your answers are.**

Look at the instructions on the next page and read what to do.

Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey.
How to answer these questions

- Please read each question carefully

- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

  Yes 1

  No 2

- Sometimes you have to write a number in the box, for example

  I was 13 years old

  write in

- Next to some of the boxes are arrows and instructions
  They show or tell you which question to answer next.
  If there are no special instructions, just answer the next question.

  No 2 ➔ Go to Q4

  Yes 1

  I was 13 years old

  write in
Cigarette Smoking

Q1  Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

Yes  
No   \(\rightarrow\) Go to question 2

Q2  Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

I have never smoked \(\rightarrow\) Go to question 5

I have only smoked once or twice
I used to smoke sometimes, but I never smoke a cigarette now
I sometimes smoke, but I don’t smoke every week
I smoke between one and six cigarettes a week
I smoke more than six cigarettes a week

Q3  How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was \(\rightarrow\) Go to question 4

write in

Q4  Did you smoke any cigarettes last week?

Tick one box

No   \(\rightarrow\) Go to question 5

Yes

How many cigarettes did you smoke last week?

I smoked \(\rightarrow\) Write in

Spare 1059 - 1074
Drinking

Q5  Have you ever had a proper alcoholic drink – a whole
drink, not just a sip? Please don't count drinks labelled
low alcohol.
Tick one box
Yes 1  Go to question 7
No 2  Go to question 6

Q6  Have you ever drunk alcopops (such as Bacardi
Breezer, Smirnoff Ice, WKD, Reef etc)?
Tick one box
Yes 1  Go to question 7
No 2  END

Q7  How old were you the first time you had a proper
alcoholic drink or an alcopop?
I was years old  Go to question 8
write in

Q8  How often do you usually have an alcoholic drink or
alcopop?
Tick one box
Almost every day 1  Go to question 9
About twice a week 2
About once a week 3
About once a fortnight 4
About once a month 5
Only a few times a year 6
I never drink alcohol now 7
Q9 When did you last have an alcoholic drink or alcopop?

Tick one box

- **Today** 1
- **Yesterday** 2
- **Some other time during the last week** 3
- **1 week, but less than 2 weeks ago** 4
- **2 weeks, but less than 4 weeks ago** 5
- **1 month, but less than 6 months ago** 6
- **6 months ago or more** 7

Go to question 10 or END

Q10 Which, if any, of the drinks shown below, have you drunk in the last 7 days?

Please (✓) either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the last 7 days.

**Beer, lager cider or shandy**
(exclude bottles or cans of shandy)

Have you drunk this in the last 7 days?

Tick one box

- **No** 2
- **Yes** 1

Go to question 11

How much did you drink in the last 7 days?

Write in:

- **Pints** (if half a pint, write in ½)
- **Large cans or bottles**
- **Small cans or bottles**
Q11  Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

 Tick one box

<table>
<thead>
<tr>
<th>No</th>
<th>2</th>
<th>Go to question 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

How much did you drink in the last 7 days?
Write in:

| 1095 - 1096 | Glasses (count doubles as two glasses) |

Q12  Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

 Tick one box

<table>
<thead>
<tr>
<th>No</th>
<th>2</th>
<th>Go to question 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

How much did you drink in the last 7 days?
Write in:

| 1099 - 1100 | Glasses (count doubles as two glasses) |

Q13  Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

 Tick one box

<table>
<thead>
<tr>
<th>No</th>
<th>2</th>
<th>Go to question 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

How much did you drink in the last 7 days?
Write in:

| 1103 - 1104 | Glasses |

Spare 1102

Spare 1105-1115
Q14  Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Reef etc.)

Have you drunk this in **the last 7 days**?

Tick one box

No 2 → Go to question 15

Yes 1 → How much did you drink in the **last 7 days**?

Write in:

1118 - 1119 Large cans or bottles

1121 - 1122 Small cans or bottles

Q15  Other kinds of **alcoholic** drink?

Have you drunk this in **the last 7 days**?

Tick one box

No 2 → END

Yes 1 → Complete details below

Write in name of drink

1124

1125 - 1134

1135

1136 - 1145

1146

1146 - 1156

Spare 1157 - 1170

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Example Questions: How to fill in this questionnaire

Most of the questions on the following pages can be answered simply by ticking the box below or alongside the answer that applies to you.

Tick **one** box

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example 1: Do you feel that you lead a ...

Example 2: Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

Write in no. **6**

On most pages you should answer ALL the questions but sometimes you will find the box you have ticked has an arrow next to it with an instruction to go to another question.

Example 3: Would you like to lead a healthier life than you do now?

Tick **one** box

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to question 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By following the instructions carefully you will miss out questions which do not apply to you.
SMOKING

Q1  Have you ever smoked a cigarette, a cigar or a pipe, or anything with tobacco in it?

Tick one box

Yes 1 ➔ Go to question 2
No 2 ➔ Go to question 11 on page 3

Q2  Have you ever smoked a cigarette?

Tick one box

Yes 1 ➔ Go to question 3
No 2 ➔ Go to question 11 on page 3

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 question 4

Q4  Do you smoke cigarettes at all nowadays?

Tick one box

Yes 1 ➔ Go to question 6
No 2 ➔ Go to question 5

Q5  Did you smoke cigarettes regularly or occasionally?

Tick one box

Regularly, that is at least one cigarette a day 1 ➔ Go to question 9 on page 2
Occasionally 2 ➔ Go to question 11 on page 3
I never really smoked cigarettes, just tried them once or twice 3

CURRENT SMOKERS

Q6  About how many cigarettes a day do you usually smoke on weekdays?

Write in number smoked a day ➔ Go to question 7

Q7  And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day ➔ Go to question 8 on page 2
Q8 Do you mainly smoke...

Tick one box

1. filter-tipped cigarettes,
2. plain or untipped cigarettes,
3. or hand-rolled cigarettes?

Go to question 11

Q9 About how many cigarettes did you smoke IN A DAY when you smoked them regularly?

Write in number smoked a day

Go to question 10

Q10 How long ago did you stop smoking cigarettes regularly?

Was it...

Tick one box

1. ...less than 6 months ago,
2. ...6 months to 1 year ago,
3. ...1 to 2 years ago,
4. ...2 to 5 years ago,
5. ...5 to 10 years ago,
6. ...or more than 10 years ago,

Go to question 11

Spare 1068 - 1074
DRINKING

EVERYONE PLEASE ANSWER

Q11  Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick one box

1075

Yes 1  ➔ Go to question 14

No 2  ➔ Go to question 12

Q12  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

1076

Very occasionally 1  ➔ Go to question 14

Never 2  ➔ Go to question 13

Q13  Have you always been a non-drinker or did you stop drinking for some reason?

Tick one box

1077

Always a non-drinker 1  ➔ END

Used to drink but stopped 2

Q14  How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then 1078 - 1079  ➔ Go to question 15
Q15  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick one box

- Almost every day
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not at all in the last 12 months

Go to question 16

Q16  Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box

- Yes
- No

Go to question 17

Q17  On how many days out of the last seven did you have an alcoholic drink?

Tick one box

- One
- Two
- Three
- Four
- Five
- Six
- Seven

Go to question 18
Q18 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.

<table>
<thead>
<tr>
<th>TICK ALL DRINKS DRUNK ON THAT DAY</th>
<th>WRITE IN HOW MUCH DRUNK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.</td>
<td>1084-1099</td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White)</td>
<td>108-1115</td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td>02</td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet)</td>
<td>03</td>
</tr>
<tr>
<td>Wine (including babycham and champagne). You can write in parts of a bottle e.g. half a bottle</td>
<td>05</td>
</tr>
<tr>
<td>Alcoholic soft drink (‘alcopop’) such as Hooch, or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
<td>06</td>
</tr>
<tr>
<td>Other kinds of alcoholic drink WRITE IN NAME OF DRINK</td>
<td>07</td>
</tr>
</tbody>
</table>

Thank you for answering these questions.

Please give the booklet back to the interviewer.
This questionnaire is designed to find out about your physical activity in your everyday life in the last 4 weeks ending yesterday.

Date from _ _ / _ _ / _ _ to _ _ / _ _ / _ _

This questionnaire is divided into 3 sections
Please try to answer every question.

- **Section A** asks about your physical activity patterns in and around the house.
- **Section B** is about travel to work, school or college and your activity at work, school or college.
- **Section C** asks about activities during your leisure time that you may have engaged in during the last 4 weeks.

1Based on the Recent Physical Activity Questionnaire developed by the MRC Epidemiology unit, Cambridge.
## Section A: Home Activities

### Q1 Getting about
Which form of transport have you used **most often** in the last 4 weeks ending yesterday, apart from your journey to and from work?

**Please tick (✓) one box only.**

<table>
<thead>
<tr>
<th>Usual mode of travel</th>
<th>Car / motor vehicle</th>
<th>Walk</th>
<th>Public transport</th>
<th>Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Q2 TV, DVD or Video Viewing

**Please put a tick (✓) on every line**

<table>
<thead>
<tr>
<th>Hours of TV, DVD or video watched per day</th>
<th>Average over the last 4 weeks ending yesterday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td>On a weekday before 6 pm</td>
<td></td>
</tr>
<tr>
<td>On a weekday after 6 pm</td>
<td></td>
</tr>
<tr>
<td>On a weekend day before 6 pm</td>
<td></td>
</tr>
<tr>
<td>On a weekend day after 6 pm</td>
<td></td>
</tr>
</tbody>
</table>

### Q3 Computer use at home *but not at work* (e.g. internet, email, Playstation, Xbox, Gameboy etc)

**Please put a tick (✓) on every line.**

<table>
<thead>
<tr>
<th>Hours of home computer use per day</th>
<th>Average over the last 4 weeks ending yesterday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td>On a weekday before 6 pm</td>
<td></td>
</tr>
<tr>
<td>On a weekday after 6 pm</td>
<td></td>
</tr>
<tr>
<td>On a weekend day before 6 pm</td>
<td></td>
</tr>
<tr>
<td>On a weekend day after 6 pm</td>
<td></td>
</tr>
</tbody>
</table>

### Q4 Stair climbing at home

**Please put a tick (✓) on every line.**

<table>
<thead>
<tr>
<th>Number of times you climbed up a flight of stairs (approx 10 steps) each day at home</th>
<th>Average over the last 4 weeks ending yesterday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td>On a <strong>weekday</strong> (Mon-Fri)</td>
<td></td>
</tr>
<tr>
<td>On a <strong>weekend day</strong> (Sat &amp; Sun)</td>
<td></td>
</tr>
</tbody>
</table>
Section B: Activity at work / school or college

This section asks about activities at work, school or college and travel to work, school or college. This includes office jobs, farming, working for yourself, volunteer work, any other paid or unpaid work you did and school/college.

If you have more than one job, please choose what you consider to be your main job over the past four weeks ending yesterday, and answer the following questions about that job.

If you are at school or college and also work part-time, please choose what you consider to be your main activity, and answer the following questions about that activity.

Q5  Have you been in employment, done unpaid work or attended school or college during the last 4 weeks ending yesterday?  

Tick one box

<table>
<thead>
<tr>
<th></th>
<th>No → Go to page 7</th>
<th>Yes → Go to Q6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q6  During the last 4 weeks ending yesterday, how many hours of work, unpaid work or school/college did you do per week?

<table>
<thead>
<tr>
<th>Work hours (excluding travel)</th>
<th>In the last week</th>
<th>2 weeks ago</th>
<th>3 weeks ago</th>
<th>4 weeks ago</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of work while at work or school/college

Q7  We would like to know the type and amount of physical activity involved in your work or at school/college. Please tick (✓) the box next to the one that best corresponds with your main occupation(s) or school/college in the last 4 weeks ending yesterday:

Tick one box

Sedentary occupation  
You spend most of your time sitting (such as in an office)

Standing occupation  
You spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard)

Manual work  
This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter)

Heavy manual work  
This implies very vigorous physical activity including handling of very heavy objects (e.g. dock worker, miner, bricklayer, construction worker)
Section B cont’d: Activity at work / school or college

Q8 What proportion of your time at work or school/college was spent outside while you were at work or school/college during the last 4 weeks ending yesterday? This does not include travelling to/from work or school/college.

Tick one box

None  \( \Rightarrow \) Go to Q10
Less than half
About half  \( \Rightarrow \) Go to Q9
More than half
All

Q9 When you were outside at work or school/college, what parts of your body were usually UNCOVERED?
Tick (\(\checkmark\)) all that apply.

Face  
Shoulders
Head  
Legs
Hands  
Most upper body
Arms

Travel to and from your main place of work or school/college in the last 4 weeks

Q10 What is the approximate distance from your home to your main place of work or school/college?

Miles  OR  Kilometres

Q11 How many times a week did you travel from home to your main place of work or school/college? Count outward journeys only.

\(\phantom{0} \quad \phantom{0} \)
Section B cont’d: Activity at work / school or college

Q12  How did you normally travel to work or school/college during the last 4 weeks ending yesterday?  
**Tick (✓) one box only per line**

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Occasionally</th>
<th>Never or rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>By car/motor vehicle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By works or public transport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By bicycle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q13  What is the postcode for your main place of work or school/college during the last 4 weeks ending yesterday?

If not known please give your work or school/college address

Work address - ____________________________________________________

Please turn to page 7
Section C: Leisure time activities

The following questions ask about how you spent your leisure time.

Please indicate **how often** you did each activity on average **over the last 4 weeks ending yesterday**.

Please indicate the **average length of time** that you spent doing the activity on each occasion.

**Example 1**

If you went **walking for pleasure** for **40 minutes** once a week during the last four weeks, and you also had done **weeding or pruning** every fortnight during the last four weeks and took **1 hour and 10 minutes** on average for each occasion, you would complete the table below as follows:

<table>
<thead>
<tr>
<th>Number of times you did the activity in the last 4 weeks</th>
<th>Average time per episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Once in the last 4 weeks</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Walking for pleasure</td>
<td>✓</td>
</tr>
<tr>
<td>Weeding and pruning</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Example 2**

If you **did not** play golf during the last four weeks, you would complete the table below as follows:

<table>
<thead>
<tr>
<th>Number of times you did the activity in the last 4 weeks</th>
<th>Average time per episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Once in the last 4 weeks</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Golf</td>
<td>✓</td>
</tr>
</tbody>
</table>

Now complete the table on pages 8 and 9
**Section C cont’d: Leisure time activities**

**Q14** Please give an answer for the average time you spent on each activity and the number of times you did that activity in the last 4 weeks ending yesterday

Please complete each line

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Number of times you did the activity in the last 4 weeks ending yesterday</th>
<th>Average time per episode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once in the last 4 weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 to 3 times in the last 4 weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 to 3 times a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 to 5 times a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Every day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hours</td>
<td>Minutes</td>
</tr>
<tr>
<td>Swimming - competitive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming leisurely indoor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming leisurely outdoor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Backpacking or mountain climbing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking for pleasure <em>(not as a means of transport)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racing or rough terrain cycling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycling for pleasure <em>(not as a means of transport)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mowing the lawn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watering the lawn or garden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digging, shovelling or chopping wood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weeding or pruning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIY e.g. carpentry, home or car maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High impact aerobics or step aerobics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other types of aerobics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise with weights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditioning exercises e.g. using a bike or rowing machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor exercises e.g. stretching, bending, keep fit or yoga</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dancing e.g. ballroom or disco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competitive running</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section C cont’d: Leisure time activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of times you did the activity in the last 4 weeks ending yesterday</th>
<th>Average time per episode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Once in the last 4 weeks</td>
</tr>
<tr>
<td>Jogging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowling</td>
<td>Indoor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outdoor</td>
<td></td>
</tr>
<tr>
<td>Tennis</td>
<td>Indoor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outdoor</td>
<td></td>
</tr>
<tr>
<td>Badminton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table tennis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Golf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Football, rugby or hockey</td>
<td>Indoor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outdoor</td>
<td></td>
</tr>
<tr>
<td>Cricket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rowing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netball, volleyball or basketball</td>
<td>Indoor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outdoor</td>
<td></td>
</tr>
<tr>
<td>Fishing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horse-riding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snooker, billiards or darts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musical instrument playing or singing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice skating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sailing, wind-surfing or boating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Martial arts, boxing or wrestling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q15 We assume for outdoor activities (except swimming, tennis, football, rugby and hockey) that you had your legs covered. If you did not, please indicate the activities for which your legs were exposed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Now turn to page 10
Q16  Other than the activities you have already recorded, have you done anything else that involves physical activity during the last 4 weeks ending yesterday?

Tick one box

No  ➔  End of questionnaire

Yes  ➔  Go to Q17

Q17  Please record here any other physical activities that you have done (and how often you have done them), other than those already recorded, over the last 4 weeks ending yesterday:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Thank you for answering these questions.

Please give the booklet back to the interviewer.