



## Paper questionnaire booklet for adults (aged 18+)

### Who should complete the questionnaire?

Up to two people in your household can complete a paper questionnaire as long as they are aged 18 or over. If you have already completed the web survey please do not complete this paper questionnaire.

### How to fill in this questionnaire

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



**Example**

2. Some questions will ask you to **“tick all that apply”** Please tick as many boxes that apply to you when you see this instruction.
3. Please read each question carefully and try to answer every question. If you change your mind about an answer you have given, completely block out the box you have ticked like this and then put a tick in your preferred box.



**Example**

4. Please use black or blue ink to complete the questionnaire.
5. 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 number**

6. Follow the  **GO TO instructions**

All answers you provide will be entirely confidential.

**Please return your questionnaire using the pre-paid envelope provided.**

If you prefer you can complete the questionnaire online at:  
[survey.natcen.ac.uk/GSGB2](https://survey.natcen.ac.uk/GSGB2)

You will be asked to enter a unique access code that can be found on the letter that came with this questionnaire.

### Where can I get more information?

Website: [natcen.ac.uk/GSGB](https://natcen.ac.uk/GSGB)

Email: [GSGB@natcen.ac.uk](mailto:GSGB@natcen.ac.uk)

Telephone: 0800 652 4570

SN: 1001 - 1009  
CKL: 1010  
BATCH: 1011 - 1015  
CARD: 1016 - 1017  
SPARE: 1018 - 1049



## Q1

In the past 4 weeks, which of the following activities, if any, did you do?  
Please tick **ONE box** for each activity

	YES	NO	
<b>a</b> Spend time with friends/family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1050
<b>b</b> Read for pleasure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1051
<b>c</b> Listen to music	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1052
<b>d</b> Watch TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1053
<b>e</b> Eat out at restaurants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1054
<b>f</b> Go to pubs/bars/clubs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1055
<b>g</b> Do DIY or gardening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1056
<b>h</b> Go shopping (to the high street or shopping centre)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1057
<b>i</b> Do sports/exercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1058
<b>j</b> Do arts or crafts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1059
<b>k</b> Play a musical instrument or make music	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1060
<b>l</b> Go to the cinema, theatre or music concerts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1061
<b>m</b> Visit museums or galleries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1062
<b>n</b> Attend religious service/place of worship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1063



## Q2

In the past 4 weeks have you used the internet for any of the following?

Tick all that apply

Communication e.g. email, instant messaging, video or telephone calls	<input type="checkbox"/> 01	Travel or navigation	<input type="checkbox"/> 06
Using social media	<input type="checkbox"/> 02	Playing puzzle games online e.g. Sudoku, Wordle	<input type="checkbox"/> 07
Watching TV or films, listening to the radio, using streaming services or watching short video clips	<input type="checkbox"/> 03	Playing other games online	<input type="checkbox"/> 08
Online shopping or online banking	<input type="checkbox"/> 04	Something else	<input type="checkbox"/> 09
Finding out information, including news, weather	<input type="checkbox"/> 05	Have not used the internet in the past 4 weeks	<input type="checkbox"/> 10

1064 - 1083

### Q3

Have you spent money on any of the following activities, including online and in-person, in the last 12 months?

Tick one box on each line

	Yes	No	
<b>a</b> Tickets for National Lottery draws - Lotto, Euromillions, Thunderball, Hotpicks, Set for Life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1100
<b>b</b> Tickets for other charity lotteries, including the Health Lottery, Postcode Lottery and other lotteries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1101
<b>c</b> National Lottery scratchcards	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1102
<b>d</b> Other scratchcards	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1103
<b>e</b> National Lottery online instant win games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1104
<b>f</b> Other online instant win games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1105
<b>g</b> Betting on sports and racing <b>online / via an App</b> , including virtual sports/races and e-sports	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1106
<b>h</b> Betting on sports and racing <b>in-person</b> , e.g. at a bookmakers, including virtual sports/races and e-sports	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1107
<b>i</b> Betting on the outcome of events such as TV shows, elections <b>online / via an App</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1108
<b>j</b> Betting on the outcome of events such as TV shows, elections <b>in-person</b> , e.g. at a bookmakers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1109
<b>k</b> Bingo played online / via an App	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1110
<b>l</b> Bingo played at a venue e.g. a bingo hall, social club	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1111
<b>m</b> Casino games played <b>online / via an App</b> e.g. Poker, Roulette, Blackjack	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1112
<b>n</b> Casino games played <b>at a casino</b> e.g. Poker, Roulette, Blackjack	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1113
<b>o</b> Casino games (e.g. Poker, Roulette, Blackjack) <b>played on a machine / terminal in a venue</b> e.g. casino, bookmakers, club, pub	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1114
<b>p</b> Fruit/slot machines played <b>in-person</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1115
<b>q</b> Fruit/slot games played <b>online / via an App</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1116
<b>r</b> Football pools	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1117
<b>s</b> Private betting with e.g. friends, family, colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1118
<b>t</b> Another form of gambling in the last 12 months	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1119

**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES ABOVE PLEASE GO TO Q4 ON THE NEXT PAGE OTHERWISE GO TO Q26 ON PAGE 13**



### Q4

Thinking about the last time you spent money on gambling (i.e. lotteries, scratchcards, betting, bingo, casino games, or fruit/slot machines) how did you feel?

Circle one number between 0 and 10.

Hated it										Loved it
0	1	2	3	4	5	6	7	8	9	10

1120-1121

### Q5

The following question lists reasons that some people have given about why they take part in the gambling activities listed earlier in the questionnaire. For each one, please state how often these are reasons why you take part in some of these activities

Tick **ONE** box on each line

I take part in these activities...	Always	Often	Sometimes	Never	
<b>a</b> ...for the chance of winning big money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1122
<b>b</b> ... because it's fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1123
<b>c</b> ...as a hobby or a pastime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1124
<b>d</b> ...to escape boredom or to fill my time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1125
<b>e</b> ...because I'm worried about not winning if I don't play	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1126
<b>f</b> ...to compete with others (e.g. bookmaker, other gamblers)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1127
<b>g</b> ...because it's exciting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1128
<b>h</b> ...for the mental challenge or to learn about the game or activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1129
<b>i</b> ...because of the sense of achievement when I win	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1130
<b>j</b> ...to impress other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1131
<b>k</b> ... to be sociable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1132
<b>l</b> ...because it helps when I'm feeling tense	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1133
<b>m</b> ...to make money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1134
<b>n</b> ...to relax	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1135
<b>o</b> ...because it's something that I do with my friends or family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1136

# Q6

The following questions help us understand the impacts that lotteries, betting and other forms of gambling activities can have on people. To help us to measure this as accurately as possible, please answer all the following questions as honestly as you can, even if you think they do not apply to you.

Tick **ONE** box for each question

In the last 12 months, how often...	Almost always	Most of the time	Sometimes	Never	
<b>a</b> ...have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1147
<b>b</b> ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1148
<b>c</b> ...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1149
<b>d</b> ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1150
<b>e</b> ...have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1151
<b>f</b> ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1152
<b>g</b> ...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1153
<b>h</b> ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1154
<b>i</b> ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1155

## Q7

The next few questions are about the impact that gambling can have on some people. Please answer as honestly as you can. All of the answers you provide will be entirely confidential.

Tick **ONE** box for each question

**Thinking about your own gambling, how often in the last 12 months has your own gambling led you to...**

**Very often      Fairly often      Occasionally      Never**

<b>a</b>	...reduce or cut back your spending on everyday items such as food, bills and clothing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1156
<b>b</b>	...use savings or borrow money e.g. from family/friends; credit cards; overdrafts/loans; money lenders?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1157
<b>c</b>	...experience conflict or arguments with friends, family and/or work colleagues?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1158
<b>d</b>	...feel isolated from other people, left out or feel completely alone?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1159
<b>e</b>	...lie to family, or others, to hide the extent of your gambling?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1160
<b>f</b>	...be absent or perform poorly at work or study?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1161

## Q8

Tick **ONE** box for each question

**In the last 12 months...**

**Yes      No**

<b>a</b>	...have you lost something of significant financial value such as your home, business, car or been declared bankrupt because of your own gambling?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1162
<b>b</b>	...has your relationship with someone close to you, such as a spouse, partner, family member or friend broken down because of your own gambling?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1163
<b>c</b>	...have you experienced violence or abuse because of your own gambling?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1164
<b>d</b>	...have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1165

## Q9

In the last 12 months, has your own gambling led you to seek help, support or information online, in-person or by telephone from...

	Yes	No	
<b>a</b> ...mental health services?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1166
<b>b</b> ...food banks or other welfare organisations?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1167
<b>c</b> ...relationship counselling and support services?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1168
<b>d</b> ...gambling support services?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1169

## Q10

In the **past 4 weeks**, how often, if at all, have you spent money on any of the following activities, including **online and in person**?

	Not in the past 4 weeks	About once	About once a fortnight	About once a week	A few times a week	Everyday	
<b>a</b> Tickets for National Lottery draws – Lotto, Euromillions, Thunderball, Hotpicks, Set for Life <b>online/via an App</b> ?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1170
<b>b</b> Tickets for National Lottery draws – Lotto, Euromillions, Thunderball, Hotpicks, Set for Life <b>in person</b> e.g. at a shop, garage?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1171
<b>c</b> Tickets for other charity lotteries, including the Health Lottery, Postcode Lottery and other lotteries <b>online/via an App</b> ?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1172
<b>d</b> Tickets for other charity lotteries, including the Health Lottery, Postcode Lottery and other lotteries <b>in person</b> e.g. at a shop, garage?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1173



## Q11

If you spent money on lottery tickets, which of the following, if any, did you buy in the past 4 weeks?

Tick all that apply

Lotto	<input type="checkbox"/>	<sub>01</sub>	Lotto Hotpicks	<input type="checkbox"/>	<sub>04</sub>	Health lottery	<input type="checkbox"/>	<sub>07</sub>
Euromillions	<input type="checkbox"/>	<sub>02</sub>	Euromillions Hotpicks	<input type="checkbox"/>	<sub>05</sub>	Postcode lottery	<input type="checkbox"/>	<sub>08</sub>
Thunderball	<input type="checkbox"/>	<sub>03</sub>	Set for Life	<input type="checkbox"/>	<sub>06</sub>	Other lottery tickets, including for charity	<input type="checkbox"/>	<sub>09</sub>

1174 - 1191

## Q12

In the **past 4 weeks**, how often, if at all, have you spent money on any of the following activities

Tick **ONE** box on each line

		Not in the past 4 weeks	About once	About once a fortnight	About once a week	A few times a week	Everyday	
<b>a</b>	National Lottery scratchcards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1192
<b>b</b>	Other scratchcards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1193
<b>c</b>	National Lottery online instant win games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1194
<b>d</b>	Other online instant win games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1195

Answer if you have spent money on **National Lottery scratchcards** in the past 4 weeks

## Q13

If you have played National Lottery scratchcards in the past 4 weeks. Which of the following types of National Lottery scratchcards have you played in the **past 4 weeks**? Tick all that apply

£1 scratchcards	<input type="checkbox"/>	<sub>1</sub>	£3 scratchcards	<input type="checkbox"/>	<sub>3</sub>	Don't know/can't remember the value	<input type="checkbox"/>	<sub>5</sub>
£2 scratchcards	<input type="checkbox"/>	<sub>2</sub>	£5 scratchcards	<input type="checkbox"/>	<sub>4</sub>			

1196 - 1200

Answer if you have spent money on **National Lottery online instant win games** in the past 4 weeks

### Q14

If you have played National Lottery online instant win games in the past 4 weeks. Which of the following types of National Lottery online instant win games have you played in the **past 4 weeks**? **Tick all that apply.**

.....

Online instant win games cost less than £1 <sub>1</sub>    £2 online instant win games <sub>3</sub>    £5 online instant win games <sub>5</sub>

.....

£1 online instant win games <sub>2</sub>    £3 online instant win games <sub>4</sub>    Don't know/can't remember the value <sub>6</sub>

.....

1230 - 1235

### Q15

In the **past 4 weeks**, how often, if at all, have you spent money on any of the following activities.

**Tick one box on each line**

	Not in the past 4 weeks	About once	About once a fortnight	About once a week	A few times a week	Everyday	
<b>a</b>							
Betting on sports and racing <b>online/via an App</b> , including virtual sports/races and e-sports	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1236
<b>b</b>							
Betting on sports and racing <b>in-person</b> , e.g. at a bookmakers, including virtual sports/races and e-sports	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1237
<b>c</b>							
Betting on the outcome of events such as TV shows, elections <b>online/via an App</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1238
<b>d</b>							
Betting on the outcome of events such as TV shows, elections <b>in-person</b> , e.g. at a bookmakers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1239

.....

### Q16

In the past 4 weeks, have you **bet in-play** when betting on sports/races or the outcome of events? In-play betting means betting on things that happen once the game, match or event has started e.g., who will win, next goal scorer, next point, next person to be eliminated

<sub>1</sub> Yes → **Go to Q17**

<sub>2</sub> No → **Go to Q19**

1240

## Q17

How often have you **bet in-play** in the past 4 weeks? *If you are unsure, please estimate*

.....

About once <sub>1</sub> A few times a week <sub>4</sub>

.....

About once a fortnight <sub>2</sub> Everyday <sub>5</sub>

.....

About once a week <sub>3</sub> 1241

.....

## Q18

Thinking back over the past 4 weeks, how many **in-play bets** would you typically make once an individual game, match or event had started?

*If you are unsure, enter your best estimate*

Enter number

1242 - 1243

Don't know / unsure

1244

## Q19

Did you use a **betting exchange** in the past 4 weeks?

<sub>1</sub> Yes

<sub>2</sub> No

1245

## Q20

Which of the following did you spend money **betting** on in the past 4 weeks? **Tick all that apply**

.....

Live football <sub>01</sub> E-sports <sub>05</sub>

.....

Live tennis <sub>02</sub> Virtual games/races <sub>06</sub>

.....

Live horse/dog racing <sub>03</sub> None of these <sub>07</sub>

.....

Other live sports <sub>04</sub> 1246 - 1259

.....

## Q21

During the **past 4 weeks**, how often, if it all, have you spent money playing **bingo**...

		Not in the past 4 weeks	About once	About once a fortnight	About once a week	A few times a week	Everyday	
<b>a</b>	... online / via an App	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1260
<b>b</b>	...at a venue e.g. a bingo hall, social club?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1261

.....

## Q22

During the **past 4 weeks**, how often, if at all, have you spent money playing **casino games e.g. Poker, Roulette, Blackjack ...**

	Not in the past 4 weeks	About once	About once a fortnight	About once a week	A few times a week	Everyday	
<b>a</b> ... online / via an App	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1262
<b>b</b> ...in person at a casino?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1263
<b>c</b> ...on a machine / terminal in a venue e.g. casino, bookmakers, club, pub?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1264

## Q23

During the **past 4 weeks**, how often, if at all, have you spent money **playing fruit/slot-based games ...**

	Not in the past 4 weeks	About once	About once a fortnight	About once a week	A few times a week	Everyday	
<b>a</b> ... online / via an App	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1265
<b>b</b> ...on a fruit / slot machine?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1266

## Q24

If you played **fruit/ slot machines** in the **past 4 weeks**, where did you play? **Tick all that apply**

Pub/bar/club	<input type="checkbox"/> <sub>01</sub>	Bookmakers	<input type="checkbox"/> <sub>05</sub>
Gaming centre/arcade etc	<input type="checkbox"/> <sub>02</sub>	Other, please specify	<input type="text" value="1281 - 1349"/> <sub>06</sub>
Casino	<input type="checkbox"/> <sub>03</sub>	Only played online, including an App	<input type="checkbox"/> <sub>07</sub>
Bingo hall /social club	<input type="checkbox"/> <sub>04</sub>		1267 - 1280

## Q25

In the **past 4 weeks**, have you spent money on any of these activities, **including online?**

	Yes	No	
<b>a</b> Football pools	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1350
<b>b</b> Private betting with e.g. friends, family, colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1351
<b>c</b> Another form of gambling in the past 4 weeks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1352



## Q26: Everyone please answer

The next set of questions are about gambling advertisement and marketing. By marketing we mean all the different ways that gambling companies use to communicate or promote themselves to people.

In the last month, have you seen or heard gambling being promoted in the following ways?  
Please tick **ONE** box for each statement.

	YES	NO	
<b>a</b> Adverts on television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1353
<b>b</b> Adverts on radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1354
<b>c</b> Sponsorship of sports people, teams or events by gambling companies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1355
<b>d</b> Sponsorship of other TV programmes by gambling companies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1356
<b>e</b> Adverts for gambling on social media such as YouTube, Facebook, Twitter and other social media	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1357
<b>f</b> Pop-up adverts online for gambling companies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1358
<b>g</b> Adverts and promotions from gambling apps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1359
<b>h</b> Famous people or influencers promoting gambling companies via social media (YouTube, Facebook, Twitter etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1360

## Q27

To what extent do you agree or disagree with the following statements about the National Lottery?  
Today I think that the National Lottery ...

		Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know	
<b>a</b>	is honest and trustworthy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1361
<b>b</b>	is well run	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1362
<b>c</b>	contributes to causes that benefit the whole nation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1363
<b>d</b>	encourages people to play its games responsibly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1364
<b>e</b>	is innovative	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	1365

## Q28

Does anyone you are close to gamble, even if only occasionally? By gambling we mean spending money on activities such as lotteries, betting, casino etc **Tick all that apply.**

- <sub>1</sub> No → Go to Q34
- <sub>2</sub> Yes, a partner/spouse → Go to Q29
- <sub>3</sub> Yes, another family member (that is not your partner/spouse) → Go to Q29
- <sub>4</sub> Yes, a friend → Go to Q29
- <sub>5</sub> Yes, someone else → Go to Q29

1366 - 1370

## Q29

And do you live with this person/any of these people?

- <sub>1</sub> Yes
- <sub>2</sub> No

1371

## Q30

The next few questions are about the impact that someone else's gambling may have had on you, whether you live with them or not. Please answer as honestly as you can. Thinking about someone else's gambling, in the last 12 months...

Tick **ONE** box for each question

		Very often	Fairly often	Occasionally	Never	
<b>a</b>	...have you borrowed money or sold anything to get money because of someone else's gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1372
<b>b</b>	...have you felt that someone else's gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1373
<b>c</b>	...have you felt that someone else's gambling has made you feel embarrassment, guilt or shame?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1374

## Q31

In the last 12 months, how often has someone else's gambling led you to...

		Very often	Fairly often	Occasionally	Never	
<b>a</b>	...reduce or cut back your spending on everyday items such as food, bills and clothing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1375
<b>b</b>	...use your savings or increase your use of credit, such as credit cards, overdrafts or loans?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1376
<b>c</b>	...experience conflict or arguments with friends, family and/or work colleagues?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1377
<b>d</b>	...feel isolated from other people, left out or feel completely alone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1378
<b>e</b>	...lie to family, or others, to hide the extent of someone else's gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1379
<b>f</b>	...be absent or perform poorly at work or study?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1380

# Q32

Tick **ONE** box for each question

		Yes	No	
<b>a</b>	In the last 12 months, has your relationship with someone close to you such as a spouse, partner, family member or friend broken down because of someone else's gambling?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1391
<b>b</b>	In the last 12 months, have you lost something of significant financial value such as your home, business, car or been declared bankrupt because of someone else's gambling?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1392
<b>c</b>	In the last 12 months, have you experienced violence or abuse because of someone else's gambling?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1393
<b>d</b>	In the last 12 months, have you committed a crime in order to finance someone else's gambling or to pay their gambling debts?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1394

# Q33

Tick **ONE** box for each question

**In the last 12 months, has someone else's gambling led you to seek help, support or information online, in-person or by telephone from...**

		Yes	No	
<b>a</b>	...mental health services?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1395
<b>b</b>	...food banks or other welfare organisations?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1396
<b>c</b>	...relationship counselling and support services?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1397
<b>d</b>	...gambling support services?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	1398

# Q34: Everyone please answer

How is your health in general? Would you say it was...

<input type="checkbox"/> <sub>1</sub> Very good	<input type="checkbox"/> <sub>4</sub> Bad
<input type="checkbox"/> <sub>2</sub> Good	<input type="checkbox"/> <sub>5</sub> Very bad
<input type="checkbox"/> <sub>3</sub> Fair	

1399

# Q35

Do you smoke cigarettes at all nowadays?

<input type="checkbox"/> <sub>1</sub> Yes → Go to Q36	<input type="checkbox"/> <sub>2</sub> No → Go to Q37
---	--

1400



## Q36

On average, about how many cigarettes a day do you usually smoke?

Write in number  
smoked a day

1401 - 1402

## Q37

How often did you have a drink containing alcohol in the past year?

<sub>1</sub> Never



Go to Q40

<sub>4</sub> Two to three times a week



Go to Q38

<sub>2</sub> Monthly or less



Go to Q38

<sub>5</sub> Four or more times a week



Go to Q38

<sub>3</sub> Two to four times a month



Go to Q38

1403

## Q38

How many drinks did you have on a typical day when you were drinking in the past year?

<sub>1</sub> None, I do not drink

<sub>4</sub> 5 or 6

<sub>2</sub> 1 or 2

<sub>5</sub> 7 to 9

<sub>3</sub> 3 or 4

<sub>6</sub> 10 or more

1404

## Q39

How often did you have six or more drinks on one occasion in the past year?

<sub>1</sub> Never

<sub>4</sub> Weekly

<sub>2</sub> Less than monthly

<sub>5</sub> Daily or almost daily

<sub>3</sub> Monthly

1405

## Q40: Everyone please answer

Tick **ONE** box on each line

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks

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

<b>a</b>	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	1406
<b>b</b>	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	1407
<b>c</b>	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	1408
<b>d</b>	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	1409
<b>e</b>	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	1410
<b>f</b>	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	1411
<b>g</b>	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	1412

## Q41

In the last 12 months have you ever thought about taking your life, even though you would not actually do it?

1 Yes

2 No

1413

## Q42

In the last 12 months, have you made an attempt to take your life, by taking an overdose of tablets or in some other way?

1 Yes

2 No

1414

If Yes to either Q41 or Q42 → Go to Q43

If No to both → Go to Q44

## Q43

To what extent, if at all, was this related to your gambling?

<sub>1</sub> Not at all

<sub>2</sub> A little

<sub>3</sub> A lot

1415

## Q44: Everyone please answer

What is your sex?

A question about gender identity will follow

<sub>1</sub> Male

<sub>2</sub> Female

1416

## Q45

Is the gender you identify with the same as your sex registered at birth?

**This question is voluntary**

<sub>1</sub> Yes

<sub>2</sub> No, write in gender identity  
in the box below

1417

1418 - 1467

## Q46

What is your date of birth?

If you are not willing or able to provide the day or month of your birth, please enter '01' for the day or '06' for the month.

Day

1468 - 1469

Month

1470 - 1471

Year

1472 - 1475

## Q47

What was your age last birthday?

Write in years

1476 - 1478

## Q48

Choose one option that best describes your ethnic group or background

### White

<sub>01</sub> English / Welsh / Scottish / Northern Irish / British

<sub>02</sub> Irish

<sub>03</sub> Gypsy or Irish Traveller

<sub>04</sub> Any other White background, *please describe:*

### Black / African / Caribbean / Black British

<sub>14</sub> African

<sub>15</sub> Caribbean

<sub>16</sub> Any other Black / African / Caribbean background, *please describe:*

### Mixed / Multiple ethnic groups

<sub>05</sub> White and Black Caribbean

<sub>06</sub> White and Black African

<sub>07</sub> White and Asian

<sub>08</sub> Any other Mixed / Multiple ethnic background, *please describe:*

### Other ethnic group

<sub>17</sub> Arab

<sub>18</sub> Any other ethnic group, *please describe:*

### Asian / Asian British

<sub>09</sub> Indian

<sub>10</sub> Pakistani

<sub>11</sub> Bangladeshi

<sub>12</sub> Chinese

<sub>13</sub> Any other Asian background, *please describe:*

## Q49

Including you, how many **adults aged 18 or over** are currently living in your household?

By 'your household' we mean the group of people (not necessarily related) living at your address who share cooking facilities with you and also share a living room or sitting room or dining area.

**Number of adults aged 18 and over**  
1800 - 1801

## Q50

And how many **children aged under 18** currently live in your household? If 'none', write in '00.'

**Number of children aged under 18**  
1802 - 1803

## Q51

What is your legal marital or registered civil partnership status?

Never married and never registered in a civil partnership	<input type="checkbox"/> <sub>01</sub>	Divorced	<input type="checkbox"/> <sub>06</sub>
Married	<input type="checkbox"/> <sub>02</sub>	Formerly in a civil partnership which is now legally dissolved	<input type="checkbox"/> <sub>07</sub>
In a registered civil partnership	<input type="checkbox"/> <sub>03</sub>	Widowed	<input type="checkbox"/> <sub>08</sub>
Separated, but still legally married	<input type="checkbox"/> <sub>04</sub>	Surviving partner from a registered civil partnership	<input type="checkbox"/> <sub>09</sub>
Separated, but still legally in a civil partnership	<input type="checkbox"/> <sub>05</sub>		

1804 - 1805

## Q52

Thinking of the income of your household as a whole, which of the groups on this list represents the total income of the whole household before deductions for income tax, National Insurance, etc.?

Include income from benefits and savings. Tick **ONE** box only.

MONTHLY income BEFORE tax	ANNUAL income BEFORE tax		MONTHLY income BEFORE tax	ANNUAL income BEFORE tax	
£0 to £949	£0 to £11,399	<input type="checkbox"/> <sub>01</sub>	£2,800 to £3,349	£33,600 to £40,199	<input type="checkbox"/> <sub>06</sub>
£950 to £1,349	£11,400 to £16,199	<input type="checkbox"/> <sub>02</sub>	£3,350 to £3,999	£40,200 to £47,999	<input type="checkbox"/> <sub>07</sub>
£1,350 to £1,799	£16,200 to £21,599	<input type="checkbox"/> <sub>03</sub>	£4,000 to £4,999	£48,000 to £59,999	<input type="checkbox"/> <sub>08</sub>
£1,800 to £2,249	£21,600 to £26,999	<input type="checkbox"/> <sub>04</sub>	£5,000 to £6,599	£60,000 to £79,199	<input type="checkbox"/> <sub>09</sub>
£2,250 to £2,799	£27,000 to £33,599	<input type="checkbox"/> <sub>05</sub>	£6,600 or more	£79,200 or more	<input type="checkbox"/> <sub>10</sub>

1806 - 1807

## Q53

In which of these ways is your accommodation occupied? Tick **ONE** box only.

Own it outright	<input type="checkbox"/> <sub>01</sub>	Rent it from another type of landlord	<input type="checkbox"/> <sub>05</sub>
Buying it with the help of a mortgage/loan	<input type="checkbox"/> <sub>02</sub>	Live here rent-free	<input type="checkbox"/> <sub>06</sub>
Part own and part rent (shared ownership)	<input type="checkbox"/> <sub>03</sub>	Squatting	<input type="checkbox"/> <sub>07</sub>
Rent it from a housing association or local council	<input type="checkbox"/> <sub>04</sub>		

1808 - 1809

## Q54

Do you have any educational qualifications for which you received a certificate?

<sub>1</sub> Yes → Go to Q56

<sub>2</sub> No → Go to Q55

1810

## Q55

Do you have any have any professional, vocational or other work-related qualifications for which you received a certificate?

<sub>1</sub> Yes → Go to Q56

<sub>2</sub> No → Go to Q57

1811

## Q56

Was your highest qualification ...

Yes

No

At degree level or above

<sub>1</sub>

<sub>2</sub>

1812

Or another kind of qualification?

<sub>1</sub>

<sub>2</sub>

1813

## Q57

In the past 7 days, were you doing any of the following? Include casual or temporary work, even if only for one hour. **Tick one option below.**

Working as an employee

<sub>1</sub>

On maternity or paternity leave

<sub>4</sub>

Self-employed or freelancer

<sub>2</sub>

Doing any other kind of paid work

<sub>5</sub>

Temporarily away from work ill, on holiday or temporarily laid off

<sub>3</sub>

OR none of the above? → Go to Q58

<sub>6</sub>

1814

## Q58: If none of the above at Q57

Which of the following described what you were doing in the last seven days? **Tick one option below.**

Retired (whether receiving a pension or not)	<input type="checkbox"/> <sub>1</sub>	Long-term sick or disabled	<input type="checkbox"/> <sub>4</sub>	
Studying	<input type="checkbox"/> <sub>2</sub>	Other	<input type="checkbox"/> <sub>5</sub>	
Looking after home or family	<input type="checkbox"/> <sub>3</sub>			1815

## Q59: Everyone please answer

In the past 4 weeks, have you spent more or less on the following activities than you normally would?

	More / Increased spend	Stayed the same	Less / Decreased spend	Don't know	
<b>a</b> Supermarket shopping	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1816
<b>b</b> Non-essential spending with other retailers i.e., clothes, shoes etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1817
<b>c</b> Leisure activities i.e., hobbies, gym membership, cinema etc	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1818
<b>d</b> Going to restaurants and bars	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1819
<b>e</b> Home entertainment and subscriptions i.e. Netflix, Sky etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1820
<b>f</b> Lottery tickets and/or scratchcards	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1821
<b>g</b> Other gambling activities (not including those above lottery tickets and/or scratchcards)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1822
<b>h</b> Charitable donations	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1823
<b>i</b> Home improvements/DIY	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	1824

## Q60

Sometimes we ask people who've taken part in this study to take part in other studies too. These studies may be carried out by NatCen Social Research or the Gambling Commission. You will only be contacted again for research purposes and only where there is a genuine reason for contacting you. You may never be contacted again, but if you are, you will still be free to decide whether you want to take part or not.

Are you willing to be contacted again for future research purposes?

<sub>1</sub> Yes → Go to Q61

<sub>2</sub> No → Go to Q65

2025

## Q61

Do you have an email address we can contact you on? This would only be used for research purposes.

<sub>1</sub> Yes → Go to Q62

<sub>2</sub> No → Go to Q63

2026

## Q62

Please write your email address in the box below.

2027 - 2126

## Q63

Do you have a telephone number we can contact you on? This would only be used for research purposes.

<sub>1</sub> Yes → Go to Q64

<sub>2</sub> No → Go to Q65

2127

## Q64

Please enter this below as numbers with no spaces. Phone numbers should contain only numbers, start with 0.

2128 - 2138

## Q65

We would like to send you a £10 shopping voucher to say thank you for your time and for helping us with this survey.

Please note that your voucher should arrive within 1 calendar month of today's date.

Can you confirm you would like to receive your voucher?

<sub>1</sub> I would like to receive a voucher

<sub>2</sub> I do not want to receive a voucher

2139

## Q66

Please write in your full name in block capitals. This would only be used for the purpose of sending you your voucher, and if you gave your permission, to be contacted about future research.

Title

2140 - 2159

First name

2160 - 2209

Surname

2210 - 2260

Q40 taken from

Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS)  
© NHS Health Scotland, University of Warwick  
and University of Edinburgh, 2008, all rights reserved.