



## Paper questionnaire booklet for adults (aged 16+)

### Who should complete the questionnaire?

Up to two people in your household can complete the questionnaire as long as they are aged 16 or over.

### 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/GBPSurvey2022](https://survey.natcen.ac.uk/GBPSurvey2022)**.

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/GBP](https://natcen.ac.uk/GBP)

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

Telephone: 0800 652 4570



## Q1

In a typical month, which of the following activities, if any, do you usually do?

Please tick **ONE** box for each activity

	YES	NO
Spend time with friends/family	<input type="checkbox"/>	<input type="checkbox"/>
Read for pleasure	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV	<input type="checkbox"/>	<input type="checkbox"/>
Eat out at restaurants	<input type="checkbox"/>	<input type="checkbox"/>
Go to pubs/bars/clubs	<input type="checkbox"/>	<input type="checkbox"/>
Do DIY or gardening	<input type="checkbox"/>	<input type="checkbox"/>
Go shopping (to the high street or shopping centre)	<input type="checkbox"/>	<input type="checkbox"/>
Do sports/exercise	<input type="checkbox"/>	<input type="checkbox"/>
Do arts or crafts	<input type="checkbox"/>	<input type="checkbox"/>
Play a musical instrument or make music	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema, theatre or music concerts	<input type="checkbox"/>	<input type="checkbox"/>
Visit museums or galleries	<input type="checkbox"/>	<input type="checkbox"/>
Attend religious service/place of worship	<input type="checkbox"/>	<input type="checkbox"/>

## Q2

Does your household have access to the internet at home?

☐

Yes

☐

No

## Q3

Do you personally use the internet?

☐

Yes



**Go to Q4**

☐

No



**Go to Q6**

## Q4

How often do you use the internet?

☐

Almost all the time

☐

Many times a day

☐

About once a day

☐

Several times a week

☐

Less often

## Q5

Which of the following devices do you use to access the internet?

**Tick all that apply**

☐

Smartphone

☐

Laptop

☐

Tablet

☐

Desktop

☐

Games console

☐

Smart TV

☐

Another device



## Q6

In the last four weeks have you used the internet for any of the following?

Please tick **ONE** box for each activity

	YES	NO		YES	NO
Email or instant messaging	<input type="checkbox"/>	<input type="checkbox"/>	Online banking	<input type="checkbox"/>	<input type="checkbox"/>
Social networking	<input type="checkbox"/>	<input type="checkbox"/>	Travel or navigation	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	Playing games online	<input type="checkbox"/>	<input type="checkbox"/>
Online shopping	<input type="checkbox"/>	<input type="checkbox"/>	Finding out information	<input type="checkbox"/>	<input type="checkbox"/>
News or weather	<input type="checkbox"/>	<input type="checkbox"/>	Something else	<input type="checkbox"/>	<input type="checkbox"/>
If <b>YES</b> to Playing Games online → Go to Q7					
If <b>NO</b> to Playing Games online → Go to Q10					



When playing games online for example, Fortnite, Overwatch, CS:GO, Roblox, Candy Crush, FIFA it is possible to collect in-game items such as weapons, skins, power-ups etc.

In the past 4 weeks, how often, if at all, have you done the following things when playing computer/console or mobile games?

	Very often	Fairly often	Occasionally	Never	Not sure
<b>Q7</b> Paid money (or bought virtual currency) to buy specific in-game items (e.g. skins, clothes, weapons, players)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q8</b> Paid money (or bought virtual currency) to open loot boxes/packs/chests to get in-game items (e.g. skins, clothes, weapons, players)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9</b> Bet with in-game items on websites outside of the game you are playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Q10: Everyone please answer

Have you spent any money on any of the following activities  
in the last 12 months? Please tick **ONE** box for each activity

Tick one box on each line

	Yes	No
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	<input type="checkbox"/>	<input type="checkbox"/>
Scratchcards (but not online or newspaper or magazine scratchcards)	<input type="checkbox"/>	<input type="checkbox"/>
Tickets for any other lottery, including charity lotteries	<input type="checkbox"/>	<input type="checkbox"/>
The football pools	<input type="checkbox"/>	<input type="checkbox"/>
Bingo cards or tickets, including playing at a bingo hall (not online)	<input type="checkbox"/>	<input type="checkbox"/>
Fruit or slot machines	<input type="checkbox"/>	<input type="checkbox"/>
Virtual gaming machines <b>in a bookmakers</b> to bet on virtual roulette, poker, blackjack or other games	<input type="checkbox"/>	<input type="checkbox"/>
Table games (roulette, cards or dice) <b>in a casino</b>	<input type="checkbox"/>	<input type="checkbox"/>
Playing poker in a pub tournament/ league or at a club	<input type="checkbox"/>	<input type="checkbox"/>
Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games <b>for money</b>	<input type="checkbox"/>	<input type="checkbox"/>
Online betting <b>with a bookmaker</b> on any event or sport	<input type="checkbox"/>	<input type="checkbox"/>
Betting exchange: This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.	<input type="checkbox"/>	<input type="checkbox"/>
Betting on <b>horse</b> races in a bookmaker's, by phone or at the track	<input type="checkbox"/>	<input type="checkbox"/>
Betting on <b>dog</b> races in a bookmaker's, by phone or at the track	<input type="checkbox"/>	<input type="checkbox"/>
Betting on <b>sports events</b> in a bookmaker's, by phone or at the venue	<input type="checkbox"/>	<input type="checkbox"/>
Betting on <b>other events</b> in a bookmaker's, by phone or at the venue	<input type="checkbox"/>	<input type="checkbox"/>
Spread-betting: In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.	<input type="checkbox"/>	<input type="checkbox"/>
Private betting, playing cards or games for money with friends, family or colleagues	<input type="checkbox"/>	<input type="checkbox"/>
Another form of gambling in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q10  PLEASE GO TO Q11  
OTHERWISE GO TO Q47 ON PAGE 10.

## Q11

Thinking about all the activities covered in the previous question, would you say you spend money on these activities...

- ☐ 2 or more times a week
- ☐ Once a week
- ☐ Less than once a week, more than once a month
- ☐ Once a month
- ☐ Every 2-3 months
- ☐ Once or twice a year

## Q12

For the next set of questions about gambling, please indicate the extent to which each one has applied to **you in the last 12 months**.

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

When you gamble, how often do you go back another day to win back money you lost?

**Tick ONE box**

- ☐ Every time I lost
- ☐ Most of the time
- ☐ Some of the time (less than half the time I lost)
- ☐ Never

Tick **ONE box** on each line

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

**Very often**

**Fairly often**

**Occasionally**

**Never**

**Q13**

How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?

☐
☐
☐
☐

**Q14**

Have you needed to gamble with more and more money to get the excitement you are looking for?

☐
☐
☐
☐

**Q15**

Have you felt restless or irritable when trying to cut down gambling?

☐
☐
☐
☐

Tick **ONE** box on each line

In the last 12 months...	Very often	Fairly often	Occasionally	Never
<b>Q16</b> Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q17</b> Have you lied to family, or others, to hide the extent of your gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q18</b> Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q19</b> Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q20</b> Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q21</b> Have you asked others to provide money to help with a desperate financial situation caused by gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last 12 months...	Almost always	Most of the time	Sometimes	Never
<b>Q22</b> ...have you bet more than you could really afford to lose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q23</b> ...have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q24</b> ...have you gone back to try to win back the money you'd lost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q25</b> ...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q26</b> ...have you felt that you might have a problem with gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q27</b> ...have you felt that gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q28</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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q29</b> ...have you felt your gambling has caused financial problems for you or your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q30</b> ...have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Q31

In the last 12 months, have you bet in-play when betting on sports? In-play betting means betting on things that happen within sports matches once the match has started (e.g., who will win, next goal scorer, next corner, next point).

☐ Yes

☐ No

### Q32

In the last 12 months, have you tried to stop or cut down on the amount of gambling you do?

☐ Yes → Go to Q33

☐ No → Go to Q34



### Q33

Which, if any, of the following did you use to reduce your gambling?  
Please tick **ONE** box for each activity

	YES	NO		YES	NO
Set limits on the amount of time I spent gambling	<input type="checkbox"/>	<input type="checkbox"/>	Used software to stop me seeing adverts	<input type="checkbox"/>	<input type="checkbox"/>
Set limits on how much money I spent gambling	<input type="checkbox"/>	<input type="checkbox"/>	Used blocking software to stop me accessing gambling websites	<input type="checkbox"/>	<input type="checkbox"/>
Set reminders to interrupt me if I was gambling for too long	<input type="checkbox"/>	<input type="checkbox"/>	Asked my bank to block payments to gambling companies	<input type="checkbox"/>	<input type="checkbox"/>
Took a break from online websites	<input type="checkbox"/>	<input type="checkbox"/>	Other, (please write in the box below)	<input type="checkbox"/>	<input type="checkbox"/>
Self-excluded from gambling companies, websites or premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		



### Q34

Thinking back over the past 12 months, how would you rate how taking part in gambling activities has made you feel? **Circle one number between 0 and 10**

Hate it										Love it
0	1	2	3	4	5	6	7	8	9	10



Tick **ONE** box for each question

In the last 12 months...

Yes

No

**Q35**

...have you lost something of significant financial value such as your home, business, car or been declared bankrupt because of your own gambling?

☐
☐

**Q36**

...has your relationship with someone close to you, such as a spouse, partner, family member or friend broken down because of your own gambling?

☐
☐

**Q37**

...have you experienced violence or abuse because of your own gambling?

☐
☐

Tick **ONE** box for each question

In the last 12 months, to what extent, if at all, has your own gambling led to you...

Not  
at all

A little

A lot

**Q38**

...reducing or cutting back your spending on everyday items such as food, bills and clothing?

☐
☐
☐

**Q39**

...having to use your savings to fund your own gambling?

☐
☐
☐

**Q40**

...increasing your use of credit, such as credit cards, overdrafts and loans?

☐
☐
☐

**Q41**

...experiencing greater conflict or arguments with friends, family and work colleagues?

☐
☐
☐

**Q42**

...feeling isolated from other people, left out or feeling completely alone due to your own gambling?

☐
☐
☐

Tick **ONE** box for each question

Thinking about your own gambling during the past 12 months, have you sought help, support or information online, in-person or by telephone from...

Yes

No

**Q43**

...mental health services?

☐
☐

**Q44**

...food banks or other welfare organisations?

☐
☐

**Q45**

...relationship counselling and support services?

☐
☐

**Q46**

...gambling support services?

☐
☐



## Q47: 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 activity

	YES	NO
Adverts on television	<input type="checkbox"/>	<input type="checkbox"/>
Adverts on radio	<input type="checkbox"/>	<input type="checkbox"/>
Sponsorship of sports people, teams or events by gambling companies	<input type="checkbox"/>	<input type="checkbox"/>
Sponsorship of other TV programmes by gambling companies	<input type="checkbox"/>	<input type="checkbox"/>
Adverts for gambling on social media such as YouTube, Facebook, Twitter and other social media	<input type="checkbox"/>	<input type="checkbox"/>
Pop-up adverts online for gambling companies	<input type="checkbox"/>	<input type="checkbox"/>
Adverts and promotions from gambling apps	<input type="checkbox"/>	<input type="checkbox"/>
Famous people or influencers promoting gambling companies via social media (YouTube, Facebook, Twitter etc)	<input type="checkbox"/>	<input type="checkbox"/>

## Q48

In the last month, which of the following, if any, have gambling companies sent directly to you?

Please tick all that apply

- ☐ Emails about gambling
- ☐ Texts about gambling
- ☐ Messages on social media (Facebook, Twitter, Instagram etc) about gambling
- ☐ Messages or notifications from gambling apps
- ☐ Letters by post about gambling
- ☐ None of the answer options

## Q49

In the last month, how often, if at all, has a gambling advert, promotion or sponsorship prompted you to spend money on gambling when you were not otherwise planning to?

- ☐ Very often
- ☐ Fairly often
- ☐ Occasionally
- ☐ Never

Everyone please answer:

Tick **ONE** box for each question

The next questions are things that people have said about gambling. How much do you agree or disagree with each one of the following statements

**Strongly agree**   **Agree**   **Neither agree nor disagree**   **Disagree**   **Not sure**

**Q50** People should have the right to gamble whenever they want

☐ ☐ ☐ ☐ ☐

**Q51** There are too many opportunities for gambling nowadays

☐ ☐ ☐ ☐ ☐

**Q52** Gambling should be discouraged

☐ ☐ ☐ ☐ ☐

**Q53** Most people who gamble do so sensibly

☐ ☐ ☐ ☐ ☐

**Q54** Gambling is dangerous for family life

☐ ☐ ☐ ☐ ☐

**Q55** On balance, gambling is good for society

☐ ☐ ☐ ☐ ☐

**Q56** Gambling livens up life

☐ ☐ ☐ ☐ ☐

**Q57** It would be better if gambling were banned altogether

☐ ☐ ☐ ☐ ☐

**Q58** How far do you agree or disagree that in this country, gambling is conducted fairly and can be trusted?

☐ ☐ ☐ ☐ ☐

**Q59** How far do you agree or disagree that gambling in this country is associated with criminal activity?

☐ ☐ ☐ ☐ ☐

## Q60

Does anyone you are close to gamble?

Tick all that apply

- ☐ No → Go to Q79 at the bottom of page 13
- ☐ Yes, a family member
- ☐ Yes, a friend
- ☐ Yes, someone else
- Go to Q61



Sometimes other people can be affected by someone's gambling.  
In the past 12 months, how often have you...

Tick **ONE** box for each question

		Very often	Fairly often	Occasionally	Never
<b>Q61</b>	...lied to family, or others, to hide the extent of someone else's gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q62</b>	...committed a crime in order to finance someone else's gambling or to pay their gambling debts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q63</b>	...asked others to provide money to help with a desperate financial situation caused by someone else's gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick **ONE** box for each question

In the last 12 months...	Almost always	Most of the time	Sometimes	Never	
<b>Q64</b>	...have you borrowed money or sold anything to get money because of someone else's gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q65</b>	...have you felt that someone else's gambling has caused you any health problems, including stress or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q66</b>	...have you felt that someone else's gambling has made you feel embarrassment, guilt or shame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick **ONE** box for each question

		Yes	No
<b>Q67</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"/>	<input type="checkbox"/>
<b>Q68</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"/>	<input type="checkbox"/>
<b>Q69</b>	In the last 12 months, have you experienced violence or abuse because of someone else's gambling?	<input type="checkbox"/>	<input type="checkbox"/>

Tick **ONE box** for each question

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

**Not at all**    **A little**    **A lot**

**Q70** ...having to use your savings?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Q71** ...increasing your use of credit, such as credit cards, overdrafts and loans?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Q72** ...reducing or cutting back your spending on everyday items such as food, bills and clothing?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Q73** ...experiencing greater conflict or arguments with friends, family and work colleagues?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Q74** ...feeling isolated from other people, left out or feeling completely alone?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Thinking about the impact that someone else's gambling may have had on you during the past 12 months, have you sought help, support or information online, in-person or by telephone from...

Tick **ONE box** for each question

**Yes**    **No**

**Q75** ...mental health services?

<input type="checkbox"/>	<input type="checkbox"/>
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**Q76** ...food banks or other welfare organisations?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**Q77** ...relationship counselling and support services?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**Q78** ...gambling support services?

<input type="checkbox"/>	<input type="checkbox"/>
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## Q79: Everyone please answer

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

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Bad
- ☐ Very bad

## Q80

Do you smoke cigarettes at all nowadays?

☐

Yes



Go to Q81

☐

No



Go to Q82

## Q81

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

Write in number  
smoked a day

## Q82

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

☐

Never



Go to Q85  
on page 15

☐

Monthly or less



Go to Q83

☐

Two to four times a month



Go to Q83

☐

Two to three times a week



Go to Q83

☐

Four or more times a week



Go to Q83

## Q83

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

☐

None, I do not drink

☐

1 or 2

☐

3 or 4

☐

5 or 6

☐

7 to 9

☐

10 or more

## Q84

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

☐

Never

☐

Less than monthly

☐

Monthly

☐

Weekly

☐

Daily or almost daily

Everyone please answer:

Tick **ONE** box for each question

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>Q85</b> I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q86</b> I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q87</b> I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q88</b> I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q89</b> I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q90</b> I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q91</b> I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q92**

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

☐ Yes

☐ No

**Q93**

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

☐ Yes → **Go to Q94**

☐ No → **Go to Q95 on page 16**

**Q94**

To what extent, if at all, was this related to your or someone else's gambling?

☐ Not at all

☐ A little

☐ A lot

Everyone please answer:

## Q95

What is your sex?

A question about gender identity will follow

☐

Male

☐

Female

## Q96

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

☐

Yes

☐

No, write in gender identity in the box below

## Q97

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

☐☐

Month

☐☐☐☐

Year

## Q98

What was your age last birthday?

☐☐

Write in years

## Q99

What is your ethnic group?

☐

White

☐

Mixed / Multiple ethnic groups

☐

White – Gypsy or Irish Traveller

☐

Asian / Asian British

☐

Black / African / Caribbean / Black British

☐

Chinese

☐

Arab

☐

Other ethnic group - please write in the box below

## Q100

Which of the following options best describes how you think of yourself?

☐

Heterosexual or Straight

☐

Gay or Lesbian

☐

Bisexual

☐

Other

☐

Prefer not to say



## Q101

What is your religion or belief?

- ☐ No religion
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion (please write in the box below)

## 102

Including you, how many **adults aged 16 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 16 and over**

## 103

And how many **children aged under 16** currently live in your household?

If 'none', write in '00.'

**Number of children aged under 16**

## Q104

What is your legal marital or registered civil partnership status?

- ☐ Never married and never registered in a civil partnership
- ☐ Married
- ☐ In a registered civil partnership
- ☐ Separated, but still legally married
- ☐ Separated, but still legally in a civil partnership
- ☐ Divorced
- ☐ Formerly in a civil partnership which is now legally dissolved
- ☐ Widowed
- ☐ Surviving partner from a registered civil partnership

## Q105

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	£950 to £1,349	<input type="checkbox"/>	£2,800 to £3,349	£33,600 to £40,199	<input type="checkbox"/>
£950 to £1,349	£11,400 to £16,199	<input type="checkbox"/>	£3,350 to £3,999	£40,200 to £47,999	<input type="checkbox"/>
£1,350 to £1,799	£16,200 to £21,599	<input type="checkbox"/>	£4,000 to £4,999	£48,000 to £59,999	<input type="checkbox"/>
£1,800 to £2,249	£21,600 to £26,999	<input type="checkbox"/>	£5,000 to £6,599	£60,000 to £79,199	<input type="checkbox"/>
£2,250 to £2,799	£27,000 to £33,599	<input type="checkbox"/>	£6,600 or more	£79,200 or more	<input type="checkbox"/>

## Q106

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

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

## Q107

Do you have any of the educational or school qualifications listed?

**Starting with the left hand column, tick the first box that applies**

Higher degree or postgraduate qualifications (e.g. M.A., MSc., M.Ed, Ph.D. etc)	<input type="checkbox"/>	GCSE grade A* - C / 4 - 9; O level; CSE grade 1; NVQ level 2; GNVQ intermediate; or equivalent	<input type="checkbox"/>
First degree level qualification Degree, or degree level equivalent (e.g. BA; BSc,) including foundation degrees; such as PGCE	<input type="checkbox"/>	GCSE grade D – G / 1 - 3; CSE below grade 1; NVQ level 1; GNVQ Foundation level; or equivalent	<input type="checkbox"/>
Diploma in higher education; HNC; HND; HNC; HND; Nursing or Teaching qualification (excluding PGCE)	<input type="checkbox"/>	None of the listed options	<input type="checkbox"/>
A level; AS level; NVQ level 3 GNVQ Advanced; or equivalent	<input type="checkbox"/>		

## Q108

Which of these descriptions applies to what you were doing last week?

**Tick the first box that applies**

- ☐ Going to school or college full-time, including on vacation
- ☐ In paid employment or self-employed, or temporarily away
- ☐ On a Government scheme for employment training
- ☐ Doing unpaid work for a business that you own, or that a relative owns
- ☐ Waiting to take up paid work already obtained
- ☐ Looking for paid work or a Government training scheme
- ☐ Intending to look for work but prevented by temporary sickness or injury
- ☐ Permanently unable to work because of long-term sickness or disability
- ☐ Retired from paid work
- ☐ Looking after home or family
- ☐ Doing something else – please write in the box below

## Q109

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?

- ☐ Yes → **Go to Q110**
- ☐ No → **Go to Q114 on page 20**

## Q110

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

- ☐ Yes → **Go to Q111**
- ☐ No → **Go to Q112 on page 20**

## Q111

Please write your email address in the box below.

## Q112

Do you have a telephone number we can contact you on?

This would only be used for research purposes.

**Tick one box**

☐

Yes



**Go to Q113**

☐

No



**Go to Q114**

## Q113

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

**Everyone please answer:**

## Q114

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?

☐

I would like to receive a voucher

☐

I do not want to receive a voucher

## Q115

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

First name

Surname

**Q85-91 taken from**

Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS)

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