

Isle of Man | Health and Lifestyle Survey 2017



Thank you for taking the time to complete this questionnaire.

Your answers will be entirely anonymous and completely confidential. Please answer honestly.

We ask for the first 3 digits of your postcode, this DOES NOT identify your house and no attempt will be made to link the information back to your household.

This survey should be completed by one person only; this should be the person living at this address that has the next birthday, is aged 18 or over and is permanently resident on the Isle of Man.

It should take no longer than 20 to 30 minutes to complete.

Taking part is voluntary and you can choose which questions you feel comfortable answering.

Using the prepaid envelope, please return the completed survey by **Sunday, 29th October 2017**.

We will treat the information you give us in the strictest confidence in accordance with the Isle of Man Data Protection Act 2002.

For more information view our privacy statement at www.gov.im/publichealth

Q1 How old are you?

Age last birthday

Q2 Are you

Male

Female

Transgender / Other

Please specify other

Firstly, about your general health

Q3 How is your health in general? Would you say it is...

Very good

Good.....

Fair.....

Bad.....

Very bad

Please click the ONE box that best describes your health TODAY.

Q4 MOBILITY

- I have no problems in walking about
 - I have slight problems in walking about
 - I have moderate problems in walking about
 - I have severe problems in walking about
 - I am unable to walk about
-

Q5 SELF-CARE

- I have no problems washing or dressing myself
 - I have slight problems washing or dressing myself
 - I have moderate problems washing or dressing myself
 - I have severe problems washing or dressing myself
 - I am unable to wash or dress myself
-

Q6 USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
 - I have slight problems doing my usual activities
 - I have moderate problems doing my usual activities
 - I have severe problems doing my usual activities
 - I am unable to do my usual activities
-

Q7 PAIN / DISCOMFORT

- I have no pain or discomfort
 - I have slight pain or discomfort
 - I have moderate pain or discomfort
 - I have severe pain or discomfort
 - I have extreme pain or discomfort
-

Q8 ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

Q9 We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100:

100 means the best health you can imagine.

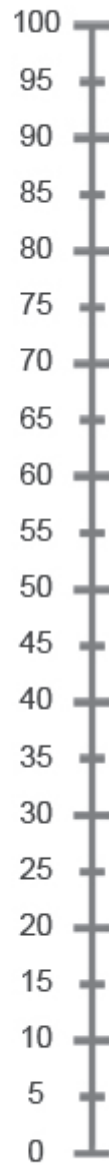
0 means the worst health you can imagine.

Please mark an **X** on the scale to indicate how your health is TODAY.

Now please write the number you marked on the scale in the box below.

Your health today:

The best health you can imagine



The worst health you can imagine

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Q10 For women only - are you pregnant?

Yes

No

Now some questions about the food you eat

Q11 How many portions of fruit did you eat yesterday?

Please include all fruit, including fresh, frozen, dried, tinned fruit, stewed fruit, fruit juices and smoothies.

Total portions of fruit

Q12 How many portions of vegetables did you eat yesterday?

Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate

Total portions of vegetables

Next some questions about the exercise you take

Q13 Which of the following best describes your daily work or other daytime activities you usually do? (Please tick one only)

I am usually sitting down during the day and do not walk about much (e.g. office work)

I move quite a lot during the day, but do not lift or carry things very often (e.g. homemakers, shop assistants).....

I usually lift or carry light loads or I have to climb stairs or hills often (e.g. postmen, packers).....

I often do heavy work or carry heavy loads (e.g. building, farm work, fishing)

Q14 How much time do you usually spend sitting on a typical day?

By this we mean at work, at home, getting to and from places, or with friends. You should include time sat at a desk, sitting with friends, travelling in a car or bus, reading or watching tv, but do not include time spent sleeping.

Hours

Minutes

Q15 In the past week, how long have you spent in total taking part in sport or recreational activity that has made you slightly breathless and warm?

Examples include brisk walking, cycling, jogging, team sports, gym class/sessions, heavy gardening etc.

Total time in hours and minutes in the last week

Hours

Minutes

Q16 In a typical week on how many days do you walk continuously for over 10 minutes to get to and from places?

Examples include walking to the shops or to work. Do not include walking the dog or walking as a social activity.

Days per week

Total time walking per week

Hours

Minutes

Q17 In a typical week on how many days do you cycle continuously for over 10 minutes to get to and from places?

Examples include cycling to the shops or to work. Do not include cycling done as a recreational activity.

Days per week

Total time cycling per week

Hours

Minutes

Next some more questions about you

Q18 What is your height (without shoes)?

Feet

Inches

Or...

Meters

Centimetres

Q19 What is your weight (lightly dressed)?

Stones

Pounds

Or...

Kilograms

Q20 Do you think you are...

Underweight

About healthy weight.....

Overweight.....

Very overweight.....

Unsure about my weight.....

Next some questions about smoking

Q21 This question is about smoking cigarettes, roll-ups, cigars and pipes (**NOT** electronic cigarettes). Which of the following best describes you?

I have never smoked.....

I have tried smoking once or twice

I used to smoke occasionally but do not smoke at all now

I used to smoke daily but do not smoke at all now

I smoke occasionally but not every day.....

I smoke daily.....

Q22 This question refers to **ELECTRONIC CIGARETTES** (e-cigarettes or vaping devices) only. Which of the following best describes you?

- I have never heard of electronic cigarettes.....
- I have never used electronic cigarettes
- I have tried electronic cigarettes once or twice
- I used to use electronic cigarettes occasionally but do not use them at all now
- I used to use electronic cigarettes daily but do not use them at all now
- I use electronic cigarettes occasionally but not every day
- I use electronic cigarettes daily

Next some questions on your use of alcohol and drugs

One standard drink is...

	Half pint of regular beer or cider		1 small glass of wine		1 single measure of spirits		1 small glass of sherry		1 single measure of aperitifs
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The following quantities of alcohol contain more than 1 standard drink

2	3	1.5	2	4	2	9
						
Pint of Regular beer/lager/cider	Pint of Premium beer/lager/cider	Alcopop or can/bottle of Regular Lager	Can of premium Lager or Strong Beer	Can of Super Strength Lager	Glass of wine (175ml)	Bottle of wine

1 unit = 1 standard drink

Q23 Using the pictures above as a guide, please write the number of alcohol units you have consumed, each day during the past week.

If you havent consumed alcohol, please enter '0'.

Monday Units...	
Tuesday Units...	
Wednesday Units...	
Thursday Units...	
Friday Units...	
Saturday Units...	
Sunday Units...	

Q24 Would you say the last week was fairly typical of what you usually have to drink in one week?

Yes

No

Q25 How often do you have a drink containing alcohol?

Never

Monthly or less

2-4 times a month

2-3 times a week

4 or more times a week.....

Q26 How often do you drink the following amount of alcohol on one occasion? (refer back to the earlier unit information graphic if you need to)

Women: six or more units (choose from the options below)

Men: eight or more units (choose from the options below)

Never

Less than monthly

Monthly

Weekly

Daily or almost daily.....

Family drug and alcohol use

Q27 Have you been affected by a family member's use of drugs?

Yes

No

Q28 Have you been affected by a family member's use of alcohol?

Yes

No

Next some questions about your wellbeing

Q29 Overall, how satisfied are you with your life nowadays? (*1 being not at all satisfied and 10 being completely satisfied*)

1.. 2.. 3.. 4.. 5.. 6.. 7.. 8.. 9.. 10

Q30 Overall, how happy did you feel yesterday? (*1 being not happy at all and 10 being completely happy*)

1.. 2.. 3.. 4.. 5.. 6.. 7.. 8.. 9.. 10

Q31 Overall, how anxious did you feel yesterday? (1 being not at all anxious and 10 being completely anxious)

1.. 2.. 3.. 4.. 5.. 6.. 7.. 8.. 9.. 10

Q32 Overall, to what extent do you feel the things you do in your life are worthwhile? (1 being not at all worthwhile and 10 being completely worthwhile)

1.. 2.. 3.. 4.. 5.. 6.. 7.. 8.. 9.. 10

Q33 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
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling interested in other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling confident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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Next some questions about gambling

Q34 We would like you to think about gambling activities; by gambling we mean spending money on games of chance where you can win money or money's worth. We are not talking about free to play games or games where you cannot win a real prize.

In the past 12 months, have you spent money on any of the following:

	Yes	No
Tickets for the National Lottery draws (Lotto, EuroMillions, Thunderball, Hotpicks).....	<input type="checkbox"/>	<input type="checkbox"/>
Scratch cards	<input type="checkbox"/>	<input type="checkbox"/>
Tickets for a charity lottery or other lottery	<input type="checkbox"/>	<input type="checkbox"/>
Fruit or slot machines.....	<input type="checkbox"/>	<input type="checkbox"/>
Virtual gaming machines in a bookmakers to bet on virtual roulette, poker, blackjack or other games.....	<input type="checkbox"/>	<input type="checkbox"/>
Bingo, including bingo played online.....	<input type="checkbox"/>	<input type="checkbox"/>
The football pools.....	<input type="checkbox"/>	<input type="checkbox"/>
Betting on horse races	<input type="checkbox"/>	<input type="checkbox"/>
Betting on dog races.....	<input type="checkbox"/>	<input type="checkbox"/>
Betting on football	<input type="checkbox"/>	<input type="checkbox"/>
Betting on tennis	<input type="checkbox"/>	<input type="checkbox"/>
Betting on other sports events.....	<input type="checkbox"/>	<input type="checkbox"/>
Betting on other events.....	<input type="checkbox"/>	<input type="checkbox"/>
Betting on virtual dog or horse races.....	<input type="checkbox"/>	<input type="checkbox"/>
Spread betting.....	<input type="checkbox"/>	<input type="checkbox"/>
Online instant win games available on the National Lottery website	<input type="checkbox"/>	<input type="checkbox"/>
Online fruit/slot machine style games or online instant win games	<input type="checkbox"/>	<input type="checkbox"/>
Roulette, cards or dice in a casino or online	<input type="checkbox"/>	<input type="checkbox"/>
Poker in a casino or online.....	<input type="checkbox"/>	<input type="checkbox"/>

Playing poker in a pub tournament/league, or at a club.....

Private betting (sweepstakes, bets) or gambling (playing card games for money) with friends, family or colleagues

Another form of gambling.....

Please specify other form of gambling

Q35 In the past 12 months how have you spent money on these activities? By online we mean via the internet , mobile browser or app or via a Smart TV.

	Online	In-person	Both	Neither
Tickets for the National Lottery draws (Lotto, EuroMillions, Thunderball, Hotpicks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tickets for a charity lottery or other lottery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bingo, including bingo played online.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The football pools.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on horse races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on dog races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on other sports events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on other events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on virtual dog or horse races.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spread betting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roulette, cards or dice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another form of gambling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other form of gambling

Q36 How often do you spend money on each of the following activities online?

	Every day	2+ days a week	Once a week	At least once a month	Less than once a month	Never
Tickets for the National Lottery draws (Lotto, EuroMillions, Thunderball, Hotpicks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tickets for a charity lottery or other lottery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bingo, including bingo played online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The football pools.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on horse races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on dog races.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on other sports events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on other events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on virtual dog or horse races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spread betting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roulette, cards or dice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another form of gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other form of gambling

Q37 Where have you spent money on these activities online?

	At home	While commuting / travelling	At work	At a sports venue	At a pub or club	Other	N/A
Tickets for the National Lottery draws (Lotto, EuroMillions, Thunderball, Hotpicks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tickets for a charity lottery or other lottery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bingo, including bingo played online.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The football pools.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on horse races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on dog races.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on other sports events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on other events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on virtual dog or horse races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spread betting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roulette, cards or dice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another form of gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other form or gambling

Q38 When you gamble, how often do you go back another day to win back money you lost? (tick one)

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

Q39 In the past 12 months, how often...

	Very often	Fairly often	Occasionally	Never
...have you bet more than you could afford to lose?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...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"/>
...have you gone back to try and win back the money you'd lost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...have you felt that you might have a problem with gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...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"/>
...have people criticized 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"/>
...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"/>

Q40 In the past 12 months how often...

	Very often	Fairly often	Occasionally	Never
...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)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...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"/>
...have you needed to gamble with more and more money to get the excitement you are looking for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...have you felt restless or irritable when trying to cut down gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...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"/>
...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"/>
...have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

...have you committed a crime in order to finance gambling or to pay gambling debts?.....

...have you risked or lost an important relationship, job, educational or work opportunity because of gambling?.....

...have you asked others to provide money to help with a financial crisis caused by gambling?.....

Q41 Please tick one box for each of the following:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
There are too many opportunities for gambling nowadays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should have the right to gamble whenever they want.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling should be discouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people who gamble do so sensibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling is dangerous for family life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On balance gambling is good for society.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling livens up lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would be better if gambling was banned altogether.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q42 In the last 12 months have you been affected by someone in your family gambling?

Yes

No

Q43 In the last 12 months have you advised any family members, friends or acquaintances to gamble less?

Yes

No

Q44 Do you have any other comments regarding your gambling or gambling on the island?

Finally some more questions about yourself

Q45 What is your current relationship status?

- | | | | |
|--------------------------------------|--------------------------|-----------------------------|--------------------------|
| Married | <input type="checkbox"/> | Divorced..... | <input type="checkbox"/> |
| Living long term with a partner..... | <input type="checkbox"/> | Single (never married)..... | <input type="checkbox"/> |
| Widowed | <input type="checkbox"/> | Civil Partnership | <input type="checkbox"/> |
| Separated..... | <input type="checkbox"/> | | |

Q46 What is your country of birth?

- | | | | |
|-----------------------|--------------------------|---------------------------|--------------------------|
| Isle of Man | <input type="checkbox"/> | Republic of Ireland | <input type="checkbox"/> |
| United Kingdom | <input type="checkbox"/> | Europe | <input type="checkbox"/> |
| Channel Islands | <input type="checkbox"/> | Elsewhere..... | <input type="checkbox"/> |

Q47 Please specify your ethnic group.

- White - Manx/English/Welsh/Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller.....
- White - Any other white background (Please specify)
- Mixed/Multiple ethnic groups - White and Black Caribbean
- Mixed/Multiple ethnic groups - White and Black African
- Mixed/Multiple ethnic groups - White and Asian
- Mixed/Multiple ethnic groups - Any other mixed/multiple ethnic background (Please specify)
- Asian/Asian British - Indian
- Asian/Asian British - Pakistani.....
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese.....
- Asian/Asian British - Any other Asian background (Please specify).....
- Black/African/Caribbean/Black British - African
- Black/African/Caribbean/Black British - Caribbean.....
- Black/African/Caribbean/Black British - Any other black/African/Caribbean background (Please specify).....
- Other ethnic group - Arab.....
- Any other ethnic group

Please specify other

Q48 At this time which of the following best fits how you see yourself?

- Heterosexual / Straight.....
- Gay / Lesbian
- Bisexual
- Unsure.....
- None of the above
- Prefer not to answer

Q49 What type of housing do you live in?

- Own home - owned outright
- Own home - bought with mortgage.....
- Private rental.....
- Rented from Government for Local Authority.....
- Accommodation provided with job.....
- Living rent free or paying a small rent (e.g. to parent/friends) ...
- Other.....

Please specify

Q50 Including yourself how many people live together in your household?

Adults

Young people under the age of 16

Q51 Which of the following best describes your current work situation?

- Employed full-time (30 hours or more).....
- Employed part-time (less than 30 hours).....
- Self-employed.....
- Full-time student.....
- Not working for domestic reasons (looking after children or home).....
- Choose not to work.....
- Unemployed and seeking employment.....
- Sick/disabled and unable to work.....
- Retired.....
- Other.....

Please specify

Q52 Do you care for someone with long-term ill health OR problems related to old age, other than as part of your job?

Yes

No

Q53 If yes, in a typical week how many hours do you spend on your caring duties?

- | | |
|-------------------------------------|-------------------------------------|
| 0-9..... <input type="checkbox"/> | 30-39..... <input type="checkbox"/> |
| 10-19..... <input type="checkbox"/> | 40-49..... <input type="checkbox"/> |
| 20-29..... <input type="checkbox"/> | 50+..... <input type="checkbox"/> |

Q54 Into which band does your total household income fall, before any deductions or stoppages such as tax and Social Insurance Contributions? (please include all income from salaries or wages from paid work, income from any state benefits, occupational or state pensions and any other income)

Less than £10,000.....	<input type="checkbox"/>	£60,000-£69,000.....	<input type="checkbox"/>
£10,000-£19,999.....	<input type="checkbox"/>	£70,000-£79,000.....	<input type="checkbox"/>
£20,000-£29,000.....	<input type="checkbox"/>	£80,000-£89,000.....	<input type="checkbox"/>
£30,000-£39,999.....	<input type="checkbox"/>	£90,000-£99,000.....	<input type="checkbox"/>
£40,000-£49,000.....	<input type="checkbox"/>	£100,000+	<input type="checkbox"/>
£50,000-£59,000.....	<input type="checkbox"/>	I don't know	<input type="checkbox"/>

Q55 Which of these best describes your highest level of qualification?

No formal qualifications	<input type="checkbox"/>	A Level or GNVQ	<input type="checkbox"/>
GCSE/O'Level.....	<input type="checkbox"/>	Degree level or higher	<input type="checkbox"/>

Q56 What are the first 3 digits of your postcode?

The first 3 digits of your postcode CANNOT be used to identify you. We only use this information to look at areas of need within the island. Your information will remain confidential.

Thank you for taking the time to complete this survey.

Public Health is about: improving the health and wellbeing of the population; understanding what makes us healthy, what makes us sick, and what we can do about it together; and reducing health inequalities in our population. The Health and Lifestyle survey will give us valuable information to help towards these goals.

If you have been affected by any of the issues raised in this questionnaire please contact the relevant organisation below or make an appointment to see your GP:

NHS One You
<http://www.nhs.uk/oneyou>

Drug and Alcohol Team:
Telephone: 617889

Stop Smoking Service:
Telephone: 642404 or
Email: tobacco@gov.im
www.Quit4You.gov.im

Samaritans:
Telephone: 0300 30 300 36 (local call charges apply) or
116 123 (this number is free to call) or
email jo@samaritans.org

Victim Support:
Telephone: 679950 or
Email: omvictimsupport@manx.net

Motiv8 Addiction Services:
Telephone: 627656/426400 or
ww.motiv8.im

www.drinkaware.co.uk

Police:
Telephone: 631212 (confidential enquiries line)

MIND Mental Health charity:
www.mind.org.uk