Isle of Man | Health and Lifestyle Survey 2016

Isle of Man Government
Reiltys Ellan Vannin

Thank you for taking the time to complete this questionnaire.
Please answer honestly.

Your answers will be entirely anonymous and completely confidential.

The number you used to access the questionnaire does not identify you.

We also 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.

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

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 tick 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 ☐

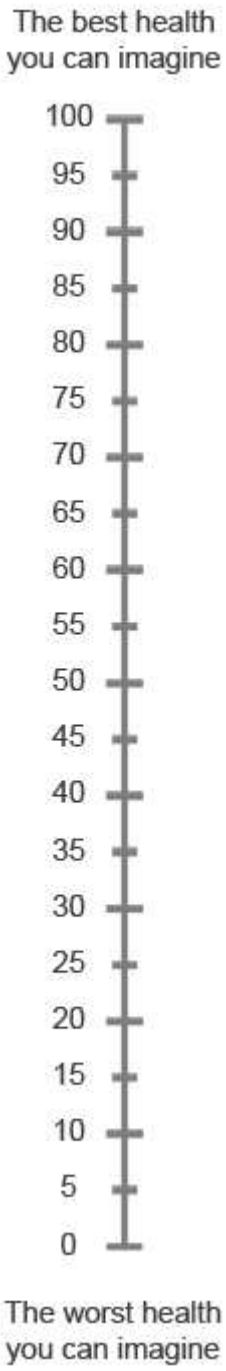
Q8 ANXIETY / DEPRESSION

- 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: ☐



Q10 Has a Health Professional told you that you have had any of the following illnesses? (tick all that apply)

	In last 12 months	Longer than 12 months ago	Never
Respiratory Diseases such as Chronic Bronchitis, Emphysema or Chronic Obstructive Pulmonary Disease (COPD)	☐	☐	☐
High Blood Pressure (hypertension)	☐	☐	☐
Heart Disease (include Heart Attack, Angina, Circulatory Disease)	☐	☐	☐
Stroke (including mini stroke/Transient Ischemic Attack/"TIA")	☐	☐	☐
Cancer	☐	☐	☐
Excess weight (being told you are "overweight")	☐	☐	☐
Obesity	☐	☐	☐
High Cholesterol	☐	☐	☐
Diabetes	☐	☐	☐
Digestive disease such as gastritis, ulcer, Crohn's disease, colitis	☐	☐	☐
Liver disease	☐	☐	☐
Mental Health Condition (e.g. depression/anxiety/eating disorder)	☐	☐	☐
Arthritis	☐	☐	☐

Q11 Are you currently troubled by pain or discomfort, either all the time or on and off?

Yes ..... ☐ Go to Q12 No ..... ☐ Go to Q13

Q12 If yes, then have you had this pain or discomfort for more than 3 months?

Yes ..... ☐ No ..... ☐

Q13 In the last 5 years, have you attended any of the following? (tick all that apply)

Dental check (NHS or Private) ..... ☐
Colorectal (bowel cancer) screening ..... ☐
Eye Test ..... ☐
Sexually transmitted infection "STI" Testing/Exam ☐
Cervical Smear testing ..... ☐
Breast screening ..... ☐
None of the above ..... ☐

Q14 If you answered no to any of the options in the previous question, please give the reason why you have not been for a…

	Not applicable	No invite received	Don't see the benefit	Too emarr assed	Too painful/ uncomfort-able	Cost too high	Don't feel I need it	Other (please state below)
Dental Check (NHS or Private)	☐	☐	☐	☐	☐	☐	☐	☐
Colorectal (bowel cancer screening)	☐	☐	☐	☐	☐	☐	☐	☐
Eye Test	☐	☐	☐	☐	☐	☐	☐	☐
STI Test / Exam	☐	☐	☐	☐	☐	☐	☐	☐
Cervical Smear	☐	☐	☐	☐	☐	☐	☐	☐
Breast Screening	☐	☐	☐	☐	☐	☐	☐	☐

Please specify other:

Q15 Have you had a flu jab in the last 12 months?

Yes, free ☐ Yes, paid ☐ No ☐

Q16 *For women only* – are you pregnant?

Yes ☐ No ☐

Now some questions about the food you eat

Q17 On a normal day on average how many portions of fruit do you eat?

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐

Q18 On a normal day on average how many portions of vegetables do you eat? (excluding potatoes)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐

Q19 How often do you eat convenience foods, fast food or takeaways as the main meal of the day?

Rarely or never ☐
Less than once a month ☐
Less than once a week ☐
Once a week ☐
2-3 times a week ☐
4-6 times a week ☐
Every day ☐

Q20 How often do you include non-diet fizzy drinks in your diet?

Rarely or never ☐
Less than once a month ☐
Less than once a week ☐
Once a week ☐
2-3 times a week ☐
4-6 times a week ☐
7 or more times a week ☐

Q21 How often do you include diet fizzy drinks in your diet (low calorie or sugar free)?

- Rarely or never ☐
- Less than once a month ☐
- Less than once a week ☐
- Once a week ☐
- 2-3 times a week ☐
- 4-6 times a week ☐
- 7 or more times a week ☐

Q22 How often do you include high calorie/fat treats in your diet? (e.g. cakes, sweets, crisps, ice cream, puddings, chocolate)?

- Rarely or never ☐
- Less than once a month ☐
- Less than once a week ☐
- Once a week ☐
- 2-3 times a week ☐
- 4-6 times a week ☐
- 7 or more times a week ☐

Q23 How often do you drink high energy caffeine drinks such as Red Bull, Relentless, Monster?

- Rarely or never ☐
- Less than once a month ☐
- Less than once a week ☐
- Once a week ☐
- 2-3 times a week ☐
- 4-6 times a week ☐
- 7 or more times a week ☐

Q24 Do any of the following prevent you from eating more healthy foods? (tick all that apply)

- No – I am currently eating as healthily as possible ☐
- Healthy foods are expensive ☐
- Food of any kind is expensive so I sometimes skip meals ☐
- I don't enjoy cooking ☐
- Lack of willpower ☐
- Healthy foods take longer to prepare ☐
- Poor choice of healthy foods in canteens/restaurants/vending machines ☐
- Poor information on healthy foods in canteens and restaurants ☐
- Poor choices of healthy food where I shop ☐
- I don't know how to cook healthily ☐
- I was never taught about healthy eating ☐
- I don't enjoy eating healthy foods ☐
- Other people discourage me ☐
- Other ☐

Please specify other

Q25 Would you find it helpful if foods were labelled more clearly, with information about fat, sugar and salt content?

Yes ☐ No ☐ Unsure ☐

Next some questions about the exercise you take

Q26 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 climbs stairs or hills often (e.g. postmen, packers) ☐
- I often do heavy work or carry heavy loads (e.g. building, farm work, fishing) ☐

Q27 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

Q28 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

Q29 In a typical week on how many days do you walk continuously for over 10 minutes to get to and from places? E.g. 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

Q30 In a typical week on how many days do you cycle continuously for over 10 minutes to get to and from places? E.g. 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

Q31 If you feel that your present level of physical activity is not enough to keep you healthy, which of the following prevent you from doing more? (Please tick all that apply)

- Not applicable, I feel I am currently doing enough exercise ☐
- Lack of leisure time (e.g. no spare time) ☐
- Lack of money ☐
- Lack of child care ☐
- Lack of transport ☐
- Poor weather ☐
- Lack of easily accessible facilities at work ☐
- Illness, injury or disability ☐
- Lack of motivation ☐
- Not interested in exercising ☐
- I am put off by previous experiences of exercise ☐
- Self-conscious about body shape ☐
- Pregnancy ☐
- Other ☐

Please specify other

Next some more questions about you

Q32 What is your height (without shoes)?

Feet ☐

Inches ☐

Or...

Meters ☐

Centimetres ☐

Q33 What is your weight (lightly dressed)?

Stones ☐

Pounds ☐

Or...

Kilograms ☐

Q34 Do you think you are...

Underweight ☐
About healthy weight ☐
Overweight ☐
Very overweight ☐
Unsure about my weight ☐

Q35 Have you ever attended a weight management programme in the last 5 years?

Yes ☐ Go to Q36
No ☐ Go to Q38

Q36 If yes, did you meet your target weight?

Yes ☐ Go to Q37
No ☐ Go to Q38

Q37 If yes, did you maintain the weight loss?

Yes, all of it ☐
Yes, some of it ☐
No, I regained the weight I lost ☐

Next some questions about smoking

Q38 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 ☐ Go to Q49
I have tried smoking once or twice ☐ Go to Q49
I used to smoke occasionally but do not smoke at all now ☐ Go to Q39
I used to smoke daily but do not smoke at all now ☐ Go to Q39
I smoke occasionally but not every day ☐ Go to Q43
I smoke daily ☐ Go to Q43

For ex-smokers:

Q39 How long has it been since you last smoked tobacco?

- Less than one month ☐
- Between one and six months ☐
- Between six months and one year ☐
- Between one and five years ☐
- Between five and ten years ☐
- More than ten years ☐
- I have only ever used electronic cigarettes ☐

Q40 Why did you decide to quit smoking? (tick all that apply)

- Advice from a GP or health professional ☐
- Being referred to/contacted by the Quit4You Stop Smoking Service ☐
- Isle of Man radio or press advert ☐
- UK TV, radio or press advert ☐
- Social Media (e.g. Facebook) ☐
- No Smoking Day or Stoptober campaign ☐
- Advert for a Nicotine Replacement Therapy product ☐
- Hearing about a new stop smoking treatment ☐
- Financial reasons (couldn't afford it) ☐
- Because of the smoking ban in public places and at work ☐
- Seeing a health warning on cigarette packet ☐
- I knew someone else who was stopping ☐
- Family or friends wanted me to stop ☐
- Health problems I had at the time ☐
- Worried about future health problems ☐
- Pregnancy ☐
- Worried about the effect on my children ☐
- Worried about the effect on other family members ☐
- My own motivation ☐
- Other ☐
- Cannot remember ☐

Please specify other

Q41 What methods/support did you use to help you quit smoking? (tick all that apply)

- Quit on own with no medication (willpower/ 'cold turkey') ☐
- Bought Nicotine Replacement Therapy myself (e.g. patches, gum, lozenges, mouth spray) ☐
- Prescribed Nicotine Replacement Therapy (paid prescription charge if not exempt) ☐
- Other prescribed medication (Champix or Zyban) from GP surgery ☐
- Advice from Doctor or other health professional ☐
- Quit4You Stop Smoking Service ☐
- Electronic cigarettes ☐
- Website/telephone helpline ☐
- Encouragement and support from family and friends ☐
- Stoptober or No Smoking Day support ☐
- Hypnosis/Acupuncture/Other complementary medicine ☐
- Other ☐

Please specify other

Q42 Which method were MOST helpful to you to quit smoking completely?

- Quit on own with no medication (willpower/ 'cold turkey') ☐
- Bought Nicotine Replacement Therapy myself (e.g. patches, gum, lozenges, mouth spray) ☐
- Prescribed Nicotine Replacement Therapy (paid prescription charge if not exempt) ☐
- Other prescribed medication (Champix or Zyban) from GP surgery ☐
- Advice from Doctor or other health professional ☐
- Quit4You Stop Smoking Service ☐
- Electronic cigarettes ☐
- Website/telephone helpline ☐
- Encouragement and support from family and friends ☐
- Stoptober or No Smoking Day support ☐
- Hypnosis/Acupuncture/Other complementary medicine ☐
- Other ☐

Please specify other

Now Go to Q49

For smokers:

Q43 Which of the following tobacco products do you smoke? (tick all that apply)

- Manufactured cigarettes ☐
- Hand rolled cigarettes (roll-ups) ☐
- Cigars ☐
- Pipe ☐
- Other ☐

Please specify other

Q44 How old were you when you started smoking regularly (more than once a week)?

Years

Q45 How many cigarettes do you usually smoke each day? (include hand-rolled cigarettes if you only smoke loose tobacco)

- 10 or less ☐
- 11-20 ☐
- 21-30 ☐
- 31 or more ☐
- I only smoke a pipe or cigars ☐

Q46 Has the smoking ban in public places and workplaces made you cut down on the amount you smoke?

- Yes ☐
- No ☐

Q47 Would you like to quit smoking altogether?

- No ☐
- Yes, soon ☐
- Yes, sometime in the future ☐
- Don't know ☐

Q48 If you wanted to quit smoking, which of the following do you think would be most helpful to you? (tick all that apply)

- Fewer outlets selling cigarettes ☐
- More restrictions on areas where smoking is permitted ☐
- More tax on cigarettes ☐
- Advice from a Doctor or other health professional ☐
- Encouragement and support from family and friends ☐
- Nicotine Replacement Therapy (e.g. patches, gum, lozenges, mouth spray) ☐
- Other prescribed medication (e.g. Champix or Zyban) ☐
- Quit4You Stop Smoking Service (support from Specialist Stop Smoking Advisors + Nicotine Replacement Therapy at clinics around the island) ☐
- Electronic cigarettes ☐
- Telephone support ☐
- Online support (website and email support) ☐
- Group support ☐
- Quit Kits ☐
- Sessions in the workplace ☐
- Stoptober or No Smoking Day support ☐
- Willpower ☐
- Hypnosis/Acupuncture/Other complementary medicine ☐
- Don't know ☐
- Other ☐

Please specify other

For everyone:

Q49 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 ☐

Q50 How many people are smokers in your household? (please include yourself and all smokers even if they never actually smoke indoors/at home)

Adults

Young people under the age of 16

Q51 Which of the following best describes 'rules about smoking' in your household?

- Smoking is not allowed on the property at all (both house AND garden smoke free) ☐
- Smoking is allowed outside- in the garden/courtyard ☐
- Smoking is allowed outside- in a doorway ☐
- Smoking is restricted to certain rooms in the house ☐
- Smoking is allowed anywhere in the house ☐
- Other ☐

Please specify which rooms in the house smoking is restricted to

Please specify other

Q52 Which of the following best describes 'rules about smoking' in your car?

- I don't have a car ☐
- My car is smokefree at all times ☐
- Smoking is allowed in the car only if children are not in the car ☐
- Smoking is allowed in the car only if there are no other passengers (adults and children) ☐
- Smoking is allowed in the car at any time ☐
- Other ☐

Please specify other

Q53 Are you regularly exposed to others people's tobacco smoke in any of these places?

- At own home ☐
- At work ☐
- In other people's homes ☐
- In cars/vans ☐
- In work vehicles ☐
- Outside of buildings (e.g. pubs, shops, hospital) ☐
- In other public places ☐
- Other ☐
- No, none of these ☐

Please specify other

Q54 Do you think smoking affects health? (tick the appropriate circle according to how you feel about each of the following statements)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Lung cancer is linked to smoking	☐	☐	☐	☐	☐
Smoking in the home can affect the health of a smokers family	☐	☐	☐	☐	☐
Smoking in the car can affect the health of a smokers family	☐	☐	☐	☐	☐

Q55 How worried are you about inhaling other people's smoke?

- A great deal ☐
- Quite a lot ☐
- A little ☐
- Not at all ☐
- Don't know ☐

Next some questions on your use of alcohol and drugs

1 unit = 1 standard drink

Q56 Using the pictures above as a guide, please write the number of alcoholic drinks you have consumed in each day during the past week.

If you havent consumed any of a particular drink, please enter '0'.

Pints/bottles/cans of normal strength beer, lager, shandy, cider, stout etc. (less than 6% alcohol)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Pints/bottles/cans of strong strength beer, lager, shandy, cider, stout etc. (6% alcohol or more). Such as Tennants Super, Special brew, Diamond White, specialist ciders

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Bottles of alcopops such as Smirnoff Ice, WKD, Bacardi Breezer, Archers Aqua, Reef

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Single Glasses of spirits or liqueurs such as whiskey, vodka, gin, rum, tequila, Baileys, Archers etc.

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Standard glass of wine (including champagne)

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Single glass of fortified wine such as sherry, port, Martini, Cinzano, Dubonnet etc.

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Q57 Would you say the last week was fairly typical of what you usually have to drink in one week?

Yes ☐ No ☐

Q58 How often do you have a drink containing alcohol?

Never ☐ Go to Q68
Monthly or less ☐ Go to Q59
2-4 times a month ☐ Go to Q59
2-3 times a week ☐ Go to Q59
4 or more times a week ☐ Go to Q59

Q59 How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 ☐
3 or 4 ☐
5 or 6 ☐
7-9 ☐
10+ ☐

Q60 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 ☐

Q61 How often during the last year have you found you were unable to stop drinking once you had started?

- Never ☐
- Less than monthly ☐
- Monthly ☐
- Weekly ☐
- Daily or almost daily ☐

Q62 How often during the last year have you failed to do what was normally expected of you because of drinking?

- Never ☐
- Less than monthly ☐
- Monthly ☐
- Weekly ☐
- Daily or almost daily ☐

Q63 How often during the last year have you needed an alcoholic drink in the morning to get you going after a heavy drinking session?

- Never ☐
- Less than monthly ☐
- Monthly ☐
- Weekly ☐
- Daily or almost daily ☐

Q64 How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never ☐
- Less than monthly ☐
- Monthly ☐
- Weekly ☐
- Daily or almost daily ☐

Q65 How often during the last year have you been unable to remember what happened during the night before because of your drinking?

- Never ☐
- Less than monthly ☐
- Monthly ☐
- Weekly ☐
- Daily or almost daily ☐

Q66 Have you or someone else been injured because of your drinking?

- No ☐
- Yes, but not in the last year ☐
- Yes, in the last year ☐

Q67 Has a relative or friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?

- No ☐
- Yes, but not in the last year ☐
- Yes, in the last year ☐

Q68 Have you EVER taken any of the drugs listed below even if it was a long time ago? Please tick all that apply

We would like to stress the confidentiality of your answers. Your responses **will not be shared** with any other Government department or third party organisations and **will not be identifiable.**

	Yes	No
Cannabis (also known as Marijuana, Dope, Blow, Hash, Spliff, Weed, Green Pollen)	☐	☐
Cocaine (Charlie)	☐	☐
Crack (Base, Rock, Stones)	☐	☐
Ecstasy ('E', MDMA, Mandy)	☐	☐
Semeron	☐	☐
Amphetamines (speed, Whizz)	☐	☐
Poppers (Amyl Nitrate)	☐	☐
Mephedrone (M-Cat, Meow Meow, Bubble, Drone, 4MMC)	☐	☐
LSD (Acid, Trips)	☐	☐
Magic Mushrooms (Shrooms)	☐	☐
Heroin (Brown, Smack, 'H')	☐	☐
Glue, gas, aerosols, solvents, volatile substances	☐	☐
Legal Highs	☐	☐
Herbal Highs	☐	☐

Q69 Have you EVER taken any of the drugs listed below even if it was a long time ago (NOT prescribed to you by a doctor or other healthcare professional)? Please tick all that apply

	Yes	No
Ketamine ('K', Special K)	☐	☐
Methadone	☐	☐
Tranquilizers (Temazepam, Valium, Diazepam, Jellies, Roofies)	☐	☐
Pregabalin	☐	☐
Anabolic steroids (steroids)	☐	☐
Any other prescription drugs that were NOT prescribed to you by a doctor	☐	☐

Please specify other prescription drugs that were NOT prescribed to you by a doctor

If you answered 'No' to all of Q68 and Q69 please go to Q77

Q70 In the LAST 12 MONTHS have you taken any of the drugs listed below? Please tick all that apply

We would like to stress the confidentiality of your answers. Your responses **will not be shared** with any other Government department or third party organisations and **will not be identifiable.**

	Yes	No
Cannabis (also known as Marijuana, Dope, Blow, Hash, Spliff, Weed, Green Pollen)	☐	☐
Cocaine (Charlie)	☐	☐
Crack (Base, Rock, Stones)	☐	☐
Ecstasy ('E', MDMA, Mandy)	☐	☐
Semeron	☐	☐
Amphetamines (speed, Whizz)	☐	☐
Poppers (Amyl Nitrate)	☐	☐
Mephedrone (M-Cat, Meow Meow, Bubble, Drone, 4MMC)	☐	☐
LSD (Acid, Trips)	☐	☐
Magic Mushrooms (Shrooms)	☐	☐
Heroin (Brown, Smack, 'H')	☐	☐
Glue, gas, aerosols, solvents, volatile substances	☐	☐
Legal Highs	☐	☐
Herbal Highs	☐	☐

Q71 In the LAST 12 MONTHS have you taken any of the drugs listed below (NOT prescribed to you by a doctor or other healthcare professional)? Please tick all that apply

	Yes	No
Ketamine ('K', Special K)	☐	☐
Methadone	☐	☐
Tranquilizers (Temazepam, Valium, Diazepam, Jellies, Roofies)	☐	☐
Pregabalin	☐	☐
Anabolic steroids (steroids)	☐	☐
Any other prescription drugs that were NOT prescribed to you by a doctor	☐	☐

Please specify other prescription drugs that were NOT prescribed to you by a doctor

Q72 In the last MONTH have you taken any of the drugs listed below? Please tick all that apply

We would like to stress the confidentiality of your answers. Your responses **will not be shared** with any other Government department or third party organisations and **will not be identifiable.**

	Yes	No
Cannabis (also known as Marijuana, Dope, Blow, Hash, Spliff, Weed, Green Pollen)	☐	☐
Cocaine (Charlie)	☐	☐
Crack (Base, Rock, Stones)	☐	☐
Ecstasy ('E', MDMA, Mandy)	☐	☐
Semeron	☐	☐
Amphetamines (speed, Whizz)	☐	☐
Poppers (Amyl Nitrate)	☐	☐
Mephedrone (M-Cat, Meow Meow, Bubble, Drone, 4MMC)	☐	☐
LSD (Acid, Trips)	☐	☐
Magic Mushrooms (Shrooms)	☐	☐
Heroin (Brown, Smack, 'H')	☐	☐
Glue, gas, aerosols, solvents, volatile substances	☐	☐
Legal Highs	☐	☐
Herbal Highs	☐	☐

Q73 In the last MONTH have you taken any of the drugs listed below (NOT prescribed to you by a doctor or other healthcare professional)? Please tick all that apply

	Yes	No
Ketamine ('K', Special K)	☐	☐
Methadone	☐	☐
Tranquilizers (Temazepam, Valium, Diazepam, Jellies, Roofies)	☐	☐
Pregabalin	☐	☐
Anabolic steroids (steroids)	☐	☐
Any other prescription drugs that were NOT prescribed to you by a doctor	☐	☐

Please specify other prescription drugs that were NOT prescribed to you by a doctor

The following questions ask you only about the LAST TIME you took any type of drug during the last 12 months.

We would like to stress the confidentiality of your answers. Your responses will not be shared with any other Government department or third party organisations and will not be identifiable.

Q74 Thinking about the LAST TIME you took drugs, WHO or WHERE did you get the drugs from?

- A family member
- Someone else well known to you (e.g. a friend, neighbour, work colleague)
- Someone else know to you only by sight or to speak to casually
- A stranger
- A known dealer
- A dealer not known to you personally
- The internet
- A shop
- Don't know
- Don't want to answer

Q75 Thinking about the LAST TIME you took drugs, WHERE were you when you BOUGHT or were GIVEN these drugs?

- At home
- At someone else's home
- At a bar or pub
- At a club, party or rave
- At school, college or university
- At work
- On the street, in a park, or other outdoor area
- Somewhere else
- Don't know
- Don't want to answer

Q76 Thinking about the LAST TIME you took drugs, WHERE were you when you TOOK these drugs?

- At home
- At someone else's home
- At a bar or pub
- At a club, party or rave
- At school, college or university
- At work
- On the street, in a park, or other outdoor area
- Somewhere else
- Don't know
- Don't want to answer

Family drug and alcohol use

Q77 Have you been affected by someone in your family's use of drugs?

- Yes
- No

Q78 Have you been affected by someone in your family's use of alcohol?

- Yes
- No

Next some questions about your wellbeing

Q79 During the past month how would you rate your sleep quality overall?

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

Q80 Which of these statements best describes the amount of stress or pressure that you have?

- Completely free of stress
- Small amount of stress
- Moderate amount of stress
- Large amount of stress
- Don't know

Q81 How often do the following cause you anxiety or stress?

	Never	Occasionally	Frequently	Always
Housing condition/affordability	☐	☐	☐	☐
Relationship with spouse/partner	☐	☐	☐	☐
Relationship with child/children	☐	☐	☐	☐
Problems with neighbours	☐	☐	☐	☐
Problems associated with living on an island	☐	☐	☐	☐
Money worries	☐	☐	☐	☐
Your own health	☐	☐	☐	☐
Your family's health	☐	☐	☐	☐
Your friends' problems, including health problems	☐	☐	☐	☐
Unemployment	☐	☐	☐	☐
Job dissatisfaction	☐	☐	☐	☐
Pressures at work	☐	☐	☐	☐
Staffing levels at work	☐	☐	☐	☐
Boredom at work	☐	☐	☐	☐
Transport difficulties (e.g. trouble finding parking, traffic jams)	☐	☐	☐	☐
Fear of crime	☐	☐	☐	☐
Worry about global issues	☐	☐	☐	☐
Other	☐	☐	☐	☐

Please specify

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

Q82 Do you regularly take part in activities with any of the following groups or types of organisation? (please tick all that apply)

- Church ☐
- School (e.g. PTA) ☐
- Parish ☐
- Youth organisation (e.g. Brownies/Scouts) ☐
- Sports club/team ☐
- Social clubs ☐
- Adult education classes ☐
- Trade union ☐
- Environmental interest groups ☐
- Parent/toddler groups ☐
- Whist/Bridge/Bingo ☐
- Arts and Crafts clubs/sessions ☐
- Amateur dramatics ☐
- Singing/music groups ☐
- None of the above ☐
- Other ☐

Please specify other

Q83 Do you regularly volunteer your time either for a registered charity or for another organisation like a youth or community group?

- Yes ☐
- No ☐

If so, how many hours per month do you volunteer?

Hours per month

Q84 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	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been feeling interested in other people	☐	☐	☐	☐	☐
I've had energy to spare	☐	☐	☐	☐	☐
I've been dealing with problems well	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling good about myself	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been feeling confident	☐	☐	☐	☐	☐
I've been able to make up my own mind about things	☐	☐	☐	☐	☐
I've been feeling loved	☐	☐	☐	☐	☐
I've been interested in new things	☐	☐	☐	☐	☐
I've been feeling cheerful	☐	☐	☐	☐	☐

Q85 Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

- Yes ☐
- No ☐

Finally some more questions about yourself

Q86 What is your current relationship status?

- Married ☐
- Living long term with a partner ☐
- Widowed ☐
- Separated ☐
- Divorced ☐
- Single (never married) ☐
- Civil Partnership ☐

Q87 What is your country of birth?

- Isle of Man ☐
- United Kingdom ☐
- Channel Islands ☐
- Republic of Ireland ☐
- Europe ☐
- Elsewhere ☐

Q88 How long have you lived on the Isle of Man? *(ignore periods of absence for holiday or study)*

Resident for (years) ☐

Q89 What is your ethnic group?

- White ☐
- Mixed/Multiple ethnic groups ☐
- Asian/Asian British ☐
- Black/African/Caribbean/Black British ☐
- Other ethnic group ☐

Please specify your ethnic group.

- Manx/English/Welsh/Scottish/Northern Irish/British ☐
- Irish ☐
- Gypsy or Irish Traveller ☐
- Any other white background ☐

Please specify your ethnic group.

- White and Black Caribbean ☐
- White and Black African ☐
- White and Asian ☐
- Any other mixed/multiple ethnic background ☐

Please specify your ethnic group.

- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Chinese ☐
- Any other Asian background ☐

Please specify your ethnic group.

- African ☐
- Caribbean ☐
- Any other black/African/Caribbean background ☐

Please specify your ethnic group.

- Arab ☐
- Any other ethnic group ☐

Please specify other

☐

Q90 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 ☐

Q91 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

Q92 Including yourself how many people live together in your household?

Adults

Young people under the age of 16

Q93 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

Q94 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 ☐

Q95 If yes, in a typical week how many hours do you spend on your caring duties?

- 0-9 ☐
- 10-19 ☐
- 20-29 ☐
- 30-39 ☐
- 40-49 ☐
- 50+ ☐

Q96 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 ☐
- £10,000-£19,999 ☐
- £20,000-£29,000 ☐
- £30,000-£39,999 ☐
- £40,000-£49,000 ☐
- £50,000-£59,000 ☐
- £60,000-£69,000 ☐
- £70,000-£79,000 ☐
- £80,000-£89,000 ☐
- £90,000-£99,000 ☐
- £100,000+ ☐
- Don't know ☐

Q97 Which of these best describes your highest level of qualification?

- No formal qualifications ☐
- GCSE/O'Level ☐
- A Level or GNVQ ☐
- Degree level or higher ☐

Q98 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 part!

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