

About you

The SMMASH2 Survey

Social Media, Men who have Sex with Men and their Sexual and Holistic Health 2016

- What age are you?
(Please type your age into the box below)

Which country are you currently in?
(Click on the down arrow to show a list of options, then click the country you in just now)

- Scotland Wales Northern Ireland Republic of Ireland England Other (Please specify)

Which 'other' country are you currently in?

- Are you completing this survey on
(click the circle to choose your answer)

- A smartphone A tablet A laptop or computer Other (please specify)

- Please tell us what your highest educational qualification is? (e.g. Standard Grades, National 5s, Highers, Advanced Highers, A Levels, Degree)

- Ethnicity (please choose one)

- White Scottish
 White Welsh
 White British
 White Irish
 Any other white background
 Pakistani
 Indian
 Bangladeshi or any other East Asian
 Chinese
 Other South Asian
 African
 Caribbean, Black Scottish or any other Black background
 Any Mixed background
 Any other background (please specify)

If you selected 'Other' please specify what this is

- Sexual Orientation (please choose one)

- Gay
- Bisexual
- Straight
- Other (please specify)

If you selected 'Other' please specify what this is

- Do you consider yourself to be Transgender?
(click on the circle to choose your answer)

- No Yes

- What is your current partnership status? (please tick all that apply)

- Single
- Boyfriend / Regular male partner
- Civil Partnership / Married to a man
- Girlfriend / Regular female partner / Married to a woman
- Other (please specify)

If you selected 'Other' please specify what this is

- What is your preferred partnerships status? (please tick all that apply)

- Single
- Boyfriend / Regular male partner
- Civil Partnership / Married to man
- Girlfriend / Regular female partner / Married to a woman
- I'm happy as I am
- I don't know
- I don't mind
- Other (please specify)

Please describe what your 'other' preferred relationship status is.

More about you

- What is your current living situation? (please tick all that apply)

- alone
 with my partner
 in a shared flat
 with my parents
 in student accommodation
 in a retirement / care home / with my carer(s)
 I am homeless / I don't have a regular place to live
 in a temporary shelter
 other (please specify)

Please describe your 'other' living situation.

- Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? (please tick all that apply)

- Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)
 Learning difficulty (for example, dyslexia)
 Learning disability (for example, Down's Syndrome)
 Blindness or partial sight loss
 Deafness or partial hearing loss
 Mental health condition
 Physical disability
 Long-term illness, disease or condition other than HIV (we will ask about HIV in a later section)
 Other condition
 No condition

Please could you tell us more about this condition.

- Are you currently...?

- Employed Self-employed Unemployed Retired Student Disability or sickness benefits
 Full-time carer Other (please specify)

Please describe this to us.

- Do you currently have any financial worries?

- All of the time Most of the time Sometimes Occasionally Never

- Over the past year, how often have you found it difficult to meet the cost of your rent/mortgage and other household bills (like gas, electricity, phone, loans, clothing or food)?

- Very often Quite Often Occasionally Never Don't know N/A

- Being 'out' means that you have told people about your sexual orientation and don't try to hide it.

Using the scale below, how 'out' would you say you are?

I am... Out to everyone¹ 2 3 4 Not out to anyone⁵

• In the last month, how often did you go out on the gay scene?

- 4-5 times a week 1-2 times a week 2-3 times a month Once a month or less
 Never

Is your nearest gay venue within easy reach? Nearby Too far Don't know

We would like to know your postcode. Remember, any information you tell us is completely confidential and anonymous.

• What is the first part of your postcode? (e.g. G42 CBG)

The second part of your postcode will help us to understand the kind of area you live in. When we have worked this out, we will delete your postcode information from our database. If you don't want to tell us this, it would still be really helpful if you could complete the rest of the survey.

• What is the second part of your postcode? (e.g. G42 6CG)

Thank you.

Please click the 'submit' button to move on to the next page of the survey.

About your sexual behaviour

We'd now like to find out about your sexual behaviours with men in the last year.

These questions are completely confidential and anonymous.

Remember you can miss out any questions you don't want to answer.

- With how many men have you had any sexual contact in the last 12 months?

- With how many men have you had anal sex in the last 12 months?

- With how many men have you had anal sex WITHOUT a condom in the last 12 months?

Thinking about the times you had anal sex WITHOUT a condom in the last year...

- How often was this with a casual partner? (please select one)

Always Sometimes Never

- How often did you know your partners' HIV status? (please tick one)

Always Sometimes Never

- Were any of these partners HIV positive? (please tick one)

Yes, all Yes, some No Don't know

- With how many men have you had anal sex WITHOUT a condom in the last 3 months?

We'd like to find out about some of your other sexual practices with men.

- Have you ever been fisted?

- No
- Yes, in the last 24 hours
- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 6 months
- Yes, in the last 12 months
- Yes, in the last 5 years
- Yes, it was more than 5 years ago

- Have you ever taken part in group sex or a sex party?

- No
- Yes, in the last 24 hours
- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 6 months
- Yes, in the last 12 months
- Yes, in the last 5 years
- Yes, it was more than 5 years ago

- Have you ever received money in return for sex?

- No
- Yes, in the last 24 hours
- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 6 months
- Yes, in the last 12 months
- Yes, in the last 5 years
- Yes, it was more than 5 years ago

- Have you ever had sex to make sure you had a place to sleep?

- No
- Yes, in the last 24 hours
- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 6 months
- Yes, in the last 12 months
- Yes, in the last 5 years
- Yes, it was more than 5 years ago

- Have you ever had sex with someone in return for anything else? (like cigarettes, drugs, food etc.)

- No
- Yes, in the last 24 hours
- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 6 months
- Yes, in the last 12 months
- Yes, in the last 5 years
- Yes, it was more than 5 years ago

We'd now like to find out about your sexual behaviours with women.

- When did you last have any kind of sex with a woman?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- With how many women have you had any sexual contact in the last 12 months?

- With how many women have you had vaginal or anal sex in the last 12 months?

- With how many women have you had vaginal or anal sex WITHOUT a condom in the last 12 months?

Thinking about the times you had vaginal or anal sex WITHOUT a condom with a woman in the last year...

- How often was this with a casual partner? (please select one)

Always Sometimes Never

- How often did you know your partners' HIV status? (please tick one)

Always Sometimes Never

- Were any of these partners HIV positive? (please tick one)

Yes, all Yes, some No Don't know

Thank you.

Please click the 'submit' button to move on to the next page.

About your HIV testing

We'd now like to ask about your HIV status and testing behaviours.

Remember these questions are confidential and anonymous.

You can also miss out any questions you do not want to answer.

• What do you believe your current HIV status is?

HIV positive HIV negative Don't know

• When was your most recent HIV test?

In the last 3 months
 Between 3 and 6 months
 Between 6 months and 1 year ago
 Between 1 and 5 years ago
 Over 5 years ago
 Never had an HIV test

• What was the result of your last HIV test?

HIV positive
 HIV negative
 Don't know

• Why did you have your last HIV Test? (Please tick all that apply)

It's just part of my regular sexual health check
 I was offered one at a clinic when I went for an STI test
 I'd had risky sex that I was worried about
 I had a condom accident / break
 I regularly have anal sex without a condom
 A partner told me he / she was HIV positive
 My regular partner is HIV positive
 I'd just not had a test for a long time
 One of my friends / family tested positive so that made me think about my status
 I had a message from the clinic to say someone I had sex with tested positive
 A magazine article / TV programme got me thinking about my status
 Sexual health information from the Internet got me thinking about my status
 Written sexual health information got me thinking about my status
 Other (please specify)

Please tell us about the 'other' reason for your most recent HIV test.

- How regularly do you take an HIV test? (please tick all that apply)

- Every 3 months
- Every 6 months
- Every year
- Every few years
- After risky sex
- I've only had one test
- I only have a test when I need one
- I don't think there's a pattern to my HIV testing
- Other (please specify)

Please tell us about the 'other' pattern to your HIV testing.

- How many HIV tests have you had in the last 2 years?

- How long have you know you are HIV+?

Years

Months

- What was your last viral load result? (fill in the number or choose an option below)

- Undetectable
- I can't remember
- I've never had a viral load test.

- How strongly do you agree with the following statement?

"Most of my gay friends have had an HIV test."

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Thank you.

Please click the 'submit' button to move on to the next page.

About your STI testing

Now we would like to know about your testing for sexually transmitted infections (STIs) other than HIV

- When was your most recent sexually transmitted infection test?

- In the last 3 months
- Between 3 and 6 months
- Between 6 months and 1 year ago
- Between 1 and 5 years ago
- Over 5 years ago
- Never

- How regularly do you test for sexually transmitted infections?

- Yes, about every 3 months
- Yes, about every 6 months
- Yes, about once a year
- Yes, every few years
- No

- Have you had been diagnosed with a sexually transmitted infection in the last 12 months?

- Yes No

- When you were diagnosed with a sexually transmitted infection in the last 12 months, how many of your sex partners did you tell about your diagnosis?

- None A few Some All

- Where have you been tested for HIV or other STIs in the last 12 months? (Please select all that apply)

- The Steve Retson Project (Glasgow)
- Chalmers Sexual Health Clinic (Edinburgh)
- Another sexual health clinic for gay men
- Another sexual health/GUM clinic
- An HIV clinic (e.g. the Brownlee)
- At a hospital (not GUM or sexual health clinic)
- ROAM m-test
- THT (Terrence Higgins Trust) Fast Test
- Another outreach or community clinic
- GP practice/surgery
- A gay sauna
- A gay bar
- I used a home testing kit
- Other (please specify)

Please tell us where else you have been tested for HIV or other STIs in the last 12 months.

• Where have you been tested for HIV or other STIs in the last 12 months? (Please select all that apply)

- A sexual health clinic for gay men
- A general sexual health/GUM clinic
- An HIV clinic
- At a hospital (not GUM or sexual health clinic)
- THT (Terrence Higgins Trust)
- An outreach or community clinic
- GP practice/surgery
- A gay sauna
- A gay bar
- I used a home testing kit
- Other (please specify)

Please tell us where else you have been tested for HIV or other STIs in the last 12 months.

About your sexual wellbeing

Some people go through times when they are not interested in sex or find it difficult to enjoy sexual activities.

The questions that follow are about some common difficulties that people experience.

In the last YEAR, have you experienced any of the following things?

- Lacked interest in having sex

Always Very Often Sometimes Not very often Never Yes, but this wasn't a problem for me

- Lacked enjoyment in sex

Always Very Often Sometimes Not very often Never Yes, but this wasn't a problem for me

- Felt anxious during sex

Always Very Often Sometimes Not very often Never Yes, but this wasn't a problem for me

- Felt unwanted physical pain as a result of sex

Always Very Often Sometimes Not very often Never Yes, but this wasn't a problem for me

- Felt no excitement or arousal during sex

Always Very Often Sometimes Not very often Never Yes, but this wasn't a problem for me

- Did not 'cum' (experience an orgasm or climax) during sex, or took a long time to reach 'cum' despite feeling excited/aroused

Always Very Often Sometimes Not very often Never Yes, but this wasn't a problem for me

- 'Cum' (had an orgasm or climax) more quickly than you would like

Always Very Often Sometimes Not very often Never Yes, but this wasn't a problem for me

- Had trouble getting or keeping an erection.

Always Very Often Sometimes Not very often Never Yes, but this wasn't a problem for me

The next few questions ask about your sex life overall in the last month. An individual's sex life includes their sexual thoughts, sexual feelings, sexual activity and sexual relationship.

Thinking about your sex life in the last YEAR, how much do you agree or disagree with the following statements:

- "I feel satisfied with my sex life."

Agree strongly Agree Neither agree nor disagree Disagree Disagree strongly

- "I feel distressed or worried about my sex life."

Agree strongly Agree Neither agree nor disagree Disagree Disagree strongly

- "I have avoided sex because of sexual difficulties, either my own or those of my partner"

Agree strongly Agree Neither agree nor disagree Disagree Disagree strongly

Thank you.

Please click the 'submit' button to move on to the next page.

About your confidence about sex

We would like to find out how confident you are when having sex with others.

When communicating about sex with a partner, how easy or difficult would it be for you to.....?

- Ask about their HIV status?

Very difficult Difficult Easy Very easy Not applicable

- Ask about their viral load?

Very difficult Difficult Easy Very easy Not applicable

- Refuse to have sex if they won't use a condom?

Very difficult Difficult Easy Very easy Not applicable

- Make the first move with sex?

Very difficult Difficult Easy Very easy Not applicable

- Tell them that you like a specific sexual activity?

Very difficult Difficult Easy Very easy Not applicable

- Tell them you do not want to have sex?

Very difficult Difficult Easy Very easy Not applicable

- Tell them if a certain sexual activity makes you uncomfortable?

Very difficult Difficult Easy Very easy Not applicable

How confident are you that you could.....

- Stop to use a condom in the heat of the moment?

I definitely could I probably could I probably could not I definitely could not
 Not applicable

- Put a condom on yourself without losing the erection?

I definitely could I probably could I probably could not I definitely could not
 Not applicable

- Put a condom on your partner without losing the erection?

I definitely could I probably could I probably could not I definitely could not
 Not applicable

- Suggest sex if you want it?

I definitely could I probably could I probably could not I definitely could not
 Not applicable

- Tell or show someone how they can give you sexual pleasure?

I definitely could I probably could I probably could not I definitely could not
 Not applicable

Thank you.

Please click the 'submit' button to move on to the next page.

About your sexual wellbeing

The next questions ask whether you have had any kind of abuse from a partner or ex-partner in the last year. We understand these are difficult issues to talk about, so please feel free to ignore these questions if you would rather (you can click the 'submit' button to move on to the next page of the survey).

If you have experienced abuse in any way, please see below for resources.

Are you happy to see these questions?

Yes No

In the last year, have you been?

• Humiliated or emotionally abused in other ways by a partner or ex-partner?

Yes No Prefer not to say

• Afraid of a partner or ex-partner?

Yes No Prefer not to say

• Forced to have any kind of sexual activity by a partner or ex-partner?

Yes No Prefer not to say

• Kicked, hit, slapped or otherwise physically hurt by a partner or ex-partner without your consent?

Yes No Prefer not to say

• Told by a partner who you could see and where you could go?

Yes No Prefer not to say

• Been put down or told you are worthless by a partner or ex-partner?

Yes No Prefer not to say

If you have experienced abuse in any way, and would like to talk to someone about it, click on the resources below, which will open in a new window.

Refuge: Help for men <http://www.refuge.org.uk/get-help-now/help-for-men>

Broken Rainbow: Help for gay and bisexual men in abusive relationships <http://www.brokenrainbow.org.uk>

Thank you.

Please click the 'submit' button to move on to the next page.

About your mental health

We would like to find out about your mental health.

Remember, these questions are completely confidential and anonymous.

If you would like to access help and support about your mental health, we have provided some online resources below.

• Have you ever been diagnosed with a mental health problem by a doctor?

Yes No

• Which of the following mental health problems have you been diagnosed with by a doctor?

- Depression
- Anxiety
- Mixed anxiety / depression
- Obsessive-compulsive disorder
- A phobia
- An eating disorder
- Post-traumatic stress disorder
- Bipolar disorder
- Schizophrenia
- Psychotic illness
- Other (please specify)

Please tell us more about your 'other' mental health problem.

• Which of the following mental health problems have affected you in the last 12 months?

- Depression
- Anxiety
- Mixed anxiety / depression
- Obsessive-compulsive disorder
- A phobia
- An eating disorder
- Post-traumatic stress disorder
- Bipolar disorder
- Schizophrenia
- Psychotic illness
- Other (please specify)

Please tell us more about your 'other' mental health problem.

• Are you currently taking any type of medicine for your this mental health problem?

Yes No

- Which of the following mental health problems are you currently taking medication for?

- Depression
- Anxiety
- Mixed anxiety / depression
- Obsessive-compulsive disorder
- A phobia
- An eating disorder
- Post-traumatic stress disorder
- Bipolar disorder
- Schizophrenia
- Psychotic illness
- Other (please specify)

Please tell us more about your 'other' mental health problem that you are taking medicine for.

- Are you currently receiving any other type of treatment for a mental health problem (such as counseling etc.)?

Yes No

Please tell us about the other type of treatment(s) that you are currently receiving for a mental health problem.

- Do you feel like any of the following mental health problems have affected you over the last 12 months?

- Depression
- Anxiety
- Mixed anxiety / depression
- Obsessive-compulsive disorder
- A phobia
- An eating disorder
- Post-traumatic stress disorder
- Bipolar disorder
- Schizophrenia
- Psychotic illness
- Other (please specify)

If you are worried about mental health problems and would like to talk to someone about it, click on the resources below, which will open in a new window.

Breathing Space: Access experienced advisors who will listen and offer information and advice
<http://breathingspace.scot>

The Samaritans: offer free, confidential advice 24 hours a day, 7 days a week. <http://www.samaritans.org/>

NHS 24: provides patients with health advice and help when GP practices are closed. <http://www.nhs24.com/>

Thank you.

Please click the 'submit' button to move on to the next page.

About how you've been feeling recently

We'd like to find out about your recent mood.**Over the last 2 weeks how often have you been bothered by any of the following problems?**

- Little interest or pleasure in doing things

Not at all Several days More than half the days Nearly every day

- Feeling down, depressed or hopeless

Not at all Several days More than half the days Nearly every day

- Trouble falling asleep or staying asleep or sleeping too much

Not at all Several days More than half the days Nearly every day

- Feeling tired or having little energy

Not at all Several days More than half the days Nearly every day

- Poor appetite or overeating

Not at all Several days More than half the days Nearly every day

- Feeling bad about yourself - or that you are a failure or have let yourself or your friends / family down

Not at all Several days More than half the days Nearly every day

- Trouble concentrating on things such as reading a newspaper / magazine or watching television

Not at all Several days More than half the days Nearly every day

- Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

Not at all Several days More than half the days Nearly every day

- Thoughts that you would be better off dead or hurting yourself in some way

Not at all Several days More than half the days Nearly every day

If you are worried about how you've been feeling lately and would like to talk to someone about it, click on the resources below, which will open in a new window.

The Samaritans: offer free, confidential advice 24 hours a day, 7 days a week. <http://www.samaritans.org/>

NHS 24: provides patients with health advice and help when GP practices are closed. <http://www.nhs24.com/>

Breathing Space: Access experienced advisors who will listen and offer information and advice
<http://breathingspace.scot>

We'd like to ask some more questions about your current mood.**Over the last 2 weeks how often have you been bothered by any of the following problems?**

- Feeling nervous, anxious, or on edge

Not at all Several days More than half the days Nearly every day

- Not being able to stop or control worrying

Not at all Several days More than half the days Nearly every day

- Worrying too much about different things

Not at all Several days More than half the days Nearly every day

- Trouble relaxing

Not at all Several days More than half the days Nearly every day

- Being so restless that it's hard to sit still

Not at all Several days More than half the days Nearly every day

- Becoming easily annoyed or irritable

Not at all Several days More than half the days Nearly every day

- Feeling afraid as if something awful might happen

Not at all Several days More than half the days Nearly every day

If you are worried about how you've been feeling lately and would like to talk to someone about it, click on the resources below, which will open in a new window.

The Samaritans: offer free, confidential advice 24 hours a day, 7 days a week. <http://www.samaritans.org/>

NHS 24: provides patients with health advice and help when GP practices are closed. <http://www.nhs24.com/>

Breathing Space: Access experienced advisors who will listen and offer information and advice
<http://breathingspace.scot>

Thank you.

Please click the 'submit' button to move on to the next page.

Your Alcohol Use

We are interested in finding out about how much you drink and how this effects you.

• When was the last time you consumed alcohol?

Please say when you last did this, even if this was not typical for you.

- Never
 Within the last 24 hours
 Within the last 7 days
 Within the last 4 weeks
 Within the last 6 months
 Within the last 12 months
 Within the last 5 years
 More than 5 years ago

We'd like to find out more about your alcohol use.

• In the last 12 months, how much of the sex you've had was after drinking alcohol?

- None of it
 A little
 Less than half
 About half
 More than half
 Almost all
 All of it
 I don't know

This diagram shows you how to work out one standard drink.



Using the graphic above to work this out...

• How often do you have EIGHT or more standard drinks on one occasion?

- Never
 Less than monthly
 Monthly
 Weekly
 Daily or almost daily

• How often during the last 6 months have you been unable to remember what happened the night before because you had been drinking?

Never Less than monthly Monthly Weekly Daily or almost daily

• How often in the last 6 months have you failed to do what was normally expected of you because of drinking?

Never Less than monthly Monthly Weekly Daily or almost daily

• In the last 6 months has a relative or friend, or doctor or other health worker been concerns about your drinking or suggested you cut down?

Never Less than monthly Monthly Weekly Daily or almost daily

Thank you.

Please click the 'submit' button to move on to the next page.

About your smoking and vaping

We are interested in your smoking (tobacco) and vaping behaviours.

By 'vaping' we mean inhaling nicotine from an e-cigarette, vaporizer or any other tobaccoless method.

• When was the last time you consumed tobacco / nicotine products (i.e. smoking, vaping, e-cigarettes etc.) ?

- Never Within the last 24 hours Within the last 7 days Within the last 4 weeks
 Within the last 6 months Within the last 12 months Within the last 5 years More than 5 years ago

• What is your current (tobacco) smoking / vaping status:

- Non-smoker (smoked fewer than 20 cigarettes in your lifetime and / or fewer than 20 puffs on an e-cigarette / vaporizer)
 Current smoker (tobacco)
 Current vaper (e-cigarettes / vaporizer)
 Current smoker (tobacco) and vaper (e-cigarettes / vaporiser)
 Ex-smoker
 Ex-vaper
 Ex-smoker and ex-vaper
 Current smoker (tobacco) and ex-vaper

• How many cigarettes do you usually smoke a day?

• Which strength of nicotine fluid/cartridge are you currently using (e.g. 4mg, 18mg etc.)?

- 0mg 8mg 11mg 14mg 18mg 24mg 36mg I mix my own
 I don't know

Please try to estimate the amount you use per day:

• In puffs

• In ml

- When did you give up smoking?

- Less than one week ago
- Less than one month ago
- About 1 - 3 months ago
- About 3 - 6 months ago
- About 6 - 12 months ago
- 1 - 2 years ago
- 2 -5 years ago
- 5 - 10 years ago
- more than 10 years ago

- How many cigarettes did you used to smoke a day?

-
- When did you give up vaping?

- Less than one week ago
- Less than one month ago
- About 1 - 3 months ago
- About 3 - 6 months ago
- About 6 - 12 months ago
- 1 - 2 years ago
- 2 -5 years ago
- 5 - 10 years ago
- more than 10 years ago

- Which strength of nicotine fluid/cartridge did you used to use (e.g. 4mg, 18mg etc.)?

- 0mg 8mg 11mg 14mg 18mg 24mg 36mg I mix my own
- I don't know

Please try to estimate the amount you used to use per day:

- In puffs

-
- In ml
-

Please answer the following questions by clicking the answer you agree with most

- How soon after you wake up do you smoke your first cigarette?

- Within 5 minutes 6 - 30 minutes 31 - 60 minutes After 60 minutes

- Do you find it difficult to refrain from smoking in places where it is banned, e.g. shops, cafes, cinema etc.?

- Yes No

- Which cigarette would you hate most to give up?

- The first one in the morning Any other one

- Do you smoke more frequently during the first hours after waking than during the rest of the day?

- Yes No

- Do you smoke if you are so ill that you are in bed most of the day?

Yes No

- Please rate your addiction to cigarettes on a scale of 0 to 100

I am NOT addicted to cigarettes at all I am extremely addicted to cigarettes

=====

(Place a mark on the scale above)

- How old were you when you started smoking? _____

Please answer the following questions by clicking the answer you agree with most

- How soon after you wake up do vape / use your e-cigarette?

Within 5 minutes 6 - 30 minutes 31 - 60 minutes After 60 minutes

- Do you find it difficult to refrain from vaping in places where it is banned, e.g. shops, cafes, cinema etc.?

Yes No

- Which vaping would you hate most to give up?

The first one in the morning Any other one

- Do you vape more frequently during the first hours after waking than during the rest of the day?

Yes No

- Do you vape if you are so ill that you are in bed most of the day?

Yes No

- Please rate your addiction to vaping on a scale of 0 to 100

I am NOT addicted to vaping at all I am extremely addicted to vaping

=====

(Place a mark on the scale above)

- How old were you when you started vaping?

Thank you.
Please click the 'submit' button to move on to the next page.

About your use of recreational and illicit drugs

We are interested in finding out about your use of other drugs and how this effects you.

**How long has it been since you last consumed the following substances:
(Please say when you last did something, even if this was not typical for you.)**

• When was the last time you consumed poppers (nitrite inhalants)?

- Never Within the last 24 hours Within the last 7 days Within the last 4 weeks
 Within the last 6 months Within the last 12 months Within the last 5 years More than 5 years ago

• When was the last time you consumed Viagra®, Cialis®, Levitra® or other substances that help to keep an erection?

- Never Within the last 24 hours Within the last 7 days Within the last 4 weeks
 Within the last 6 months Within the last 12 months Within the last 5 years More than 5 years ago

• When was the last time you consumed new psychoactive substances (e.g. legal highs)?

- Never Within the last 24 hours Within the last 7 days Within the last 4 weeks
 Within the last 6 months Within the last 12 months Within the last 5 years More than 5 years ago

We are interested in your use of other recreational or illicit drugs.

Please say when you last did something, even if this was not typical for you.

• Have you EVER taken any other recreational or illicit drugs (e.g. cannabis, ecstasy, cocaine etc.)?

- Yes No

• When was the last time you consumed cannabis (hashish, marijuana)?

- Never
 Within the last 24 hours
 Within the last 7 days
 Within the last 4 weeks
 Within the last 6 months
 Within the last 12 months
 Within the last 5 years
 More than 5 years ago

- When was the last time you consumed ecstasy (E, XTC, MDMA)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- When was the last time you consumed amphetamine (speed)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- When was the last time you consumed crystal methamphetamine (crystal, meth, Tina)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- In the last 12 months, how much of the sex you've had was after taking crystal meth (crystal, meth, Tina)?

- None of it
- A little
- Less than half
- About half
- More than half
- Almost all
- All of it
- I don't know

- When was the last time you consumed mephedrone (4-MMC, meow, methylone, bubbles)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

• In the last 12 months, how much of the sex you've had was after taking mephedrone (4-MMC, meow, methylone, bubbles)?

- None of it
- A little
- Less than half
- About half
- More than half
- Almost all
- All of it
- I don't know

• When was the last time you consumed GHB/GBL (liquid ecstasy)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

• In the last 12 months, how much of the sex you've had was after taking GHB/GBL (liquid ecstasy)?

- None of it
- A little
- Less than half
- About half
- More than half
- Almost all
- All of it
- I don't know

• When was the last time you consumed ketamine (special K)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

• In the last 12 months, how much of the sex you've had was after taking ketamine (Special K)?

- None of it
- A little
- Less than half
- About half
- More than half
- Almost all
- All of it
- I don't know

- When was the last time you consumed cocaine?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- When was the last time you consumed crack cocaine?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- When was the last time you consumed heroin or related drugs (poppy straw, kompot, fentanyl)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- Have you EVER injected any drug other than anabolic steroids or medicines, or had someone inject you with them?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

Thinking about your drug use at sex parties in the last year...

- In the last year, how recently have you injected drugs, or had someone inject you with them, at a sex party?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months

• In the last year, how often have you attended sex parties where you injected drugs, or has someone inject you with them?

- More than once a week
- About once a week
- Several times a month
- About once a month
- About 4 - 6 times a year
- About 2 -3 times a year
- About once in the last year.

Thank you.

Please click the 'submit' button to move on to the next page.

About your use of Social Media

We'd like to find out about your use of social media.

- How often do you use Facebook?

- I never use it
- I used to use it but have stopped
- Every few months or longer
- About once a month
- About once a week
- Every few days
- At least once a day
- Several times a day
- All the time

- Which of the following social media have you used in the last 12 months?

- None
- YouTube
- Twitter
- LinkedIn
- Pinterest
- Google+
- Tumblr
- Instagram
- Flickr
- Vine
- Instagram
- Blogspot

Please tell us about any other social media you have used in the last 12 months.

Now we'd like to find out about your use of gay social networking WEBSITES, like Gaydar, Fitlads, Recon, Squirt etc. (We'll ask you about apps later)

- How often do you use Gay Social Networking WEBSITES (like Gaydar, Fitlads, Recon, Squirt etc.)?

- I never use them
- I used to use them but have stopped
- Every few months or longer
- About once a month
- About once a week
- Every few days
- At least once a day
- Several times a day
- All the time

• How long have you been using Gay Social Networking WEBSITES for?

- Less than 6 months Between 6 months and a year 1 - 2 years 2 - 5 years
 5 - 10 years More than 10 years

• Which of the following WEBSITES have you used to meet male sex partners in the last 12 months? (Click as many as apply)

- Bareback City
 Bareback.com
 Barebackhookup
 BBRT (BareBackRealTime)
 Caffmos
 FabGuys
 FabSwingers
 Fitlads
 Gaydar
 Manhunt
 MyHIV
 Out Everywhere
 PlanetRomeo
 Plenty of Fish (POF)
 Recon
 Squirt
 Zoosk

Please name any other WEBSITES that you have used to meet male sex partners in the last 12 months.

Now we'd like to find out about your use of gay social networking SMARTPHONE APPS, like Grindr, Scruff, Growlr etc.

• How often do you use Gay Social Networking APPS on your SMARTPHONE (like Grindr, Scruff, Growlr etc.)?

- I never use them
 I used to use them but have stopped
 Every few months or longer
 About once a month
 About once a week
 Every few days
 At least once a day
 Several times a day
 All the time

• How long have you been using gay social networking SMARTPHONE APPS for?

- Less than 6 months Between 6 months and a year 1 - 2 years 2 - 5 years
 5 - 10 years More than 10 years

• Which of the following SMARTPHONE APPS have you used to meet male sex partners in the last 12 months? (Click as many as apply)

- Bender
- Blendr
- FabGuys
- Fabswingers
- Fields
- Gaydar
- GayNetwork (GN)
- Grindr
- Growlr
- Jack'd
- Manhunt
- Planet Romeo
- Plenty of Fish (POF)
- Recon
- Scruff
- Squirt
- Tinder
- Zoosk

Please name any other SMARTPHONE APPS that you have used to meet male sex partners in the last 12 months.

Thank you.

Please click the 'submit' button to move on to the next page.

About how people have reacted to your sexual orientation

We are interested in finding out how you talk to others about your sexuality.**Please tell us how strongly you agree or disagree with the following statements.**

- It is easier to avoid new friendships than worry about telling someone about my sexual orientation.

Strongly Agree Agree Disagree Strongly Disagree

- I am very careful who I tell about my my sexual orientation.

Strongly Agree Agree Disagree Strongly Disagree

- Since realising my sexual orientation I worry about people discriminating against me.

Strongly Agree Agree Disagree Strongly Disagree

- I never feel the need to hide that my sexual orientation.

Strongly Agree Agree Disagree Strongly Disagree

- I worry that people may judge me when they learn about my sexual orientation.

Strongly Agree Agree Disagree Strongly Disagree

- I worry that people who know about my sexual orientation will tell others.

Strongly Agree Agree Disagree Strongly Disagree

- I have told people close to me to keep my sexual orientation a secret.

Strongly Agree Agree Disagree Strongly Disagree

- I have made an effort to make my sexual orientation known to others.

Strongly Agree Agree Disagree Strongly Disagree

- Others are able to work out my sexual orientation without me letting them know.

Strongly Agree Agree Disagree Strongly Disagree

If you would like to talk to someone about your sexual orientation or how people have reacted to it, click on the resources below, which will open in a new window.

Gay Switchboard UK: Provide free information and support for anyone about their sexual orientation and gender identity <http://switchboard.lgbt>

Gay Switchboard Ireland: Provide free information and support for anyone about their sexual orientation and gender identity <http://gayswitchboard.ie>

We'd like to know more about how others have reacted to your sexual orientation and how that has affected you.

Please tell us how strongly you agree or disagree with the following statements.

- I have been hurt by how people reacted learning about my sexual orientation.
 Strongly Agree Agree Disagree Strongly Disagree
- I regret having told some people about my sexual orientation.
 Strongly Agree Agree Disagree Strongly Disagree
- Some people who know about my sexual orientation have grown more distant.
 Strongly Agree Agree Disagree Strongly Disagree
- Since realizing my sexual orientation, I feel isolated from the rest of the world.
 Strongly Agree Agree Disagree Strongly Disagree
- People who know about my sexual orientation tend to ignore my good points.
 Strongly Agree Agree Disagree Strongly Disagree
- I lost contact with people I cared about after they learned about my sexual orientation.
 Strongly Agree Agree Disagree Strongly Disagree
- Some people close to me are worried that others will reject them if my sexual orientation is found out.
 Strongly Agree Agree Disagree Strongly Disagree
- I have stopped socializing with some people because of their reactions to my sexual orientation.
 Strongly Agree Agree Disagree Strongly Disagree
- I have lost friends by telling them about my sexual orientation.
 Strongly Agree Agree Disagree Strongly Disagree
- When people learn you're not heterosexual they look for flaws in your character.
 Strongly Agree Agree Disagree Strongly Disagree
- Telling someone about my sexual orientation is risky.
 Strongly Agree Agree Disagree Strongly Disagree

If you would like to talk to someone about your sexual orientation or how people have reacted to it, click on the resources below, which will open in a new window.

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Gay Switchboard Ireland: Provide free information and support for anyone about their sexual orientation and gender identity <http://gayswitchboard.ie>

Thank you.
Please click the 'submit' button to move on to the next page.

About your height, weight and physical exercise

We would like to know about your height, weight and exercise levels, as these are also important for health.

- **Please tell us how much you currently weigh...**

In Stones

and Pounds (lbs)

OR in Kilogrammes

Or in Pounds (only)

-
-
- **How tall are you?**

In Feet

And Inches

OR Meters / centimeters

We'd like to find out how much exercise you do, per week.

Moderate aerobic exercise, such as walking, dancing and gardening will raise your heart rate, make you breathe faster and feel warmer.

Vigorous aerobic exercise, such as running, riding a bike or playing sports will make you breathe hard and fast.

• How much 'moderate aerobic exercise' do you do on average, per week?

- None Less than 30 minutes 30 minutes - 1 hour 1 - 2 hours 2 - 3 hours
 3 - 4 hours 4 - 7 hours more than 7 hours

• How much 'vigorous aerobic exercise' do you do on average, per week?

- None Less than 30 minutes 30 minutes - 1 hour 1 - 2 hours 2 - 3 hours
 3 - 4 hours 4 - 7 hours more than 7 hours

Muscle strengthening exercise includes carrying heavy loads, digging in the garden or resistance exercise (like push-ups or lifting weights).

• How much 'muscle strengthening exercise' do you do on average, per week?

- None
 Less than 30 minutes
 30 minutes - 1 hour
 1 - 2 hours
 2 - 3 hours
 3 - 4 hours
 4 - 7 hours
 more than 7 hours

Thank you.

Please click the 'submit' button to move on to the next page.

About how you deal with things emotionally

Now we would like to find out how you deal with things emotionally. There are three parts to this section.

Please answer each statement below by clicking the circle that best reflects your degree of agreement or disagreement with that statement.

Do not think too long about the exact meaning of the statements. Work quickly and try to answer as accurately as possible.

There are no right or wrong answers.

	Completely Agree ¹	2	3	4	5	6	Completely Disagree ⁷
• Expressing my emotions with words is not a problem for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I often find it difficult to see things from another person's viewpoint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• On the whole, I'm a highly motivated person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I usually find it difficult to regulate my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I generally don't find life enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Completely Agree ¹	2	3	4	5	6	Completely Disagree ⁷
• I can deal effectively with people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I tend to change my mind frequently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Many times, I can't work out what emotion I'm feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I often find it difficult to stand up for my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are worried about mental health problems and would like to talk to someone about it, click on the resources below, which will open in a new window.

- The Samaritans: offer free, confidential advice 24 hours a day, 7 days a week. <http://www.samaritans.org/>
- NHS 24: provides patients with health advice and help when GP practices are closed. <http://www.nhs24.com/>
- Breathing Space: Access experienced advisors who will listen and offer information and advice <http://breathingspace.scot>

This is the second part to this section about how you deal with things emotionally.

	Completely Agree ¹	2	3	4	5	6	Completely Disagree ⁷
• I'm usually able to influence the way other people feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• On the whole, I have a gloomy perspective on most things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Those close to me often complain that I don't treat them right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I often find it difficult to adjust my life according to the circumstances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• On the whole, I'm able to deal with stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Completely Agree ¹	2	3	4	5	6	Completely Disagree ⁷
• I often find it difficult to show my affection to those close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I'm normally able to "get into someone's shoes" and experience their emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I normally find it difficult to keep myself motivated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I'm usually able to find ways to control my emotions when I want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• On the whole, I'm pleased with my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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This is the third part to this section about how you deal with things emotionally.

	Completely Agree ¹	2	3	4	5	6	Completely Disagree ⁷
• I would describe myself as a good negotiator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I tend to get involved in things, then wish I could get out of them later on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I often pause and think about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I believe I'm full of personal strengths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I tend to "back down" even if I know I'm right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Completely Agree ¹	2	3	4	5	6	Completely Disagree ⁷
• I don't seem to have any power at all over other people's feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I generally believe that things will work out fine in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I find it difficult to bond well even with those close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Generally, I'm able to adapt to new environments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Others admire me for being relaxed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Thank you.

Please click the 'submit' button to move on to the next page.

About how your life affects your mood

Lastly, we would like to find out about how life affects your mood. Please answer the following questions...

	Never ¹	2	3	4	5	6	Very often ⁷
• Do you ever feel that you don't really care about what goes on around you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• In the past, have you been surprised by the behaviour of people you thought you knew well?	Never happened ¹ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always happened ⁷ <input type="radio"/>
• Have people that you counted on disappointed you?	Never happened ¹ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always happened ⁷ <input type="radio"/>
• Until now your life has had:	No clear goals or purpose at all ¹ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very clear goals and purpose ⁷ <input type="radio"/>
• Do you ever feel that you're being treated unfairly?	Very often ¹ <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Never ⁷ <input type="radio"/>
• Do you ever feel that you are in an unfamiliar situation and don't know what to do?	Very Often ¹ <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Never ⁷ <input type="radio"/>
• Doing the things you do every day is a source of:	...deep pleasure and satisfaction ¹ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	...pain and boredom ⁷ <input type="radio"/>
• Do you have very mixed-up feelings and ideas?	Very often ¹ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Never ⁷ <input type="radio"/>

	Very often ¹	2	3	4	5	6	Never ⁷
• Do you have feelings inside you would rather not feel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never ¹	2	3	4	5	6	Very often ⁷
• Many people - even those with a strong character - sometimes feel like 'losers' in certain situations. How often have you felt this way in the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	You over- or under-esti- mated its importance ¹	2	3	4	5	6	You saw things in the right proportion ⁷
• When something happened, have you generally found that:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very often ¹	2	3	4	5	6	Never ⁷
• Do you ever feel that there's little meaning in the things you do in your daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very often ¹	2	3	4	5	6	Never ⁷
• How often do you feel that you're not sure you can keep under control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are worried about mental health problems and would like to talk to someone about it, click on the resources below, which will open in a new window.

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Thank-you. You have now completed the survey.
Please click the 'submit' button to submit your answers.