


■ Smoking

Now some questions on smoking

28 Do you smoke cigarettes at all nowadays? Yes 1 No 0

If No go to Question 35 

29 Have you started smoking since you started at this college? Yes 1 No 0

If so, when was this?

Please tick one box

This month 0

This term 1

Last term 2

Last year 3

More than a year ago 4

CURRENT SMOKERS ONLY:

30 About how many cigarettes do you smoke per day? cigarettes [] []

(If less than one a day please tick this box: 01)

31 Would you like to give up smoking altogether? Yes 1 No 0

32 Would you like help to give up smoking? Yes 1 No 0

33 Have you ever tried to give up smoking? Yes 1 No 0

34 At what age did you start smoking? years [] []

■ Alcohol

The next questions are about alcohol and drinking.

35

Which statement describes you best?

Please tick one box

- I have never drunk alcohol 0
- I have had alcohol only a few times 1
- I used to drink alcohol but I have given it up 2
- I only drink alcohol on special occasions
(e.g. Birthdays, Christmas) 3
- I drink alcohol occasionally (less than once a week) 4
- I drink alcohol regularly (at least once a week) 5

36

How many days during the last week have you drunk any alcohol?

Do not include canned shandy

Please circle one number

0 1 2 3 4 5 6 7

If None go to Question 40

37

Have you bought alcoholic drink at any of these places during the last 7 days?

Do not include canned shandy

Please put a tick in one box on each line

- | | Yes | No |
|--------------------------------|----------------------------|----------------------------|
| I bought it in a supermarket | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I bought it in an off-licence | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I bought it in a pub or bar | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I bought it in a disco or club | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |

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38

Have you drunk an alcoholic drink at any of these places during the last 7 days?

Do not include canned shandy

Please put a tick in one box on each line

- | | Yes | No |
|---|----------------------------|----------------------------|
| I drank alcohol at home | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I drank alcohol at a friend's home | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I drank alcohol at a relation's home | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I drank alcohol at a disco, club or party | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I drank alcohol in a pub or bar | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I drank alcohol outside in a public place (street, park, etc) | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |