

86 **When you have a problem with work that worries you, what do you do about it?**

Please tick one box in each row.

	Never	Sometimes	Usually	Always
Talk to someone about the problem	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Rest or sleep more	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Smoke cigarettes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Think carefully about the problem by yourself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have a drink of something alcoholic	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Keep busy (exercise, work)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Keep busy socialising e.g. go out with friends	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Watch more TV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Seek help with the problem in books or magazines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Listen to music	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Eat or drink more (for e.g. sweets, chocolates)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Do nothing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other (Please write)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

▼45

■ Use of Health Services

Now on to some questions which ask about your use of health services.

87 **When did you last visit the dentist?**

Please tick one box.

In the past 3 months	<input type="checkbox"/> 0
In the past 6 months	<input type="checkbox"/> 1
In the last 12 months	<input type="checkbox"/> 2
In the past five years	<input type="checkbox"/> 3

88 **How long ago did you last visit the doctor (G.P.)?**

Please tick one box.

In the past 3 months	<input type="checkbox"/> 0
In the past 6 months	<input type="checkbox"/> 1
In the last 12 months	<input type="checkbox"/> 2
In the past five years	<input type="checkbox"/> 3

89 **How many visits to the doctor have you made in the last 12 months?**

..... visits

90 **Was there anything that you did not talk to your doctor about, that you had wanted to?**

Please tick one box

If yes: please describe:

Yes

No

 1

 0

.....

.....

■ Use of College Services

91 **For each of the following services, which best describes your knowledge and use?**

Please tick one box in each row

College Services

	Never heard of this service	Heard of it but know little or nothing about it	Know what it is but don't know where/how to get access	Know what it is and how to get access but haven't used it	Have used this service
Careers service or Connexions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Counselling service	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
College Nurse/Health care service	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Student Union/Association	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Student Union/Association officers e.g. Equal Opportunities Officer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Student services e.g. Registry	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Head of student affairs	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Personal tutors	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Special needs tutor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Learning/Study support e.g. dyslexia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

92 **How would you describe the study support available at college?**

Please tick one box.

Have used this service - it helped a lot	<input type="checkbox"/> 6
Have used this service - it was OK	<input type="checkbox"/> 5
Have used this service - it was not OK	<input type="checkbox"/> 4
Know what it is and how to get access but haven't used it	<input type="checkbox"/> 3
Know what it is but don't know where/how to get access	<input type="checkbox"/> 2
Heard of it but know little or nothing about it	<input type="checkbox"/> 1
Never heard of this service	<input type="checkbox"/> 0