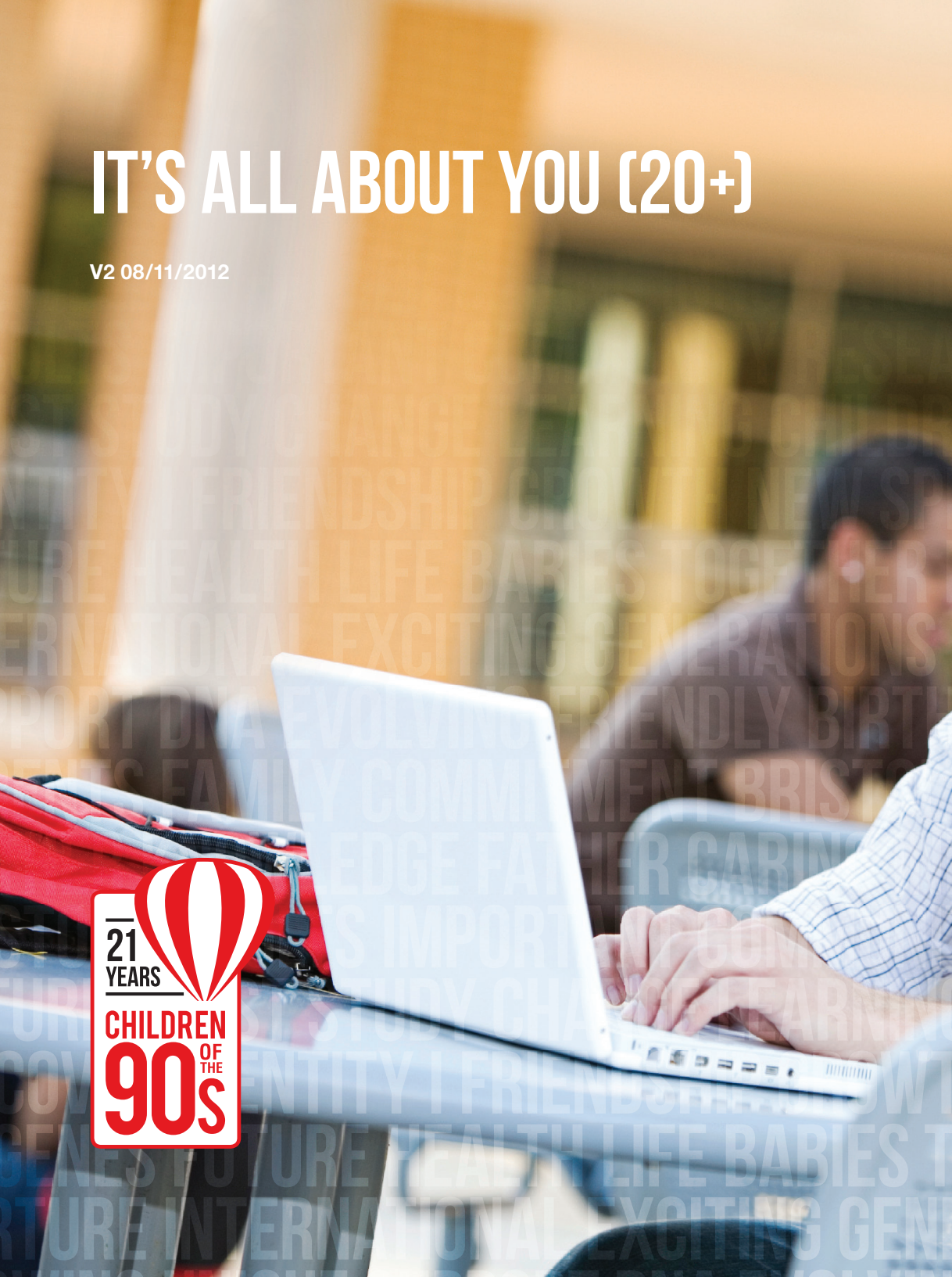
IT'S ALL ABOUT YOU (20+)

V2 08/11/2012



IT'S ALL ABOUT YOU (20+)

V2 08/11/2012

Questionnaire Number

<u>This questionnaire is for completion by the study young person.</u>

In answering these questions you will be helping more than 15 scientific experts from 7 universities across 3 different countries, who all contributed to putting this questionnaire together. In the future, the data you provide will be available to countless researchers across the world and will help in answering important questions on human development, health and disease.

Please remember that your answers to all these questions are confidential and will be processed using a unique ID number. All your personal details will be removed and no researcher will be able to link your answers back to you.

Some questions may seem very similar to each other; this is because the combination of answers gives a clearer picture than one single answer.

There may be questions that seem a bit strange and are not applicable to you because they are concerned with specific feelings or problems. We would be very grateful if you would try to answer all the questions but we understand if there are questions that you either prefer not to answer or are unable to answer.

If you do not wish to complete the questionnaire please tick the below box and return to Children of the 90s in the envelope provided, as this will stop any reminders.

☐ I do not wish to complete this questionnaire

Instructions for completing this questionnaire.

This questionnaire will be electronically read so please use a **black** pen if you have one; otherwise use **blue**.

Please answer the questions by making a cross in the relevant box e.g.

Don't use a tick

If you cross a box by mistake, please completely fill it in e.g.

then cross the correct box.

When writing numbers inside boxes, please don't touch the sides e.g.

2	7

Contents

Section A: COCO90s

Children of the 90s have started a new project looking at the Children of the Children of the 90s (COCO90S). This section asks about any children you may have or are expecting.

A1. Are you a parent?

1 ☐ Yes- biological parent 2 ☐ Yes- step-parent 3 ☐ No

If no, go to A3

A2. What is/are your child/ren's date(s)of birth?

First Child DD / MM / YYYY

Second Child DD / MM / YYYY

Third child DD / MM / YYYY

A3. Are you or your partner currently pregnant?

1 ☐ Yes, I am pregnant

2 ☐ Yes, my partner is pregnant

3 ☐ No ⟶ **If no, go to A5**

A4. What is the expected due date of your baby?

DD / MM / YYYY

A5. Are you and your partner trying for a baby at the moment?

Yes 1 ☐ No 2 ☐

A6. If you have answered yes to A1 or A3, would you be happy to receive further details about the COCO90s (Children of the Children of the 90s) study?

Yes 1 ☐ No 2 ☐

A7. Would you be happy to let us know if you or your partner become(s) pregnant and allow us to send you further details about the COCO90s (Children of the Children of the 90s) study?

Yes 1 ☐ No 2 ☐

If you would like to know more about COCO90s, please go to http://childrenofthe90s.ac.uk/participants/coco90s/

Section B: Gambling

This section asks you about gambling. Some questions may seem very similar to each other; this is because a combination of answers gives a clearer picture than one single answer.

B1. How often have you bought or played any of the following:

	Every day/ almost every day	Every week	Within last 12 months	Not within last 12 months
a) Tickets for the National Lottery. (Include Thunderball and Euromillions. Do not include scratchcards.)	1 ☐	2 ☐	3 ☐	4 ☐
b) Scratchcards. (Include National Lottery scratchcard games played online. Do not include newspaper or magazine scratchcards.)	1 ☐	2 ☐	3 ☐	4 ☐
c) Tickets for any "other" lottery. (Include: charity lotteries for hospices, sports or social clubs. Do not include Irish Lottery or any other international lotteries or buying raffle tickets.)	1 ☐	2 ☐	3 ☐	4 ☐
d) The football pools - a betting pool based on predicting the outcome of top-level association football matches. (Do not include betting on football matches with a bookmaker.)	1 ☐	2 ☐	3 ☐	4 ☐
e) Bingo cards or tickets. (Include playing boards at a bingo hall. Do not include newspaper bingo tickets, or bingo played online.)	1 ☐	2 ☐	3 ☐	4 ☐
f) Fruit slot machines. (Do not include quiz machines.)	1 ☐	2 ☐	3 ☐	4 ☐

	Every day/ almost every day	Every week	Within last 12 months	Not within last 12 months
g) Virtual gaming machines in a bookmaker's to bet on virtual roulette, keno, bingo etc. (Do not include quiz machines.)	1 ☐	2 ☐	3 ☐	4 ☐
h) Table games (roulette, dice or cards) in a casino. (Do not include poker or casino games played online.)	1 ☐	2 ☐	3 ☐	4 ☐
i) Online gambling like playing poker, bingo, slot-machine-style games, or casino games "for money". (Include gambling online through a computer, mobile phone or interactive TV. Do not include bets made with online bookmakers or betting exchanges.)	1 ☐	2 ☐	3 ☐	4 ☐
j) Online betting "with a bookmaker" on any event or sport. (Include betting online through a computer, mobile phone or interactive TV. Do not include bets made with a betting exchange or spread-betting.)	1 ☐	2 ☐	3 ☐	4 ☐
k) Betting exchange. (This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called "peer-to-peer" betting.)	1 ☐	2 ☐	3 ☐	4 ☐

	Every day/ almost every day	Every week	Within last 12 months	Not within last 12 months
l) Betting on horse races in a bookmaker's, by phone, or at the track. (Include: tote betting and betting on virtual horse races shown in a bookmaker's. Do not include: bets made with online bookmakers or betting exchanges.)	1 ☐	2 ☐	3 ☐	4 ☐
m) Betting on any other event or sport at the bookmaker's, by phone or at the venue. (Include: Irish Lottery, 49s. Do not include: bets made with online bookmakers or betting exchanges, or spread-betting.)	1 ☐	2 ☐	3 ☐	4 ☐
n) Spread-betting. (In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.)	1 ☐	2 ☐	3 ☐	4 ☐
o) Private betting, playing cards or games for money with friends, family or colleagues.	1 ☐	2 ☐	3 ☐	4 ☐
p) Any other form of gambling in the last 12 months.	1 ☐	2 ☐	3 ☐	4 ☐

i) Please specify any other forms of gambling in the last 12 months:

B2. Have you ever participated in any of the forms of gambling listed in B1a to B1p?

Yes 1 ☐ No 2 ☐ ⟶ **If no, please go to Section C**

If over the past 12 months, you have not taken part in any of the forms of gambling listed before, please **go to Section C**.

B3. In the past 12 months, how often...

	Almost always	**Most of the time**	**Sometimes**	**Never**
a)... have you gone back to try to win back the money you lost?	1 ☐	2 ☐	3 ☐	4 ☐
b)...have you bet more than you can really afford to lose?	1 ☐	2 ☐	3 ☐	4 ☐
c)...have you needed to gamble with larger amounts of money to get the same excitement?	1 ☐	2 ☐	3 ☐	4 ☐
d)...have you borrowed money or sold anything to get money to gamble?	1 ☐	2 ☐	3 ☐	4 ☐
e)...have you felt that you might have a problem with gambling?	1 ☐	2 ☐	3 ☐	4 ☐
f)...have you felt that gambling has caused you any health problems, including stress or anxiety?	1 ☐	2 ☐	3 ☐	4 ☐
g)...have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it was true?	1 ☐	2 ☐	3 ☐	4 ☐
h)...have you felt your gambling has caused financial problems for you or your household?	1 ☐	2 ☐	3 ☐	4 ☐

	Almost always	Most of the time	Sometimes	Never
i)...have you felt guilty about the way you gamble or what happens when you gamble?	1 ☐	2 ☐	3 ☐	4 ☐

B4. When you gamble, how often do you go back another day to win back the money you lost?

1 ☐ Everytime I lost

2 ☐ Most of the time I lost

3 ☐ Some of the time (less than half) I lost

4 ☐ Never

	Very often	Fairly often	Occasionally	Never
B5. How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways you will get more money to gamble)?	1 ☐	2 ☐	3 ☐	4 ☐
B6. Have you needed to gamble with more and more money to get the excitement you are looking for?	1 ☐	2 ☐	3 ☐	4 ☐
B7. Have you felt restless or irritable when trying to cut down on gambling?	1 ☐	2 ☐	3 ☐	4 ☐

	Very often	Fairly often	Occasionally	Never
B8. Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	1 ☐	2 ☐	3 ☐	4 ☐
B9. Have you lied to family, or others, to hide the extent of your gambling?	1 ☐	2 ☐	3 ☐	4 ☐
B10. Have you made unsuccessful attempts to control, cut back or stop gambling?	1 ☐	2 ☐	3 ☐	4 ☐
B11. Have you committed a crime in order to finance gambling or to pay gambling debts?	1 ☐	2 ☐	3 ☐	4 ☐
B12. Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	1 ☐	2 ☐	3 ☐	4 ☐
B13. Have you asked others to provide money to help with a desperate financial situation caused by gambling?	1 ☐	2 ☐	3 ☐	4 ☐

Section C: Deliberate Self-Harm

The following section is about thoughts of suicide and hurting yourself on purpose, also sometimes referred to as deliberate self-harm. We know this is a sensitive subject, but it is important to ask about it now, as it is not uncommon. By finding out about self-harm we can try to find ways of helping people.

C1. A number of sites and chatrooms on the Internet discuss self-harm and suicide. Have you ever come across any of these sites?

Yes 1 ☐ No 2 ☐ → **If no, go to C3**

C2. Which of the following describe what you have read? (Please cross one box for each statement.)

	Yes	No
a. News reports about people who have killed or hurt themselves	1 ☐	2 ☐
b. Personal accounts of people who have hurt themselves	1 ☐	2 ☐
c. General information about self-harm or suicide	1 ☐	2 ☐
d. Sites dedicated to those who self-harm	1 ☐	2 ☐
e. Sites offering advice, help or support regarding self-harm or suicidal feelings	1 ☐	2 ☐
f. Sites giving information about how to hurt or kill yourself	1 ☐	2 ☐
g. Other (please say what):	1 ☐	2 ☐

C3. Have you ever looked for information about <u>self-harm</u> using a search engine (Google, Yahoo etc.)? Do not include searches if these were only done for an assignment or in relation to helping a friend/family member you were worried about.

1 ☐ No 2 ☐ Yes, only once or twice 3 ☐ Yes, 3-5 times

4 ☐ Yes, 6-10 times 5 ☐ Yes, more than 10 times

C4. Have you ever looked for information about <u>suicide</u> using a search engine (Google, Yahoo etc.)? Do not include searches if these were only done for an assignment or in relation to helping a friend/family member you were worried about.

1 ☐ No 2 ☐ Yes, only once or twice 3 ☐ Yes, 3-5 times

4 ☐ Yes, 6-10 times 5 ☐ Yes, more than 10 times

C5. Have you ever used the Internet to discuss self-harm or suicidal feelings with others (e.g. social networking sites, chat rooms, message boards, help sites)?

Yes 1 ☐ No 2 ☐

C6. a) Have you ever hurt yourself on purpose in any way (e.g. by taking an overdose of pills, or by cutting yourself)?

Yes 1 ☐ No 2 ☐ ⟶ **<u>If no</u>, go to C15**

b) <u>If yes</u>, how many times have you done this in the last year? Please cross one box only.

1 ☐ None 2 ☐ Once 3 ☐ 2-5 times 4 ☐ 6-10 times 5 ☐ More than 10 times

C7. When was the last time you hurt yourself on purpose? (Please cross one box only.)

1 ☐ In the last week

2 ☐ More than a week ago, but in the last year

3 ☐ More than a year ago

C8. The last time you hurt yourself on purpose, which of the actions below best describes what you did? (Please cross one box for each statement.)

	Yes	No
a. Swallowed pills or something poisonous	1 ☐	2 ☐
b. Cut yourself	1 ☐	2 ☐
c. Burnt yourself e.g. with a cigarette	1 ☐	2 ☐
d. Scratched yourself, pulled your hair, headbutted or punched something to the point of feeling pain	1 ☐	2 ☐
e. Something else, (please specify):	1 ☐	2 ☐

C9. If you swallowed something please say what it was (e.g. aspirin) and approximately how much you took:

a) Substance(s) swallowed?

b) How much taken?

C10. Do any of the following reasons help to explain why you hurt yourself on that occasion? (Please cross one box for each statement.)

	Yes	No
a. I wanted to show how desperate I was feeling	1 ☐	2 ☐
b. I wanted to die	1 ☐	2 ☐
c. I wanted to punish myself	1 ☐	2 ☐
d. I wanted to frighten someone	1 ☐	2 ☐
e. I wanted to get relief from a terrible state of mind	1 ☐	2 ☐
f. Some other reason, (please say what):	1 ☐	2 ☐

C11. After you had hurt yourself on that occasion, how did you feel? (Please cross one box only.)

1 ☐ Better than before 2 ☐ Worse than before 3 ☐ Same as before

C12. The last time you hurt yourself in any way (e.g. by taking an overdose of pills, or by cutting yourself) did you seek medical help / first aid from any of the following? (Please cross one box for each statement.)

	Yes	No
a. GP (family doctor)	1 ☐	2 ☐
b. Hospital casualty/ Emergency department	1 ☐	2 ☐
c. I did not seek help from a health professional	1 ☐	2 ☐
d. Other health professional	1 ☐	2 ☐

Please say what their job was

C13. On any of the occasions when you have hurt yourself on purpose, have you ever seriously wanted to kill yourself?

Yes 1 ☐ No 2 ☐

C14. a) Have you ever tried to get help from someone or somewhere about hurting yourself on purpose, or about wanting to kill yourself?

Yes 1 ☐ No 2 ☐

b) **If yes,** please say who

C15. a) Have you ever felt that life was not worth living?

Yes 1 ☐ No 2 ☐ → **If no, go to section D**

b) **If yes,** when was the last time you felt like this? (Please cross one box only.)

1 ☐ In the last week

2 ☐ More than a week ago, but in the last year

3 ☐ More than a year ago

C16. a) Have you ever found yourself wishing you were dead and away from it all?

Yes 1 ☐ No 2 ☐ → **If no, go to section D**

b) **If yes,** when was the last time you felt like this? (Please cross one box only.)

1 ☐ In the last week

2 ☐ More than a week ago, but in the last year

3 ☐ More than a year ago

C17. a). Have you ever thought of killing yourself, even if you would not really do it?

Yes 1 ☐ No 2 ☐ ⟶ **<u>If no</u>, go to section D**

b) <u>If yes,</u> when was the last time you felt like this? (Please cross one box only.)

1 ☐ In the last week

2 ☐ More than a week ago, but in the last year

3 ☐ More than a year ago

C18. Have you ever made plans to kill yourself?

Yes 1 ☐ No 2 ☐

If you are affected by any of the issues raised in this section you may wish to contact:

The Samaritans www.samaritans.org 08457 90 90 90.

Mind www.mind.org.uk 0300 123 3393.

Alternatively there are a number of organisations listed on the enclosed Helpline information sheet.

Section D: Tobacco and Alcohol

These questions have been asked before, but it is useful to ask them again to see how answers differ over time.

D1. a) Have you ever smoked a whole cigarette (including roll-ups)?

Yes 1 ☐ No 2 ☐ ⟶ **If no, go to D10**

b) How old were you when you first smoked a whole cigarette?

☐☐ years old

c) How many cigarettes have you smoked altogether in your lifetime?

1 ☐ Less than 5

2 ☐ 5-19

3 ☐ 20-49

4 ☐ 50-99

5 ☐ 100 plus

D2. a) Have you smoked any cigarettes in the past 30 days?

Yes 1 ☐ No 2 ☐

↓

If yes, go to D3

b) How old were you when you last smoked a whole cigarette?

☐☐ years old

D3. a) Do you smoke every day?

Yes 1 ☐ No 2 ☐ ⟶ **If no, go to D4**

D3. b) If you smoke every day, how many cigarettes do you smoke per day, on average?

☐☐ cigarettes a day

D4. a) Do you smoke every week?

Yes 1 ☐ No 2 ☐ ⟶ **<u>If no</u>, go to D10**

b) If you smoke every week, how many cigarettes do you smoke per week, on average?

☐☐☐ cigarettes a week

D5. How soon after you wake up do you smoke your first cigarette?

1 ☐ Within 5 minutes 2 ☐ 6-30 minutes

3 ☐ 31-60 minutes 4 ☐ More than an hour

D6. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. in church, buses, trains, the library, cinemas)?

Yes 1 ☐ No 2 ☐

D7. Which cigarette would you hate most to give up?

The first one/morning 1 ☐ All others 2 ☐

D8. Do you smoke more frequently during the first hours after waking than during the rest of the day?

Yes 1 ☐ No 2 ☐

D9. Do you smoke if you are so ill that you are in bed most of the day?

Yes 1 ☐ No 2 ☐

The next questions are about drinking alcohol (this includes beer, wine, "alcopops", cider and spirit drinks like vodka). Your answers to all these questions are confidential, so they will never be seen by anyone who knows you or linked to your name.

Please see our drinkogram that translates common types of alcoholic drinks and their amounts into a standard number of drinks (units), based on strength and volume. For example, 1 can (440ml) of normal strength beer/lager (4.5%) counts as 2 units.

D10. a) Have you ever had a whole drink? (A drink is a small bottle, ½ pint of beer, small glass of wine, or "shot" of whisky, gin, or vodka)

Yes 1 ☐ No 2 ☐ ⟶ **If no, go to D35**

b) How old were you the first time you had a full drink?

☐☐ years old

Think back to the first 5 or so times you ever had a full drink and indicate how many full drinks were needed for each of the following effects. Put a cross in the first box if it didn't happen the first 5 times, and if it did, please put the number of standard drinks/units [see drinkogram] that were needed.

D11. How many drinks were needed:	**Didn't happen the first 5 times**	**If happened, the number of drinks**
a) To begin to feel tipsy or to have a buzz?	1 ☐	☐☐
b) To feel dizzy or slur your speech?	1 ☐	☐☐
c) To stumble or find it hard to walk properly?	1 ☐	☐☐
d) To pass out or fall asleep when you didn't want to?	1 ☐	☐☐

D12. What is the largest number of whole drinks you have ever had in a 24-hour period? (e.g. If you drank 3 pints of normal strength beer and 2 shots of spirits, this would be 3 x 2 units of beer and 2 x 1 units of spirits= 8 units, see drinkogram.)

☐☐ drinks ⟶ **If fewer than 2, go to D14**

Over the last 3 months, how many full drinks were needed for each of the following effects? Put a cross in the first box if it didn't happen over the last 3 months, and if it did, please put the number of standard drinks/units [see drinkogram] that were needed.

D13. How many drinks were needed:	**Didn't happen in the last 3 months**	**If happened, the number of drinks**
a) To begin to feel tipsy or have a buzz?	1 ☐	☐☐
b) To feel dizzy or slur your speech?	1 ☐	☐☐
c) To stumble or find it hard to walk properly?	1 ☐	☐☐
d) To pass out or fall asleep when you didn't want to?	1 ☐	☐☐

The next questions are about your use of alcoholic drinks during the past year. The drinkogram gives examples of what a drink is.

	Never	**Monthly or less**	**2-4 times a month**	**2-3 times a week**	**4 or more times a week**
D14. How often do you have a drink containing alcohol?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

If never, go to D35

	1 or 2	**3 or 4**	**5 or 6**	**7 to 9**	**10 or more**
D15. How many units (standard drinks) containing alcohol do you have on a typical day when you are drinking?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
D16. How often do you have six or more units (standard drinks) on one occasion?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[See drinkogram - that is 4 alcopops, 3 pints of normal strength beer or cider, 2 pints of strong beer or cider, 6 small glasses or 3 large glasses of wine, or 6 single shots of spirits, or a combination of these]

D17. How often during the past year have you found that you were not able to stop drinking once you had started?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D18. How often during the past year have you failed to do what was normally expected of you because of drinking? e.g. go to college/university/work, play sport or go out with family and friends	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D19. How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D20. How often during the past year have you had a feeling of guilt or remorse after drinking?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D21. How often during the past year have you been unable to remember what happened the night before because you had been drinking?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

	No	Yes, but not in the past year	Yes, during the past year
D22. Have you or has someone else been injured as a result of your drinking?	1 ☐	2 ☐	3 ☐
D23. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?	1 ☐	2 ☐	3 ☐

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
D24. How often during the past year have you spent a great deal of your day drinking alcohol?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D25. How often during the past year have you set a limit on how much you'd drink but drank more?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D26. How often during the past year have you felt you needed to stop drinking or cut back on your drinking?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D27. How often during the past year have you continued to drink even though it was causing you problems?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D28. How often during the past year have you been unable to keep up with studies, sports, or a job because of drinking?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
D29. How often during the past year have you needed to drink more alcohol than you used to in order to feel any effect?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D30. How often during the past year have you got into physical fights when you've been drinking?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D31. How often during the past year have you had a problem with the police because you've been drinking?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D32. How often in the past year did you have the shakes when you cut down or stopped drinking (that is, your hands shook so much that other people would have been able to notice it?)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D33. How often in the past year, after drinking for a few hours or more, did you drink to keep from getting the shakes or getting sick?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

D34. In the next set of questions we are interested in how often you have used alcohol in the following situations. We are interested in your general use of alcohol, not with any specific stressful situation. For each item we would like you to tick how often you have used alcohol in the following situations over the past 2 years. Please cross the most accurate response for each of the following items and choose only one response per item.

	Almost never	Sometimes	Often	Almost always
a) To forget your worries	1 ☐	2 ☐	3 ☐	4 ☐
b) To relax	1 ☐	2 ☐	3 ☐	4 ☐
c) To cheer up when you're in a bad mood	1 ☐	2 ☐	3 ☐	4 ☐
d) To help when you feel depressed	1 ☐	2 ☐	3 ☐	4 ☐
e) To help when you feel nervous	1 ☐	2 ☐	3 ☐	4 ☐
f) To help you when your mood changes a lot	1 ☐	2 ☐	3 ☐	4 ☐
g) To feel more self-confident and sure of yourself	1 ☐	2 ☐	3 ☐	4 ☐
h) Because there is nothing better to do	1 ☐	2 ☐	3 ☐	4 ☐

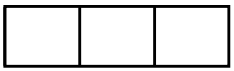
We are interested in the beliefs people have about the effects of alcohol.

D35. Here are some statements about the possible effects alcohol typically has on people. Please tell us if you think these are true or false:

	True	False
a) People feel more caring and giving after a few drinks of alcohol	1 ☐	2 ☐
b) Drinking alcohol is OK because it allows people to join in with others who are having fun	1 ☐	2 ☐
c) Alcoholic beverages make parties more fun	1 ☐	2 ☐
d) A person can do things better after a few drinks of alcohol	1 ☐	2 ☐
e) People understand things better when they are drinking alcohol	1 ☐	2 ☐
f) People can control their anger better when they are drinking alcohol	1 ☐	2 ☐
g) A person can talk to people they are sexually attracted to better after a few drinks of alcohol	1 ☐	2 ☐
h) Alcohol makes people feel more romantic	1 ☐	2 ☐
i) People become more interested in people they are sexually attracted to after a few drinks of alcohol	1 ☐	2 ☐
j) Alcohol increases arousal; it makes people feel stronger and more powerful and makes it easier to fight	1 ☐	2 ☐
k) Alcohol helps people stand up to others	1 ☐	2 ☐
l) It is easier to speak in front of a group of people after a few drinks of alcohol	1 ☐	2 ☐

The next set of questions is about your friends when you were between the ages of 18 and 21. By friends, we mean people who you would have seen regularly and spent time with.

D36.a) How many such friends did you/do you have? Please write the number in the box provided



→ **If zero, please go to D37**

Between the ages of 18 and 21, how many of your friends would have ever done the following.

How many would have ...	**None**	**A Few**	**Some**	**Most**	**All**
b) Smoked cigarettes	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c) Got drunk	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d) Had problems with alcohol (i.e. hangovers, fights, accidents)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e) Drunk alcohol	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f) Been in trouble with the police	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g) Stole anything or damaged property on purpose	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h) Used cannabis	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i) Used inhalants like glue or gas	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
j) Used other drugs like cocaine, downers, ecstasy or LSD	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
k) Sold or gave drugs to others	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Drug use

The next set of questions is about cannabis. Please remember that your answers to all these questions are confidential, so they will never be seen by anyone who knows you or linked to your name.

D37. a) Have you ever tried cannabis (also called marijuana, hash, dope, pot, blow, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

Yes 1 ☐ No 2 ☐ ⟶ **If no, go to D42**

b) If yes, how old were you when you first tried cannabis? ☐☐ years old

D38. In the last 12 months how often have you used cannabis?

1 ☐ Once or twice
2 ☐ Less than monthly
3 ☐ Monthly
4 ☐ Weekly
5 ☐ Daily or almost daily
6 ☐ Not in the last 12 months

D39. a) When was the last time you used cannabis (please cross one box only)?

1 ☐ In the last 3 days
2 ☐ Not in the last 3 days, but in the last 2 weeks
3 ☐ Not in the last 2 weeks, but in the last month
4 ☐ Not in the last month, but in the last 3 months
5 ☐ Not in the last 3 months, but in the last 12 months
6 ☐ More than 12 months ago

b) How old were you when you last tried cannabis? ☐☐ years old

D40. When you smoke cannabis, on a typical day, how many joints/spliffs, pipes or bongs would you have?

☐☐ Please enter the number here

D41. The next questions are about your use of cannabis in the past 12 months.

	Never	Rarely	From time to time	Fairly often	Often
a) Have you ever used cannabis before midday?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b) Have you ever used cannabis when you were alone?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c) Have you ever had memory problems when you've used cannabis?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d) Have friends or members of your family ever told you that you ought to reduce your cannabis use?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e) Have you ever tried to reduce or stop your cannabis use without succeeding?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f) Have you ever had problems because of your use of cannabis (argument, fight, accident, bad result at school, other problems)?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Please describe the problems below:

The next questions are about other drugs that people sometimes take.

D42. In your life, which of the following substances have you ever used? (Non medical use only)

			i) If **YES**, have you tried the drug in the last year		ii) If **YES**, have you tried the drug in the last 3 months	
	No	**Yes**	**No**	**Yes**	**No**	**Yes**
a) Cocaine (charlie, 'c', coke, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
b) Crack (rock, stone, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
c) Amphetamine-type stimulants (speed, diet pills, ecstasy, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
d) Inhalants (nitrous, glue, petrol, paint thinner, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
e) Sedatives or sleeping pills (Valium, Rohypnol, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
f) Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, Special K, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
g) Opioids (heroin, morphine, methadone, codeine, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
h) Injected illicit drugs	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐

i) Have you used any other drugs? - please specify:

Other behaviours

This section asks about other behaviours that some people engage in.

D43. How often in the last year have you:

	Not at all	Once	2-5 times	6 or more
a) Been rowdy or rude in a public place so that people complained or you got in trouble?	1 ☐	2 ☐	3 ☐	4 ☐
b) Stolen something from a shop or store?	1 ☐	2 ☐	3 ☐	4 ☐
c) Bought something that you knew or suspected was stolen?	1 ☐	2 ☐	3 ☐	4 ☐
d) Broken into a car or van to try and steal something out of it?	1 ☐	2 ☐	3 ☐	4 ☐
e) Taken and/or driven a vehicle without the owner's permission?	1 ☐	2 ☐	3 ☐	4 ☐
f) Broken into a house or building to try and steal something?	1 ☐	2 ☐	3 ☐	4 ☐
g) Stolen any money or property that someone was holding, carrying or wearing at the time?	1 ☐	2 ☐	3 ☐	4 ☐
h) Hit, kicked or punched someone else on purpose with the intention of really hurting them?	1 ☐	2 ☐	3 ☐	4 ☐
i) Deliberately damaged or destroyed property that did not belong to you?	1 ☐	2 ☐	3 ☐	4 ☐
j) Hurt or injured animals or birds on purpose?	1 ☐	2 ☐	3 ☐	4 ☐
k) Carried a knife or other weapon with you for protection or in case it was needed in a fight?	1 ☐	2 ☐	3 ☐	4 ☐
l) Used a cheque book, credit card or cash point card which you knew or suspected to be stolen to get money out of a bank account or to purchase something?	1 ☐	2 ☐	3 ☐	4 ☐

Section E: Education, Employment and Training

We know that you have been asked questions about your qualifications in the past. We are asking this again to be sure that we are up to date with those amongst you who have undertaken more studying, gone back to studying or returned for retakes since the last time we asked at age 18/19.

Please answer this question even if nothing has changed since you last provided this information for us.

E1. Which qualifications do you have? (For each of these statements listed below please cross one box to indicate whether or not this applies to you.)

	Yes	No
a) Degree-level qualification including foundation degrees, graduate membership of a professional institute, PGCE, or higher	1 ☐	2 ☐
b) HNC/HND	1 ☐	2 ☐
c) ONC/OND	1 ☐	2 ☐
d) BTEC/EdExcel/LQL	1 ☐	2 ☐
e) SCOTVEC, SCOTEC or SCOTBEC	1 ☐	2 ☐
f) Teaching qualification (excluding PGCE)	1 ☐	2 ☐
g) Nursing or other medical qualification not yet mentioned	1 ☐	2 ☐
h) A-level/Vocational A-level/GCE in applied subjects or equivalents	1 ☐	2 ☐
i) New Diploma	1 ☐	2 ☐
j) Welsh Baccalaureate	1 ☐	2 ☐
k) International Baccalaureate	1 ☐	2 ☐
l) NVQ/SVQ	1 ☐	2 ☐
m) GNVQ/GSVQ	1 ☐	2 ☐
n) AS-level/Vocational AS-level or equivalent	1 ☐	2 ☐

	Yes	No
o) Access to HE	1 ☐	2 ☐
p) Standard Grade (Scotland)	1 ☐	2 ☐
q) GCSE/Vocational GCSE or equivalent	1 ☐	2 ☐
r) Advanced Higher/Higher (Scotland)	1 ☐	2 ☐
s) Intermediate/Access qualifications. (Scotland)	1 ☐	2 ☐
t) RSA/OCR	1 ☐	2 ☐
u) City & Guilds	1 ☐	2 ☐
v) Key Skills/Core Skills (Scotland)	1 ☐	2 ☐
w) Basic Skills (Skills for life/literacy/numeracy/language)	1 ☐	2 ☐
x) Entry-Level Qualifications	1 ☐	2 ☐
y) Any other professional/work-related qualification/ foreign qualifications	1 ☐	2 ☐

E2. Do you live with any of the following people? If you are a student please answer the question about the people you live with during term time. (For each of these statements listed below please cross one box to indicate whether or not this applies to you.)

	Yes	No
a) Father/stepfather (including mother's partner)	1 ☐	2 ☐
b) Mother/stepmother (including father's partner)	1 ☐	2 ☐
c) Your partner's mother	1 ☐	2 ☐
d) Your partner's father	1 ☐	2 ☐
e) Brothers or sisters	1 ☐	2 ☐
f) Husband, wife or partner	1 ☐	2 ☐
g) Your own child/children	1 ☐	2 ☐
h) Any other relatives	1 ☐	2 ☐
i) Friends/housemates	1 ☐	2 ☐
j) In halls of residence	1 ☐	2 ☐
k) Anyone else you have not told us about already (please write their relationship to you below)	1 ☐	2 ☐

The section below is about your current occupation.

E3. Are you currently in employment or doing any education or training?

Yes 1 ☐ No 2 ☐ ⟶ **<u>If no</u>, go to E6**

E4. Which of the following options best describes your main educational or training activity at the moment? (Please cross one box only.)

1 ☐ Full-time education

2 ☐ Part-time education

3 ☐ On a full-time training course, not as part of a job

4 ☐ On a full-time training course as part of a job

5 ☐ On a part-time training course, not as part of a job

6 ☐ On a part-time training course as part of a job

7 ☐ Not engaged in any education or training

E5. Which of the following options best describes your main work activity at the moment? (Please cross one box only.)

1 ☐ Full-time paid work (30 or more hours a week)

2 ☐ Part-time paid work (less than 30 hours a week)

3 ☐ (Modern) apprenticeship (Foundation or Advanced), or other government support training/ work-experience scheme such as Entry to Employment (E2E). Please describe:

4 ☐ Unemployed and looking for work

5 ☐ Not working at all because in full-time education

6 ☐ Something else. Please describe:

If you are engaged in any form of education, training or employment, please go to question E7. If not, please go to question E6.

E6. For many people there are things outside their control which make it difficult for them to be in education, training or employment. Others choose not to be doing these activities because they want to do something else. For each of these statements listed below please cross one box to indicate whether or not this applies to you.

	Yes	No
a) Currently taking a break from study (i.e. gap year)	1 ☐	2 ☐
b) Need more qualifications and skills to get a job or education or training place	1 ☐	2 ☐
c) Currently looking after the home or children	1 ☐	2 ☐
d) Currently looking after other family members such as a parent or other relative	1 ☐	2 ☐
e) Poor health or a disability (long-term sick/disability)	1 ☐	2 ☐
f) Housing problems	1 ☐	2 ☐
g) Family problems	1 ☐	2 ☐
h) Would find it difficult to travel to work or college because of poor transport where I live	1 ☐	2 ☐
i) Would be worse off financially in work or on a course	1 ☐	2 ☐
j) There are no decent jobs or courses available where I live	1 ☐	2 ☐
k) Not yet decided what sort of job or course I want to do	1 ☐	2 ☐
l) Not found a suitable job or course	1 ☐	2 ☐
m) Other reasons (please describe)	1 ☐	2 ☐

Please go to E13

E7. The section below is about your employment. If you are currently in full-time education (even if you have a part-time job), please go to question E13.

We would like to know more about your main work activity. If you are temporarily sick or on holiday, please mark your usual activity. (For each question, please cross one box only).

In your job, do you have any formal responsibility for supervising the work of other employees? Do not include supervising children (e.g. teacher).

Yes 1 ☐ No 2 ☐

E8. How many people work for the employer in the place where you work?

1 ☐ 1 - 9 2 ☐ 10 - 24 3 ☐ 25 - 499 4 ☐ 500 or more

E9. If self-employed, do you work on your own or do you have employees?

1 ☐ Not self-employed 2 ☐ On own/with business partner, but no employees
3 ☐ With employees

E10. Please describe the current or most recent job held by yourself. (If you have more than one job, please describe your main role. This could be the job where you earn most money or work most hours at or the job that you feel will help you most in the future. It is completely up to you to decide what you consider to be your main role).

Use precise terms such as Primary Teacher, Laboratory Technician, Care Assistant, Mortgage adviser, Bus Driver, Software Developer, Call Centre Operator. If the occupation is known by a special name, please use that name. If in HM Forces, give the rank in addition to actual job. Please also describe the type of industry or service given and give details of what is made, materials used or service given.

a) What is the title of your job?

b) What is the business/ industry?

c) Please describe the main things you do in this job.

d) When did you start this job? Month Year

E11. What is your total take-home pay <u>each month</u> (after tax and national insurance are removed as appropriate)? If possible, please refer to a recent payslip. If this is not possible, please estimate. (Please cross only one box.)

1 ☐ £1 - £199	2 ☐ £200 - £299	3 ☐ £300 - £399
4 ☐ £400 - £599	5 ☐ £600 - £899	6 ☐ £900 - £1149
7 ☐ £1150 - £1499	8 ☐ £1500 and above	9 ☐ Not doing paid work

E12. In your main job, how many hours per week (including paid and unpaid overtime) do you usually work?

(hours per week)

E13. In this next section, we are interested in your employment history. This includes your current job and any part-time work you may have or have had in the past. Please complete for the <u>three most recent paid jobs</u> you have had. If you have only had one or two jobs in the past, please complete the sections that apply to you:

a) Have you ever been employed? Yes ☐ No ☐ ⟶ **<u>If no</u>, go to E14**

b)

(i) From Month Year

(ii) To Month Year

(iii) Job title and the main things you did

(iv) Is this job ongoing? Yes ☐ No ☐

c) **(iii)** Job title and the main things you did

(i) From Month Year

(ii) To Month Year

(iv) Is this job ongoing? Yes ☐ No ☐

d) **(iii)** Job title and the main things you did

(i) From Month Year

(ii) To Month Year

(iv) Is this job ongoing? Yes ☐ No ☐

E14. This question is about your unemployment history. Please complete for the three most recent periods when you have been unemployed (not in full-time study).

a) Have you ever been unemployed? Yes ☐ No ☐ ⟶ **If no, go to E17**

	(i)		**(ii)**	
	Month Year		Month Year	
b) From		To		
c) From		To		
d) From		To		

E15. Were you claiming any State Benefits or Tax Credits (including State Pension, Allowances, Child Benefit or National Insurance Credits) in the week ending this Sunday?

Yes 1 ☐ No 2 ☐ ⟶ **If no, go to E17**

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E16. If yes, which of the following types of benefit or Tax Credits were you claiming?

	Yes	No
a) Unemployment-related benefits	1 ☐	2 ☐
b) Income Support (not as an unemployed person)	1 ☐	2 ☐
c) Sickness or Disability benefits (Disability Living Allowance, Employment and Support Allowance; not including tax credits)	1 ☐	2 ☐
d) Child Benefit	1 ☐	2 ☐
e) Housing, or Council Tax Benefit (GB only) Rent or rate rebate (NI only)	1 ☐	2 ☐
f) Tax Credits	1 ☐	2 ☐
g) Other (please describe)	1 ☐	2 ☐

E17. During the last four weeks have you done any of these activities?

	Yes - once	Yes - more than once	No
a) Given money to charity	1 ☐	2 ☐	3 ☐
b) Sponsored a friend who was raising money for charity	1 ☐	2 ☐	3 ☐
c) Given money directly to people begging on the street	1 ☐	2 ☐	3 ☐
d) Given unpaid help to a charity, group, club or organization (outside of your main employment)	1 ☐	2 ☐	3 ☐
e) Given unpaid help to other people (e.g. a friend, neighbour or someone else but not a relative)	1 ☐	2 ☐	3 ☐

Section F

F1. Did you have any help to fill this in?

1 ☐ Yes 2 ☐ No

a) If yes, please say who helped you:

(i) A parent helped 1 ☐

(ii) Someone else helped 1 ☐

F2. Your date of birth: DD / MM / YYYY

F3. Date completed: DD / MM / YYYY

When completed, please send this back in the freepost envelope provided or post to:

Freepost (RRXX-UUZG-HTLK)
Children of the 90s
Oakfield House
15-23 Oakfield Grove
Bristol
BS8 2BN

Children of the 90s will aim to send out your Amazon voucher within 4 weeks of receiving this questionnaire.

If you do not wish to receive your Amazon voucher please cross the box below.

☐ **I <u>DO NOT</u> wish to receive an Amazon voucher**

For office use only: ☒

Thank you very much for completing this questionnnaire and for your continued support and commitment to our study.

Please add a comment if you wish and sign it if you'd like a response

Office use only

University of BRISTOL

Avon Longitudinal Study of Parents and Children

21 YEARS CHILDREN OF THE 90s

07789 753722

0117 331 0010

info@childrenofthe90s.ac.uk

childrenofthe90s.ac.uk/questionnaires

Scan this QR code to complete the questionnaire online