

# Introduction

**This questionnaire is for completion by the study young person.**

The data you provide will be available to approved 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 by Children of the 90s staff and researchers will not be able to link your answers back to you. Your data will only be shared with approved researchers for research that has been approved by Children of the 90s.

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 about 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. Please just leave these questions blank. There are no right or wrong answers.

If you need help to complete this questionnaire, please contact us (details on the back page) and we will make the necessary arrangements.

If you do not wish to complete this questionnaire, please leave it blank and return it to us in the prepaid envelope provided. We will then know not to send you any reminders.

Thank you for taking the time to complete this questionnaire. To say thanks for taking part, we'll send you a £10 shopping voucher which you can spend online or on the high street. Whether you return your questionnaire complete or incomplete, we will also enter you into a prize draw to win one of three iPad Air 2 tablets.

To be entered into the prize draw we must have received your questionnaire by 5pm on 14th March 2017. If you win, we will contact you within two weeks using the contact details on our database. You can now update these online at [childrenofthe90s.ac.uk/update-your-details](http://childrenofthe90s.ac.uk/update-your-details). You will receive your prize up to six weeks after the draw has been held.

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# Filling in the Questionnaire

Please use a **black** pen. To answer questions simply put a cross (not a tick) in the circle/box which is most accurate in your opinion, like this:



If you make a mistake, shade the circle/box in like this:



then cross the correct circle/box.

If you are answering questions which ask you to give further details, please make sure you write inside the boxes. If possible, please use CAPITAL LETTERS.

When writing numbers inside boxes, please don't touch the sides of the box.

2	7
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If you make a mistake when writing numbers inside boxes, please cross through the box and write your answer next to the box.

<del>2</del>	<del>7</del>
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2 8

Please read each question carefully. Some questions are very similar to others or refer to different time periods.

If you do not want to answer a question, or if it does not apply to you, leave it blank.

There is a blank space available at the back of the questionnaire if you need additional space. If you use this sheet, please clearly indicate the question number you are answering.

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## Section A: Life Events

Listed below are a number of events that may have changed your life in a major way, both positive and negative. They have been chosen as they are likely to affect you and may happen at some point in your life.

Have any of these happened since you were **23 years old** and did they affect you?

*Please cross through circles like this: ~~⊗~~*

	Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but didn't affect me at all	No, did not happen
A1) You took an exam	4 ○	3 ○	2 ○	1 ○	0 ○
A2) You left home	4 ○	3 ○	2 ○	1 ○	0 ○
A3) You or your partner became pregnant	4 ○	3 ○	2 ○	1 ○	0 ○
A4) You or your partner had a baby	4 ○	3 ○	2 ○	1 ○	0 ○
A5) You lost your job	4 ○	3 ○	2 ○	1 ○	0 ○
A6) You graduated from university	4 ○	3 ○	2 ○	1 ○	0 ○
A7) You started a new job	4 ○	3 ○	2 ○	1 ○	0 ○
A8) You got engaged to be married/to enter into a civil partnership	4 ○	3 ○	2 ○	1 ○	0 ○
A9) You got married/entered into a civil partnership	4 ○	3 ○	2 ○	1 ○	0 ○
A10) You were divorced	4 ○	3 ○	2 ○	1 ○	0 ○
A11) You were admitted to hospital	4 ○	3 ○	2 ○	1 ○	0 ○
A12) You were in trouble with the law	4 ○	3 ○	2 ○	1 ○	0 ○

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**continued:**

Please cross through circles like this: ~~⊗~~

Have any of these happened since you were **23 years old** and did they affect you?

		Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but didn't affect me at all	No, did not happen
A13)	You had problems at work	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A14)	Your house or car was burgled/stolen	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A15)	A pet died	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A16)	A parent died	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A17)	A friend died	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A18)	Your child, or your partner's child, died	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A19)	You or your partner had a miscarriage	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A20)	A relative (not a parent) died	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A21)	You became homeless	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A22)	You had major financial problems	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A23)	You attempted suicide	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A24)	You or your partner had an abortion	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A25)	Your parents divorced	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A26)	You were promoted at work	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
A27)	You moved house	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

**If you are affected by any of these issues, you may wish to contact one of the organisations listed at the back of the questionnaire.**

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## Section B: Being a Parent

Please cross through circles like this: ~~⊗~~

B1) Are you a parent? Include biological, step, foster and adopted children.

Yes <sup>1</sup> ○

No <sup>0</sup> ○



If no, please go to question B4

B2) How many children do you have? Please include all children you feel you have parental responsibility for, including biological, step, foster and adopted children.

--	--

B3) What is/are your child/childrens' date(s) of birth, sex, and your relationship to them?

We have provided space for up to 4 children. If you have had more than 4 children, please use the space on page 37 and clearly indicate you are answering question B3.

a. Your **first** child:

i) Date of birth: 

DD	

 / 

MM	

 / 

YYYY			

ii) Sex: Male <sup>1</sup> ○ Female <sup>2</sup> ○

iii) Relationship: Biological parent <sup>1</sup> ○ Step parent <sup>2</sup> ○  
Foster parent <sup>3</sup> ○ Adoptive parent <sup>4</sup> ○

b. Your **second** child:

i) Date of birth: 

DD	

 / 

MM	

 / 

YYYY			

ii) Sex: Male <sup>1</sup> ○ Female <sup>2</sup> ○

iii) Relationship: Biological parent <sup>1</sup> ○ Step parent <sup>2</sup> ○  
Foster parent <sup>3</sup> ○ Adoptive parent <sup>4</sup> ○

c. Your **third** child:

i) Date of birth: 

DD	

 / 

MM	

 / 

YYYY			

ii) Sex: Male <sup>1</sup> ○ Female <sup>2</sup> ○

iii) Relationship: Biological parent <sup>1</sup> ○ Step parent <sup>2</sup> ○  
Foster parent <sup>3</sup> ○ Adoptive parent <sup>4</sup> ○

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**continued:**

d. Your **fourth** child:

i) Date of birth: DD MM YYYY  
 /  /

ii) Sex: Male ☐ Female ☐

iii) Relationship: Biological parent ☐ Step parent ☐  
Foster parent ☐ Adoptive parent ☐

B4) Are you/your partner currently pregnant?

Yes, I am pregnant ☐ Yes, my partner is pregnant ☐

No ☐ → **If no, please go to question B7**

B5) What is the expected due date of your baby? DD MM YYYY  
 /  /

B6) Where do you expect your baby to be born?

Southmead Hospital ☐ St Michael's Hospital ☐

Weston General Hospital ☐ RUH Bath ☐

Other (please specify) ☐

B7) Are you or your partner trying for a baby at the moment?

Yes ☐ No ☐

B8) **If you are a parent or are expecting a child**, would you be happy to receive further details about COCO90s (Children of the Children of the 90s)?

Yes ☐

No ☐

Already in COCO90s ☐

Not applicable ☐

**If you would like to know more about  
COCO90s please go to:**

**[www.childrenofthe90s.ac.uk/coco90s](http://www.childrenofthe90s.ac.uk/coco90s)**

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## Section C: Communication Skills

In this section we are trying to understand how you communicate and engage with other people, and how you behave in certain situations.

Please cross the answer that best describes your behaviour **over the last 6 months**.

Please cross through circles like this: ~~✗~~

	Not true	Sometimes true	Often true	Almost always true
C1) I take things too literally, and because of that I misinterpret the intended meanings of parts of a conversation.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C2) I am awkward in turn-taking interactions with others (for example I have a hard time keeping up with the give and take of a conversation).	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C3) When people change their tone or facial expression, I usually pick up on that and understand what it means.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C4) I avoid eye contact or am told that I have unusual eye contact.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C5) I have difficulty making friends, even when trying my best.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C6) I have more difficulty than others with changes in my routine.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C7) I avoid starting social interactions with other adults.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C8) I am regarded by others as odd or weird.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C9) I have trouble keeping up the flow of a normal conversation.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C10) I have difficulty relating to adults outside of my family.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C11) People think I am interested in too few topics, or that I get too carried away with those few topics.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

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**continued:**

Please cross the answer that best describes your behaviour **over**  
**the last 6 months.**

		Not true	Sometimes true	Often true	Almost always true
C12)	I have difficulty answering questions directly and end up talking around the subject.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C13)	I tend to talk in a monotone voice (in other words, my voice doesn't go up and down when I talk).	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C14)	I concentrate too much on parts of things rather than seeing the whole picture.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C15)	I tend to be inflexible.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C16)	When I tell someone my reason for doing something, it strikes the person as unusual or illogical.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C17)	My way of greeting another person is unusual.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C18)	I am much more tense in social settings than when I am by myself.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C19)	I get upset if objects are not arranged properly.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C20)	I feel I have to repeat certain numbers.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C21)	I sometimes have to wash or clean myself simply because I feel contaminated or dirty.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C22)	I repeatedly check gas and water taps and light switches after turning them off.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
C23)	I am upset by unpleasant thoughts that come into my mind against my will.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

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

**The Mix    0808 808 4994**  
**[www.themix.org.uk](http://www.themix.org.uk)**

**Alternatively there are a number of organisations listed at the back of the questionnaire.**

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## Section D: Monetary Choice

The value some people place on an amount of money depends on when they will receive it. We think this may be partly influenced by your genes.

Please answer the questions honestly, as though you were going to actually receive the money mentioned with each choice.

Please cross one answer on each line, next to your preferred choice, like this: ~~X~~

Which would you rather have?

D1)	£54 today	<sup>1</sup> ○	OR	£55 in <b>117 days</b>	<sup>2</sup> ○
D2)	£75 in <b>61 days</b>	<sup>1</sup> ○	OR	£55 today	<sup>2</sup> ○
D3)	£19 today	<sup>1</sup> ○	OR	£25 in <b>53 days</b>	<sup>2</sup> ○
D4)	£31 today	<sup>1</sup> ○	OR	£85 in <b>7 days</b>	<sup>2</sup> ○
D5)	£25 in <b>19 days</b>	<sup>1</sup> ○	OR	£14 today	<sup>2</sup> ○
D6)	£50 in <b>160 days</b>	<sup>1</sup> ○	OR	£47 today	<sup>2</sup> ○
D7)	£15 today	<sup>1</sup> ○	OR	£35 in <b>13 days</b>	<sup>2</sup> ○
D8)	£55 today	<sup>1</sup> ○	OR	£85 <b>today</b>	<sup>2</sup> ○
D9)	£60 in <b>14 days</b>	<sup>1</sup> ○	OR	£25 today	<sup>2</sup> ○
D10)	£78 today	<sup>1</sup> ○	OR	£80 in <b>162 days</b>	<sup>2</sup> ○
D11)	£40 today	<sup>1</sup> ○	OR	£55 in <b>62 days</b>	<sup>2</sup> ○
D12)	£30 in <b>7 days</b>	<sup>1</sup> ○	OR	£11 today	<sup>2</sup> ○
D13)	£75 in <b>119 days</b>	<sup>1</sup> ○	OR	£67 today	<sup>2</sup> ○
D14)	£34 today	<sup>1</sup> ○	OR	£35 in <b>186 days</b>	<sup>2</sup> ○

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Which would you rather have?

D15)	£50 in <b>21 days</b>	<sup>1</sup> ○	OR	£27 today	<sup>2</sup> ○
D16)	£69 today	<sup>1</sup> ○	OR	£85 in <b>91 days</b>	<sup>2</sup> ○
D17)	£60 today	<sup>1</sup> ○	OR	£20 <b>today</b>	<sup>2</sup> ○
D18)	£49 today	<sup>1</sup> ○	OR	£60 in <b>89 days</b>	<sup>2</sup> ○
D19)	£80 today	<sup>1</sup> ○	OR	£85 in <b>157 days</b>	<sup>2</sup> ○
D20)	£35 in <b>29 days</b>	<sup>1</sup> ○	OR	£24 today	<sup>2</sup> ○
D21)	£80 in <b>14 days</b>	<sup>1</sup> ○	OR	£33 today	<sup>2</sup> ○
D22)	£28 today	<sup>1</sup> ○	OR	£30 in <b>179 days</b>	<sup>2</sup> ○
D23)	£50 in <b>30 days</b>	<sup>1</sup> ○	OR	£34 today	<sup>2</sup> ○
D24)	£15 today	<sup>1</sup> ○	OR	£35 <b>today</b>	<sup>2</sup> ○
D25)	£25 today	<sup>1</sup> ○	OR	£30 in <b>80 days</b>	<sup>2</sup> ○
D26)	£41 today	<sup>1</sup> ○	OR	£75 in <b>20 days</b>	<sup>2</sup> ○
D27)	£54 today	<sup>1</sup> ○	OR	£60 in <b>111 days</b>	<sup>2</sup> ○
D28)	£80 in <b>30 days</b>	<sup>1</sup> ○	OR	£54 today	<sup>2</sup> ○
D29)	£25 in <b>136 days</b>	<sup>1</sup> ○	OR	£22 today	<sup>2</sup> ○
D30)	£55 in <b>7 days</b>	<sup>1</sup> ○	OR	£20 today	<sup>2</sup> ○

## Section E: Behaviour

There are a number of statements below that describe ways in which people act and think. Please indicate how much you agree or disagree with each statement.

*Please cross through circles like this: ~~⊗~~*

		Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly
E1)	I generally like to see things through to the end.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E2)	My thinking is usually careful and purposeful.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E3)	When I am in a great mood, I tend to get into situations that could cause me problems.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E4)	Unfinished tasks really bother me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E5)	I like to stop and think things over before I do them.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E6)	When I feel bad, I will often do things I later regret in order to make myself feel better now.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E7)	Once I get going on something I hate to stop.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E8)	Sometimes when I feel bad, I can't seem to stop what I am doing even though it is making me feel worse.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E9)	I quite enjoy taking risks.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E10)	I tend to lose control when I am in a great mood.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E11)	I finish what I start.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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continued:

Please indicate how much you agree or disagree with each statement.

		Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly
E12)	I tend to value and follow a rational, 'sensible' approach to things.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E13)	When I am upset I often act without thinking.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E14)	I welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E15)	When I feel rejected, I will often say things that I later regret.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E16)	I would like to learn to fly an aeroplane.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E17)	Others are shocked or worried about the things I do when I am feeling very excited.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E18)	I would enjoy the sensation of skiing very fast down a high mountain slope.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E19)	I usually think carefully before doing anything.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E20)	I tend to act without thinking when I am really excited.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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## Section F: Deliberate Self-Harm

This section is about thoughts of suicide and hurting yourself on purpose, which is also sometimes referred to as deliberate self-harm. We know this is a sensitive subject that we have asked you about before but it is important to ask about it again now as it is not uncommon. By finding out about self-harm we can try to find ways to help people. There are helplines available at the end of this section and at the back of the questionnaire.

F1) Have you **ever** hurt yourself on purpose in any way (e.g. by taking an overdose of pills or by cutting yourself)?

Yes ☐

No ☐



If **no**, please go to question F5

a. If **yes**, how many times have you done this in the last year?  
*Please cross one answer only.*

None ☐

Once ☐

2-5 times ☐

6-10 times ☐

More than 10 times ☐

F2) Have you **ever** hurt yourself on purpose (e.g. by taking an overdose of pills or by cutting yourself), without intending to kill yourself?

Yes ☐

No ☐



If **no**, please go to question F3

a. If **yes**, when was the **last time** you hurt yourself on purpose, without intending to kill yourself? *Please cross one answer only.*

In the last week ☐

More than a week ago but in the last year ☐

More than a year ago ☐

F3) On any of the occasions you have hurt yourself on purpose, have you **ever** seriously wanted to kill yourself?

Yes ☐

No ☐



If **no**, please go to question F4

a. If **yes**, when was the **last time** you hurt yourself on purpose and you seriously wanted to kill yourself? *Please cross one answer only.*

In the last week ☐

More than a week ago but in the last year ☐

More than a year ago ☐

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F4) **In your lifetime**, do any of the following reasons help to explain why you hurt yourself? *Please cross one answer on each line.*

- |   | Yes                     | No                      |
|---|-------------------------|-------------------------|
| a. I wanted to show how desperate I was feeling         | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. I wanted to die                                      | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. I wanted to punish myself                            | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. I wanted to frighten someone                         | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. I wanted to get relief from a terrible state of mind | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Some other reason (please say what):                 | 1 <input type="radio"/> | 0 <input type="radio"/> |

F5) Have you **ever** thought of killing yourself, even if you would not really do it?

Yes 1 ☐

No 0 ☐

➔ If **no**, please go to section G

a. If **yes**, when was the **last time** you felt like this?

*Please cross one answer only.*

In the last week 1 ☐

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

More than a year ago 3 ☐

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

**Samaritans**  
116 123  
[www.samaritans.org](http://www.samaritans.org)

**Mind**  
0300 123 3393  
[www.mind.org.uk](http://www.mind.org.uk)

**Alternatively, there are a number of organisations listed at the back of the questionnaire.**

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## Section G: Smoking and E-Cigarette Use

Please cross through circles like this: ~~⊗~~

- G1) a. Have you **ever** smoked a whole cigarette (including roll-ups)?

Yes <sup>1</sup> ☐

No <sup>0</sup> ☐

➡ If **no**, please go to question G7

- b. How many cigarettes have you smoked altogether in your **lifetime**?

Less than 5 <sup>1</sup> ☐

5-19 <sup>2</sup> ☐

20-49 <sup>3</sup> ☐

50-99 <sup>4</sup> ☐

100 plus <sup>5</sup> ☐

- G2) a. Have you smoked any cigarettes in the **past 30 days**?

Yes <sup>1</sup> ☐

➡ If **yes**, please go to question G3

No <sup>0</sup> ☐

- b. If **no**, how old were you when you **last** smoked a cigarette?

--	--

years old

➡ Now please go to question G7

- G3) a. Do you smoke **every day**?

Yes <sup>1</sup> ☐

No <sup>0</sup> ☐

➡ If **no**, please go to question G4

- b. If **yes**, how many cigarettes do you smoke **per day**, on average?

--	--

cigarettes per day

➡ Now please go to question G5

- G4) a. Do you smoke **every week**?

Yes <sup>1</sup> ☐

No <sup>0</sup> ☐

➡ If **no**, please go to question G7

- b. If **yes**, how many cigarettes do you smoke **per week**, on average?

--	--	--

cigarettes per week

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G5) Have you **ever** made a serious attempt to stop smoking completely?

No, never ☐ 0

Yes, in the last 12 months ☐ 1

Yes, but not in the last 12 months ☐ 2



**If never, please go to question G7**

G6) Have you **ever** used any of these products to help you stop smoking?  
*Please cross all that apply.*

Nicotine replacement products,  
e.g. gum, lozenge, patch, nasal spray ☐ 1

Champix (Varenicline) ☐ 2

Zyban (Bupropion) ☐ 3

Electronic cigarettes or vaping devices ☐ 4

Other ☐ 5

If **other**, please specify:

**The following set of questions are about electronic cigarettes (e-cigarettes/ vaping devices).**

G7) Compared to regular cigarettes, do you think electronic cigarettes/  
vaping devices are more harmful, less harmful or equally as harmful to  
health?

More harmful ☐ 1

Equally as harmful ☐ 2

Less harmful ☐ 3

Don't know ☐ 9

I have never heard of ☐ 0  
electronic cigarettes



**If you have never heard of  
these, please go to section H**

G8) Have you **ever** used/vaped an electronic cigarette or other vaping  
device (either nicotine-containing or nicotine-free devices)?

Yes ☐ 1

No ☐ 0



**If no, please go to question G25**

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G9) How old were you when you **first** used an electronic cigarette or other vaping device?   years old

G10) Do you **currently** use/vape electronic cigarettes or other vaping devices?

Yes <sup>1</sup> ☐



If **yes**, please go to question **G13**

No <sup>0</sup> ☐

G11) How often did you use electronic cigarettes/vaping devices?

At least once a day <sup>1</sup> ☐

At least once a week <sup>2</sup> ☐

At least once a month <sup>3</sup> ☐

Less than once a month <sup>4</sup> ☐

G12) How long did you use electronic cigarettes/vaping devices for?

Less than 1 month <sup>1</sup> ☐

1-3 months <sup>2</sup> ☐

4-6 months <sup>3</sup> ☐

7 months to 1 year <sup>4</sup> ☐

1-2 years <sup>5</sup> ☐

More than 2 years <sup>6</sup> ☐



If you answered **no** to G10, please go to question **G20**

G13) What type of electronic cigarette/vaping device do you use **most often**?

A disposable electronic cigarette or vaping device (non-rechargeable) <sup>1</sup> ☐

An electronic cigarette or vaping device that uses replaceable pre-filled cartridges (rechargeable) <sup>2</sup> ☐

An electronic cigarette or vaping device with a tank that you refill with liquids (rechargeable) <sup>3</sup> ☐

A modular system that you refill with liquids (you use your own combination of separate devices: batteries, atomisers etc.) <sup>4</sup> ☐

Rebuildable dripping atomiser (RDA) <sup>5</sup> ☐

Other (e.g. e-pipe, e-cigar) <sup>6</sup> ☐

Don't know <sup>9</sup> ☐

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G14) How long have you used electronic cigarettes/vaping devices for?

- |                   |                                    |            |                                    |                   |                                    |
|-------------------|------------------------------------|------------|------------------------------------|-------------------|------------------------------------|
| Less than 1 month | <sup>1</sup> <input type="radio"/> | 1-3 months | <sup>2</sup> <input type="radio"/> | 4-6 months        | <sup>3</sup> <input type="radio"/> |
| 7 months-1 year   | <sup>4</sup> <input type="radio"/> | 1-2 years  | <sup>5</sup> <input type="radio"/> | More than 2 years | <sup>6</sup> <input type="radio"/> |

G15) How often do you use electronic cigarettes/vaping devices?

At least once a day <sup>1</sup> ☐

At least once a week <sup>2</sup> ☐

At least once a month <sup>3</sup> ☐

Less than once a month <sup>4</sup> ☐

→ **If not at least once  
a day, please go to  
question G18**

G16) How soon after waking do you typically use your electronic cigarette/  
vaping device?

Within 5 minutes <sup>1</sup> ☐

6-30 minutes <sup>2</sup> ☐

31-60 minutes <sup>3</sup> ☐

More than one hour <sup>4</sup> ☐

G17) If you use a refillable device, how many millilitres of electronic  
cigarette liquid do you use on average **each day**?

Less than 1ml <sup>1</sup> ☐

Between 1ml and 2ml <sup>2</sup> ☐

Between 2ml and 4ml <sup>3</sup> ☐

Between 4ml and 6ml <sup>4</sup> ☐

Between 6ml and 8ml <sup>5</sup> ☐

Between 8ml and 10ml <sup>6</sup> ☐

10ml or higher <sup>7</sup> ☐

Don't know <sup>9</sup> ☐

G18) What is/are your preferred flavour/s of electronic cigarette liquid?  
*Please cross all that apply.*

Tobacco <sup>1</sup> ☐

Fruit <sup>2</sup> ☐

Sweet or dessert <sup>3</sup> ☐

Mint or menthol <sup>4</sup> ☐

Other <sup>5</sup> ☐

**If other, please specify:**

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G19) What is the nicotine content of the liquid that you **most commonly** use?

I don't use an electronic cigarette with  
refillable liquid/cartridges 0 ☐

I use an electronic cigarette with refillable  
liquid/cartridges but I don't know the strength 1 ☐

0 mg (does not contain nicotine) 2 ☐

Up to 8mg 3 ☐

More than 8mg but less than 18mg 4 ☐

18mg or higher 5 ☐

G20) Do you currently use any other nicotine-containing products?

Yes 1 ☐

No 0 ☐



If **no**, please go to question G21

a. If **yes**, which ones? *Please cross all that apply.*

Cigarettes or roll-ups 1 ☐

Nicotine replacement  
products (e.g. patches,  
nasal spray) 2 ☐

Snus 3 ☐

Cigars 4 ☐

Pipes 5 ☐

Shisha or hooka 6 ☐

Other 7 ☐

If **other**, please specify:

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G21) Which of these electronic cigarette/vaping device types have you used in the past? *Please cross all that apply.*

A disposable electronic cigarette or vaping device (non-rechargeable) 1 ☐

An electronic cigarette or vaping device that uses replaceable pre-filled cartridges (rechargeable) 2 ☐

An electronic cigarette or vaping device with a tank that you refill with liquids (rechargeable) 3 ☐

A modular system that you refill with liquids (you use your own combination of separate devices: batteries, atomisers etc.) 4 ☐

Rebuildable dripping atomiser (RDA) 5 ☐

Other (e.g. e-pipe, e-cigar) 6 ☐

Don't know 9 ☐

G22) What are/were your reasons for using electronic cigarettes/vaping devices? *Please cross all that apply.*

To help me quit smoking 1 ☐

To help me cut down on the number of cigarettes I smoke 2 ☐

To help me with cravings in situations where I cannot smoke (e.g. travel, indoors) 3 ☐

Pleasure 4 ☐

Curiosity 5 ☐

Friends use them 6 ☐

To help maintain/lose weight 7 ☐

I like the flavours 8 ☐

To perform tricks 9 ☐

Other 10 ☐

If other, please specify:

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G23) a. Did you smoke tobacco regularly **just before** you started using electronic cigarettes/vaping devices?

- 1 ☐ Yes → If **yes**, please go to question G24
- 2 ☐ No, I did smoke tobacco regularly in the past but **not just before** using electronic cigarettes/vaping devices
- 3 ☐ No, I **never smoked tobacco regularly** before using electronic cigarettes/vaping devices

b. If **no**, have you started smoking tobacco regularly since using electronic cigarettes/vaping devices?

Yes 1 ☐ No 0 ☐

→ Now please go to question G25

G24) How did/has your tobacco smoking change/d while using electronic cigarettes/vaping devices? *Please cross one answer only.*

- My tobacco smoking increased dramatically 1 ☐
- My tobacco smoking increased slightly 2 ☐
- My tobacco smoking stayed the same 3 ☐
- My tobacco smoking decreased slightly 4 ☐
- My tobacco smoking decreased dramatically 5 ☐
- I stopped smoking tobacco completely 6 ☐

G25) How did you find out about electronic cigarettes/vaping devices? *Please cross all that apply.*

- |                            |                            |              |                            |
|----------------------------|----------------------------|--------------|----------------------------|
| Internet                   | 1 <input type="checkbox"/> | Media advert | 2 <input type="checkbox"/> |
| Saw them on sale in a shop | 3 <input type="checkbox"/> | News article | 4 <input type="checkbox"/> |
| Friend                     | 5 <input type="checkbox"/> | Relative     | 6 <input type="checkbox"/> |
| Other                      | 7 <input type="checkbox"/> |              |                            |

If **other**, please specify:

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## Section H: Eating, Weight and Exercise

Please cross through circles like this: ~~⊗~~

We would like to collect information about your eating, weight and exercise. Remember there are no right or wrong answers, we just want to know what you think.

H1) Which of the following best describes what you are trying to do about your weight? *Please cross one answer only.*

- |  |                         |               |                         |
|--|-------------------------|---------------|-------------------------|
| I am not trying to do anything about my weight | 1 <input type="radio"/> | Stay the same | 2 <input type="radio"/> |
| Gain weight                                    | 3 <input type="radio"/> | Lose weight   | 4 <input type="radio"/> |

H2) During the **past year**, how often did you exercise to **lose weight** or **avoid gaining weight**? *Please cross one answer only.*

Never 0 ☐ → If **never**, please go to question H3

- |                        |                         |                        |                         |
|------------------------|-------------------------|------------------------|-------------------------|
| Less than once a month | 1 <input type="radio"/> | 1-3 times a month      | 2 <input type="radio"/> |
| 1-4 times a week       | 3 <input type="radio"/> | 5 or more times a week | 4 <input type="radio"/> |

a. Did you exercise to lose weight or avoid gaining weight even when you were sick or injured?

- |                            |  |   |
|----------------------------|--|---|
| No 0 <input type="radio"/> | Yes, sometimes 1 <input type="radio"/> | Yes, frequently 2 <input type="radio"/> |
|----------------------------|--|---|

b. Was it difficult for you to do your work or daily chores/routine because of the amount of time that you were exercising to lose weight or avoid gaining weight?

- |                            |  |   |
|----------------------------|--|---|
| No 0 <input type="radio"/> | Yes, sometimes 1 <input type="radio"/> | Yes, frequently 2 <input type="radio"/> |
|----------------------------|--|---|

H3) During the **past year**, how often did you fast (not eat for at least a day) to lose weight or avoid gaining weight?

- |             |                         |                        |                         |                   |                         |
|-------------|-------------------------|------------------------|-------------------------|-------------------|-------------------------|
| Never       | 0 <input type="radio"/> | Less than once a month | 1 <input type="radio"/> | 1-3 times a month | 2 <input type="radio"/> |
| Once a week | 3 <input type="radio"/> | More than once a week  | 4 <input type="radio"/> |                   |                         |

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H4) During the **past year**, how often did you make yourself throw up to lose weight or avoid gaining weight?

Never ☐ 0

Less than once ☐ 1  
a month

1-3 times ☐ 2  
a month

Once a ☐ 3  
a week

More than once ☐ 4  
a week

---

H5) During the **past year**, how often did you take laxatives to lose weight or avoid gaining weight?

Never ☐ 0

Less than once ☐ 1  
a month

1-3 times ☐ 2  
a month

Once a ☐ 3  
a week

More than once ☐ 4  
a week

---

H6) During the **past year**, how often did you take other tablets/pills/any other medications or substances to lose weight or avoid gaining weight?

Never ☐ 0

Less than once ☐ 1  
a month

1-3 times ☐ 2  
a month

Once a ☐ 3  
a week

More than once ☐ 4  
a week

a. **If you did take other tablets/pills/any other medications or substances**, please specify:

---

H7) Do you ever feel your eating is out of control, like you couldn't stop eating even if you wanted to?

Yes, ☐ 2  
usually

Yes, ☐ 1  
sometimes

No ☐ 0

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- H8) Sometimes people will go on an 'eating binge', where they eat an amount of food that most people, like their friends or family, would consider to be very large in a short period of time. During the **past year**, how often did you go on an eating binge?

Never ☐ 0  If **never**, please go to question H9

Less than once ☐ 1  
a month

1-3 times ☐ 2  
a month

Once a week ☐ 3

More than ☐ 4  
once a week

- a. Was there a period of at least 3 months during the **past year** when you went on eating binges frequently (once a week)?

No ☐ 0

Yes ☐ 1

- H9) In the **past year**, how often have you felt fat?

Never ☐ 0

A little ☐ 1

Sometimes ☐ 2

A lot ☐ 3

Always ☐ 4

- H10) In the **past year**, how happy have you been with the way your body looks or your weight?

Not at all ☐ 0  
happy

A little ☐ 1  
happy

Reasonably ☐ 2  
happy

Very happy ☐ 3

Completely ☐ 4  
happy

- H11) In the **past year**, how much have you worried about gaining two pounds (one kilogram)?

Not at all ☐ 0

A little ☐ 1

A lot ☐ 2

Pretty much ☐ 3  
all the time

H12) Has anyone **ever** told you that they thought you had any of the following eating disorders? *Please cross all that apply on each line.*

	No	Yes, a friend	Yes, a family member	Yes, a doctor, nurse, or other health care professional
a. Anorexia nervosa	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Bulimia nervosa	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Binge eating disorder	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Eating disorder not otherwise specified	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Other	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

If **other**, which one?

H13) Have you **ever** been treated or sought help for an eating disorder from a doctor, psychologist or other healthcare provider?

No 0 ☐ Yes 1 ☐

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

**BEAT - the UK's eating disorder charity**

**[www.b-eat.co.uk](http://www.b-eat.co.uk)**

**0345 634 1414**

**Alternatively, there are a number of organisations listed at the back of the questionnaire.**

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## Section I: Gambling

This section asks you to identify whether or not you have participated in any gambling activities. Some questions seem very similar to each other; this is because a combination of answers gives a clearer picture than one single answer.

Please cross through circles like this: ~~○~~

11) How often have you bought or played any of the following?

**a. Tickets for the National Lottery.**

*Include:* Thunderball and Euromillions.

*Do not include:* Scratchcards.

Every day or almost every day	<sup>3</sup> ○	Every <sup>2</sup> ○ week	Within the <sup>1</sup> ○ last 12 months	Not within the <sup>0</sup> ○ last 12 months
----------------------------------	----------------	------------------------------	---	---

**b. Scratchcards.**

*Include:* National Lottery scratchcard games played online.

*Do not include:* Newspaper or magazine scratchcards.

Every day or almost every day	<sup>3</sup> ○	Every <sup>2</sup> ○ week	Within the <sup>1</sup> ○ last 12 months	Not within the <sup>0</sup> ○ last 12 months
----------------------------------	----------------	------------------------------	---	---

**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.

Every day or almost every day	<sup>3</sup> ○	Every <sup>2</sup> ○ week	Within the <sup>1</sup> ○ last 12 months	Not within the <sup>0</sup> ○ last 12 months
----------------------------------	----------------	------------------------------	---	---

**d. The football pools.**

*Do not include:* Betting on football matches with a bookmaker.

Every day or almost every day	<sup>3</sup> ○	Every <sup>2</sup> ○ week	Within the <sup>1</sup> ○ last 12 months	Not within the <sup>0</sup> ○ last 12 months
----------------------------------	----------------	------------------------------	---	---

continued on the next page

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**continued:**

How often have you bought or played any of the following?

**e. Bingo cards or tickets.**

*Include: Playing boards at a bingo hall.*

*Do not include: Newspaper bingo tickets, or bingo played online.*

Every day or almost every day	<sup>3</sup> ○	Every <sup>2</sup> ○ week	Within the <sup>1</sup> ○ last 12 months	Not within the <sup>0</sup> ○ last 12 months
----------------------------------	----------------	------------------------------	---	---

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**f. Fruit slot machines.**

*Do not include: Quiz machines, online slot-machine style games.*

Every day or almost every day	<sup>3</sup> ○	Every <sup>2</sup> ○ week	Within the <sup>1</sup> ○ last 12 months	Not within the <sup>0</sup> ○ last 12 months
----------------------------------	----------------	------------------------------	---	---

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**g. Virtual gaming machines in a bookmaker's to bet on virtual roulette, keno, bingo etc.**

*Do not include: Quiz machines.*

Every day or almost every day	<sup>3</sup> ○	Every <sup>2</sup> ○ week	Within the <sup>1</sup> ○ last 12 months	Not within the <sup>0</sup> ○ last 12 months
----------------------------------	----------------	------------------------------	---	---

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**h. Table games (roulette, dice or cards) in a casino.**

*Do not include: Poker or casino games played online.*

Every day or almost every day	<sup>3</sup> ○	Every <sup>2</sup> ○ week	Within the <sup>1</sup> ○ last 12 months	Not within the <sup>0</sup> ○ last 12 months
----------------------------------	----------------	------------------------------	---	---

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**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 interactiveTV.*

*Do not include: Bets made with online bookmakers or betting exchanges.*

Every day or almost every day	<sup>3</sup> ○	Every <sup>2</sup> ○ week	Within the <sup>1</sup> ○ last 12 months	Not within the <sup>0</sup> ○ last 12 months
----------------------------------	----------------	------------------------------	---	---

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**continued on the next page**



**continued:**

How often have you bought or played any of the following?

**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.*

Every day or almost every day	<sup>3</sup> ○	Every week	<sup>2</sup> ○	Within the last 12 months	<sup>1</sup> ○	Not within the last 12 months	<sup>0</sup> ○
----------------------------------	----------------	---------------	----------------	------------------------------	----------------	----------------------------------	----------------

\_\_\_\_\_

**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.*

Every day or almost every day	<sup>3</sup> ○	Every week	<sup>2</sup> ○	Within the last 12 months	<sup>1</sup> ○	Not within the last 12 months	<sup>0</sup> ○
----------------------------------	----------------	---------------	----------------	------------------------------	----------------	----------------------------------	----------------

\_\_\_\_\_

**l. Betting on horse races in a bookmakers, by phone, or at the track.**

*Include: Tote betting and betting on virtual horse races shown in a bookmakers.*

*Do not include: Bets made with online bookmakers or betting exchanges.*

Every day or almost every day	<sup>3</sup> ○	Every week	<sup>2</sup> ○	Within the last 12 months	<sup>1</sup> ○	Not within the last 12 months	<sup>0</sup> ○
----------------------------------	----------------	---------------	----------------	------------------------------	----------------	----------------------------------	----------------

\_\_\_\_\_

**m. Betting on dog races in a bookmakers, by phone, or at the track.**

*Include: Tote betting and betting on virtual dog races shown in a bookmakers.*

*Do not include: Bets made with online bookmakers or betting exchanges.*

Every day or almost every day	<sup>3</sup> ○	Every week	<sup>2</sup> ○	Within the last 12 months	<sup>1</sup> ○	Not within the last 12 months	<sup>0</sup> ○
----------------------------------	----------------	---------------	----------------	------------------------------	----------------	----------------------------------	----------------

**continued on the next page**

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continued:

How often have you bought or played any of the following?

- n. **Betting on any other event or sport at the bookmakers, by phone or at the venue.**

*Include: Irish Lottery, 49s.*

*Do not include: Bets made with online bookmakers or betting exchanges, or spread-betting.*

Every day or almost every day	<sup>3</sup> <input type="radio"/>	Every <sup>2</sup> week	<input type="radio"/>	Within the last 12 months	<sup>1</sup> <input type="radio"/>	Not within the last 12 months	<sup>0</sup> <input type="radio"/>
----------------------------------	------------------------------------	----------------------------	-----------------------	------------------------------	------------------------------------	----------------------------------	------------------------------------

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- o. **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.*

Every day or almost every day	<sup>3</sup> <input type="radio"/>	Every <sup>2</sup> week	<input type="radio"/>	Within the last 12 months	<sup>1</sup> <input type="radio"/>	Not within the last 12 months	<sup>0</sup> <input type="radio"/>
----------------------------------	------------------------------------	----------------------------	-----------------------	------------------------------	------------------------------------	----------------------------------	------------------------------------

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- p. **Private betting, playing cards or games for money with friends, family or colleagues.**

Every day or almost every day	<sup>3</sup> <input type="radio"/>	Every <sup>2</sup> week	<input type="radio"/>	Within the last 12 months	<sup>1</sup> <input type="radio"/>	Not within the last 12 months	<sup>0</sup> <input type="radio"/>
----------------------------------	------------------------------------	----------------------------	-----------------------	------------------------------	------------------------------------	----------------------------------	------------------------------------

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- q. **Any other form of gambling in the last 12 months.**

Every day or almost every day	<sup>3</sup> <input type="radio"/>	Every <sup>2</sup> week	<input type="radio"/>	Within the last 12 months	<sup>1</sup> <input type="radio"/>	Not within the last 12 months	<sup>0</sup> <input type="radio"/>
----------------------------------	------------------------------------	----------------------------	-----------------------	------------------------------	------------------------------------	----------------------------------	------------------------------------

If **any other form of gambling**, please specify:

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12) Have you **ever** participated in **any** of the forms of gambling listed earlier?

Yes ☐

No ☐



If **no**, please go to section J

13) In the **past 12 months**, how often:

	Almost always	Most of the time	Some- times	Never
a. Have you gone back to try to win back the money you lost?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Have you bet more than you can really afford to lose?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Have you needed to gamble with larger amounts of money to get the same excitement?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Have you borrowed money or sold anything to get money to gamble?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Have you felt that you might have a problem with gambling?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. Have you felt that gambling has caused you any health problems, including stress or anxiety?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it was true?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Have you felt your gambling has caused financial problems for you or your household?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. Have you felt guilty about the way you gamble or what happens when you gamble?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

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14) **At all other times** (not just in the past 12 months), when you gambled and lost, how often did you go back another day to win back the money you lost?

Every time I lost	3 <input type="radio"/>	Most of the time I lost	2 <input type="radio"/>
Some of the time (less than half the time) I lost	1 <input type="radio"/>	Never	0 <input type="radio"/>

15) **At all other times** (not just in the past 12 months):

- |   | Very often              | Fairly often            | Occasionally            | Never                   |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| a. 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)? | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Have you needed to gamble with more and more money to get the excitement you are looking for?  | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Have you felt restless or irritable when trying to cut down on gambling?   | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?   | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Have you lied to family, or others, to hide the extent of your gambling?   | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Have you made unsuccessful attempts to control, cut back or stop gambling?   | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. Have you committed a crime in order to finance gambling or to pay gambling debts?  | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?   | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. Have you asked others to provide money to help with a desperate financial situation caused by gambling?  | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |

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- 16) Have **any** of your family members or close relatives **ever** had a problem with gambling?

Yes <sup>1</sup> ☐

No <sup>0</sup> ☐



If **no**, please go to question 17

- a. If **yes**, who was this? *Please cross all that apply.*

Father <sup>1</sup> ☐

Mother <sup>2</sup> ☐

Stepfather <sup>3</sup> ☐

Stepmother <sup>4</sup> ☐

Spouse/  
partner <sup>5</sup> ☐

Brother <sup>6</sup> ☐

Sister <sup>7</sup> ☐

Other <sup>8</sup> ☐

If **other**, please specify:

- 17) **In a month**, how much money do you usually spend on gambling?

£0 - £10 per month <sup>1</sup> ☐

£11 - £30 per month <sup>2</sup> ☐

£31 - £50 per month <sup>3</sup> ☐

£51 - £100 per month <sup>4</sup> ☐

£101 - £200 per month <sup>5</sup> ☐

£201 - £500 per month <sup>6</sup> ☐

More than £500 per month <sup>7</sup> ☐

- 18) Thinking about **your lifetime**, how much do you agree or disagree with these statements:

Strongly  
agree

Agree

Neither  
agree nor  
disagree

Disagree

Strongly  
disagree

- a. My gambling has had a serious impact on me or on others.

<sup>1</sup> ☐

<sup>2</sup> ☐

<sup>3</sup> ☐

<sup>4</sup> ☐

<sup>5</sup> ☐

- b. Someone else's gambling has had a serious impact on me.

<sup>1</sup> ☐

<sup>2</sup> ☐

<sup>3</sup> ☐

<sup>4</sup> ☐

<sup>5</sup> ☐

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

**National Gambling Helpline**  
**Freephone 0808 8020 133**  
**[www.gamcare.org.uk](http://www.gamcare.org.uk)**

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## Section J: Social Media

We'd like to ask you some questions about social media, by which we mean using websites or apps to connect with other people through activities such as posting/reading messages, using 'chat' functions within games, sharing photos/videos, reading/posting comments, or choosing to 'follow' or 'friend' other people. Social media sites or apps require users to create a profile or account to find and connect with other users. These are an important part of some people's lives and there is a growing field of research in this area.

Please cross through circles like this: ~~○~~

J1) Do you have a social media profile or account on any sites or apps?

Yes 1 ○

No 0 ○

➔ If no, please go to section K

Don't know 9 ○

J2) Do you have a page or profile on these sites or apps and how often do you use them? Please cross one answer on each line.

	No 0 ○	Yes, use daily 4 ○	Yes, use weekly 3 ○	Yes, use monthly 2 ○	Yes, use less often 1 ○	Don't know 9 ○
a. AskFM	0 ○	4 ○	3 ○	2 ○	1 ○	9 ○
b. Bebo	0 ○	4 ○	3 ○	2 ○	1 ○	9 ○
c. Blogger	0 ○	4 ○	3 ○	2 ○	1 ○	9 ○
d. Facebook	0 ○	4 ○	3 ○	2 ○	1 ○	9 ○
e. Flickr	0 ○	4 ○	3 ○	2 ○	1 ○	9 ○
f. Google+ (inc Google Hangouts)	0 ○	4 ○	3 ○	2 ○	1 ○	9 ○
g. hi5	0 ○	4 ○	3 ○	2 ○	1 ○	9 ○
h. Instagram	0 ○	4 ○	3 ○	2 ○	1 ○	9 ○
i. Jabble	0 ○	4 ○	3 ○	2 ○	1 ○	9 ○

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continued on the next page



continued:

Do you have a page or profile on these sites or apps and how often do you use them?

	No	Yes, use daily	Yes, use weekly	Yes, use monthly	Yes, use less often	Don't know
j. LinkedIn	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
k. MySpace	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
l. Piczo	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
m. Pinterest	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
n. SnapChat	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
o. Tumblr	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
p. Twitter	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
q. Vimeo	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
r. Vine	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
s. WhatsApp	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
t. YouTube	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
u. Other	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>

If other, please specify:

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J3) Which one would you say is your **main** social media site or app - the one you use **most often**? *Please cross one answer only.*

AskFM 1 ☐

Bebo 2 ☐

Blogger 3 ☐

Facebook 4 ☐

Flickr 5 ☐

Google+ (inc Google Hangouts) 6 ☐

hi5 7 ☐

Instagram 8 ☐

Jabble 9 ☐

LinkedIn 10 ☐

MySpace 11 ☐

Piczo 12 ☐

Pinterest 13 ☐

SnapChat 14 ☐

Tumblr 15 ☐

Twitter 16 ☐

Vimeo 17 ☐

Vine 18 ☐

WhatsApp 19 ☐

YouTube 20 ☐

Other 21 ☐

If **other**, please specify:

J4) How often do you visit **any** social media sites or apps (like Facebook, Twitter, LinkedIn, Instagram, Tumblr or Pinterest), using any device?

More than 10 times a day 1 ☐

2-10 times a day 2 ☐

Once a day 3 ☐

Every other day 4 ☐

A couple of times a week 5 ☐

Once a week 6 ☐

Less often 7 ☐

Don't know 9 ☐

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## Section K: Completing the Questionnaire

K1) What is your **date of birth**? 

DD	

 / 

MM	

 / 

YYYY			
1	9	9	

K2) What is **today's date**? 

DD	

 / 

MM	

 / 

YYYY			
2	0	1	

### Extra space for answering questions

Please clearly indicate the question number(s) your answer applies to.

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# Life @ 24+

Version 1 07/11/2016

Questionnaire Number

If you'd like to add a comment, please do so in the box below.  
Please sign under your comment if you would like us to reply.

When completed, please send this back in the freepost envelope provided or post to this address:  
If you do not wish to complete this questionnaire, please leave it blank and return it to us. We will then know not to send you any more reminders.

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

Children of the 90s will send your thank-you voucher within 4 weeks of receiving this questionnaire. Vouchers will be sent on our behalf by One4all Gift Cards. If you **don't** wish to receive your thank you voucher, please cross this box.

No Voucher

☐

If you **don't** wish to be entered into the prize draw, please cross this box.

No Prize Draw

☐

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