

# Introduction

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

In answering these questions you will be helping researchers from Bristol and across the UK who have contributed to putting this questionnaire together. 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. Your data will only be shared with qualified 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 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. Please just leave these questions blank.

If you require assistance in completing this questionnaire, please contact us via the details enclosed and we will be happy to 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 more reminders.

Thank you for taking the time to complete this questionnaire.

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# Filling in the Questionnaire

Please use a **black** pen. To answer questions simply put a cross 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

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

There are no right or wrong answers.

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: Health

In this section we would like to get an update on your general health. We would also like to know about your respiratory health (particularly asthma) and whether you have had any broken bones or fractures.

### General health

A1) In general, would you say your health is:

Excellent <sup>1</sup> ☐      Very good <sup>2</sup> ☐      Good <sup>3</sup> ☐      Fair <sup>4</sup> ☐      Poor <sup>5</sup> ☐

A2) The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

Yes, limited a lot      Yes, limited a little      No, not limited at all

a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf

1 ☐      2 ☐      3 ☐

b. Climbing **several** flights of stairs

1 ☐      2 ☐      3 ☐

A3) During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

All of the time      Most of the time      Some of the time      A little of the time      None of the time

a. Accomplished less than you would like

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

b. Were limited in the kind of work or other activities you did

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

A4) During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

All of the time      Most of the time      Some of the time      A little of the time      None of the time

a. Accomplished less than you would like

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

b. Were limited in the kind of work or other activities you did

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

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A5) During the **past 4 weeks**, how much did pain interfere with your normal **work** (including both work outside the home and housework)?

Not at all      A little bit      Moderately      Quite a bit      Extremely  
1 ○      2 ○      3 ○      4 ○      5 ○

A6) These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**:

All of    Most of    Some of    A little of    None of  
the time    the time    the time    the time    the time

- a. Have you felt calm and peaceful? 1 ○      2 ○      3 ○      4 ○      5 ○
- b. Did you have a lot of energy? 1 ○      2 ○      3 ○      4 ○      5 ○
- c. Have you felt downhearted and depressed? 1 ○      2 ○      3 ○      4 ○      5 ○

A7) **During the past 4 weeks**, how much of the time has your physical health or emotional problems interfered with your **social activities** (like visiting friends, relatives etc.)?

All of    Most of    Some of    A little of    None of  
the time    the time    the time    the time    the time  
1 ○      2 ○      3 ○      4 ○      5 ○

## ● Respiratory health

A8) Have you **ever** had wheezing or whistling in the chest at **any time** in the past?

Yes 1 ○      No 2 ○      ➔ If **no**, please go to question A14

A9) Have you had wheezing or whistling in the chest **in the past 12 months**?

Yes 1 ○      No 2 ○      ➔ If **no**, please go to question A14

A10) How many attacks of wheezing have you had **in the past 12 months**?

None 1 ○      1-3 2 ○      4-12 3 ○      more than 12 4 ○

A11) **In the past 12 months**, how often, on average, has your sleep been disturbed due to wheezing?

Never woken with wheezing 1 ○

Less than one night per week 2 ○

One or more nights per week 3 ○

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A12) **In the past 12 months**, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths? Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

A13) **In the past 12 months**, has your chest sounded wheezy during or after exercise? Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

A14) Have you **ever** had asthma?  
Yes <sup>1</sup> ☐ No <sup>2</sup> ☐ ➔ If **no**, please go to question A20

A15) Are you currently taking any medications for asthma?  
Yes <sup>1</sup> ☐ No <sup>2</sup> ☐ ➔ If **no**, please go to question A16

If yes:

a. Reliever inhaler (taken when wheezy) Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

b. Preventor inhaler (usually taken every day whether wheezy or not) Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

c. Steroid tablets (e.g prednisolone) Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

i) If taking steroid tablets, do you take these:  
Regularly, every day <sup>1</sup> ☐ or every other day Intermittently, when <sup>2</sup> ☐ your asthma is bad

ii) If taking steroid tablets intermittently, how many courses have you taken **in the last year**?

d. Other (including tablets; please cross and, if yes, please specify) Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

A16) If you are in paid employment, how many days work have you lost because of your asthma **in the last 12 months**?    days

A17) **During the last 12 months**, have your asthma symptoms been better at the weekend? Yes <sup>1</sup> ☐ No <sup>2</sup> ☐ N/A

A18) **Since you have been in your current job**, are your asthma symptoms better when away from work for a longer period (i.e. longer than a weekend)? <sup>1</sup> ☐ <sup>2</sup> ☐ <sup>3</sup> ☐

A19) **In the past 12 months**, have you had a dry cough at night, apart from a cough associated with a cold or chest infection? <sup>1</sup> ☐ <sup>2</sup> ☐

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A20) a. When did you last visit the doctor (i.e. GP or family doctor) about a condition that has directly affected you?

In the last 6 months <sup>1</sup> ☐      Between 6 months and a year ago <sup>2</sup> ☐  
Over a year ago <sup>3</sup> ☐      Never <sup>4</sup> ☐      Don't know <sup>5</sup> ☐

b. What was this for?

A21) a. When did you last visit the dentist?

In the last 6 months <sup>1</sup> ☐      Between 6 months and a year ago <sup>2</sup> ☐  
Over a year ago <sup>3</sup> ☐      Never <sup>4</sup> ☐      Don't know <sup>5</sup> ☐

b. Why did you visit the dentist?

Just a check-up with no treatment <sup>1</sup> ☐  
Check-up with minor treatment (e.g. small filling) <sup>2</sup> ☐  
Check-up with follow-up treatment (e.g. larger filling) <sup>3</sup> ☐  
Ongoing long-term treatment <sup>4</sup> ☐  
To see the hygienist (e.g. for scale and polish) <sup>5</sup> ☐  
Emergency <sup>6</sup> ☐

A22) Have you ever been diagnosed with any of the following?

	Yes, by a doctor	Yes, by self	No	Not sure
a. Asthma	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>	<sup>4</sup> <input type="radio"/>
b. Eczema	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>	<sup>4</sup> <input type="radio"/>
c. Psoriasis	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>	<sup>4</sup> <input type="radio"/>
d. Hypertension (high blood pressure)	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>	<sup>4</sup> <input type="radio"/>
e. Heart Attack/Myocardial Infarction	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>	<sup>4</sup> <input type="radio"/>
f. Stroke	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>	<sup>4</sup> <input type="radio"/>
g. Polycystic Ovary Syndrome	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>	<sup>4</sup> <input type="radio"/>
h. Endometriosis	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>	<sup>4</sup> <input type="radio"/>
i. Crohn's Disease	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>	<sup>4</sup> <input type="radio"/>

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A22) **continued:** Have you ever been diagnosed with any of the following?

	Yes, by a doctor	Yes, by self	No	Not sure
j. Ulcerative Colitis	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Ankylosing Spondylitis	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Psoriatic arthritis	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. Spondyloarthropathy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Rheumatoid Arthritis	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Sjogren's Syndrome	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. Lupus	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q. Grave's Disease	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
r. Multiple Sclerosis	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
s. Hashimoto's Thyroiditis	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
t. Type 1 Diabetes (Juvenile onset diabetes)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
u. Type 2 Diabetes (Adult onset diabetes)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
v. Schizophrenia	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
w. Bipolar Disorder	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
x. Depression	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
y. Chronic Fatigue Syndrome / ME	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
z. Any other diseases/medical conditions (please cross circle and give details below):	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>





A23) Have you received any additional support at school, at college/university or in the workplace for any of the following (e.g. 1-1 learning support, small group help, additional equipment)? Please cross all that apply.

	(i) Yes, at school	(ii) Yes, at college/ university	(iii) Yes, at work	(iv) No
a. Dyslexia	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Dyspraxia	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Learning difficulties	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
d. ADHD	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
e. Behavioural problems/hyperactivity	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
f. Problem with speech or language	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
g. Problem with sight	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
h. Problem with hearing	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
i. Other physical disability	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
j. Autism, Asperger's syndrome	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
k. Mental illness/depression	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
l. Other reason	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>

A24) If you have received any support, please give details:

## Fractures

A25) These questions ask about broken bones (including fractures, cracks and chips) over the last 5 years. Please do not include stress (hairline) fractures as those will be asked about separately.

a. Have you broken any bones in the **last 5 years**?

Yes 1 ☐

No 2 ☐



If **no**, please go to question A28

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A25) b. Which bone(s) did you break?

	(i) Finger(s)	(ii) Toe(s)	(iii) Bone(s) in arm/ shoulder	(iv) Bone(s) in leg	(v) Spine (back)	(vi) Other
Yes	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>
No	2 <input type="radio"/>	2 <input type="radio"/>	2 <input type="radio"/>	2 <input type="radio"/>	2 <input type="radio"/>	2 <input type="radio"/>
c. If yes, number of breaks in last 5 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If other, which bone?	<div></div>					

A26) How did you break these bones? (Please write the **number of breaks** in the box most appropriate to that injury, e.g. if you broke two fingers while skateboarding, write "2" in the box next to question "b", under "fingers".)

	Finger(s)	Toe(s)	Bone(s) in arm/ shoulder	Bone(s) in leg	Spine (back)	Other
a. During a serious accident (e.g. road traffic accident, fall of more than 3 metres, being hit by a heavy moving object)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. During high impact sport (e.g. horse riding, cycling, skateboarding, skiing, rollerblading, skating)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. During low impact sport (e.g. ball sports, wrestling, judo, karate, gymnastics)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Due to another reason (please write numbers in boxes then specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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A27) How were your broken bones treated (please cross all that apply)?

	(i) Finger(s)	(ii) Toe(s)	(iii) Bone(s) in arm/ shoulder	(iv) Bone(s) in leg	(v) Spine (back)	(vi) Other
a. Cast	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Surgery	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Splinting	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Rest	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
e. Other	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>

If other, please specify:

A28) In the last 5 years, has any **doctor** said you had a stress (hairline) fracture?

Yes 1 ☐

No 2 ☐



If **no**, please go to **Section B**

a. How old were you, **in the last 5 years**, when you were told that you had a stress fracture?

Please give your age in years for up to 3 times (most recent first) that this has happened to you.

i.  years old

ii.  years old

iii.  years old

b. Where was your most recent stress fracture?

Foot 1 ☐

Leg 2 ☐

Wrist 3 ☐

Arm above wrist 4 ☐

Other 5 ☐

If other, please  
specify:

c. Was your most recent stress fracture sport-related?

Yes 1 ☐

No 2 ☐

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## Section B: Physical Activity

In this section we would like to get an idea of how much activity you do in an average week.

- B1) Do you make regular journeys every day or most days that are either walking or cycling?

Neither <sup>1</sup> ○

Walk <sup>2</sup> ○

Cycle <sup>3</sup> ○

Both <sup>4</sup> ○

- B2) If you walk regularly, how much time do you spend walking in an average week?

hours per week (round up to nearest hour)

- B3) Which of the following best describes your usual walking pace?

Slow <sup>1</sup> ○

Average <sup>2</sup> ○

Fairly brisk <sup>3</sup> ○

Fast (at least 4 miles/hr) <sup>4</sup> ○

- B4) If you cycle regularly, how much time do you spend cycling in an average week?

hours per week (round up to nearest hour)

- B5) Do you take part in any strenuous/vigorous physical activity (e.g. rugby, football, netball, tennis, badminton, running, gym etc)?

Never <sup>1</sup> ○

Less than monthly <sup>2</sup> ○

Once a fortnight <sup>3</sup> ○

Weekly <sup>4</sup> ○

2-4 times a week <sup>5</sup> ○

5+ times a week <sup>6</sup> ○

- a. Please describe the physical activity you regularly take part in:

- B6) Compared with other people your age, are you:

Much more active <sup>1</sup> ○

More active <sup>2</sup> ○

Similar <sup>3</sup> ○

Less active <sup>4</sup> ○

Much less active <sup>5</sup> ○

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B7) On an **average weekday**, how many hours per day do you:

	None	< 1	1-2	3-4	5-6	7-8	9+
a. Sit and watch TV	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Play video games on PC/laptop or games console	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Use a computer or laptop (not for gaming)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Use your phone, tablet or e-book	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Spend outdoors in summer	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Spend outdoors in winter	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Read books for pleasure	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

B8) On an **average weekend day**, how many hours per day do you:

	None	< 1	1-2	3-4	5-6	7-8	9+
a. Sit and watch TV	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Play video games on PC/laptop or games console	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Use a computer or laptop (not for gaming)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Use your phone, tablet or e-book	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Spend outdoors in summer	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Spend outdoors in winter	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Read books for pleasure	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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Section C: Vision

In this section we will be asking about your sight and whether or not you wear glasses.

C1) How would you rate your sight without glasses?

	Good	I can't see clearly at a distance	I can't see clearly close up	I can't see much at all
a. Left eye	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Right eye	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

C2) Have you ever been diagnosed with any of the following vision conditions?

	Yes	No	Don't know
a. Nearsightedness or myopia (near objects are clear, far objects are blurry)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Farsightedness (near objects blurry or difficult to see, far objects are clear)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

C3) If yes to C2a or C2b, at what age were you first given glasses for:

a. Nearsightedness (near objects are clear, far objects are blurry)? Your best guess is fine.	<div><div></div><div></div></div> years old
b. Farsightedness (near objects blurry or difficult to see, far objects are clear)? Your best guess is fine.	<div><div></div><div></div></div> years old



C4) Do you wear:

a. Glasses?

No ☐ 1

Yes, all the time ☐ 2

Yes, mainly for nearwork and/or reading ☐ 3

Yes, mainly for distance (e.g. driving, cinema) ☐ 4

---

b. Contact lenses?

No ☐ 1

Yes, all the time ☐ 2

Yes, sometimes ☐ 3

---

C5) Have you ever had laser eye surgery to correct either nearsightedness or farsightedness?

Yes ☐ 1

No ☐ 2

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## Section D: Substance Use

These questions have been asked before (a number of times!) but it is useful to ask them again to see how your answers might differ over time. We know that these questions are sensitive. Please remember that your answers are confidential. All questions are voluntary and if there is a question you would prefer not to answer please leave it blank and move on to the next question.

D1) a. Have you ever smoked a whole cigarette (including roll-ups)?  
Yes ☐ 1 No ☐ 2 → If **no**, please go to question D10

b. How many cigarettes have you smoked altogether in your lifetime?  
Less than 5 ☐ 1 5-19 ☐ 2 20-49 ☐ 3  
50-99 ☐ 4 100 plus ☐ 5

D2) a. Have you smoked any cigarettes in the past 30 days?  
Yes ☐ 1 No ☐ 2

↓  
If **yes**, please go to question D3

b. If **no**, how old were you when you 

--	--

 years old  
last smoked a cigarette?

↓  
Now please go to question D10

D3) a. Do you smoke every week?  
Yes ☐ 1 No ☐ 2 → If **no**, please go to question D10

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

--	--

 cigarettes per week

D4) a. Do you smoke every day?  
Yes ☐ 1 No ☐ 2 → If **no**, please go to question D10

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

--	--

 cigarettes per day

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

- D5) Within 5 minutes <sup>1</sup> ☐ 6-30 minutes <sup>2</sup> ☐  
31-60 minutes <sup>3</sup> ☐ More than an hour <sup>4</sup> ☐

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

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

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

The first one in the morning <sup>1</sup> ☐ Any others <sup>2</sup> ☐

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

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

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

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

D10) Have you **ever** used/smoked/vaped an electronic cigarette?

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐ ➔ If **no**, please go to question D14

D11) Do you **currently** use/smoke/vape electronic cigarettes?

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐ ➔ If **no**, please go to question D14

D12) How long have you used electronic cigarettes for?

Less than 1 month <sup>1</sup> ☐ 1-3 months <sup>2</sup> ☐ 4-6 months <sup>3</sup> ☐  
7 months-1 year <sup>4</sup> ☐ 1-2 years <sup>5</sup> ☐ more than 2 years <sup>6</sup> ☐

D13) How often do you use electronic cigarettes?

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> ☐

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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.

We know we have asked them before but patterns of alcohol consumption can change quickly over time.

Please see the drinkogram at the back of the questionnaire 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.

D14) 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, please go to question D40

D15) What is the largest number of whole drinks (units) 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

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

D16) How often do you have a drink containing alcohol?

Never    1 ☐      Monthly or less    2 ☐      2-4 times a month    3 ☐

2-3 times a week    4 ☐      4 or more times a week    5 ☐

D17) How many units (standard drinks) containing alcohol do you have on a **typical day** when you are drinking?

1 or 2    1 ☐      3 or 4    2 ☐      5 or 6    3 ☐

7 to 9    4 ☐      10 or more    5 ☐



		Never	Less than monthly	Monthly	Weekly	Daily or almost daily
D18)	How often do you have six or more units (standard drinks) on one occasion? (See drinkogram)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D19)	How often <b>during the past year</b> have you found that you were not able to stop drinking once you had started?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D20)	How often <b>during the past year</b> 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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D21)	How often <b>during the past year</b> have you needed a first drink in the morning to get yourself going after a heavy drinking session?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D22)	How often <b>during the past year</b> have you had a feeling of guilt or remorse after drinking?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D23)	How often <b>during the past year</b> have you been unable to remember what happened the night before because you had been drinking?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D24)	How often <b>during the past year</b> have you spent a great deal of your day drinking alcohol?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D25)	How often <b>during the past year</b> have you have you set a limit on how much you'd drink but drank more?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

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		Never	Less than monthly	Monthly	Weekly	Daily or almost daily
D26)	How often <b>during the past year</b> have you felt you needed to stop drinking or cut back on your drinking?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D27)	How often <b>during the past year</b> have you continued to drink even though it was causing you problems?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D28)	How often <b>during the past year</b> have you been unable to keep up with studies, sports or a job because of drinking?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D29)	How often <b>during the past year</b> have you needed to drink more than you used to in order to feel any effect?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D30)	How often <b>during the past year</b> have you got into physical fights when you've been drinking?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D31)	How often <b>during the past year</b> have you had a problem with the police because of your drinking?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D32)	How often <b>in the past year</b> 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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D33)	How often <b>in the past year</b> , after drinking for a few hours or more, did you drink to keep from getting the shakes or getting sick?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D34)	In situations where you couldn't drink, <b>in the past year</b> , did you have such a strong desire for it that you couldn't think of anything else?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

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- |   | No                      | Yes, but<br>not in the<br>past year | Yes, during<br>the past year |
|---|-------------------------|-------------------------------------|------------------------------|
| D35) Have you or has someone else been injured as a result of your drinking?  | 1 <input type="radio"/> | 2 <input type="radio"/>             | 3 <input type="radio"/>      |
| D36) Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?                        | 1 <input type="radio"/> | 2 <input type="radio"/>             | 3 <input type="radio"/>      |
| D37) Have you been in a dangerous situation while drinking or drunk (for example, driving a car or motorcycle, or using a weapon or heavy equipment)? | 1 <input type="radio"/> | 2 <input type="radio"/>             | 3 <input type="radio"/>      |

a. If yes, how often has this happened **in the past year**?

- |        |                         |                       |                         |         |                         |
|--------|-------------------------|-----------------------|-------------------------|---------|-------------------------|
| Never  | 1 <input type="radio"/> | Less than monthly     | 2 <input type="radio"/> | Monthly | 3 <input type="radio"/> |
| Weekly | 4 <input type="radio"/> | Daily or almost daily | 5 <input type="radio"/> |         |                         |

D38) The most recent time you had sexual intercourse, had you been drinking before it happened?

- |     |                         |    |                         |                |                         |
|-----|-------------------------|----|-------------------------|----------------|-------------------------|
| Yes | 1 <input type="radio"/> | No | 2 <input type="radio"/> | Not applicable | 3 <input type="radio"/> |
|-----|-------------------------|----|-------------------------|----------------|-------------------------|

a. If yes, after drinking alcohol were you:

- |             |                         |
|-------------|-------------------------|
| Not drunk   | 1 <input type="radio"/> |
| A bit drunk | 2 <input type="radio"/> |
| Drunk       | 3 <input type="radio"/> |

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D39) 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 cross **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:

	Almost never	Some- times	Often	Almost always
a. To forget your worries	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. To relax	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. To cheer up when you're in a bad mood	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. To help when you feel depressed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. To help when you feel nervous	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. To help when your mood changes a lot	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. To feel more self-confident and sure of yourself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Because there is nothing better to do	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

**Alcoholics Anonymous**  
**0845 769 7555**  
**[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)**



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.

- D40) a. Have you **ever** tried cannabis (also called marijuana, hash, dope, pot, blow, skunk, puff, grass, draw, ganja, joints, smoke, weed)?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐



If **no**, please go to question D45

- b. If yes, how old were you when you **first** tried cannabis?

 

years old

- c. How old were you when you **last** tried cannabis?

 

years old

- D41) In the **last 12 months** how often have you used cannabis?

Once or twice <sup>1</sup> ☐

Less than monthly <sup>2</sup> ☐

Monthly <sup>3</sup> ☐

Weekly <sup>4</sup> ☐

Daily or almost daily <sup>5</sup> ☐

Not in the last 12 months <sup>6</sup> ☐



**If not in the last 12 months,  
please go to question D45**

- D42) When was the **last time** you used cannabis?

In the last 3 days <sup>1</sup> ☐

Not in the last 3 days, but in the last 2 weeks <sup>2</sup> ☐

Not in the last 2 weeks, but in the last month <sup>3</sup> ☐

Not in the last month, but in the last 3 months <sup>4</sup> ☐

Not in the last 3 months, but in the last 12 months <sup>5</sup> ☐

- D43) When you smoke cannabis, on a **typical** day, how many joints/spliffs, pipes or bongs would you have?

 

joints/pipes/bongs



D44) The following questions are about your use of cannabis **in the past 12 months**.

	Never	Rarely	From time to time	Fairly often	Often
a. Have you used cannabis before midday?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Have you used cannabis when you were alone?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Have you had memory problems when you've used cannabis?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Have friends or members of your family told you that you ought to reduce your cannabis use?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Have you tried to reduce or stop your cannabis use without succeeding?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Have you had problems because of your use of cannabis (argument, fight, accident, other problems)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

If never, please go to question D45

g. If you have had problems, please describe them below:





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

D45) In your life, which of the following substances have you ever used? (Non-medical use only.)

	(i)			(ii)				
	If yes, have you tried the drug in the last year?			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 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>
b. Crack (rock, stone, etc.)	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>
c. Amphetamine-type stimulants (speed, base, diet pills, ecstasy, MDMA, GHB, 2CB, 2CI, Mcat, Mephedrone etc.)	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>
d. Nitrous oxide (laughing gas)	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>
e. Other inhalants (glue, petrol, paint thinner etc.)	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>
f. Sedatives or sleeping pills (Valium, Rohypnol, etc.)	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>
g. Hallucinogens (LSD, acid, mushrooms, PCP, ketamine, Special K, N-Bomb, etc.)	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>
h. Opioids (heroin, morphine, methadone, codeine etc.)	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>
i. Injected illicit drugs	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>
j. Have you used any other drugs?	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>	➔	2 <input type="radio"/>	1 <input type="radio"/>

If yes, please specify:

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

FRANK  
0300 123 6600  
www.talktofrank.com



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

D46) How many times **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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Stolen something from a shop or store?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Bought something that you knew or suspected was stolen?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Broken into a car or van to try and steal something out of it?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Taken and/or driven a vehicle without the owner's permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Broken into a house or building to try and steal something?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Stolen any money or property that someone was holding, carrying or wearing at the time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Hit, kicked or punched someone else on purpose with the intention of really hurting them?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Deliberately damaged or destroyed property that did not belong to you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Hurt or injured animals or birds on purpose?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Carried a knife or other weapon with you for protection or in case it was needed for a fight?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

## Section E: Moods and Feelings

The following questions are about how you might have been feeling or acting recently. We would be very grateful if you could try to answer all of the questions but we understand if there are questions that you either prefer not to answer or are unable to answer.

Please cross one option on each line to show how much you have felt or acted this way in the **past two weeks**.

		Not true	Sometimes	True
E1)	I felt miserable or unhappy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E2)	I didn't enjoy anything at all	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E3)	I laughed a lot	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E4)	I felt so tired I just sat around and did nothing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E5)	I was very restless	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E6)	I felt I was no good anymore	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E7)	I cried a lot	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E8)	I felt valued	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E9)	I found it hard to think properly or concentrate	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E10)	I hated myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E11)	I felt I was a bad person	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E12)	I felt happy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E13)	I felt lonely	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E14)	I thought nobody really loved me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E15)	I looked forward to the day ahead	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E16)	I thought I would never be as good as other people	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E17)	I felt really positive about the future	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
E18)	I did everything wrong	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

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

**Samaritans**  
**08457 90 90 90**  
[www.samaritans.org](http://www.samaritans.org)

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## Section F: Life Events

Listed below are a number of events that may have brought substantial changes in your life, both positive and negative. They have been chosen as they are likely to have had substantial impact on your life but happen to most of us at some time in our lives.

Have any of these occurred since you were **21 years of age** 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
F1)	You took an exam	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F2)	You left home	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F3)	You or your partner became pregnant	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F4)	You or your partner had a baby	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F5)	You lost your job	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F6)	You graduated from university	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F7)	You started a new job	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F8)	You got engaged to be married/to enter into a civil partnership	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F9)	You got married/entered into a civil partnership	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F10)	You were divorced	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F11)	You were admitted to hospital	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F12)	You were in trouble with the law	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

continued on the next page

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**continued:**

Have any of these occurred since you were **21 years of age** 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
F13)	You had problems at work	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F14)	Your house or car was burgled	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F15)	A pet died	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F16)	A parent died	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F17)	A friend died	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F18)	A relative (not a parent) died	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F19)	You became homeless	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F20)	You had major financial problems	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F21)	You attempted suicide	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F22)	You or your partner had an abortion	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F23)	Your parents divorced	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
F24)	You were promoted at work	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>



## Section G: Being a Parent

We know we have asked you these questions before but it is important we keep up to date and would love to hear how your family might be expanding.

G1) Are you a parent?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐



If **no**, please go to question G3

G2) What is/are your child/rens' date(s) of birth? We have included space for up to 3 children. If you have had more than 3 children, please use the blank sheets at the back of the questionnaire and clearly indicate you are answering question G2.

	DD		MM		YYYY					
a. First child	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Second child	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Third child	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G3) Are you or is your partner currently pregnant?

Yes, I am pregnant <sup>1</sup> ☐

Yes, my partner is pregnant <sup>2</sup> ☐

No <sup>3</sup> ☐



If **no**, please go to question G5

G4) What is the expected due date of your baby?

DD		MM		YYYY					
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G5) Are you trying for a baby at the moment?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

G6) If you **are a parent or are expecting a child**, would you be happy to receive further details about the COCO90s (Children of the Children of the 90s) study?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

G7) If you **are trying for a baby**, would you be happy to let us know if you/your partner become pregnant and allow us to send you further details about the COCO90s (Children of the Children of the 90s) study?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

If you would like to know more about  
COCO90s please go to:  
[www.childrenofthe90s/participants/COCO90s](http://www.childrenofthe90s/participants/COCO90s)

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# Section H: Childhood Experiences

The following section asks about negative experiences in your childhood. We know that this is a sensitive subject but it is important to ask as some of these experiences are not uncommon. You may find answering some of these questions distressing. Please remember that you do not need to answer all sections of the questionnaire and all answers are confidential and anonymous.

Questions H1 to H5 refer to **before you were 11 years old**.

H1) **Before the age of 11**, how often did an **adult in your family** (anyone you consider to be a family member):

	Never	Rarely	Some- times	Often	Very often
a. Shout at you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Say hurtful or insulting things to you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Push, grab or shove you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Smack you for discipline	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Punish you in a way that seemed cruel	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. <b>Threaten</b> to kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. <b>Actually</b> kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Hit you so hard it left you with bruises or marks	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>



H2) Before the age of 11, how often did a sibling:

If you didn't have siblings before you were 11, please go to question H3.

	Never	Rarely	Some- times	Often	Very often
a. Shout at you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Say hurtful or insulting things to you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Push, grab or shove you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Smack you for discipline	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Punish you in a way that seemed cruel	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. <b>Threaten</b> to kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. <b>Actually</b> kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Hit you so hard it left you with bruises or marks	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

H3) Before the age of 11, how often did an adult who was not a family member:

	Never	Rarely	Some- times	Often	Very often
a. Shout at you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Say hurtful or insulting things to you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. <b>Threaten</b> to kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. <b>Actually</b> kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>





H4) **Before the age of 11**, were you touched in a sexual way by an **adult or an older child** or were you forced to touch an adult or older child in a sexual way when you did not want to?

- No, this did not happen before I was 11 1 ☐
- Yes, this happened once 2 ☐
- Yes, this happened more than once 3 ☐

H5) **Before the age of 11**, did an **adult or an older child** force you or attempt to force you into any sexual activity by threatening you or holding you down or hurting you in some way when you did not want to?

- No, this did not happen before I was 11 1 ☐
- Yes, this happened once 2 ☐
- Yes, this happened more than once 3 ☐

**Questions H6 to H10 are about when you were between the ages of 11 and 17.**

H6) **Between the ages of 11 and 17**, how often did an **adult in your family** (anyone you consider to be a family member):

	Never	Rarely	Some- times	Often	Very often
a. Shout at you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Say hurtful or insulting things to you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Push, grab or shove you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Smack you for discipline	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Punish you in a way that seemed cruel	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. <b>Threaten</b> to kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. <b>Actually</b> kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Hit you so hard it left you with bruises or marks	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

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H7) Between the ages of 11 and 17, how often did a sibling:

If you didn't have siblings between 11 and 17, please go to question H8.

	Never	Rarely	Some- times	Often	Very often
a. Shout at you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Say hurtful or insulting things to you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Push, grab or shove you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Smack you for discipline	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Punish you in a way that seemed cruel	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. <b>Threaten</b> to kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. <b>Actually</b> kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Hit you so hard it left you with bruises or marks	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

H8) Between the ages of 11 and 17, how often did an **adult** who was not a family member:

	Never	Rarely	Some- times	Often	Very often
a. Shout at you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Say hurtful or insulting things to you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. <b>Threaten</b> to kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. <b>Actually</b> kick, punch, or hit you with something that could hurt you or physically attack you in another way	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>



H9) **Between the ages of 11 and 17**, were you touched in a sexual way by an **adult or an older teenager** or were you forced to touch an adult or older child in a sexual way when you did not want to?

No, this did not happen when I was aged 11-17 1 <input type="radio"/>	Yes, this happened once 2 <input type="radio"/>	Yes, this happened more than once 3 <input type="radio"/>
---	---	---

H10) **Between the ages of 11 and 17**, did an **adult or an older teenager** force you or attempt to force you into any sexual activity by threatening you or holding you down or hurting you in some way when you did not want to?

No, this did not happen when I was aged 11-17 1 <input type="radio"/>	Yes, this happened once 2 <input type="radio"/>	Yes this happened more than once 3 <input type="radio"/>
---	---	--

**If you have been affected by any issues raised in this section, you may wish to contact:**

<b>The Samaritans</b>	<b>08457 909090</b>	<b><a href="http://www.samaritans.org">www.samaritans.org</a></b>
<b>Get Connected</b>	<b>0808 8084994</b>	<b><a href="http://www.getconnected.org.uk">www.getconnected.org.uk</a></b>

H11) **Before the age of 11**, how often did someone **in your family** make you feel that you were important or special?

Never 1 <input type="radio"/>	Rarely 2 <input type="radio"/>	Sometimes 3 <input type="radio"/>
Often 4 <input type="radio"/>	Very often 5 <input type="radio"/>	

H12) **Before the age of 11**, how often did someone who was **not in your family** make you feel that you were important or special?

Never 1 <input type="radio"/>	Rarely 2 <input type="radio"/>	Sometimes 3 <input type="radio"/>
Often 4 <input type="radio"/>	Very often 5 <input type="radio"/>	

H13) **Between the ages of 11 and 17**, how often did someone **in your family** make you feel that you were important or special?

Never 1 <input type="radio"/>	Rarely 2 <input type="radio"/>	Sometimes 3 <input type="radio"/>
Often 4 <input type="radio"/>	Very often 5 <input type="radio"/>	

H14) **Between the ages of 11 and 17**, how often did someone who was **not in your family** make you feel that you were important or special?

Never 1 <input type="radio"/>	Rarely 2 <input type="radio"/>	Sometimes 3 <input type="radio"/>
Often 4 <input type="radio"/>	Very often 5 <input type="radio"/>	

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## Section I: Education and Employment

The following section is about your education and employment. We know that you have been asked about your employment, education and training in the past. We are asking this again to be sure that we are up-to-date with any possible changes since the last time. Please complete this section even if nothing has changed since you last provided this information for us. We know that some of you will not be at work or in education – please just answer those questions which apply to you.

11) Are you currently:

	Yes	No
a. In full-time paid work (30 or more hours a week)	1 <input type="radio"/>	2 <input type="radio"/>
b. In part-time paid work (less than 30 hours a week)	1 <input type="radio"/>	2 <input type="radio"/>
c. Doing a modern apprenticeship or other government supported training/work-experience scheme?	1 <input type="radio"/>	2 <input type="radio"/>
d. Unemployed and looking for work	1 <input type="radio"/>	2 <input type="radio"/>
e. Unable to work through sickness/disability	1 <input type="radio"/>	2 <input type="radio"/>
f. In full-time education	1 <input type="radio"/>	2 <input type="radio"/>
g. Doing voluntary work	1 <input type="radio"/>	2 <input type="radio"/>
h. Self-employed	1 <input type="radio"/>	2 <input type="radio"/>
i. A full/part-time carer	1 <input type="radio"/>	2 <input type="radio"/>
j. Other	1 <input type="radio"/>	2 <input type="radio"/>

If other, please specify:

Now, we would like to know more about **your main work activity**.

- If you are temporarily on sick leave or on holiday please mark your usual activity.
- If you are **not** engaged in **any form** of paid work, please **go to question 18**.

12) 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 ☐

13) How many people work in the place where you work?

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

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14) **If self-employed**, do you work on your own or do you have employees?

On own/with business partner, but no employees <sup>1</sup> ☐

With employees <sup>2</sup> ☐

15) Please describe your **current job**.

- If you are a full or part-time student but also have a part-time job, please tell us about this.
- If you have more than one job, please describe your **main role**.
- Use precise terms such as Primary Teacher, Laboratory Technician, Care Assistant, Mortgage Advisor, 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, the materials used or the service given.

a. What is your job title?

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

e. In this job, how many hours do you work in a typical week?

.

hours per week

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- 16) What is **your** total take-home pay each month (after tax and national insurance are removed as appropriate)? If possible, please refer to a recent payslip. If this is not possible, please estimate.

£1 – £499	1 <input type="radio"/>	£500 - £999	2 <input type="radio"/>	£1000 - £1499	3 <input type="radio"/>
£1500 - £1999	4 <input type="radio"/>	£2000 – £2499	5 <input type="radio"/>	£2500 - £2999	6 <input type="radio"/>
£3000 and above	7 <input type="radio"/>	Not doing paid work	8 <input type="radio"/>		

- 17) Including all the jobs you do, how many hours per week (including paid and unpaid overtime) do you usually work?       .    hours per week

- 18) Are you in full or part-time education?

Yes, full-time 1 ☐      Yes, part-time 2 ☐

No 3 ☐ ➔ If **no**, please go to section J

- 19) If yes, what are you studying for?

	Yes	No	
a.	1 <input type="radio"/>	2 <input type="radio"/>	GCSEs
b.	1 <input type="radio"/>	2 <input type="radio"/>	A/AS levels
c.	1 <input type="radio"/>	2 <input type="radio"/>	AVCEs (Vocational A levels)
d.	1 <input type="radio"/>	2 <input type="radio"/>	Foundation or Intermediate GNVQs
e.	1 <input type="radio"/>	2 <input type="radio"/>	NVQ
f.	1 <input type="radio"/>	2 <input type="radio"/>	Edexcel, BTEC or LQL qualifications (not A/AS levels)
g.	1 <input type="radio"/>	2 <input type="radio"/>	OCR qualification (A/AS levels)
h.	1 <input type="radio"/>	2 <input type="radio"/>	City & Guilds
i.	1 <input type="radio"/>	2 <input type="radio"/>	Degree (or equivalent such as PGCE)
j.	1 <input type="radio"/>	2 <input type="radio"/>	Higher Degree (e..g MSc, MA, PhD, MPhil)
k.	1 <input type="radio"/>	2 <input type="radio"/>	Other

If other, please specify:

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## Section J: Voting

You may be aware that the next UK general election will be taking place in May 2015. We are interested in your views, as young voters, on this election. Please remember that your answers are confidential and your answers will not be linked back to you.

J1) Do you plan to vote in the general election?

- Yes      1 ☐      ➔      If yes, please go to question J3
- No      2 ☐      ➔      If no, please go to question J2
- Not sure yet      3 ☐      ➔      If not sure, please go to question J4
- 

J2) Not everybody chooses to vote. If you **don't** plan to, we would be interested in knowing why. Please cross all that apply.

- a. I do not feel my vote will make any difference      1 ☐
- b. I will be too busy / likely have something better to do      1 ☐
- c. I will be away from home      1 ☐
- d. It is a hassle / inconvenient      1 ☐
- e. I have no interest in politics      1 ☐
- f. Other reason      1 ☐

If other reason, please specify:



J3) If you **do** plan to vote, which party do you think you are most likely to vote for?

- |                              |                         |
|------------------------------|-------------------------|
| Conservatives (Tories)       | 1 <input type="radio"/> |
| Labour                       | 2 <input type="radio"/> |
| Liberal Democrats (Lib Dems) | 3 <input type="radio"/> |
| UK Independence Party (UKIP) | 4 <input type="radio"/> |
| Green Party                  | 5 <input type="radio"/> |
| British National Party (BNP) | 6 <input type="radio"/> |
| Other (please state below)   | 7 <input type="radio"/> |
| I haven't decided yet        | 8 <input type="radio"/> |
| Prefer not to say            | 9 <input type="radio"/> |

If other, please specify:

J4) Which political issues are the **most important** to you?  
Please cross **up to five**.

- |  |                            |
|--|----------------------------|
| a. Crime / law and order                         | 1 <input type="checkbox"/> |
| b. The economy                                   | 1 <input type="checkbox"/> |
| c. Education / schools                           | 1 <input type="checkbox"/> |
| d. The environment                               | 1 <input type="checkbox"/> |
| e. Europe (i.e. the UK being part of the EU)     | 1 <input type="checkbox"/> |
| f. Immigration                                   | 1 <input type="checkbox"/> |
| g. Lesbian, gay, bisexual and transgender rights | 1 <input type="checkbox"/> |
| h. National Health Service                       | 1 <input type="checkbox"/> |
| i. Unemployment                                  | 1 <input type="checkbox"/> |
| j. Women's rights                                | 1 <input type="checkbox"/> |
| k. Other   | 1 <input type="checkbox"/> |

If other, please specify:

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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.



# Life at 22+

Version 1 24/11/2014

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 a response.

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 shopping voucher  
within 4 weeks of receiving this questionnaire. If you **do not** wish  
to receive your shopping voucher, please cross this box.

No Voucher

☐

For office use only:

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