Introduction

This questionnaire is for completion by the study young person.

In answering these questions you will be helping more than 17 researchers from 7 universities across the UK and Europe, who have all contributed to putting this questionnaire together. In the future, the data you provide will be available to countless researchers across the world and will help in answering important questions on human development, health and disease.

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

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.



Filling in the questionnaire

Please use **black** pen. To answer questions simply put a cross in the box/circle which is most accurate in your opinion, like this:



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



then cross the correct box.

If you are answering questions which ask you to give further details, please make sure you write inside the boxes. When writing numbers inside boxes, please don't touch the sides of the box. If you make a mistake when writing numbers inside boxes, please cross through the box and write your answer next to the box.

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 sheet 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: COCO90s

Children of the 90s have started a new project looking at the Children of the Children of the 90s (COCO90s). This section asks about any children you may have or are expecting.

A1)	Are you a parent? (cross one option only)		
	¹ O Yes - biological parent	² O Yes - non-biological parent	
	3 O No	 	
	→ If <u>No</u> , go to A3		
A2)	Please give the date(s) of birth of your child/ren		
a)	1st child		
	Day Month Year DOB DOB		
b)	2nd child		
	Day Month Year DOB DOB		
c)	3rd child		
	Dob Month Year		
d)	4th child		
	Day Month Year DOB		



A3)	Are you or your partner currently pregnant? (cross one option only)		
	¹ O Yes, I am pregnant	Yes, my partner is pregnant	
	3 No		
A4)	If Yes, what is the expected due date of your ba	by?	
	Day Month Year Go to A6 → Go to A6		
A5)	Are you or your partner trying for a baby at the r (cross one option only)	noment?	
	¹ No - not trying for a baby	¹ / ₁ ² Yes - been trying for 0 to 6 months	
	³ Yes - been trying for 6 to 12 months	Yes - been trying for more than 12 month	is ¦
A6)	COCO90s study - a research study that is enrol	would you be happy to receive further details about the ing a new generation of participants - the children of the good health or development of disease across generation	
	1 Yes	1 2 No	
A7)	pregnant and allow us to send you further detail new generation of participants - the children of t health or development of disease across general	I you be happy to let us know if you/your partner become is about the COCO90s study - a research study that is en the Children of the 90s - to learn about the factors that affections?	
	(cross one option only)	1 2 No	
	Yes		

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



Section B: Mental Health

Moods and Feelings

These questions are about how you may have been feeling or acting recently. For each question, please say how much you think you have felt or acted this way in the **past two weeks**.

	(cross one option on each line)	¹ True	² Sometimes True	³ Not True
B1)	I felt miserable or unhappy	1 🔿	² O	³ O
B2)	I didn't enjoy anything at all	10	² O	³ O
B3)	I felt so tired that I just sat around and did nothing	10	² O	³ O
B4)	I was very restless	10	² O	³ O
B5)	I felt I was no good any more	10	² O	³ O
B6)	I cried a lot	1 🔿	² O	³ O
B7)	I found it hard to think properly or concentrate	1 🔿	² O	³ O
B8)	I hated myself	10	² O	³ O
B9)	I felt I was a bad person	10	² O	³ O
B10)	I felt lonely	10	² O	³ O
B11)	I thought nobody really loved me	10	² O	³ O
B12)	I thought I could never be as good as others	10	² O	³ O
B13)	I felt I did everything wrong	1 🔿	² O	³ O

Unusual Experiences

These questions are about feelings and experiences you may have had.

B14) Have you ever heard voices that other people couldn't h

(cross one option only)

1 O Yes, definitely

2 O Yes, maybe

3 O No, never

If No, please go to Question B15



a)	How often have you heard voices that other people couldn't hear since your 20th birthday ? (cross one option only)			
	1 Once or twice	Less than once a month		
	³ More than once a month	4 Nearly every day		
	5 Not at all	:======================================		
b)	Were you upset by this? (cross one option only)			
	¹ O No, not at all upset	² Yes, a bit upset		
	³ O Yes, quite upset	4 Yes, very upset		
c)	If you have heard voices that other people co	ouldn't hear, did this:		
i)	Only ever happen within 24 hours of taking of (cross one option only)	annabis or other drugs?		
	¹ Yes	² No		
ii)	Only ever happen when falling asleep or as y (cross one option only)	ou were waking up?		
	1 Yes	2 N o		
B15)	Have you ever seen something or someone (cross one option only)	that other people could not see?		
	¹ Yes, definitely	¹ / ₂ Yes, maybe		
	³ No, never	:======		
	→ If No, please go to Question B16	· -		
a)	How often have you seen something or some (cross one option only)	eone that other people could not see since your 20th bir	rthday?	
	1 Once or twice	² Less than once a month		
	3 More than once a month	4 Nearly every day	:======	
	5 Not at all	:=====================================		
b)	Were you upset by this? (cross one option only)			
	1 No, not at all upset	¹ ² Yes, a bit upset		
	³ Yes, quite upset	4 Yes, very upset		



r as you were waking up?				
' 2 ∩ No				
followed or spied on?				
² O Yes, maybe				
======== == +				
→ If No, please go to question B17				
ur 20th birthday?				
=======================================				
² Yes, a bit upset				
¦ 4 Yes, very upset				
wed or spied on, did this only ever happen within 24 hours of using				



Anxiety

These questions are about feelings of anxiety you may have experienced during the past month.

Over the past month, how often have you been bothered by the following problems?

	(cross one option on each line)	¹ Not at all	² Several days	3 More than half the days	⁴ Nearly every day	
B17)	Feeling nervous, anxious or on edge	1 🔿	² O	³ O	⁴ O	
B18)	Not being able to stop or control worrying	1 🔿	² O	³ O	⁴ O	
B19)	Worrying too much about different things	1 🔿	² O	³ O	4 O	
B20)	Trouble relaxing	1 🔿	² O	³ O	⁴ O	
B21)	Being so restless that it is hard to sit still	1 🔿	² O	3 O	4 O	
B22)	Becoming easily annoyed or irritable	1 🔿	² O	3 O	4 O	
B23)	Feeling afraid as if something awful might happen	1 🔿	2 🔿	3 O	4 🔿	
B24)	Thinking about the past month , did your anxiety or termake you feel that you might collapse or lose control undercoss one option only) 1 ○ Yes If No, please go to question B40	-			anic, for insta	ance
B25)	How many panic attacks like this have you had in the (cross one option only)	past month?				
	1 One	² O Two	or Three			
	³ O Four or more	 - -				
B26)	Do these panics start suddenly so you are at maximum (cross one option only)	n anxiety withir	n a few minu	ites?		
	1 No	² Som	etimes			
	³ Yes					



	During your worst panic attack in the past month:	¹Yes	2 No		
	(cross one option on each line)	162	-11 0		
B27)	Did you have shortness of breath or difficulty breathing?	¹ O	2 🔾		
B28)	Did you feel dizzy, unsteady, light-headed or like you might faint?	1 🔿	² O		
B29)	Did your heart beat harder or speed up?	¹ O	² O		
B30)	Were you trembling or shaking?	¹ O	² O		
B31)	Did you have sweaty or clammy hands?	¹ O	² O		
B32)	Did you have a choking sensation?	1 🔿	² O		
B33)	Did you have pain, pressure or discomfort in your chest?	¹ O	² O		
B34)	Did you have nausea (feeling as though you were going to vomit) or stomach ache?	¹ O	² O		
B35)	Did things around you feel strange, unreal or detached OR did you feel outside or detached from yourself?	1 🔿	² O		
B36)	Did you have tingling or numbness in parts of your body?	1 🔿	² O		
B37)	Did you have hot flushes or chills?	¹ O	² O		
B38)	Did you fear that you were dying?	¹ O	² O		
B39)	Did you fear that you were losing control or going crazy?	1 🔿	² O		
En	ergy, Activity and Mood				
	At different times in their life everyone experiences changes or swings in energy, activity and mood ("highs and lows" or "ups and downs"). The aim of these questions is to assess the characteristics of the "high" periods.				
B40)	First of all, how are you feeling today compared to you (cross one option only)	ır usual sta	te:		
	1 Much worse than usual	² O Wors	e than usual		
	³ A little worse than usual	4 O Neith	er better nor worse than usual		
	₅ A little better than usual	6 O Bette	r than usual		
	7 Much better than usual				



	1 Is always rather stable and even	2 () Is g	enerally higher
	³ O Is generally lower		peatedly show periods of ups and downs
)	Please try to remember a period when you were in a "h Please answer all of these statements independently of he		
	In such a state:		
	(cross one option on each line)	¹ Yes	2 No
	I need less sleep	1 🔿	² O
	I feel more energetic and more active	10	2 🔿
	I am more self-confident	1 🔿	2 🔿
	I enjoy my work more	1 🔿	2 🔿
	I am more sociable (make more phone calls, go out more)	¹ O	² O
	I want to travel and/or do travel more	10	² O
	I tend to drive faster or take more risks when driving	10	2 🔿
	I spend more/too much money	10	² O
	I take more risks in my daily life (in my work and/or other activities)	¹ O	² O
	I am physically more active (sport etc)	¹ O	² O
	I plan more activities or projects	10	² O
	I have more ideas, I am more creative	1 🔿	2 🔿
		4	2

B41) Apart from how you feel today, please tell us how you are normally compared to other people by marking which of



		¹Yes	² No			
o)	I want to meet or actually do meet more people	¹ O	² O			
p)	I am more interested in sex, and/or have increased sexual desire	1 🔿	² O			
q)	I am more flirtatious and/or am sexually more active	¹ O	² O			
r)	I talk more	¹ O	² O			
s)	I think faster	¹ O	² O			
t)	I make more jokes or puns when I am talking	¹ O	² O			
u)	I am more easily distracted	¹ O	² O			
v)	I engage in lots of new things	¹ O	² O			
w)	My thoughts jump from topic to topic	¹ O	² O			
x)	I do things more quickly and/or more easily	¹ O	² O			
y)	I am more impatient and/or get irritable more easily	¹ O	² O			
z)	I can be exhausting or irritating for others	¹ O	² O			
za)	I get into more quarrels	¹ O	² O			
zb)	My mood is higher, more optimistic	¹ O	² O			
zc)	I drink more coffee	¹ O	² O			
zd)	I smoke more cigarettes	¹ O	² O			
ze)	I drink more alcohol	¹ O	² O			
zf)	I take more drugs (both prescribed medications and recreational drugs)	¹ O	2 🔿			
B43)	What is the impact of your "highs" on various aspects of	f your life:				
	(cross one option on each line)	¹ Positive	² Positive and Negative	d ³ No impact	⁴ Negative	
a)	Family life	¹ O	² O	³ O	4 🔿	
b)	Social life	¹ O	² O	3 O	4 🔿	
c)	Work	1 🔿	² O	3 O	4 🔿	
d)	Leisure	1 🔿	² O	³ O	⁴ O	



B44)	How do people close to you react to or comment on y (cross one option only)	our "highs"?
	1 Positively (encouraging or supportive)	² O Neutral
	Negatively (concerned, annoyed, irritated, critical)	⁴ Positively and negatively
	⁵ No reactions	
B45)	Length of your "highs" as a rule (on average): (cross one option only)	
	1 O 1 day	² O 2-3 days
	³	4 Longer than 1 week
	5 C Longer than 1 month	6 ☐ I can't judge/don't know
B46)	Have you experienced such "highs" in the past twelve (cross one option only)	months?
	¹ O Yes	1 2 No
B47)	If <u>Yes</u> , please estimate how many days you spent in "Days	highs" during the last twelve months:



Section C: Sexual Health

The questions in this section are about your sexual health and sexual activity. Research into the sexual health of young people is important because adults between the ages of 17 and 24 are most at risk of acquiring sexually transmitted infections. Your answers will help us better understand why. We know that this can be quite a sensitive topic and therefore want to re-assure you that all your answers are completely confidential. Some of the questions that follow use terms like sexual partners and sexual intercourse, which are explained below. Please be sure to read these explanations.

Definitions

Genital area - A man's penis or a woman's vagina - that is, the sex organs

Vaginal sex (vaginal intercourse) - A man's penis in a woman's vagina

Oral sex (oral sexual intercourse) - A (woman's/man's) mouth on the partner's genital area

Anal sex (anal sexual intercourse) - A man's penis in a partner's anus (rectum or back passage)

Sexual intercourse or 'having sex' - This includes vaginal, oral and anal sexual intercourse

<u>Partners or sexual partners</u> - People who have sex together - whether just once, or a few times, or as regular partners or as married partners

Consensual sex - Consensual sex is sex that both parties have agreed (consented) to engage in.

C1) Please choose the description which best fits how you think about yourself

(Cross one option only)	
¹ O 100% heterosexual (straight)	² Mostly heterosexual but also attracted to own sex
³ O Bisexual (equally attracted to both sexes)	4 Mostly homosexual but also attracted to opposite sex
5 100% homosexual (gay)	6 Not sexually attracted to either sex
⁷ Not sure	7 1 1

Sexual Experience

Sexual experience is any kind of contact with another person that you felt was sexual (it could be just kissing or touching, or intercourse or any other form of sex).

C2) I have had some sexual experience

(cross one option only)

1 Only ever with females (or a female), never with a male

2 More often with females (or a female), and at least once with a male

4 More often with males (or a male), and at least once with a female

5 Only with males (or a male), never with a female

6 I have never had any sexual experiences with anyone

→ If Option 6 applies, go to page 23, question C16



	(cross all that apply on each row)	¹Yes, with a female	² Yes, with a male	₃ No
)	Have you ever had sexual intercourse?	1	2	3
	➡ If <u>No</u> applies, go to the Sexual Health Screening s	ection on pa	age 23, ques	stion C16
)	If <u>Yes</u> , how old were you when you first had sexual interesex with after you turned age 13)?	course with s	someone (th	at is, the first person you ha
	Age (years)			
	The next section is about the most recent occasion (the person	e last time) y	ou have had	sexual intercourse with another
)	Why did you have sexual intercourse?			
	(cross one option on each line)	¹ Yes		2 No
	I wanted to	¹ O		² O
	So they wouldn't break up with me	¹ O		² O
	We were going out together and it was a natural part of our relationship	1 🔿		² O
	I wanted to know what it was like	¹ O		² O
	Sex work (sexual exchange for money or other valuables)	1 🔿		² O
	I loved this person	¹ O		² O
	My friends do it	¹ O		² O
	I got carried away	¹ O		² O
	Other	1 🔿		2 🔾
	Please describe			
)	The most recent time you had sexual intercourse, had yo (cross one option only)	u been drink	ing before it	happened?
	1 Yes	2 N o		



After drinking alcohol, were you? (cross one option only)	
1 Not tipsy at all	2 A bit tipsy
3 Quite tipsy	Very tipsy
5 Drunk	
The most recent time you had sexual intercourse, ha (cross one option only)	nd you been using drugs before it happened?
1 Yes	2 N o
	you had sexual intercourse? If you had oral sex, and not ease choose answer option 3, even if you did use a cond
1 O Yes	² No
³ We only had oral sex on the most recent occasion	
Did you use any other type of contraceptive/protection (cross one option only)	on?
1 O Yes	² No
If <u>Yes</u> , what other type of contraceptive/protection did Please specify	d you use?
Do you regret having had sexual intercourse on the r (cross one option only)	most recent occasion?
1 O Not at all	² O Yes
→ If Not at all, go to question C11	
If <u>Yes</u> , how much do you regret having had sexual in (cross one option only)	tercourse on the most recent occasion?
1 O A bit	² Quite a lot
3 Very much	===
Very mach	1



C11)	Altogether, in your life so far , how many people have you had sexual intercourse with: People				
C12)	Altogether, in the last year , how many people have you had sexual intercourse with: People				
C13)	The next questions are about the last person/people you had sex with (up to the last 3 people - as applicable). This may be a person/people you had sex with just once, or a few times or a regular partner. Please start by thinking about the person you had sex with most recently - Partner 1 (that is oral, vaginal or anal sex) whether this was recently or quite some time ago.				
	Partner 1 - most recent				
1)	When was the most recent occasion you had sex with give your best estimate.	this partner? If not sure about the exact month, please			
	Month Year				
o)	Is this person male or female				
	(cross one option only)	.,			
	1 Male	² O Female			
;)	Are you likely to have sex with this partner again in the (cross one option only)				
	¹ O Yes	² O Probably			
	3 Probably not	4 No			
	5 Don't know				
d)	Was the most recent occasion you had sex with this pa	artner also the first occasion with him/her?			
	1 Yes - I have only had sex with him/her once	² No - I have had sex with him/her on more than one occasion			
:)	How long ago was it that you first had sex with this part (cross one option only)	tner?			
	1 C Less than 7 days	² O Between 7 days and 2 weeks			
	Between 2 weeks and 4 weeks	⁴ O Over 4 weeks ago			
	⇒ If you have only had sex with this person once,	please go to C13g			



f)	When was the first occasion you have had sex with this person? If not sure about the exact month, please give your best estimate.					
	Month Year					
g)	Did you use a condom on the first occasion with this p	partner?				
	If you had oral sex and not vaginal or anal sex, on this most recent occasion, please choose answer option 3, even if you used a condom.					
	(cross one option only)					
	1 Yes	² No				
	³ We only had oral sex on the first occasion					
h)	How old was this partner on the first occasion you had Please estimate the age if you can't say exactly. Age (years)	d sex together?				
i)	Do you think this partner has had sex with anyone els sex together? (cross one option only)	e in the time between when you first and most rec	ently had			
	1 Yes	- 1				
			:======			
	Probably not	4 O No				
	5 I have only had sex with him/her once	6 Prefer not to say	 ! ! !			
j)	Was this partner someone you had oral sex with but never vaginal or anal sex? (cross one option only)					
	1 Yes - we only had oral sex	¹ ² No - we had vaginal or anal sex				
	➡ If you have had 2 or more partners, please go to C14a. If not, please go to C16.					
C14)	Partner 2 - second most recent					
a)	When was the most recent occasion you had sex with this partner? If not sure about the exact month, please give your best estimate.					
	Month Year					
b)	Is this person male or female (cross one option only)					
	¹ O Male	¹ ² Female				
	L					



1 Yes	² Probably
³ Probably not	4 O No
5 O Don't know	:
Was the most recent occasion you had sex with this pa	artner also the first occasion with him/her?
1 Yes - I have only had sex with him/her once	No - I have had sex with him/her on more than one occasion
How long ago was it that you first had sex with this par	tner?
1 Less than a week	2 Between 1 and 2 weeks
Between 2 and 4 weeks	!!
→ If you have only had sex with this person once, When was the first occasion you have had sex with this	s person?
→ If you have only had sex with this person once, When was the first occasion you have had sex with this If not sure about the exact month, please give your bes Month Year Did you use a condom on the first occasion with this pa If you had oral sex and not vaginal or anal sex, on this even if you used a condom.	please go to C14g s person? st estimate.
→ If you have only had sex with this person once, When was the first occasion you have had sex with this If not sure about the exact month, please give your bes Month Year Did you use a condom on the first occasion with this pa If you had oral sex and not vaginal or anal sex, on this	please go to C14g s person? st estimate. artner? most recent occasion, please choose answer option 3
→ If you have only had sex with this person once, When was the first occasion you have had sex with this If not sure about the exact month, please give your bes Month Year Did you use a condom on the first occasion with this pa If you had oral sex and not vaginal or anal sex, on this even if you used a condom. (cross one option only)	please go to C14g s person? st estimate.



i)	Do you think this partner has had sex with anyone else in the time between when you first and most recently had sex together? (cross one option only)			
	1 Yes	² O Probably		
	³ Probably not	4 O No		
	5 O I have only had sex with him/her once	6		
j)	Was this partner someone you had oral sex with but no	ever vaginal or anal sex?		
	(cross one option only)			
	1 O Yes - we only had oral sex	2 No - we had vaginal or anal sex		
k)	Just to check, was there any overlap between Partner sex with Partner 2 before the last time you had sex wit (cross one option only)	1 and Partner 2? In other words was the first time you had he Partner 1?		
	1 Yes - there is an overlap	2 O No		
	³ Not sure	-≒		
b)	Month Year Is this person male or female			
	(cross one option only)	2 Female		
c)	Are you likely to have sex with this partner again in the (cross one option only)	e future?		
	1 Yes	2 Probably		
	³ Probably not	1 4 O No		
	5 Don't know	- 		
d)	Was the most recent occasion you had sex with this pa	artner also the first occasion with him/her?		
	1 Yes - I have only had sex with him/her once	No - I have had sex with him/her on more than one occasion		



e)	How long ago was it that you first had sex with this partner? (cross one option only)			
	1 O Less than 7 days	2 Between 7 days and 2 weeks		
	3 Between 2 weeks and 4 weeks	4 Over 4 weeks ago		
	⇒ If you have only had sex with this person on	ce, please go to C15g		
F)	When was the first occasion you have had sex with If not sure about the exact month, please give your Month Year	•		
g)	Did you use a condom on the first occasion with thi If you had oral sex and not vaginal or anal sex, on even if you used a condom. (cross one option only)	is partner? this most recent occasion, please choose answer option 3,		
	1 Yes	1 2 No		
h)	How old was this partner on the first occasion you lease estimate the age if you can't say exactly. Age (years)	had sex together?		
)	Do you think this partner has had sex with anyone sex together? (cross one option only)	else in the time between when you first and most recently had		
	1 Yes	¹ ² Probably		
	³ Probably not	1 4 No		
	⁵ O I have only had sex with him/her once	6 Prefer not to say		
		II.		
i)	Was this partner someone you had oral sex with bu (cross one option only)	ut never vaginal or anal sex?		



¹ Yes - there is an overlap	11 . • • • •		
	² O No		
³ Not sure	4 Prefer no		
ual Health Screening			
lave you had a test for Chlamydia in the last 12 mon cross one option only)	ths?		
1 Yes	☐ If <u>Yes</u> , go to	question C16c	
2 No	i≓ i⇒ If <u>No</u> , go to o	question C16b	
:== <u>=</u> =================================	⇒ If Not sure, go to question C16f		
3 Not sure		•	
4 O I have never heard of Chlamydia		rd of Chlamydia, go to C16f	
f <u>No</u> , was this because			
cross one option on each line)	¹ True	² False	
lot offered a test in the last 12 months	¹ O	2 🔿	
Offered but did not want to be tested	¹ O	2 🔿	
Did not visit a doctor in that 12 month time period	1 🔿	2 🔿	
have never been offered a Chlamydia test	1 🔿	² O	
→ Please go to question C16f			
When you were tested for Chlamydia in the last 12 m	onths, where were	e you offered the test?	
cross one option on each line)	¹ Yes	2 No	
General practice (GP surgery)	1 🔿	2 🔿	
Sexual Health clinic (GUM clinic)	1 🔿	2 🔿	
IHS Family planning clinic/contraceptive	1 🔿	2 🔿	
anno roproductivo ricatar cillio		_	
Ante-natal clinic/midwife	1	2 🔿	



	1 Yes	² NO
School/college/university	1 🔿	² O
Termination of pregnancy (abortion) clinic	1 🔿	² O
Hospital accident and emergency (A&E) department	1 🔿	2 🔿
Pharmacy/chemist	1 🔿	2 🔿
Internet	1 🔿	2 🔿
Other non-health care place (youth club,festival,bar)	1 🔿	2 🔿
Somewhere else	1 🔿	² O
If you were tested for Chlamydia in the past 12 month	s , was this beca	use
(cross one option on each line)	¹ Yes	2 N O
I had symptoms	1 🔿	² O
My partner had symptoms	1 🔿	² O
I was notified because a partner was diagnosed with Chlamydia	¹ O	² O
I had a new sexual partner	1 🔿	² O
I wanted a general sexual health check-up	1 🔿	² O
I was having a check-up after a previous positive test	1 🔿	2 🔿
I had no symptoms but I was worried about the risk of Chlamydia	¹ O	² O
I was offered a test	1 🔿	² O
Other	1 🔿	² O
Please describe		
Have you had a positive test for Chlamydia in the last	12 months?	
(cross one option only)	7 No	
1 O Yes	2 No	
³ O Not sure/don't know		
L		



¹ Yes	2 N o	
→ If <u>No,</u> please go to question C17		
If <u>Yes</u> , which ones?	¹Yes	² No
(cross one option on each line) Gonorrhea	1 🔿	² O
Genital Herpes	1 🔿	² O
Genital Warts	¹ O	² O
Pelvic Inflammatory Disease (PID)	10	² O
Other	1 🔿	2 🔿
Please specify		
	⇒ If <u>Yes</u> , pleas	e go to question C17c
2 O No	i → If <u>Yes</u> , pleas i → If <u>No</u> , go to o	e go to question C17c
(cross one option only)	⇒ If <u>Yes</u> , pleas ⇒ If <u>No</u> , go to o	e go to question C17c
(cross one option only) 1 Yes 2 No 3 Not sure	⇒ If <u>Yes</u> , pleas ⇒ If <u>No</u> , go to o	e go to question C17c question C17b go to question C17f
(cross one option only) 1 Yes 2 No 3 Not sure 4 I have never heard of Chlamydia	⇒ If <u>Yes</u> , pleas ⇒ If <u>No</u> , go to o	e go to question C17c question C17b go to question C17f
(cross one option only) 1 O Yes 2 O No 3 O Not sure 4 O I have never heard of Chlamydia If No, was this because (cross one option on each line)	⇒ If <u>Yes</u> , pleas ⇒ If <u>No</u> , go to o	e go to question C17c question C17b go to question C17f rd of Chlamydia, go to C17f
(cross one option only) 1 Yes 2 No 3 Not sure 4 I have never heard of Chlamydia	⇒ If <u>Yes</u> , pleas ⇒ If <u>No</u> , go to o	e go to question C17c question C17b go to question C17f rd of Chlamydia, go to C17f
(cross one option only) 1 O Yes 2 O No 3 O Not sure 4 O I have never heard of Chlamydia If No, was this because (cross one option on each line) Not offered a test in the year before last	⇒ If <u>Yes</u> , pleas ⇒ If <u>No</u> , go to o	e go to question C17c question C17b go to question C17f rd of Chlamydia, go to C17f 2 False
(cross one option only) 1 O Yes 2 O No 3 O Not sure 4 O I have never heard of Chlamydia If No, was this because (cross one option on each line) Not offered a test in the year before last Offered but did not want to be tested	⇒ If <u>Yes</u> , pleas ⇒ If <u>No</u> , go to o	e go to question C17c question C17b go to question C17f rd of Chlamydia, go to C17f 2 False 2 0



c)	When you were tested for Chlamydia in the year before the test?	e last, (i.e. 12	to 24 months ago), where were you offered
	(cross one option on each line)	¹Yes	² No
i)	General practice (GP surgery)	10	² O
ii)	Sexual Health clinic (GUM clinic)	10	² O
iii)	NHS Family planning clinic/contraceptive clinic/reproductive health clinic	¹ O	² O
iv)	Ante-natal clinic/midwife	10	² O
v)	Private non-NHS clinics or doctor	1 🔿	² O
vi)	School/college/university	1 🔿	² O
vii)	Termination of pregnancy (abortion) clinic	1 🔿	² O
viii)	Hospital accident and emergency (A&E) department	1 🔿	² O
ix)	Pharmacy/chemistry	10	² O
x)	Internet	10	² O
xi)	Other non-health care place (youth club, festival, bar)	1 🔿	² O
xii)	Somewhere else	1 🔿	² O
d)	If you were tested for Chlamydia in the year before last	t, (i.e. 12 to 24	4 months ago), was this because
	(cross one option on each line)	¹ Yes	² No
i)	I had symptoms	¹ O	² O
ii)	My partner had symptoms	¹ O	² O
iii)	I was notified because a partner was diagnosed with Chlamydia	1 🔿	² O
iv)	I had a new sexual partner	¹ O	² O
v)	I wanted a general sexual health check-up	¹ O	² O
vi)	I was having a check-up after a previous positive test	¹ O	² O
vii)	I had no symptoms but I was worried about the risk of Chlamydia	1 🔿	² O



	1 Yes	² NO
I was offered a test	1 🔿	2 O
Other	1 🔿	2 🔿
Please describe		
Have you had a positive test for Chlamydia in the year (cross one option only)	before last (i.e. 12	2 to 24 months ago)?
¹ O Yes	1 2 No	
3 O Not sure/don't know		
Were you diagnosed with any other sexually transmitted months ago)? (cross one option only)	d infection(s) in th e	e year before last, (i.e. 12 to 24
¹ O Yes	1 2 No	
➡ If <u>No,</u> please go to question C18	JL	
If <u>Yes</u> , which ones?	1 Yes	2 No
(cross one option on each line) Gonorrhea	¹ O	² O
Genital Herpes	1 🔿	² O
Genital Warts	¹ O	² O
Pelvic Inflammatory Disease (PID)	¹ O	2 🔿
Other	1 🔿	² O
Please specify		1
Which method of contraception (if any) are you or your	sexual partner cur	rently using?
(cross one option on each line)	¹True	² False
I do not currently have a sexual partner	¹ O	² O
Not using any contraception (myself or my partner)	¹ O	2 O
I have been sterilized / My partner has been sterilized (this includes male vasectomy)	1 🔿	² O



	¹ True	² False	
Mini pill	1 🔿	² O	
Combined pill	¹ O	² O	
Pill - not sure which	¹ O	² O	
Mirena coil (hormone releasing coil)	1 O	² O	
Coil/other device	¹ O	² O	
Condom/male shealth/Durex	¹ O	² O	
Femidom (female shealth)	¹ O	² O	
Cap/diaphragm	¹ O	² O	
Foams, gels, sprays, pessaries (spermicides)	¹ O	² O	
Contraceptive sponge	¹ O	² O	
Persona	¹ O	² O	
Safe period/rhythm method (other than Persona)	¹ O	² O	
Withdrawal	¹ O	² O	
Injection	¹ O	² O	
Implant	¹ O	² O	
Emergency contraception	1 🔿	² O	
Going without sex	1 🔿	² O	
Don't know/not sure	1 🔿	² O	
Another method of contraception	10	² O	
Please specify			

[→] If <u>True</u> to C18b, go to C19. Otherwise, please go to C20



1 O I am/my partner is trying to become pregnant or is already pregnant	² O I am/my partner is unlikely to conceive because of infertility
3 Against my faith/beliefs	I am having sex with someone of the same
⁵ O I don't like contraception/find methods unsatisifactory	6 My partner doesn't like - or won't use - contraception
7 Don't know where to obtain contraceptives/advice	8 Find access to contraceptive services diffic
9 Menopause	i 10 Some other reason



In an earlier section of this questionnaire we asked you about <u>parenthood</u>. In this section we are interested in <u>pregnancies</u>. We know this is a sensitive subject, but it is important to ask about it now because we are interested in all aspects of your health and how it might be

ask about it now because we are interested in all aspects of your health and now it might	t be
changing at this stage in your life. There are separate sections for women and men. Plea	se
complete the section that applies to you only.	

For women only

¹ O Yes	3			10	O No		
³ O No	t sure						
→ If <u>No/N</u>	lot sure, g	o to Section	D				
f <u>Yes</u> , hov	v many times	s have you be	een pregnan	Times			
f you don'	t mind, pleas	se tell us wha	t was the ou	tcome of (ea	ch of) the(s	e) pregnancy	(ies)
cross one option on each line)	¹ Currently Pregnant	² Miscarriage	³ Termination of an unwanted pregnancy	⁴ Termination for medical reasons	⁵ Baby stillborn	6Baby born alive	⁷ Year pregnancy ended/birth year
Ist	¹ O	² O	³ O	⁴ O	5 O	6 O	
2nd	¹ O	² O	³ O	⁴ O	5 O	6 O	
Brd	¹ O	² O	3 O	4 O	5 O	6 O	
1th	1 🔿	² O	3 O	4 O	5 O	6 O	
5th	1 🔿	2 🔿	3 O	4 O	5 O	6 O	
Sth	1 🔿	2 🔿	3 O	4 🔿	5 O	6 O	
		han 6 pregna					



For men only

C21)

3 No	======= t sure						
→ If <u>No/N</u>	<u>vot sure, g</u>	o to the Sec	tion D			Tin	200
f <u>Yes</u> , hov	v many time	s have any of	your sexual	partners be	en pregnan		
f you don'	t mind, plea:	se tell us wha	t was the ou	tcome of (ea	ch of) the(s	se) pregnancy	r(ies)?
(cross one option on each line)	¹ Currently Pregnant	² Miscarriage	³ Termination of an unwanted pregnancy	⁴ Termination for medical reasons	⁵ Baby stillborn	⁶ Baby born alive	⁷ Year pregnancy ended/birth year
1st	1 🔿	² O	³ O	⁴ O	5 O	е О	
2nd	1 🔿	² O	³ O	⁴ O	5 O	6 О	
3rd	1 🔿	² O	³ O	⁴ O	5 O	6 О	
4th	1 🔿	2 🔿	³ O	4 O	5 O	е О	
5th	1 🔿	² O	3 O	4 O	5 O	6 О	
6th	1 🔿	² O	3 O	4 O	5 O	6 O	
f thoro ho	vo boon mo	re than 6 prec	manaiaa nla	ana aiya dat	aila in tha h	an balaw	



Section D: Your Health and Well-Being

D1)	In general, would you say your health is: (cross one option only)							
	1 Excellent	½ 2 Very good						
	³	4 O Fair						
	5 Poor	L						
D2)	Compared to one year ago, how would you rate your hea (cross one option only)	ılth in genera	l now?					
	¹ Much better now than 1 year ago			now than 1 year ago				
	³ About the same as 1 year ago	4 O Somewhat worse now than 1 year ago						
	⁵ Much worse now than 1 year ago	L						
D3)	The following questions are about activities you might do these activities? If so how much?	during a typ	ical day . Do	es your health limit you in				
	(cross one option on each line)	¹ Yes, limited a lot	² Yes, limited a little	³No, not limited at all				
a)	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	¹ O	² O	3 O				
b)	Moderate activities, such as moving a table, pushing a vacuum, bowling or playing golf	1 🔿	² O	3 O				
c)	Lifting or carrying groceries	¹ O	² O	³ O				
d)	Climbing several flights of stairs	1 🔿	² O	³ O				
e)	Climbing one flight of stairs	¹ O	² O	³ O				
f)	Bending, kneeling or stooping	1 🔿	² O	³ O				
g)	Walking more than a mile	¹ O	² O	³ O				
h)	Walking several hundred yards	¹ O	^{2}O	³ O				
i)	Walking one hundred yards	¹ O	² O	³ O				
i)	Bathing and dressing yourself	1 (2 🔾	₃ᢕ				



D4) During the past 4 weeks , how much of the time have you had any of the following problems with other regular daily activities as a result of your physical health?							
	(cross one option on each line)	¹ All of the time	² Most of the time	³ Some of the time	⁴ A little of the time	⁵ None of the time	
a)	Cut down on the amount of time you spent on work or other activities	¹ O	2 🔿	3 O	4 🔿	5 O	
b)	Accomplished less than you would like	1 🔿	2 🔿	3 O	4 🔿	5 O	
c)	Were limited in the kind of work or other activities	¹ O	² O	³ O	4 🔿	5 O	
d)	Had difficulty performing the work or other activities (for example it took extra effort)	1 O	² O	3 O	4 O	5 🔿	
D5)	During the past 4 weeks , how much other regular daily activities as a result						
	(cross one option on each line)	¹ All of the time	² Most of the time	³ Some of the time	⁴ A little of the time	⁵ None of the time	
a)	Cut down on the amount of time you spent on work or other activities	¹ O	2 🔿	3 O	4 🔿	5 🔿	
b)	Accomplished less than you would like	¹ O	2 🔿	3 O	4 O	5 O	
c)	Did work or other activities less carefully than usual	¹ O	² O	3 O	⁴ O	5 O	
D6)	During the past 4 weeks , to what extenormal social activities with family, frie (cross one option only)			or emotional pi	oblems interfe	red with your	
	¹ Not at all		2 O Sli	ightly			
	3 Moderately		4 Quite a bit				
	5 Extremely		=======================================				
D7) How much bodily pain have you had during the past 4 weeks? (cross one option only)							
	1 None		2 O Ve	ery mild			
	3 Mild	:=======	4 O Mo	oderate	========	; !	
	5 Severe		6 O Ve	ery severe			



(cross one option only)					
1 Not at all		ı: •	lightly ========		
³ Moderately		4 O Q	uite a bit		
5 Extremely					
These questions are about how you for question, please give the one answer					veeks. For ea
How much time during the last 4 wee					
(cross one option on each line)	¹ All of the time	² Most of the time	3 Some of the time	⁴ A little of the time	5 None of the time
Did you feel full of life?	¹ O	2 🔿	3 O	4 🔿	5 O
Have you been very nervous?	¹ O	² O	³ O	4 🔿	5 O
Have you felt so down in the dumps that nothing could cheer you up?	1 🔿	² O	³ O	4 O	5 O
Have you felt calm and peaceful?	1 🔿	² O	³ O	4 🔿	5 O
Did you have a lot of energy?	1 🔿	² O	³ O	4 🔿	5 O
Have you felt downhearted and depressed?	1 🔿	² O	3 O	4 🔿	5 O
Did you feel worn out?	¹ O	² O	3 O	4 🔿	5 O
Have you been happy?	1 🔿	² O	3 O	4 O	5 O
Did you feel tired?	¹ O	² O	3 O	4 🔿	5 O
During the past 4 weeks , how much your social activities (like visiting frien (cross one option only)			al health or em	otional problen	ns interfered
1 All of the time		2 O M	lost of the time		
³ Some of the time		4 O A	little of the time		
5 None of the time		====			



D11)	How True or False is each of the following	owing statemer	nts for you?						
	(cross one option on each line)	¹ Definitely true	² Mostly true	₃Don't know	⁴ Mostly false	⁵ Definitely false			
a)	I seem to get sick more easily	1 🔿	² O	³ O	4 🔿	5 O			
b)	I am as healthy as anybody I know	1 🔿	² O	³ O	4 🔿	5 O			
c)	I expect my health to get worse	1 🔿	² O	³ O	4 🔿	5 O			
d)	My health is excellent	1 🔿	² O	3 O	4 🔿	5 O			
D12)									
a)	Do you have any long-standing illnes troubled you over a period of time or					ing that has			
	(cross one option only) 1 O Yes 1 2 O No 1 I No, please go to Section E								
b)	If <u>Yes</u> , does this illness or disability limit your activities in any way? (cross one option only)								
	1 Yes		² O N	 lo 					
D13)									
a)	Have you left any job because you fe (cross one option only)	elt it was making	g your health v	worse?					
	¹ O Yes		2 O N	lo					
	→ If <u>No</u> , please go to Section	E							
b)	If <u>Yes</u> , please explain how the job wa	s making your	health worse:						



Section E: Intimate Partner Violence

The following section is about partner violence, sometimes called domestic abuse. We know this is a sensitive subject, but it is important to ask as it is not uncommon. Please remember that all answers are confidential. You do not have to answer any of these questions if you do not want to.

By 'partner', we mean anyone you have ever been out with or had a relationship with, long-term or short-term (including 'one night stands').

E1)	How often altogether have any of your partners ever of	done any of	the following	to you and ho	w old were	e you?
	(cross one option on each line)	¹ Never	² Once	³ A few times	⁴ Often	
a)	Told you who you could see and where you could go and/or regularly checked what you were doing and where you were (by phone or text)?	¹ O	² O	³ O	⁴ O	
	(cross all that apply)	_				
	1 Under 18	¹ 2 Ove	r 18			
b)	Made fun of you, called your hurtful names, shouted at you?	1 🔿	² O	3 O	4 🔿	
	(cross all that apply)	-				
	1 Under 18	² Ove	r 18 			
c)	Used physical force such as pushing, slapping, hitting o holding you down?	or 1 O	² O	³ O	40	
	(cross all that apply)					
	1 Under 18	¹ 2 Ove	r 18			
d)	Used more severe physical force such as punching, strangling, beating you up, hitting you with an object?	1 🔿	² O	3 O	4 O	
	(cross all that apply)	-				
	1 Under 18	² Ove	r 18 			
e)	Pressured you into kissing/touching/something else?	1 🔿	² O	3 O	⁴ O	
	(cross all that apply)					
	1 Under 18	¹ ² Ove	r 18			



	(cross one option on each line)	¹ Never	² Once	3A few times	⁴ Often	
f)	Physically forced you into kissing/touching/something else?	¹ O	² O	3 O	4 🔿	
	(cross all that apply)					
	1 Under 18	² Ove	r 18			
g)	Pressured you into having sexual intercourse?	10	² O	³ O	40	-
	(cross all that apply)					
	1 Under 18	² Ove	r 18 			
h)	Physically forced you into having sexual intercourse?	¹ O	² O	3 O	4 🔿	
	(cross all that apply)					
	1 Under 18	² Ove	r 18			
i)	Did any of the above make you feel scared or frightened, or did any partner make you feel frightened in any other way?	¹ O	² O	³ O	4 O	
	(cross all that apply)					
	1 Under 18	² Ove	r 18			
E2)	→ If you answered 'Never' to ALL the above que How did you feel after they did these things to you? (cross one option on each line)	uestions,	please go	to E3		
a)	Upset/unhappy	¹ O	² O			
b)	Affected my work/studies	¹ O	² O			
c)	Made me feel sad	¹ O	² O			
d)	No effect/not bothered	¹ O	² O			
e)	Anxious	¹ O	2 🔿			
f)	Made me drink more alcohol/take more drugs	¹ O	² O			
g)	Felt loved/protected/wanted	¹ O	2 🔿			
h)	Thought it was funny	¹ O	2 🔿			
i)	Angry/annoyed	10	² O			
j)	Depressed	1 🔿	² O			



(cross one option on each line)				
10.000 Silv option on odon into	¹ Never	² Once	3 A few times	4Often
Told them who they could see and where they could go and/or regularly checked what they were doing and where they were (by phone or text)?	1 🔿	² O	3О	40
(cross all that apply)				
1 Under 18	¹ 2 Ove	r 18		
Made fun of them, called them hurtful names, shouted a them?	at 1 O	² O	3 O	4 O
(cross all that apply)				
1 Under 18	¹ ² Ove	r 18		
Hit, slapped, kicked or otherwise physically hurt them?	1 🔿	2 🔿	3 O	4 O
(cross all that apply)				
1 Under 18	¹ ² Ove	r 18		
Pressured or forced them into kissing, touching, sexual intercourse or any other sexual activity when they did nowant to?	ot ¹ O	² O	3О	4 O
(cross all that apply)	T			
1 Under 18	l _j 2 Ove	r 18		
<u> </u>	vere born, h	ave you ever e parent and		
Thinking about your 'parents' over the years since you whow much did it affect you? If you are living (or used to questions thinking about them. One 'parent' making the other feel afraid, or threatening (cross one option only)	vere born, h	ave you ever e parent and n physcially	their partner,	answer these
Thinking about your 'parents' over the years since you whow much did it affect you? If you are living (or used to questions thinking about them. One 'parent' making the other feel afraid, or threatening (cross one option only)	vere born, h live) with on to hurt then	ave you ever e parent and n physcially	their partner,	answer these
Thinking about your 'parents' over the years since you whow much did it affect you? If you are living (or used to questions thinking about them. One 'parent' making the other feel afraid, or threatening (cross one option only)	vere born, h live) with on to hurt them	ave you ever e parent and n physcially	their partner,	
Thinking about your 'parents' over the years since you whow much did it affect you? If you are living (or used to questions thinking about them. One 'parent' making the other feel afraid, or threatening (cross one option only) 1 Not at all	vere born, h live) with on to hurt them	ave you ever e parent and n physcially	their partner,	answer these



1 Not at all	² A litt	:le		
³ A moderate amount	4 A lot	====== t		
→ If you answered ' <u>Not at all</u> ', please go t	:o E4c)			
(cross all that apply on each row)	¹ Father's female partner	² Mother's male partner	³Father's male partner	⁴ Mother's female partner
Who was doing this?	1	2	3	4
	hysically hurting	the other		
¹ O Not at all	² O A litt	:le		
3 A moderate amount	4 O A lot			
→ If you answered ' <u>Not at all</u> ', please go t	:o E4d)			
(cross all that apply on each row)	¹ Father's female partner	² Mother's male partner	³ Father's male partner	⁴ Mother's female partner
Who was doing this?	1	2	3	4
One 'parent' telling the other who they could see, wh (cross one option only)	here they could g	o or what the	ey could do	
	here they could g		ey could do	
(cross one option only)		 ile 	ey could do	
1 Not at all	2 A litt	 ile 	ey could do	
(cross one option only) 1 O Not at all 3 O A moderate amount	2 A litt	 ile 	ey could do Father's male partner	4Mother's
	⇒ If you answered 'Not at all', please go to (cross all that apply on each row) Who was doing this? One 'parent' slapping, kicking, hitting or otherwise posteros one option only) 1 ○ Not at all 3 ○ A moderate amount	⇒ If you answered 'Not at all', please go to E4c) (cross all that apply on each row) 1 Father's female partner Who was doing this? 1 □ One 'parent' slapping, kicking, hitting or otherwise physically hurting (cross one option only) 1 ○ Not at all 2 ○ A litt 3 ○ A moderate amount ⇒ If you answered 'Not at all', please go to E4d) (cross all that apply on each row) 1 Father's female partner	⇒ If you answered 'Not at all', please go to E4c) (cross all that apply on each row) 1 Father's female partner Who was doing this? 1 □ 2 □ One 'parent' slapping, kicking, hitting or otherwise physically hurting the other (cross one option only) 1 ○ Not at all 2 ○ A little 3 ○ A moderate amount 4 ○ A lot 1 Father's female partner 2 Mother's male partner 3 ○ A moderate amount 1 4 ○ A lot 1 Father's female partner 2 Mother's male partner	⇒ If you answered 'Not at all', please go to E4c) (cross all that apply on each row) 1 2 3 3 4 2 3 3 3 4 5 4 5 6 5 6 7 6 7 7 7 7 8 8 7 9 8 9 9 1 1 2 1 2 1 3 1 2 1 3 1 4 1 4 1 4 2 4 3 5 4 5 5 7 6 7 7 8 8 9 9 9 9 9 1 1 1 1 2 1 3 1 4 2 5 3 7 4 5 5 7 6 7 7 8 8 9 9 9 9 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9



Section F: Tobacco

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

1)						
) Have you ever smoked a whole cigar (cross one option only)	Have you ever smoked a whole cigarette (including roll-ups)? (cross one option only)					
1 Yes	1 2 No					
→ If <u>No</u> , go to Section G						
How old were you when you first smo	oked a whole cigarette?					
Years old						
How many cigarettes have you smok (cross one option only)	ed altogether in your lifetime?					
1 Less than 5	¹ / ₁ ² O 5-19					
3 20-49	4 O 50-99					
5 100 plus	=======================================					
2)						
Have you smoked any cigarettes in the (cross one option only)	ne past 30 days?					
¹ O Yes	2 O No					
➡ If <u>Yes</u> , go to F3						
How old were you when you last smo	oked a whole cigarette?					
Years old						
3)						
Do you smoke every day? (cross one option only)						
1 O Yes	1 2 O No					
→ If <u>No</u> , go to F4						



b)	If you smoke every day, how many cigarett	es do you smoke per day, on average?
	Cigarettes per day	
F4)		
a)	Do you smoke every week? (cross one option only)	
	1 Yes	2 N o
	→ If No, go to Section G	
b)	If you smoke every week, how many cigare Cigarettes per week	ettes do you smoke per week, on average?
F5)	How soon after you wake up do you smoke (cross one option only)	your first cigarette?
	¹ Within 5 minutes	² 6-30 minutes
	³ 31-60 minutes	اراً 4
F6)	Do you find it difficult to refrain from smokir library, cinemas)? (cross one option only)	ng in places where it is forbidden (eg in church, buses, trains, the
	1 O Yes	2 No
F7)	Which cigarette would you hate most to giv (cross one option only)	e up?
	¹ O The first one/morning	² All others
F8)	Do you smoke more frequently during the f	irst hours after waking than during the rest of the day?
	1 O Yes	2 N o
F9)	Do you smoke if you are so ill that you are (cross one option only)	in bed most of the day?
	1 Yes	
	L	



Section G: Reproductive Health

This section is for <u>female</u> participants only If you are a male participant, please skip this part of the questionnaire and continue with Section H. Thank you.

The following set of questions is concerned with menstrual periods. There are some questions about periods stopping, for example, due to menopause or having a hysterectomy. We recognise that these are very rare for women in their 20s. However, they do occur in some and the Children of the 90s study has a unique chance to understand the reasons why some women have such problems early in life.

G1)	In the last 12 months have you had a period or menstrual bleeding? (cross one option only)						
	¹ O Yes	1 2 No	- 1				
G2)	In the last 3 months have you had a period or menstrual bleeding? (cross one option only)						
	¹ Yes	² No	1				
	→ If you answered No to G1 or G2 p G4	lease go to G3. If you answered <u>Yes</u> to G1 and G2, go	to				
G3)	Were your periods stopped by:						
	(cross all that apply)						
	¹ Surgery?	² Chemotherapy or radiation therapy?	1				
	3 ☐ Pregnancy or breastfeeding?	⁴ ☐ No obvious reason/menopause?	- 7				
	5 Contraception?	6 Periods not started yet?	- 7				
	Other reason, please describe:						
	→ If option 6, periods not started yet, ple	ase go to question G8.					
G4)	When was your last period? (Include current	t period if bleeding now).					
	Day Month Year If you cannot remember the day, please give	month and year.					
	If you cannot remember month and year, ple	Years ase give age:					



the last few years have your periods: oss one option only)					
1 O Become more regular?		2 O B	ecome less	regular?	
³ Remain about the same? (i.e regular/irregular as before)			on't rememb	======== er 	
f more regular or less regular, wh	en did you fir	st notice this cha	inge?		
¹ O Up to one year before last pe		,		d 2 years before las	-
³ O Between 2 and 3 years before	re last period	4 O B		d 4 years before las	
How many days do you usually have cross one option only) 1 Cless than 21 days 3 Cless 1 days 5 40-50 days 7 Too irregular to estimate		2 O 2 4 O 3;	1-25 days 	= = = = = = = = = = = = = = = = = = =	· · ·
stopped.	¹Very	² Moderately	3Mildly	4 Not at all	3 Deloie
How heavy are/were your periods	1 🔿	² O	3 O	⁴ O	
How painful are/were your periods	1 🔿	² O	3 O	4 🔿	
	1	² O	3 O	4 🔿	
Are/were your periods irregular		_			



cross one option only)				
¹ O Yes		2 O N	0	
→ If <u>No</u> , go to G8				
Which problems did you experie	nce?			
(cross all that apply on each row)	¹Yes, before	² Yes, during	³ No, I don't experience this	
/ery fatigued	1	2	3	
rritable	1 🔲	2	3	
Depressed	1	2	3	
Anxious	1	2	3	
Other (please describe)	1	2	3	
lave you ever had any of the fo	llowing operations?	' (For each ope	eration select the no o	r ves option. If)
please give the date of the opera				
olease give the date of the opera operation). Removal of uterus (womb) and b	ation. If you cannot	remember the		
olease give the date of the operatoperation). Removal of uterus (womb) and bollateral oopherectomy) Month Year	ation. If you cannot	remember the	month and year give	your age at the
Have you ever had any of the foolease give the date of the operapperation). Removal of uterus (womb) and bollateral oopherectomy) Month Year If Yes	Age (years	remember the	month and year give	your age at the
olease give the date of the operatoperation). Removal of uterus (womb) and bollateral oopherectomy) Month Year Removal of uterus (womb) only Month Year	Age (years	remember the	month and year give	your age at the
olease give the date of the operation). Removal of uterus (womb) and bollateral oopherectomy) Month Year If Yes	Age (years or Age (years (hysterectomy) Age (years	remember the	month and year give	your age at the



d)	Removal of both ovaries only (bilateral oophorectomy)	¹ Yes	² No	
	Month Year Age (years) If Yes or or			
e)	Removal of one ovary only (oophorectomy)	¹ O Yes	² No	
	Month Year Age (years) If Yes or or			

Section H: Employment, Education and Training

We know that you have been asked questions 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.

Your	current	occupation
------	---------	------------

Yes	² O No
➡ If <u>No</u> , go to H5	
We would now like to know what your current main acti	vity is, including education, training and employme
Which of the following options best describes your main (cross one option only)	educational or training activity at the moment?
1 Full-time education	2 Part-time education
³ On a full-time training course, not as part of a job	4 On a full-time training course as part of a job
	¦ 6 On a part-time training course, as part of job
On a part-time training course, not as part of a job	L



)	Which of the following options best describes your (cross one option only)	r main work activity at the moment?	
	¹ O Full-time work (30 or more hours at work)	Part-time work (less than 30 hours a week)	
	3 (Modern) apprenticeship (Foundation or Advanced) or other government support training/work experience scheme (such as Entry to Employment (E2E))	4 Unemployed and looking for work	- 1
	⁵ Not working at all because in full-time education	6 Something else	
	If you have selected option 3 (Modern) apprentice	pship, please describe.	
′ 01	If you have selected option 6 'Something else', ple	ease describe.	
)	If you are currently in full-time education or not en section I. We would like to know more about your please cross your usual activity (please cross one	gaged in any form of training or employment, please go to main work activity. If you are temporarily sick or on holiday box only). for supervising the work of other employees? Do not include	,
	1 Yes	2 No	- 7 ! !
	How many people work for the employer in the pla (cross one option only)	ace where you work?	
	1 1-9	2 10-24	
	3 25-499	4	
	If self-employed, do you work on your own or do y (cross one option only)	i	
		i	



(If you ha	ive more than one	job, please descri	be your main role	e. This could be the	e job where you ea	arn the most
money o	r work the most ho	ours at or the job th	nat you feel will he	elp you most in the	future. It is comp	letely up to you
to decide	what you conside	er to be your main	job).			

Please describe the current or most recent job held by yourself.

H5)

(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, materials used or service given.

What is the business/industry?	
Please describe the main things you do in	n this job?
When did you start this job?	
When did you start this job? Month Year	
Month Year	onth (after tax and national insurance are removed as appropria
Month Year What is your total take-home pay each mossible, please refer to a recent payslip.	
Month Year What is your total take-home pay each me	
What is your total take-home pay each moossible, please refer to a recent payslip.	If this is not possible, please estimate.
What is your total take-home pay each mossible, please refer to a recent payslip. cross one option only) 1 £1-£199 3 £300-£399	If this is not possible, please estimate.
What is your total take-home pay each mossible, please refer to a recent payslip. cross one option only) 1 £1-£199 3 £300-£399 5 £600-£899	If this is not possible, please estimate. 2 £200-£299 4 £400-599 6 £900-£1149
What is your total take-home pay each mossible, please refer to a recent payslip. cross one option only) 1 £1-£199 3 £300-£399 5 £600-£899	If this is not possible, please estimate. 2 \$\partial \partial \part



Section I

1 O Yes	1 2 No
f <u>Yes</u> , please say who helped you	
cross all that apply)	
¹ A parent helped	اً 2 Someone else helped
Your date of birth	
Day Month Year	
Date completed	
Day Month Year	
a space for answering questions	
Please clearly indicate the question number	er(s) your answer applies to.



Comments box

If you'd like to add a comment,	please do so in the box belo	ow. Please sign at the b	ottom if you'd like a response

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

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

Tel: 0117 331 0010

Email: info@childrenofthe90s.ac.uk

Web: childrenofthe90s.ac.uk/questionnaires

Thank you for taking the time to complete this questionnaire, we are really grateful for your support. The information you have provided will help research into important questions on human development, health and disease.









Your Life Now (21+)

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