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.

Contents page

Section A: COCO90s Page 5 to 6

Section B: Mental Health Page 7 to 14

Section C: Sexual Health Page 15 to 31

Section D: Your Health and Well-Being Page 32 to 35

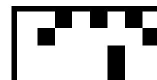
Section E: Intimate Partner Violence Page 36 to 39

Section F: Tobacco Page 40 to 41

Section G: Reproductive Health Page 42 to 45

Section H: Employment, Education and Training Page 46 to 48

Section I: Complete Questionnaire Page 49 to 50



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 ◯ Yes - biological parent
2 ◯ Yes - non-biological parent
3 ◯ No

➡ **If No, go to A3**

A2) Please give the date(s) of birth of your child/ren

a) 1st child

DOB Day ☐☐ Month ☐☐ Year ☐☐☐☐

b) 2nd child

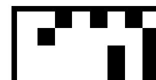
DOB Day ☐☐ Month ☐☐ Year ☐☐☐☐

c) 3rd child

DOB Day ☐☐ Month ☐☐ Year ☐☐☐☐

d) 4th child

DOB Day ☐☐ Month ☐☐ Year ☐☐☐☐



A3) Are you or your partner currently pregnant?

(cross one option only)

1 ◯ Yes, I am pregnant
2 ◯ Yes, my partner is pregnant
3 ◯ No

A4) If **Yes**, what is the expected due date of your baby?

Day ☐☐ Month ☐☐ Year ☐☐☐☐

➡ **Go to A6**

A5) Are you or your partner trying for a baby at the moment?

(cross one option only)

1 ◯ No - not trying for a baby
2 ◯ Yes - been trying for 0 to 6 months
3 ◯ Yes - been trying for 6 to 12 months
4 ◯ Yes - been trying for more than 12 months

A6) If you have answered **yes** to question A1 or A3, would you be happy to receive further details about the COCO90s study - a research study that is enrolling a new generation of participants - the children of the Children of the 90s - to learn about the factors that affect good health or development of disease across generations?

(cross one option only)

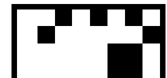
1 ◯ Yes
2 ◯ No

A7) If you have answered **yes** to question A5, 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 study - a research study that is enrolling a new generation of participants - the children of the Children of the 90s - to learn about the factors that affect good health or development of disease across generations?

(cross one option only)

1 ◯ Yes
2 ◯ No

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

Unusual Experiences

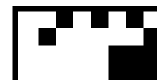
These questions are about feelings and experiences you may have had.

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

(cross one option only)

1 ○ Yes, definitely
2 ○ Yes, maybe
3 ○ No, never

➡ **If <u>No</u>, 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
- 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
- 2 ◯ Yes, a bit upset
- 3 ◯ Yes, quite upset
- 4 ◯ Yes, very upset

c) If you have heard voices that other people couldn't hear, did this:

i) Only ever happen within 24 hours of taking cannabis or other drugs?

(cross one option only)

- 1 ◯ Yes
- 2 ◯ No

ii) Only ever happen when falling asleep or as you were waking up?

(cross one option only)

- 1 ◯ Yes
- 2 ◯ No

B15) Have you ever seen something or someone that other people could not see?

(cross one option only)

- 1 ◯ Yes, definitely
- 2 ◯ Yes, maybe
- 3 ◯ No, never

➡ **If No, please go to Question B16**

a) How often have you seen something or someone that other people could not see **since your 20th birthday**?

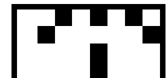
(cross one option only)

- 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
- 2 ◯ Yes, a bit upset
- 3 ◯ Yes, quite upset
- 4 ◯ Yes, very upset



c) If you have seen something or someone that other people could not see, did this:

i) Only ever happen within 24 hours of taking cannabis or other drug?

(cross one option only)

1 ◯ Yes	2 ◯ No

ii) Only ever happen when falling asleep or as you were waking up?

(cross one option only)

1 ◯ Yes	2 ◯ No

B16) Have you ever thought you were being followed or spied on?

(cross one option only)

1 ◯ Yes, definitely	2 ◯ Yes, maybe
3 ◯ No, never	

➡ **If <u>No</u>, please go to question B17**

a) How often has this happened **since your 20th birthday**?

(cross one option only)

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?

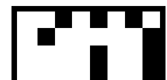
(cross one option only)

1 ◯ No, not at all upset	2 ◯ Yes, a bit upset
3 ◯ Yes, quite upset	4 ◯ Yes, very upset

c) If you ever thought you were being followed or spied on, did this **only ever happen** within 24 hours of using or taking cannabis or other drugs?

(cross one option only)

1 ◯ Yes, **only** within 24 hours of using cannabis or other drugs	2 ◯ No, it happened at other times too



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] ○	[3] ○	[4] ○
B18)	Not being able to stop or control worrying	[1] ○	[2] ○	[3] ○	[4] ○
B19)	Worrying too much about different things	[1] ○	[2] ○	[3] ○	[4] ○
B20)	Trouble relaxing	[1] ○	[2] ○	[3] ○	[4] ○
B21)	Being so restless that it is hard to sit still	[1] ○	[2] ○	[3] ○	[4] ○
B22)	Becoming easily annoyed or irritable	[1] ○	[2] ○	[3] ○	[4] ○
B23)	Feeling afraid as if something awful might happen	[1] ○	[2] ○	[3] ○	[4] ○

B24) Thinking about **the past month**, did your anxiety or tension ever get so bad that you got in a panic, for instance make you feel that you might collapse or lose control unless you did something about it?

(cross one option only)

[1] ○ Yes

[2] ○ No

➡ **If No, please go to question B40**

B25) How many panic attacks like this have you had **in the past month**?

(cross one option only)

[1] ○ One

[2] ○ Two or Three

[3] ○ Four or more

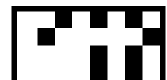
B26) Do these panics start suddenly so you are at maximum anxiety within a few minutes?

(cross one option only)

[1] ○ No

[2] ○ Sometimes

[3] ○ Yes



During your worst panic attack in the past month:

(cross one option on each line)

		1 Yes	2 No
B27)	Did you have shortness of breath or difficulty breathing?	1 ○	2 ○
B28)	Did you feel dizzy, unsteady, light-headed or like you might faint?	1 ○	2 ○
B29)	Did your heart beat harder or speed up?	1 ○	2 ○
B30)	Were you trembling or shaking?	1 ○	2 ○
B31)	Did you have sweaty or clammy hands?	1 ○	2 ○
B32)	Did you have a choking sensation?	1 ○	2 ○
B33)	Did you have pain, pressure or discomfort in your chest?	1 ○	2 ○
B34)	Did you have nausea (feeling as though you were going to vomit) or stomach ache?	1 ○	2 ○
B35)	Did things around you feel strange, unreal or detached OR did you feel outside or detached from yourself?	1 ○	2 ○
B36)	Did you have tingling or numbness in parts of your body?	1 ○	2 ○
B37)	Did you have hot flushes or chills?	1 ○	2 ○
B38)	Did you fear that you were dying?	1 ○	2 ○
B39)	Did you fear that you were losing control or going crazy?	1 ○	2 ○

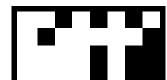
Energy, Activity and Mood

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 your usual state**:

(cross one option only)

1 ○ Much worse than usual	2 ○ Worse than usual
3 ○ A little worse than usual	4 ○ Neither better nor worse than usual
5 ○ A little better than usual	6 ○ Better than usual
7 ○ Much better than usual	



B41) Apart from how you feel today, please tell us how you are normally compared to other people by marking which of the following statements describes you best:

Compared to other people my level of activity, energy and mood:

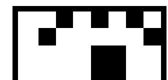
(cross one option only)

1 ◯ Is always rather stable and even	2 ◯ Is generally higher
3 ◯ Is generally lower	4 ◯ Repeatedly show periods of ups and downs

B42) Please try to remember **a period when you were in a "high" state** (not related to recreational drug use). Please answer all of these statements independently of how you feel today.

In such a state:

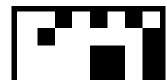
(cross one option on each line)		1 Yes	2 No
a)	I need less sleep	1 ◯	2 ◯
b)	I feel more energetic and more active	1 ◯	2 ◯
c)	I am more self-confident	1 ◯	2 ◯
d)	I enjoy my work more	1 ◯	2 ◯
e)	I am more sociable (make more phone calls, go out more)	1 ◯	2 ◯
f)	I want to travel and/or do travel more	1 ◯	2 ◯
g)	I tend to drive faster or take more risks when driving	1 ◯	2 ◯
h)	I spend more/too much money	1 ◯	2 ◯
i)	I take more risks in my daily life (in my work and/or other activities)	1 ◯	2 ◯
j)	I am physically more active (sport etc)	1 ◯	2 ◯
k)	I plan more activities or projects	1 ◯	2 ◯
l)	I have more ideas, I am more creative	1 ◯	2 ◯
m)	I am less shy or inhibited	1 ◯	2 ◯
n)	I wear more colourful and more extravagant clothes/make-up	1 ◯	2 ◯



		1 Yes	2 No
o)	I want to meet or actually do meet more people	1 ○	2 ○
p)	I am more interested in sex, and/or have increased sexual desire	1 ○	2 ○
q)	I am more flirtatious and/or am sexually more active	1 ○	2 ○
r)	I talk more	1 ○	2 ○
s)	I think faster	1 ○	2 ○
t)	I make more jokes or puns when I am talking	1 ○	2 ○
u)	I am more easily distracted	1 ○	2 ○
v)	I engage in lots of new things	1 ○	2 ○
w)	My thoughts jump from topic to topic	1 ○	2 ○
x)	I do things more quickly and/or more easily	1 ○	2 ○
y)	I am more impatient and/or get irritable more easily	1 ○	2 ○
z)	I can be exhausting or irritating for others	1 ○	2 ○
za)	I get into more quarrels	1 ○	2 ○
zb)	My mood is higher, more optimistic	1 ○	2 ○
zc)	I drink more coffee	1 ○	2 ○
zd)	I smoke more cigarettes	1 ○	2 ○
ze)	I drink more alcohol	1 ○	2 ○
zf)	I take more drugs (both prescribed medications and recreational drugs)	1 ○	2 ○

B43) What is the impact of your "highs" on various aspects of your life:

	(cross one option on each line)	1 Positive	2 Positive and Negative	3 No impact	4 Negative
a)	Family life	1 ○	2 ○	3 ○	4 ○
b)	Social life	1 ○	2 ○	3 ○	4 ○
c)	Work	1 ○	2 ○	3 ○	4 ○
d)	Leisure	1 ○	2 ○	3 ○	4 ○



B44) How do people close to you react to or comment on your "highs"?

(cross one option only)

- 1 ◯ Positively (encouraging or supportive)
- 2 ◯ Neutral
- 3 ◯ 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 ◯ 1 day
- 2 ◯ 2-3 days
- 3 ◯ 4-7 days
- 4 ◯ Longer than 1 week
- 5 ◯ Longer than 1 month
- 6 ◯ I can't judge/don't know

B46) Have you experienced such "highs" in the past twelve months?

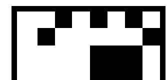
(cross one option only)

- 1 ◯ Yes
- 2 ◯ No

B47) If **Yes**, please estimate how many days you spent in "highs" during the last twelve months:

Days

☐☐☐



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
Partners or sexual partners - 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 ◯ 100% heterosexual (straight)
2 ◯ Mostly heterosexual but also attracted to own sex
3 ◯ 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

Sexual Experience

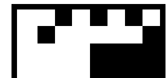
Sexual experience is any kind of contact with another person that you felt was sexual (it could be just kissing or touching, or intercourse or any other form of sex).

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
3 ◯ About equally often with females and with males
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**



The next two questions refer to the **first time** you ever had consensual **sexual intercourse** (see defintions) with someone **(that is, the first person you had sex with after you turned age 13)**.

(cross all that apply on each row)		1 Yes, with a female	2 Yes, with a male	3 No
C3)	Have you ever had sexual intercourse?	1 ☐	2 ☐	3 ☐

➡ **If No applies, go to the Sexual Health Screening section on page 23, question C16**

C4) If **Yes**, how old were you when you **first** had sexual intercourse with someone **(that is, the first person you had sex with after you turned age 13)**?

Age (years)

☐☐

The next section is about the **most recent occasion** (the last time) you have had sexual intercourse with another person

C5) Why did you have sexual intercourse ?

(cross one option on each line)		1 Yes	2 No
a)	I wanted to	1 ○	2 ○
b)	So they wouldn't break up with me	1 ○	2 ○
c)	We were going out together and it was a natural part of our relationship	1 ○	2 ○
d)	I wanted to know what it was like	1 ○	2 ○
e)	Sex work (sexual exchange for money or other valuables)	1 ○	2 ○
f)	I loved this person	1 ○	2 ○
g)	My friends do it	1 ○	2 ○
h)	I got carried away	1 ○	2 ○
i)	Other	1 ○	2 ○

Please describe

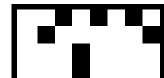
☐

C6) The most recent time you had sexual intercourse, had you been drinking before it happened?

(cross one option only)

1 ○ Yes | 2 ○ No

➡ **If No, go to question C7**



a) After drinking alcohol, were you?

(cross one option only)

1 ◯ Not tipsy at all
2 ◯ A bit tipsy
3 ◯ Quite tipsy
4 ◯ Very tipsy
5 ◯ Drunk

C7) The most recent time you had sexual intercourse, had you been using drugs before it happened?

(cross one option only)

1 ◯ Yes
2 ◯ No

C8) Did you use a condom on the most recent occasion you had sexual intercourse? If you had oral sex, and not vaginal or anal sex, on this most recent occasion, please choose answer option 3, even if you did use a condom.

(cross one option only)

1 ◯ Yes
2 ◯ No
3 ◯ We only had oral sex on the most recent occasion

C9) Did you use any other type of contraceptive/protection?

(cross one option only)

1 ◯ Yes
2 ◯ No

a) If **Yes**, what other type of contraceptive/protection did you use?

Please specify

C10)

a) Do you regret having had sexual intercourse on the most recent occasion?

(cross one option only)

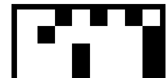
1 ◯ Not at all
2 ◯ Yes

➡ **If Not at all, go to question C11**

b) If **Yes**, how much do you regret having had sexual intercourse on the most recent occasion?

(cross one option only)

1 ◯ A bit
2 ◯ Quite a lot
3 ◯ Very much



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

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 ◯ Male

2 ◯ Female

c) Are you likely to have sex with this partner again in the future?

(cross one option only)

1 ◯ Yes

2 ◯ Probably

3 ◯ Probably not

4 ◯ No

5 ◯ Don't know

d) Was the most recent occasion you had sex with this partner also the first occasion with him/her?

(cross one option only)

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

e) How long ago was it that you first had sex with this partner?

(cross one option only)

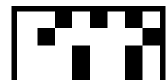
1 ◯ Less than 7 days

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 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 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 sex together?

Please estimate the age if you can't say exactly.

Age (years)

☐☐

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 ◯ Probably
3 ◯ Probably not
4 ◯ 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
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.

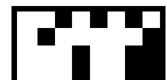
Month Year

☐☐ ☐☐☐☐

b) Is this person male or female

(cross one option only)

1 ◯ Male
2 ◯ Female



c) Are you likely to have sex with this partner again in the future?

(cross one option only)

1 ◯ Yes
2 ◯ Probably
3 ◯ Probably not
4 ◯ No
5 ◯ Don't know

d) Was the most recent occasion you had sex with this partner also the first occasion with him/her?

(cross one option only)

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

e) How long ago was it that you first had sex with this partner?

(cross one option only)

1 ◯ Less than a week
2 ◯ Between 1 and 2 weeks
3 ◯ Between 2 and 4 weeks
4 ◯ Over 4 weeks ago

➡ **If you have only had sex with this person once, please go to C14g**

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 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)

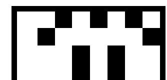
1 ◯ Yes
2 ◯ No
3 ◯ We only had oral sex on the first occasion

h) How old was this partner on the first occasion you had sex together?

Please estimate the age if you can't say exactly.

Age (years)

☐☐



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 ◯ Probably
3 ◯ Probably not	4 ◯ 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	2 ◯ No - we had vaginal or anal sex

k) Just to check, was there any overlap between Partner 1 and Partner 2? In other words was the first time you had sex with Partner 2 before the last time you had sex with Partner 1?

(cross one option only)

1 ◯ Yes - there is an overlap	2 ◯ No
3 ◯ Not sure	4 ◯ Prefer not to say

➡ **If you have had 3 or more partners, please go to C15a. If not, please go to C16.**

C15) Partner 3 - third 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 ◯ Male	2 ◯ Female

c) Are you likely to have sex with this partner again in the future?

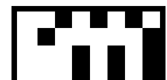
(cross one option only)

1 ◯ Yes	2 ◯ Probably
3 ◯ Probably not	4 ◯ No
5 ◯ Don't know	

d) Was the most recent occasion you had sex with this partner also the first occasion with him/her?

(cross one option only)

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



e) How long ago was it that you first had sex with this partner?

(cross one option only)

- 1 ◯ 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 once, please go to C15g**

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 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 sex together?

Please estimate the age if you can't say exactly.

Age (years) ☐☐

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?

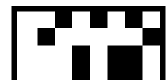
(cross one option only)

- 1 ◯ Yes
- 2 ◯ Probably
- 3 ◯ Probably not
- 4 ◯ 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
- 2 ◯ No - we had vaginal or anal sex



k) And lastly, just to check, was there any overlap between Partner 2 and Partner 3? In other words, was the first time you had sex with Partner 3 before the last time you had sex with Partner 2?

(cross one option only)

1 ◯ Yes - there is an overlap	2 ◯ No
3 ◯ Not sure	4 ◯ Prefer not to say

Sexual Health Screening

C16)

a) Have you had a test for Chlamydia **in the last 12 months**?

(cross one option only)

Option	Routing
1 ◯ Yes	➡ **If <u>Yes</u>, go to question C16c**
2 ◯ No	➡ **If <u>No</u>, go to question C16b**
3 ◯ Not sure	➡ **If <u>Not sure</u>, go to question C16f**
4 ◯ I have never heard of Chlamydia	➡ **If <u>never heard of Chlamydia</u>, go to C16f**

b) If **No**, was this because

(cross one option on each line)

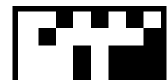
		1 True	2 False
i)	Not offered a test in the last 12 months	1 ◯	2 ◯
ii)	Offered but did not want to be tested	1 ◯	2 ◯
iii)	Did not visit a doctor in that 12 month time period	1 ◯	2 ◯
iv)	I have never been offered a Chlamydia test	1 ◯	2 ◯

➡ **Please go to question C16f**

c) When you were tested for Chlamydia **in the last 12 months**, where were you offered the test?

(cross one option on each line)

		1 Yes	2 No
i)	General practice (GP surgery)	1 ◯	2 ◯
ii)	Sexual Health clinic (GUM clinic)	1 ◯	2 ◯
iii)	NHS Family planning clinic/contraceptive clinic/reproductive health clinic	1 ◯	2 ◯
iv)	Ante-natal clinic/midwife	1 ◯	2 ◯
v)	Private non-NHS clinics or doctor	1 ◯	2 ◯



		1 Yes	2 No
vi)	School/college/university	1 ◯	2 ◯
vii)	Termination of pregnancy (abortion) clinic	1 ◯	2 ◯
viii)	Hospital accident and emergency (A&E) department	1 ◯	2 ◯
ix)	Pharmacy/chemist	1 ◯	2 ◯
x)	Internet	1 ◯	2 ◯
xi)	Other non-health care place (youth club,festival,bar)	1 ◯	2 ◯
xii)	Somewhere else	1 ◯	2 ◯

d) If you were tested for Chlamydia **in the past 12 months**, was this because

(cross one option on each line)

		1 Yes	2 No
i)	I had symptoms	1 ◯	2 ◯
ii)	My partner had symptoms	1 ◯	2 ◯
iii)	I was notified because a partner was diagnosed with Chlamydia	1 ◯	2 ◯
iv)	I had a new sexual partner	1 ◯	2 ◯
v)	I wanted a general sexual health check-up	1 ◯	2 ◯
vi)	I was having a check-up after a previous positive test	1 ◯	2 ◯
vii)	I had no symptoms but I was worried about the risk of Chlamydia	1 ◯	2 ◯
viii)	I was offered a test	1 ◯	2 ◯
ix)	Other	1 ◯	2 ◯

Please describe

[ ]

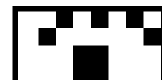
e) Have you had a positive test for Chlamydia **in the last 12 months**?

(cross one option only)

1 ◯ Yes

2 ◯ No

3 ◯ Not sure/don't know



f) Were you diagnosed with any other sexually transmitted infection(s) **in the last 12 months**?

(cross one option only)

1 ◯ Yes | 2 ◯ No

➡ **If No, please go to question C17**

g) If **Yes**, which ones?

(cross one option on each line)

		1 Yes	2 No
i)	Gonorrhea	1 ◯	2 ◯
ii)	Genital Herpes	1 ◯	2 ◯
iii)	Genital Warts	1 ◯	2 ◯
iv)	Pelvic Inflammatory Disease (PID)	1 ◯	2 ◯
v)	Other	1 ◯	2 ◯

Please specify

C17)

a) Have you had a test for Chlamydia in the **year before last** (i.e. between 12 and 24 months ago)?

(cross one option only)

1 ◯ Yes ➡ **If Yes, please go to question C17c**

2 ◯ No ➡ **If No, go to question C17b**

3 ◯ Not sure ➡ **If Not sure, go to question C17f**

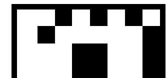
4 ◯ I have never heard of Chlamydia ➡ **If never heard of Chlamydia, go to C17f**

b) If **No**, was this because

(cross one option on each line)

		1 True	2 False
i)	Not offered a test in the year before last	1 ◯	2 ◯
ii)	Offered but did not want to be tested	1 ◯	2 ◯
iii)	Did not visit a doctor in that 12 month time period	1 ◯	2 ◯
iv)	I have never been offered a Chlamydia test	1 ◯	2 ◯

➡ **Please go to question C17f**



c) When you were tested for Chlamydia **in the year before last**, (i.e. 12 to 24 months ago), where were you offered the test?

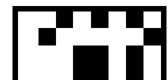
(cross one option on each line)

		1 Yes	2 No
i)	General practice (GP surgery)	1 ○	2 ○
ii)	Sexual Health clinic (GUM clinic)	1 ○	2 ○
iii)	NHS Family planning clinic/contraceptive clinic/reproductive health clinic	1 ○	2 ○
iv)	Ante-natal clinic/midwife	1 ○	2 ○
v)	Private non-NHS clinics or doctor	1 ○	2 ○
vi)	School/college/university	1 ○	2 ○
vii)	Termination of pregnancy (abortion) clinic	1 ○	2 ○
viii)	Hospital accident and emergency (A&E) department	1 ○	2 ○
ix)	Pharmacy/chemistry	1 ○	2 ○
x)	Internet	1 ○	2 ○
xi)	Other non-health care place (youth club, festival, bar)	1 ○	2 ○
xii)	Somewhere else	1 ○	2 ○

d) If you were tested for Chlamydia **in the year before last**, (i.e. 12 to 24 months ago), was this because

(cross one option on each line)

		1 Yes	2 No
i)	I had symptoms	1 ○	2 ○
ii)	My partner had symptoms	1 ○	2 ○
iii)	I was notified because a partner was diagnosed with Chlamydia	1 ○	2 ○
iv)	I had a new sexual partner	1 ○	2 ○
v)	I wanted a general sexual health check-up	1 ○	2 ○
vi)	I was having a check-up after a previous positive test	1 ○	2 ○
vii)	I had no symptoms but I was worried about the risk of Chlamydia	1 ○	2 ○



		1 Yes	2 No
viii)	I was offered a test	1 ○	2 ○
ix)	Other	1 ○	2 ○

Please describe

[ ]

e) Have you had a positive test for Chlamydia in the **year before last** (i.e. 12 to 24 months ago)?

(cross one option only)

1 ○ Yes
2 ○ No
3 ○ Not sure/don't know

f) Were you diagnosed with any other sexually transmitted infection(s) **in the year before last,** (i.e. 12 to 24 months ago)?

(cross one option only)

1 ○ Yes
2 ○ No

➡ **If No, please go to question C18**

g) If **Yes**, which ones?

(cross one option on each line)

		1 Yes	2 No
i)	Gonorrhea	1 ○	2 ○
ii)	Genital Herpes	1 ○	2 ○
iii)	Genital Warts	1 ○	2 ○
iv)	Pelvic Inflammatory Disease (PID)	1 ○	2 ○
v)	Other	1 ○	2 ○

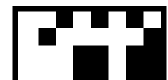
Please specify

[ ]

C18) Which method of contraception (if any) are you or your sexual partner **currently** using?

(cross one option on each line)

		1 True	2 False
a)	I do not currently have a sexual partner	1 ○	2 ○
b)	Not using any contraception (myself or my partner)	1 ○	2 ○
c)	I have been sterilized / My partner has been sterilized (this includes male vasectomy)	1 ○	2 ○

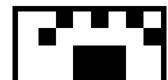


		True	False
d)	Mini pill	1 ○	2 ○
e)	Combined pill	1 ○	2 ○
f)	Pill - not sure which	1 ○	2 ○
g)	Mirena coil (hormone releasing coil)	1 ○	2 ○
h)	Coil/other device	1 ○	2 ○
i)	Condom/male shealth/Durex	1 ○	2 ○
j)	Femidom (female shealth)	1 ○	2 ○
k)	Cap/diaphragm	1 ○	2 ○
l)	Foams, gels, sprays, pessaries (spermicides)	1 ○	2 ○
m)	Contraceptive sponge	1 ○	2 ○
n)	Persona	1 ○	2 ○
o)	Safe period/rhythm method (other than Persona)	1 ○	2 ○
p)	Withdrawal	1 ○	2 ○
q)	Injection	1 ○	2 ○
r)	Implant	1 ○	2 ○
s)	Emergency contraception	1 ○	2 ○
t)	Going without sex	1 ○	2 ○
u)	Don't know/not sure	1 ○	2 ○
v)	Another method of contraception	1 ○	2 ○

Please specify

[ ]

➡ **If <u>True</u> to C18b, go to C19. Otherwise, please go to C20**

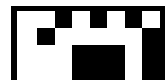


C19) **If you are not using contraception**, what is the main reason that you or your sexual partner are not currently using contraception?

(cross one option only)

1 ◯ I am/my partner is trying to become pregnant or is already pregnant	2 ◯ I am/my partner is unlikely to conceive because of infertility
3 ◯ Against my faith/beliefs	4 ◯ I am having sex with someone of the same sex
5 ◯ 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 difficult
9 ◯ Menopause	10 ◯ Some other reason

i) Please write in other reason



In an earlier section of this questionnaire we asked you about parenthood. In this section we are interested in pregnancies. 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 changing at this stage in your life. There are separate sections for women and men. Please complete the section that applies to you only.

For women only

C20)

a) Have you ever been pregnant?

(cross one option only)

1 ◯ Yes
2 ◯ No
3 ◯ Not sure

➡ **If No/Not sure, go to Section D**

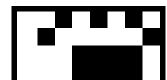
b) If **Yes**, how many times have you been pregnant? Times ☐☐

c) If you don't mind, please tell us what was the outcome of (each of) the(se) 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	6 Baby born alive	7 Year pregnancy ended/birth year
i)	1st	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
ii)	2nd	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
iii)	3rd	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
iv)	4th	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
v)	5th	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
vi)	6th	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐

vii) If you have had more than 6 pregnancies please give details in the box below.

☐



For men only

C21)

a) Have any of your sexual partners ever been pregnant by you?

(cross one option only)

1 ◯ Yes
2 ◯ No
3 ◯ Not sure

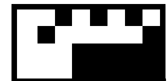
➡ **If No/Not sure, go to the Section D**

b) If **Yes**, how many times have any of your sexual partners been pregnant by you? Times ☐☐

c) If you don't mind, please tell us what was the outcome of (each of) the(se) 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	6 Baby born alive	7 Year pregnancy ended/birth year
i)	1st	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
ii)	2nd	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
iii)	3rd	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
iv)	4th	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
v)	5th	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐
vi)	6th	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯	6 ◯	☐☐☐☐

vii) If there have been more than 6 pregnancies, please give details in the box below.



Section D: Your Health and Well-Being

D1) In general, would you say your health is:

(cross one option only)

1 ◯ Excellent
2 ◯ Very good
3 ◯ Good
4 ◯ Fair
5 ◯ Poor

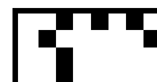
D2) Compared to one year ago, how would you rate your health in general **now**?

(cross one option only)

1 ◯ Much better now than 1 year ago
2 ◯ Somewhat better now than 1 year ago
3 ◯ About the same as 1 year ago
4 ◯ Somewhat worse now than 1 year ago
5 ◯ Much worse now than 1 year ago

D3) The following questions are about activities you might do during **a typical day**. Does **your health limit you** in these activities? If so how much?

	(cross one option on each line)	1 Yes, limited a lot	2 Yes, limited a little	3 No, not limited at all
a)	**Vigorous activities,** such as running, lifting heavy objects, participating in strenuous sports	1 ◯	2 ◯	3 ◯
b)	**Moderate activities,** such as moving a table, pushing a vacuum, bowling or playing golf	1 ◯	2 ◯	3 ◯
c)	Lifting or carrying groceries	1 ◯	2 ◯	3 ◯
d)	Climbing **several** flights of stairs	1 ◯	2 ◯	3 ◯
e)	Climbing **one** flight of stairs	1 ◯	2 ◯	3 ◯
f)	Bending, kneeling or stooping	1 ◯	2 ◯	3 ◯
g)	Walking **more than a mile**	1 ◯	2 ◯	3 ◯
h)	Walking **several hundred yards**	1 ◯	2 ◯	3 ◯
i)	Walking **one hundred yards**	1 ◯	2 ◯	3 ◯
j)	Bathing and dressing yourself	1 ◯	2 ◯	3 ◯



D4) 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?

	(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 ○	2 ○	3 ○	4 ○	5 ○
b)	Accomplished less than you would like	1 ○	2 ○	3 ○	4 ○	5 ○
c)	Were limited in the kind of work or other activities	1 ○	2 ○	3 ○	4 ○	5 ○
d)	Had difficulty performing the work or other activities (for example it took extra effort)	1 ○	2 ○	3 ○	4 ○	5 ○

D5) 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)?

	(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 ○	2 ○	3 ○	4 ○	5 ○
b)	Accomplished less than you would like	1 ○	2 ○	3 ○	4 ○	5 ○
c)	Did work or other activities less carefully than usual	1 ○	2 ○	3 ○	4 ○	5 ○

D6) During the **past 4 weeks,** to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

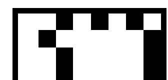
(cross one option only)

1 ○ Not at all	2 ○ Slightly
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 ○ Very mild
3 ○ Mild	4 ○ Moderate
5 ○ Severe	6 ○ Very severe



D8) During the **past 4 weeks,** how much did pain interfere with your normal work (including both work outside the home and housework)?

(cross one option only)

1 ◯ Not at all	2 ◯ Slightly
3 ◯ Moderately	4 ◯ Quite a bit
5 ◯ Extremely	

D9) 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.

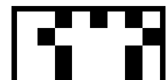
How much time during the **last 4 weeks:**

(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)	Did you feel full of life?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
b)	Have you been very nervous?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
c)	Have you felt so down in the dumps that nothing could cheer you up?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
d)	Have you felt calm and peaceful?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
e)	Did you have a lot of energy?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
f)	Have you felt downhearted and depressed?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
g)	Did you feel worn out?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
h)	Have you been happy?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
i)	Did you feel tired?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯

D10) During the **past 4 weeks**, how much of your time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

(cross one option only)

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	



D11) How **True** or **False** is each of the following statements for you?

(cross one option on each line)

		1 Definitely true	2 Mostly true	3 Don't know	4 Mostly false	5 Definitely false
a)	I seem to get sick more easily	1 ○	2 ○	3 ○	4 ○	5 ○
b)	I am as healthy as anybody I know	1 ○	2 ○	3 ○	4 ○	5 ○
c)	I expect my health to get worse	1 ○	2 ○	3 ○	4 ○	5 ○
d)	My health is excellent	1 ○	2 ○	3 ○	4 ○	5 ○

D12)

a) Do you have any long-standing illness, disability or infirmity? (By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time).

(cross one option only)

1 ○ Yes

2 ○ No

➡ **If No, please go to Section E**

b) If **Yes**, does this illness or disability limit your activities in any way?

(cross one option only)

1 ○ Yes

2 ○ No

D13)

a) Have you left any job because you felt it was making your health worse?

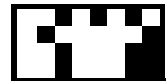
(cross one option only)

1 ○ Yes

2 ○ No

➡ **If No, please go to Section E**

b) If **Yes**, please explain how the job was 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 done any of the following to you and **how old were 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 ◯	2 ◯	3 ◯	4 ◯

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

b)	Made fun of you, called your hurtful names, shouted at you?	1 ◯	2 ◯	3 ◯	4 ◯

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

c)	Used physical force such as pushing, slapping, hitting or holding you down?	1 ◯	2 ◯	3 ◯	4 ◯

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

d)	Used more severe physical force such as punching, strangling, beating you up, hitting you with an object?	1 ◯	2 ◯	3 ◯	4 ◯

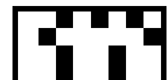
(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

e)	Pressured you into kissing/touching/something else?	1 ◯	2 ◯	3 ◯	4 ◯

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18



(cross one option on each line)

		1 Never	2 Once	3 A few times	4 Often
f)	Physically forced you into kissing/touching/something else?	1 ○	2 ○	3 ○	4 ○

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

g)	Pressured you into having sexual intercourse?	1 ○	2 ○	3 ○	4 ○

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

h)	Physically forced you into having sexual intercourse?	1 ○	2 ○	3 ○	4 ○

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 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 ○	2 ○	3 ○	4 ○

(cross all that apply)

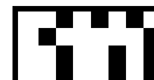
1 ☐ Under 18 | 2 ☐ Over 18

➡ **If you answered '<u>Never</u>' to ALL the above questions, please go to E3**

E2) How did you feel after they did these things to you?

(cross one option on each line)

		1 Yes	2 No
a)	Upset/unhappy	1 ○	2 ○
b)	Affected my work/studies	1 ○	2 ○
c)	Made me feel sad	1 ○	2 ○
d)	No effect/not bothered	1 ○	2 ○
e)	Anxious	1 ○	2 ○
f)	Made me drink more alcohol/take more drugs	1 ○	2 ○
g)	Felt loved/protected/wanted	1 ○	2 ○
h)	Thought it was funny	1 ○	2 ○
i)	Angry/annoyed	1 ○	2 ○
j)	Depressed	1 ○	2 ○



E3) **How often** altogether have **you** done any of the following to any of your partners, and **how old were you**?

(cross one option on each line)

		1 Never	2 Once	3 A few times	4 Often
a)	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 ○	3 ○	4 ○

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

b)	Made fun of them, called them hurtful names, shouted at them?	1 ○	2 ○	3 ○	4 ○

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

c)	Hit, slapped, kicked or otherwise physically hurt them?	1 ○	2 ○	3 ○	4 ○

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

d)	Pressured or forced them into kissing, touching, sexual intercourse or any other sexual activity when they did not want to?	1 ○	2 ○	3 ○	4 ○

(cross all that apply)

1 ☐ Under 18 | 2 ☐ Over 18

E4) Thinking about your 'parents' over the years since you were born, have you ever been aware of the following, and how much did it affect you? If you are living (or used to live) with one parent and their partner, answer these questions thinking about them.

a) One 'parent' making the other feel afraid, or threatening to hurt them physcially

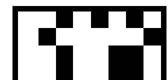
(cross one option only)

1 ○ Not at all	2 ○ A little
3 ○ A moderate amount	4 ○ A lot

➡ **If you answered '<u>Not at all</u>', please go to E4b)**

(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
i)	Who was doing this?	1 ☐	2 ☐	3 ☐	4 ☐



b) One 'parent' calling the other hurtful names or shouting at them

(cross one option only)

1 ◯ Not at all	2 ◯ A little
3 ◯ A moderate amount	4 ◯ A lot

➡ **If you answered '<u>Not at all</u>', please go to E4c)**

(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
i) Who was doing this?	1 ☐	2 ☐	3 ☐	4 ☐

c) 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

➡ **If you answered '<u>Not at all</u>', please go to 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
i) Who was doing this?	1 ☐	2 ☐	3 ☐	4 ☐

d) One 'parent' telling the other who they could see, where they could go or what they could do

(cross one option only)

1 ◯ Not at all	2 ◯ A little
3 ◯ A moderate amount	4 ◯ A lot

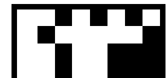
➡ **If you answered '<u>Not at all</u>', please go to Section F**

(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
i) Who was doing this?	1 ☐	2 ☐	3 ☐	4 ☐

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

Women's Aid: 24 hr national helpline 0808 2000 247 www.womensaid.org.uk
Men's Advice Line: 0808 801 0327 www.mensadviceline.org.uk

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



Section F: Tobacco

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

F1)

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

(cross one option only)

1 ◯ Yes	2 ◯ No

➡ **If No, go to Section G**

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

Years old

☐☐

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

(cross one option only)

1 ◯ Less than 5	2 ◯ 5-19
3 ◯ 20-49	4 ◯ 50-99
5 ◯ 100 plus	

F2)

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

(cross one option only)

1 ◯ Yes	2 ◯ No

➡ **If Yes, go to F3**

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

Years old

☐☐

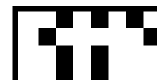
F3)

a) Do you smoke every day?

(cross one option only)

1 ◯ Yes	2 ◯ No

➡ **If No, go to F4**



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

Cigarettes per day

☐☐☐

F4)

a) Do you smoke every week?

(cross one option only)

1 ◯ Yes	2 ◯ No

➡ **If No, go to Section G**

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

Cigarettes per week

☐☐☐

F5) How soon after you wake up do you smoke your first cigarette?

(cross one option only)

1 ◯ Within 5 minutes	2 ◯ 6-30 minutes
3 ◯ 31-60 minutes	4 ◯ More than an hour

F6) Do you find it difficult to refrain from smoking in places where it is forbidden (eg in church, buses, trains, the library, cinemas)?

(cross one option only)

1 ◯ Yes	2 ◯ No

F7) Which cigarette would you hate most to give up?

(cross one option only)

1 ◯ The first one/morning	2 ◯ All others

F8) Do you smoke more frequently during the first hours after waking than during the rest of the day?

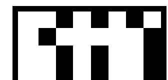
(cross one option only)

1 ◯ Yes	2 ◯ No

F9) Do you smoke if you are so ill that you are in bed most of the day?

(cross one option only)

1 ◯ Yes	2 ◯ No



Section G: Reproductive Health

This section is for female 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 ○ Yes	2 ○ No

G2) In the **last 3 months** have you had a period or menstrual bleeding?

(cross one option only)

1 ○ Yes	2 ○ No

➡ **If you answered No to G1 or G2 please go to G3. If you answered Yes to G1 and G2, go to G4**

G3) Were your periods stopped by:

(cross all that apply)

1 ☐ Surgery?	2 ☐ Chemotherapy or radiation therapy?
3 ☐ Pregnancy or breastfeeding?	4 ☐ No obvious reason/menopause?
5 ☐ Contraception?	6 ☐ Periods not started yet?

Other reason, please describe: ☐

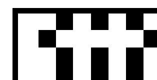
➡ **If option 6, periods not started yet, please go to question G8.**

G4) When was your **last** period? (Include current 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, please give age: Years ☐☐



G5) These questions are for **everybody**. If your periods have stopped, tell us about the changes before they stopped.

a) In the **last few years** have your periods:

(cross one option only)

- 1 ◯ Become more regular?
- 2 ◯ Become less regular?
- 3 ◯ Remain about the same? (i.e. as regular/irregular as before)
- 4 ◯ Don't remember

b) If **more regular or less regular**, when did you first notice this change?

(cross one option only)

- 1 ◯ Up to one year before last period
- 2 ◯ Between 1 and 2 years before last period
- 3 ◯ Between 2 and 3 years before last period
- 4 ◯ Between 3 and 4 years before last period
- 5 ◯ More than 4 years before last period

c) How many days do you usually have between the start (first day) of one period and the start of the next period?

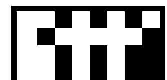
(cross one option only)

- 1 ◯ Less than 21 days
- 2 ◯ 21-25 days
- 3 ◯ 26-31 days
- 4 ◯ 32-39 days
- 5 ◯ 40-50 days
- 6 ◯ More than 50 days
- 7 ◯ Too irregular to estimate

G6) Please describe your most recent periods. If your periods have stopped, tell us about your periods before they stopped.

	(cross one option on each line)	1 Very	2 Moderately	3 Mildly	4 Not at all
a)	How heavy are/were your periods	1 ◯	2 ◯	3 ◯	4 ◯
b)	How painful are/were your periods	1 ◯	2 ◯	3 ◯	4 ◯
c)	Are/were your periods irregular	1 ◯	2 ◯	3 ◯	4 ◯

d) How many days does/did bleeding (including spotting) usually last? Days ☐☐



G7) Do/did you generally find that in the days before or during your periods you have particular problems?

(cross one option only)

1 ◯ Yes   2 ◯ No

➡ **If No, go to G8**

a) Which problems did you experience?

(cross all that apply on each row)	1 Yes, before	2 Yes, during	3 No, I don't experience this
i) Very fatigued	1 ☐	2 ☐	3 ☐
ii) Irritable	1 ☐	2 ☐	3 ☐
iii) Depressed	1 ☐	2 ☐	3 ☐
iv) Anxious	1 ☐	2 ☐	3 ☐
v) Other (please describe)	1 ☐	2 ☐	3 ☐

G8) Have you ever had any of the following operations? (For each operation select the no or yes option. If **Yes**, please give the date of the operation. If you cannot remember the month and year give your age at the time of the operation).

a) Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oopherectomy)   1 ◯ Yes   2 ◯ No

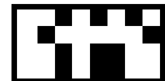
If Yes Month ☐☐ Year ☐☐☐☐ **or** Age (years) ☐☐

b) Removal of uterus (womb) only (hysterectomy)   1 ◯ Yes   2 ◯ No

If Yes Month ☐☐ Year ☐☐☐☐ **or** Age (years) ☐☐

c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)   1 ◯ Yes   2 ◯ No

If Yes Month ☐☐ Year ☐☐☐☐ **or** Age (years) ☐☐

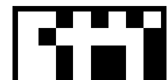


d) Removal of both ovaries only (bilateral oophorectomy) — 1 ○ Yes 2 ○ No

If Yes Month □□ Year □□□□ **or** Age (years) □□

e) Removal of one ovary only (oophorectomy) — 1 ○ Yes 2 ○ No

If Yes Month □□ Year □□□□ **or** Age (years) □□



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

H1) Are you currently in employment or doing any education or training?

(cross one option only)

1 ◯ Yes	2 ◯ No

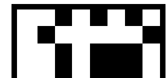
➡ **If No, go to H5**

We would now like to know what your current **main activity is, including education, training and employment**.

H2) Which of the following options best describes your **main educational or training activity** at the moment?

(cross one option only)

1 ◯ Full-time education	2 ◯ Part-time education
3 ◯ On a full-time training course, **not** as part of a job	4 ◯ On a full-time training course as part of a job
5 ◯ On a part-time training course, **not** as part of a job	6 ◯ On a part-time training course, as part of job
7 ◯ Not engaged in any education or training	



H3) Which of the following options best describes your **main work activity** at the moment?

(cross one option only)

1 ◯ Full-time work (30 or more hours at work)

2 ◯ 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

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

6 ◯ Something else

a) If you have selected option 3 (Modern) apprenticepship, please describe.

b) If you have selected option 6 'Something else', please describe.

Your employment

If you are currently in full-time education or not engaged in any form of training or employment, please go to section I. We would like to know more about **your main work activity**. If you are temporarily sick or on holiday please cross your usual activity (please cross one box only).

H4) In your job, do you have any formal responsibility for supervising the work of other employees? Do not include supervising children (e.g. teacher)

(cross one option only)

1 ◯ Yes

2 ◯ No

a) How many people work for the employer in the place where you work?

(cross one option only)

1 ◯ 1-9

2 ◯ 10-24

3 ◯ 25-499

4 ◯ 500 or more

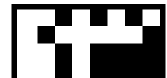
b) If self-employed, do you work on your own or do you have employees?

(cross one option only)

1 ◯ Not self-employed

2 ◯ On own/with business partner, but no employees

3 ◯ With employees



H5) Please describe **the current or most recent job held** by yourself.

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

(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.

a) What is the title of your job?

b) What is the business/industry?

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

d) When did you start this job?

Month Year

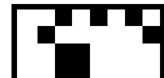
H6) What is your total take-home pay each month (after tax and national insurance are removed as appropriate)? If possible, please refer to a recent payslip. If this is not possible, please estimate.

(cross one option only)

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

H7) In your main job, how many hours per week (including paid and unpaid overtime) do you usually work?

Hours per week



Section I

I1) Did you have any help to fill this in?

(cross one option only)

1 ◯ Yes	2 ◯ No

a) If **Yes**, please say who helped you

(cross all that apply)

1 ☐ A parent helped	2 ☐ Someone else helped

I2) Your date of birth

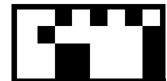
Day ☐☐ Month ☐☐ Year ☐☐☐☐

I3) Date completed

Day ☐☐ Month ☐☐ Year ☐☐☐☐

Extra space for answering questions

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



Comments box

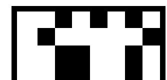
If you'd like to add a comment, please do so in the box below. Please sign at the bottom if you'd like a response

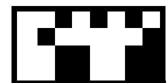
When completed, please send this questionnaire back in the freepost envelope provided or post to:

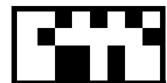
Freepost (RRXX-UUZG-HTLK)
Children of the 90s
Oakfield House
Oakfield Grove
Bristol BS8 2BN

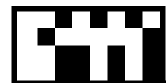
Tel: 0117 331 0010
Email: info@childrenofthe90s.ac.uk
Web: childrenofthe90s.ac.uk/questionnaires

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+)

V1 12/12/2013

Questionnaire number

Barcode Here

797945492