

Introduction

This questionnaire is for completion by the original cohort participant, born between 1990 and 1993.

The data you provide will be available to researchers across the world and will help in answering important questions on human development, health and disease.

Confidentiality

Please remember that your answers to all these questions are confidential and will be processed using a unique ID number. All your personal details will be removed by Children of the 90s staff, and researchers will not be able to link your answers back to you. Your data will only be shared with approved researchers for research that has been approved by Children of the 90s.

Answering the questions

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 or don't apply to you because they are about specific feelings or problems. We would be very grateful if you answered all the questions but we understand if there are some that you prefer not to answer or are unable to answer. Please just leave these questions blank. There are no right or wrong answers.

Help with completing the questionnaire

If you need help to complete this questionnaire, please contact us (details on the back page) and we will make the necessary arrangements. If you do not wish to complete this questionnaire, please leave it blank and return it to us in the prepaid envelope provided so we will know not to send you any reminders.

Helplines

If you are affected by any of the issues raised in this questionnaire, there are a number of organisations listed on the helplines page at the back of this booklet.

17796



Shopping voucher thank you

Thank you for taking the time to complete this questionnaire. To say thanks for taking part, we'll send you a £10 shopping voucher which you can spend online or on the high street.

Prize draw

Whether you return your questionnaire complete or incomplete, we will also enter you into a prize draw to win one of three iPad tablets.

To be entered into the prize draw we must have received your questionnaire by **5pm on 5th April 2019**.

If you win, we will contact you within two weeks using the contact details on our database. You can update these online at:

childrenofthe90s.ac.uk/update-your-details

Alternatively, you can contact us using the details at the back of this questionnaire.

You will receive your prize up to six weeks after the draw has been held.

17796



Filling in the Questionnaire

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



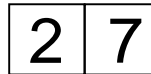
If you make a mistake, shade the circle/box in like this:



then cross the correct circle/box.

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

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



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



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

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

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

17796



Contents

	Page
Section A: Health	5
Section B: Wellbeing	9
Section C: Physical Activity	15
Section D: Behaviour	17
Section E: Monetary Choice	19
Section F: Life Events	21
Section G: Family and Fertility	23
Section H: Unusual Experiences	29
Section I: Education	31
Section J: Attitudes to Data Sharing	37
Section K: Completing the Questionnaire	41



Section A: Health

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

In this section we would like to get an update on your general health.

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

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

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

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

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

1 ⊙ 2 ⊙ 3 ⊙

b. Climbing **several** flights of stairs

1 ⊙ 2 ⊙ 3 ⊙

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

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

a. Accomplished less than you would like

1 ⊙ 2 ⊙ 3 ⊙ 4 ⊙ 5 ⊙

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

1 ⊙ 2 ⊙ 3 ⊙ 4 ⊙ 5 ⊙

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

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

a. Accomplished less than you would like

1 ⊙ 2 ⊙ 3 ⊙ 4 ⊙ 5 ⊙

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

1 ⊙ 2 ⊙ 3 ⊙ 4 ⊙ 5 ⊙

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

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

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

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

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

- | | All of
the time | Most of
the time | Some of
the time | A little of
the time | None of
the time |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Have you felt calm and peaceful? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. Did you have a lot of energy? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. Have you felt downhearted and depressed? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

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

- | | | | | | | | | | |
|--------------------|-------------------------|---------------------|-------------------------|---------------------|-------------------------|-------------------------|-------------------------|---------------------|-------------------------|
| All of
the time | 1 <input type="radio"/> | Most of
the time | 2 <input type="radio"/> | Some of
the time | 3 <input type="radio"/> | A little of
the time | 4 <input type="radio"/> | None of
the time | 5 <input type="radio"/> |
|--------------------|-------------------------|---------------------|-------------------------|---------------------|-------------------------|-------------------------|-------------------------|---------------------|-------------------------|

Pain can affect muscles, ligaments, joints and other organs, and we are interested in any type of pain you experience. We would like to understand where you have pain, how frequently you experience it and how much pain impacts your everyday life. Some conditions involving pain begin early in life and others can develop with age, and this questionnaire will help us better understand people's pain experience at this stage of life.

A8) Have you had any aches or pains that have lasted for a day or longer **in the past month**?

- Yes 1 No 0 **→ If no, please go to question A13 on page 8.**

A9) When did the pain start?

- Less than 3 months ago 1
More than 3 months ago 2

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

A10) During the **past month**, how troublesome have each of the following symptoms been?

Please cross one circle on each line.

Even if you did not experience any pain in a particular location, make sure to select "No pain".

	No pain	Not at all troublesome	Slightly troublesome	Moderately troublesome	Very troublesome	Extremely troublesome
Headache	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Jaw pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Neck pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Shoulder pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Upper arm	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Elbow pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Lower arm pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Wrist/ hand pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Chest pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Abdominal pain (i.e. stomach pain)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Upper back pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Lower back pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Hip pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Thigh pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Knee pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Lower leg pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Ankle/ foot pain	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Other pain(s)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

If other, please specify:

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

A11) On how many days **in the last month** did you experience each of the types of pain you specified on the previous page?

If you have had no pain of that type, please leave blank.

a. Headache	<input type="text"/>	<input type="text"/>	b. Jaw pain	<input type="text"/>	<input type="text"/>	c. Neck pain	<input type="text"/>	<input type="text"/>
d. Shoulder pain	<input type="text"/>	<input type="text"/>	e. Upper arm	<input type="text"/>	<input type="text"/>	f. Elbow pain	<input type="text"/>	<input type="text"/>
g. Lower arm pain	<input type="text"/>	<input type="text"/>	h. Wrist/hand pain	<input type="text"/>	<input type="text"/>	i. Chest pain	<input type="text"/>	<input type="text"/>
j. Abdominal (stomach) pain	<input type="text"/>	<input type="text"/>	k. Upper back pain	<input type="text"/>	<input type="text"/>	l. Lower back pain	<input type="text"/>	<input type="text"/>
m. Hip pain	<input type="text"/>	<input type="text"/>	n. Thigh pain	<input type="text"/>	<input type="text"/>	o. Knee pain	<input type="text"/>	<input type="text"/>
p. Lower leg pain	<input type="text"/>	<input type="text"/>	q. Ankle/ foot pain	<input type="text"/>	<input type="text"/>	r. Other pain(s)	<input type="text"/>	<input type="text"/>

A12) Thinking back over the **last six months**, on approximately how many days have you had the most troublesome pain (indicated in questions A8-A11)?

Less than 7 days	<input type="radio"/>	1 to 4 weeks	<input type="radio"/>
1 to 3 months	<input type="radio"/>	Over 3 months	<input type="radio"/>

A13) About how many days in the **last six months** have you been kept from your usual activities such as **work, daily activities** (eg housework, social activities) **or physical activity** (eg playing sport, commuting, exercising) because of pains? *Please cross only one circle in each row.*

	None	1-6 days	7-14 days	15-30 days	31+ days
a. Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section B: Wellbeing

We would now like to ask some questions about your positive mental states such as happiness, life satisfaction, and meaning in life. By understanding more about what causes wellbeing as well as mental illness, we can understand how to promote health better.

- B1) For each of the following statements and/or questions, select the answer that you feel is most appropriate in describing you.

	Not a very happy person					A very happy person	
	1	2	3	4	5	6	7
a. In general, I consider myself:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Less happy					More happy	
	1	2	3	4	5	6	7
b. Compared with most of my peers, I consider myself:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- B2)a. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything.

	Not at all					A great deal	
	1	2	3	4	5	6	7
To what extent does this characterisation describe you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- b. Some people are generally **not** very happy. Although they are not depressed, they never seem as happy as they might be.

	Not at all					A great deal	
	1	2	3	4	5	6	7
To what extent does this characterisation describe you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

B3) Below are five statements with which you may agree or disagree.
Please indicate your agreement with each statement.

- | | Strongly disagree | Dis-agree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |
|---|-------------------------|-------------------------|-------------------------|----------------------------|-------------------------|-------------------------|-------------------------|
| a. In most ways my life is close to my ideal | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |
| ----- | | | | | | | |
| b. The conditions of my life are excellent | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |
| ----- | | | | | | | |
| c. I am satisfied with life | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |
| ----- | | | | | | | |
| d. So far, I have got the important things I want in life | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |
| ----- | | | | | | | |
| e. If I could live my life again, I would change almost nothing | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |

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

B4) Before answering the following, please take a moment to think about what makes your life feel important to you.

	Abso- lutely untrue	Mostly untrue	Some- what untrue	Can't say true or false	Some- what true	Mostly true	Abso- lutely true
a. I understand my life's meaning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
b. I am looking for something that makes my life feel meaningful	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
c. I am always looking to find my life's purpose	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
d. My life has a clear sense of purpose	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
e. I have a good sense of what makes my life meaningful	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
f. I have discovered a satisfying life purpose	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
g. I am always searching for something that makes my life feel significant	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
h. I am seeking a purpose or mission for my life	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
i. My life has no clear purpose	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
j. I am searching for meaning in my life	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>

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

B5) Please read each of the following items carefully, thinking about how it relates to your life, and then indicate how true it is for you.

	Not at all true		Somewhat true			Very true	
	1	2	3	4	5	6	7
a. I feel like I am free to decide for myself how to live my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I really like the people I interact with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Often, I do not feel very competent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel pressured in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. People I know tell me I am good at what I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I get along with people I come into contact with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I pretty much keep to myself and don't have a lot of social contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I generally feel free to express my ideas and opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I consider the people I regularly interact with to be my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I have been able to learn interesting new skills recently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. In my daily life, I frequently have to do what I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

continued on the next page

17796



continued:

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

Please read each of the following items carefully, thinking about how it relates to your life, and then indicate how true it is for you.

	Not at all true		Somewhat true			Very true	
	1	2	3	4	5	6	7
l. People in my life care about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Most days I feel a sense of accomplishment from what I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. People I interact with on a daily basis tend to take my feelings into consideration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. In my life I do not get much of a chance to show how capable I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. There are not many people that I am close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. I feel like I can pretty much be myself in my daily situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. The people I interact with regularly do not seem to like me much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. I often do not feel capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. There is not much opportunity for me to decide for myself how to do things in my daily life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. People are generally pretty friendly towards me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- B6) This scale consists of a number of words that describe different feelings and emotions. Read each item and then indicate the extent you have felt this way **over the past week**.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
a. Interested	0 ○	1 ○	2 ○	3 ○	4 ○
b. Distressed	0 ○	1 ○	2 ○	3 ○	4 ○
c. Excited	0 ○	1 ○	2 ○	3 ○	4 ○
d. Upset	0 ○	1 ○	2 ○	3 ○	4 ○
e. Strong	0 ○	1 ○	2 ○	3 ○	4 ○
f. Guilty	0 ○	1 ○	2 ○	3 ○	4 ○
g. Scared	0 ○	1 ○	2 ○	3 ○	4 ○
h. Hostile	0 ○	1 ○	2 ○	3 ○	4 ○
i. Enthusiastic	0 ○	1 ○	2 ○	3 ○	4 ○
j. Proud	0 ○	1 ○	2 ○	3 ○	4 ○
k. Irritable	0 ○	1 ○	2 ○	3 ○	4 ○
l. Alert	0 ○	1 ○	2 ○	3 ○	4 ○
m. Ashamed	0 ○	1 ○	2 ○	3 ○	4 ○
n. Inspired	0 ○	1 ○	2 ○	3 ○	4 ○
o. Nervous	0 ○	1 ○	2 ○	3 ○	4 ○
p. Determined	0 ○	1 ○	2 ○	3 ○	4 ○
q. Attentive	0 ○	1 ○	2 ○	3 ○	4 ○
r. Jittery	0 ○	1 ○	2 ○	3 ○	4 ○
s. Active	0 ○	1 ○	2 ○	3 ○	4 ○
t. Afraid	0 ○	1 ○	2 ○	3 ○	4 ○

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

The Samaritans 116 123 samaritans.org

Alternatively there are a number of organisations listed on the helplines page.

17796



Section C: Physical Activity

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

C1) Do you make regular journeys every day or most days that are either walking or cycling?

Neither ¹

Walk ²

Cycle ³

Both ⁴

C2) If you walk regularly, how much time do you spend walking in an average week?

hours per week (round up to nearest hour)

C3) Which of the following best describes your usual walking pace?

Slow ¹

Average ²

Fairly brisk ³

Fast (at least 4 miles/hr) ⁴

C4) If you cycle regularly, how much time do you spend cycling in an average week?

hours per week (round up to nearest hour)

C5) Do you take part in any strenuous/vigorous physical activity (e.g. rugby, football, netball, tennis, badminton, running, gym etc)?

Never ¹

Less than monthly ²

Once a fortnight ³

Weekly ⁴

2-4 times a week ⁵

5+ times a week ⁶

a. If you do, please describe the physical activity you regularly take part in:

C6) Compared with other people your age, are you:

Much more active ¹

More active ²

Similar ³

Less active ⁴

Much less active ⁵

17796



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

C7) On an **average weekday**, how many hours per day do you:

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

C8) On an **average weekend day**, how many hours per day do you:

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

17796



Section D: Behaviour

There are a number of statements below that describe ways in which people act and think.

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

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

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly
D1) I generally like to see things through to the end.	1 ○	2 ○	3 ○	4 ○
D2) My thinking is usually careful and purposeful.	1 ○	2 ○	3 ○	4 ○
D3) When I am in a great mood, I tend to get into situations that could cause me problems.	1 ○	2 ○	3 ○	4 ○
D4) Unfinished tasks really bother me.	1 ○	2 ○	3 ○	4 ○
D5) I like to stop and think things over before I do them.	1 ○	2 ○	3 ○	4 ○
D6) When I feel bad, I will often do things I later regret in order to make myself feel better now.	1 ○	2 ○	3 ○	4 ○
D7) Once I get going on something I hate to stop.	1 ○	2 ○	3 ○	4 ○
D8) Sometimes when I feel bad, I can't seem to stop what I am doing even though it is making me feel worse.	1 ○	2 ○	3 ○	4 ○
D9) I quite enjoy taking risks.	1 ○	2 ○	3 ○	4 ○
D10) I tend to lose control when I am in a great mood.	1 ○	2 ○	3 ○	4 ○
D11) I finish what I start.	1 ○	2 ○	3 ○	4 ○

continued on the next page

17796



continued:

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

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

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly
D12) I tend to value and follow a rational, 'sensible' approach to things.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
D13) When I am upset I often act without thinking.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
D14) I welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
D15) When I feel rejected, I will often say things that I later regret.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
D16) I would like to learn to fly an aeroplane.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
D17) Others are shocked or worried about the things I do when I am feeling very excited.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
D18) I would enjoy the sensation of skiing very fast down a high mountain slope.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
D19) I usually think carefully before doing anything.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
D20) I tend to act without thinking when I am really excited.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

17796



Section E: Monetary Choice

The value some people place on an amount of money depends on when they will receive it.

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

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

Which would you rather have?

- | | | | | | |
|------|------------------------|-----------------------|----|------------------------|-----------------------|
| E1) | £54 today | <input type="radio"/> | OR | £55 in 117 days | <input type="radio"/> |
| E2) | £75 in 61 days | <input type="radio"/> | OR | £55 today | <input type="radio"/> |
| E3) | £19 today | <input type="radio"/> | OR | £25 in 53 days | <input type="radio"/> |
| E4) | £31 today | <input type="radio"/> | OR | £85 in 7 days | <input type="radio"/> |
| E5) | £25 in 19 days | <input type="radio"/> | OR | £14 today | <input type="radio"/> |
| E6) | £50 in 160 days | <input type="radio"/> | OR | £47 today | <input type="radio"/> |
| E7) | £15 today | <input type="radio"/> | OR | £35 in 13 days | <input type="radio"/> |
| E8) | £55 today | <input type="radio"/> | OR | £85 today | <input type="radio"/> |
| E9) | £60 in 14 days | <input type="radio"/> | OR | £25 today | <input type="radio"/> |
| E10) | £78 today | <input type="radio"/> | OR | £80 in 162 days | <input type="radio"/> |
| E11) | £40 today | <input type="radio"/> | OR | £55 in 62 days | <input type="radio"/> |
| E12) | £30 in 7 days | <input type="radio"/> | OR | £11 today | <input type="radio"/> |
| E13) | £75 in 119 days | <input type="radio"/> | OR | £67 today | <input type="radio"/> |
| E14) | £34 today | <input type="radio"/> | OR | £35 in 186 days | <input type="radio"/> |

continued on the next page

17796



continued:

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

Which would you rather have?

- | | | | | | |
|------|------------------------|-------------------------|----|------------------------|-------------------------|
| E15) | £50 in 21 days | 1 <input type="radio"/> | OR | £27 today | 2 <input type="radio"/> |
| E16) | £69 today | 1 <input type="radio"/> | OR | £85 in 91 days | 2 <input type="radio"/> |
| E17) | £60 today | 1 <input type="radio"/> | OR | £20 today | 2 <input type="radio"/> |
| E18) | £49 today | 1 <input type="radio"/> | OR | £60 in 89 days | 2 <input type="radio"/> |
| E19) | £80 today | 1 <input type="radio"/> | OR | £85 in 157 days | 2 <input type="radio"/> |
| E20) | £35 in 29 days | 1 <input type="radio"/> | OR | £24 today | 2 <input type="radio"/> |
| E21) | £80 in 14 days | 1 <input type="radio"/> | OR | £33 today | 2 <input type="radio"/> |
| E22) | £28 today | 1 <input type="radio"/> | OR | £30 in 179 days | 2 <input type="radio"/> |
| E23) | £50 in 30 days | 1 <input type="radio"/> | OR | £34 today | 2 <input type="radio"/> |
| E24) | £15 today | 1 <input type="radio"/> | OR | £35 today | 2 <input type="radio"/> |
| E25) | £25 today | 1 <input type="radio"/> | OR | £30 in 80 days | 2 <input type="radio"/> |
| E26) | £41 today | 1 <input type="radio"/> | OR | £75 in 20 days | 2 <input type="radio"/> |
| E27) | £54 today | 1 <input type="radio"/> | OR | £60 in 111 days | 2 <input type="radio"/> |
| E28) | £80 in 30 days | 1 <input type="radio"/> | OR | £54 today | 2 <input type="radio"/> |
| E29) | £25 in 136 days | 1 <input type="radio"/> | OR | £22 today | 2 <input type="radio"/> |
| E30) | £55 in 7 days | 1 <input type="radio"/> | OR | £20 today | 2 <input type="radio"/> |

17796



Section F: Life Events

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

Have any of these happened in the **past 12 months** and did they affect you?

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

	Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but didn't affect me at all	No, did not happen
F1) You took an exam	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F2) You left home	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F3) You or your partner became pregnant	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F4) You or your partner had a baby	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F5) You lost your job	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F6) You graduated from university	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F7) You started a new job	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F8) You got engaged to be married/to enter into a civil partnership	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F9) You got married/entered into a civil partnership	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F10) You were divorced or separated from a long-term partner	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F11) You were admitted to hospital	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
F12) You were in trouble with the law	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙

17796

continued on the next page



continued:

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

Have any of these happened **in the past 12 months** and did they affect you?

		Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but didn't affect me at all	No, did not happen
F13)	You had problems at work	4 ○	3 ○	2 ○	1 ○	0 ○
F14)	Your house or car was burgled/stolen	4 ○	3 ○	2 ○	1 ○	0 ○
F15)	A pet died	4 ○	3 ○	2 ○	1 ○	0 ○
F16)	A parent died	4 ○	3 ○	2 ○	1 ○	0 ○
F17)	A friend died	4 ○	3 ○	2 ○	1 ○	0 ○
F18)	Your child, or your partner's child, died	4 ○	3 ○	2 ○	1 ○	0 ○
F19)	You or your partner had a miscarriage	4 ○	3 ○	2 ○	1 ○	0 ○
F20)	A relative (not a parent) died	4 ○	3 ○	2 ○	1 ○	0 ○
F21)	You became homeless	4 ○	3 ○	2 ○	1 ○	0 ○
F22)	You had major financial problems	4 ○	3 ○	2 ○	1 ○	0 ○
F23)	You attempted suicide	4 ○	3 ○	2 ○	1 ○	0 ○
F24)	You or your partner had an abortion	4 ○	3 ○	2 ○	1 ○	0 ○
F25)	Your parents divorced or separated	4 ○	3 ○	2 ○	1 ○	0 ○
F26)	You were promoted at work	4 ○	3 ○	2 ○	1 ○	0 ○
F27)	You moved house	4 ○	3 ○	2 ○	1 ○	0 ○

17796



Section G: Family and Fertility

In this section we want to ask you some questions about having children and becoming a parent. We realise that some people have problems becoming pregnant or a parent. Other people do not want children. We would like to find out as much as we can about your current children and plans for the future. This will help us to understand what things affect some people being able to become pregnant (or a parent) at a time that they want to, whereas for others this is harder. Please complete as many of the questions as you can.

Technical terms used in these questions:

Natural conception:

Pregnancy achieved through sex between a man and a woman without medical intervention.

IVF (in vitro fertilisation):

A process of fertilisation where an egg is combined with sperm outside the body and the resulting embryo subsequently transferred into the uterus.

ICSI (intra cytoplasmic sperm injection):

A type of IVF in which a single sperm cell is injected directly into the egg and the resulting embryo then transferred into the uterus.

Other ART (Assisted reproductive technology):

Technology used to achieve pregnancy not including IVF/ICSI. This would include use of hormones to stimulate ovulation without IVF/ICSI, use of donor sperm without IVF/ICSI and intrauterine insemination (IUI).

Surrogacy:

When a woman agrees to carry a pregnancy for another person or persons.

Adoption:

When a person legally assumes the parenting of a child who is not their biological child.

G1) Are you a parent? *Include biological, step, foster and adopted children.*

No

Yes



If **yes**, please go to question G2 on the next page

a. Do you plan to have children?

No

Yes



If **yes**, please go to question G4 on page 26



If **no**, please go to section H on page 29

17796



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

G2) How many children do you have?

--	--

Please include all children you feel you have parental responsibility for, including biological, step, foster and adopted children.

G3) Please give details of your children below.

We have provided space for up to 4 children. If you have had more than 4 children, please use the space on page 41 to give the same details as below and clearly indicate you are answering question G3.

a. **Your first child:**

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male 1 Female 2

iii) How did you become their parent?

Natural conception	<input type="radio"/> 1	Step parent	<input type="radio"/> 2
Fostering	<input type="radio"/> 3	Adoption	<input type="radio"/> 4
IVF/ISCI	<input type="radio"/> 5	Other ART	<input type="radio"/> 6
Surrogacy	<input type="radio"/> 7	Other	<input type="radio"/> 9

If other, or other ART, please specify:

--

If IVF/ISCI, Other ART, Surrogacy or Other, who provided the sperm and egg?

Own/partner eggs and own/partner sperm	<input type="radio"/> 1
Own/partner eggs and donor sperm	<input type="radio"/> 2
Donor eggs and own/partner sperm	<input type="radio"/> 3
Donor eggs and sperm	<input type="radio"/> 4

continued on the next page

17796



b. Your second child:

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male 1 Female 2

iii) How did you become their parent?

Natural conception	<input type="radio"/> 1	Step parent	<input type="radio"/> 2
Fostering	<input type="radio"/> 3	Adoption	<input type="radio"/> 4
IVF/ISCI	<input type="radio"/> 5	Other ART	<input type="radio"/> 6
Surrogacy	<input type="radio"/> 7	Other	<input type="radio"/> 9

If other, or other ART, please specify:

If IVF/ISCI, Other ART, Surrogacy or Other, who provided the sperm and egg?

Own/partner eggs and own/partner sperm	<input type="radio"/> 1
Own/partner eggs and donor sperm	<input type="radio"/> 2
Donor eggs and own/partner sperm	<input type="radio"/> 3
Donor eggs and sperm	<input type="radio"/> 4

c. Your third child:

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male 1 Female 2

iii) How did you become their parent?

Natural conception	<input type="radio"/> 1	Step parent	<input type="radio"/> 2
Fostering	<input type="radio"/> 3	Adoption	<input type="radio"/> 4
IVF/ISCI	<input type="radio"/> 5	Other ART	<input type="radio"/> 6
Surrogacy	<input type="radio"/> 7	Other	<input type="radio"/> 9

If other, or other ART, please specify:

If IVF/ISCI, Other ART, Surrogacy or Other, who provided the sperm and egg?

Own/partner eggs and own/partner sperm	<input type="radio"/> 1
Own/partner eggs and donor sperm	<input type="radio"/> 2
Donor eggs and own/partner sperm	<input type="radio"/> 3
Donor eggs and sperm	<input type="radio"/> 4



d. **Your fourth child:**

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male 1 Female 2

iii) How did you become their parent? Natural conception 1 Step parent 2
 Fostering 3 Adoption 4
 IVF/ISCI 5 Other ART 6
 Surrogacy 7 Other 9

If other, or other ART, please specify:

If IVF/ISCI, Other ART, Surrogacy or Other, who provided the sperm and egg? Own/partner eggs and own/partner sperm 1
 Own/partner eggs and donor sperm 2
 Donor eggs and own/partner sperm 3
 Donor eggs and sperm 4

If you have more than 4 children, please use the space on page 41 to give the same details as above and clearly indicate you are answering question G3.

G4) Are you/your partner currently pregnant?
 Yes, I am pregnant 1 Yes, my partner is pregnant 2
 No 0 → **If no, please go to question G7 below**

G5) What is the expected due date of your baby?

--	--

 /

--	--

 /

--	--	--	--

G6) Where do you expect your baby to be born?
 Southmead Hospital 1 St Michael's Hospital 2
 Weston General Hospital 3 RUH Bath 4
 Other (please specify) 5

G7) **If you are a parent or are expecting a child**, would you be happy to receive further details about COCO90s (Children of the Children of the 90s)? You can find more details at: childrenofthe90s.ac.uk/coco90s
 Yes 1 Already in COCO90s 2
 No 0 Not applicable 9

17796



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

G8) What would be your preferred way of having a child if all options were available to you? Please rank in order of preference or leave blank if you would not consider the option. If you already have a child, please rank the options as if you were having your first child. Please only put one cross in each column.

	1st	2nd	3rd	4th	5th
a. Natural Conception	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. IVF/ISCI	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Surrogacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Adoption	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Other	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

If other,
please specify:

G9) What would you consider to be the most important reasons for wanting/deciding to start a family? Please cross one circle on each line.

	No import- ance at all	Very low import- ance	Low import- ance	Moder- ate import- ance	High import- ance	Of the highest import- ance
a. I feel it is the next logical step for my relationship with my partner	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I feel under social pressure to become a parent	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I love my partner and want a baby	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Most of my friends have children and I don't want to be left out	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I feel under pressure from relatives to have children	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. I believe it will bring me closer to my partner	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

17796

continued on the next page



continued: What would you consider to be the most important reasons for wanting/deciding to start a family?

	No importance at all	Very low importance	Low importance	Moderate importance	High importance	Of the highest importance
g. I want a child who will take care of me later in life	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. I want to be a parent	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. I really like babies/children and want to have them in my life	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. I have a strong desire to be pregnant	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. I am having difficulties in my relationship with my partner and I feel having a child will help us	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
l. I feel that having children is an important part of being a man/woman	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
m. I want to carry on my family line	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
n. I want to help shape the next generation	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
o. My religious beliefs lead me to want to have a child	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

Please list any other reasons that are important to you:

G10) Are you or your partner trying for a baby at the moment?

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

17796



Section H: Unusual Experiences

Different people experience life in different ways. We are interested in finding out more about experiences that you may have had. Some, or even all of these questions might not apply to you, but it is important that we ask everyone the same questions.

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

H1) Have you **ever** heard voices that other people couldn't hear?

Yes, definitely 1 ○

Yes, maybe 2 ○

No, never 0 ○ → **If no, please go to question H2 below**

a. At its worst, how upsetting did you find this?

Not at all upsetting 0 ○

A bit upsetting 1 ○

Quite upsetting 2 ○

Very upsetting 3 ○

b. How often have you heard voices that other people couldn't hear **in the past year?**

Once or twice 1 ○

Less than once a month 2 ○

More than once a month 3 ○

Nearly every day 4 ○

Not at all 5 ○

H2) Have you **ever** seen something or someone that other people couldn't see?

Yes, definitely 1 ○

Yes, maybe 2 ○

No, never 0 ○ → **If no, please go to question H3 on the next page**

a. At its worst, how upsetting did you find this?

Not at all upsetting 0 ○

A bit upsetting 1 ○

Quite upsetting 2 ○

Very upsetting 3 ○

continued on the next page

17796



continued:

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

- b. How often have you seen something or someone that other people couldn't see **in the past year**?

Once or twice 1 Less than once a month 2
More than once a month 3 Nearly every day 4
Not at all 5

- H3) Have you **ever** thought you were being followed or spied on?

Yes, definitely 1
Yes, maybe 2
No, never 0

➔ **If no, please go to section I on the next page**

- a. At its worst, how upsetting did you find this?

Not at all upsetting 0 A bit upsetting 1
Quite upsetting 2 Very upsetting 3

- b. How often have you thought you were being followed or spied on **in the past year**?

Once or twice 1 Less than once a month 2
More than once a month 3 Nearly every day 4
Not at all 5

If you are affected by any of the issues raised in this section, there are a number of helpline organisations listed on the back page.

17796



Section I: Education

We know we have asked you about your education in the past but we want to ensure we have the full picture. We are also interested in the choices people make about continuing education.

- 11) Please list below the subject (e.g. Biology), qualification (e.g. GCSE), grade (e.g. A*), and year (e.g. 2008) of your educational qualifications including GCSE's, A-levels, work-based qualifications such as NVQs and university degrees.

If you have no qualifications, please cross this circle and go to question 12 on the next page:

(i) Subject (e.g. Biology)	(ii) Qualification (e.g. GCSE)	(iii) Grade (e.g. A*)	(iv) Year (e.g. 2008)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			

17796



continued:

(i) Subject (e.g. Biology)	(ii) Qualification (e.g. GCSE)	(iii) Grade (e.g. A*)	(iv) Year (e.g. 2008)
j.			
k.			
l.			
m.			
n.			
o.			
p.			
q.			
r.			

If you have more qualifications, please list them in the box provided on page 41 and clearly state you are answering question I1.

12) Have you studied at university for a degree or higher qualification?

Yes 1 → **If yes or still at university,
please go to question I3
on page 34**

Still at university 2 →

No 0 → **If no, please continue to the next
page**

17796



continued:

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

12) a. How important were each of these factors in why you did not go to university? Please cross one circle on each line.

	Extremely import- ant	Import- ant	Neither important nor un- important	Unim- portant	Extremely unim- portant
i. I did not know enough about university	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
ii. I did not need a degree for the job/career I was interested in	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
iii. I did not want to be a financial burden on my family	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
iv. I did not want to incur debt from student loans	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
v. I preferred to do something practical rather than studying from books	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
vi. I didn't feel clever enough to go to university	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
vii. I didn't enjoy studying	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
viii. I wanted to start earning as soon as possible	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
ix. Most of my friends were not going to university	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
x. My parents did not go to university	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
xi. I had other priorities (e.g. family/children)	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
xii. I didn't think I would fit in	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙
xiii. I couldn't decide what to study	5 ⊙	4 ⊙	3 ⊙	2 ⊙	1 ⊙

b. What did you do straight after leaving school/sixth form college instead?

NOW PLEASE GO TO SECTION J on PAGE 37

17796



If you have attended multiple universities, please only consider the first university you attended when answering the following questions:

13) Which university do/did you study at for a degree or higher qualification?

14) Which (if any) other universities did you apply to?

15) Of those that you applied to, which was your first choice?

16) What month and year did you start studying at university?

MM		YYYY				
		/				

17) What month and year did you leave your studies at university?

MM		YYYY				
		/				

17796



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

- 18) How important were each of these factors in your choice of university?
Please cross one circle on each line.

	Extremely import- ant	Import- ant	Neither important nor un- important	Unim- portant	Extremely unim- portant
a. Diversity of the student population	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
b. The town or city that the university is located in or near: its size, nightlife, arts, attractions	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
c. The university's facilities: sports, library, IT and science labs, support services	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
d. The university's distance from my family home	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
e. The university's perceived ability to boost later career opportunities	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
f. The student accommodation available: halls and private rentals	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
g. The reputation of the university	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
h. The course on offer: its curriculum, assessment type and structure	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
i. Having family or friends at the university or previously attended it	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
j. Affordability: how cheap or expensive the town/city was	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
k. People I admire went there	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
l. I was interested in the research being done there	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
m. I had to stay close to family/ children at school	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>

17796



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

19) How important were each of these factors in your choice of **course** at university? Please cross one circle on each line.

	Extremely import- ant	Import- ant	Neither important nor un- important	Unim- portant	Extremely unim- portant
a. For the career that I am interested in I needed to have a degree in this subject	5 ○	4 ○	3 ○	2 ○	1 ○
b. I enjoyed this subject at school	5 ○	4 ○	3 ○	2 ○	1 ○
c. I liked the structure of the course and modes of assessment	5 ○	4 ○	3 ○	2 ○	1 ○
d. I was good at this subject at school	5 ○	4 ○	3 ○	2 ○	1 ○
e. My parents or other family members wanted me to do this subject	5 ○	4 ○	3 ○	2 ○	1 ○
f. The degree has good, secure employment prospects	5 ○	4 ○	3 ○	2 ○	1 ○
g. Graduates with this degree tend to have high earnings	5 ○	4 ○	3 ○	2 ○	1 ○
h. This course gives me flexibility in career choice	5 ○	4 ○	3 ○	2 ○	1 ○
i. This course offered a study-abroad year	5 ○	4 ○	3 ○	2 ○	1 ○
j. This course offered a work placement year	5 ○	4 ○	3 ○	2 ○	1 ○
k. I thought it would challenge me	5 ○	4 ○	3 ○	2 ○	1 ○
l. I believed this to be the best/most important subject	5 ○	4 ○	3 ○	2 ○	1 ○

17796



Section J: Attitudes to Data Sharing

In this section we are not asking you to share any data; we only want to know your thoughts on us possibly asking in the future.

Digital technology is opening up a new era in the understanding of individual choices and decision-making. An ever-increasing amount of digital information is generated as we go through our daily lives. Being able to combine this information with medical, genetic and lifestyle information you already helped us collect will allow us to understand more about choices and everyday behaviours. This would allow us to investigate important research questions such as, how spending patterns affect wellbeing and mental health, and whether eating habits contribute to obesity and diabetes.

Supermarket card data:

Information about your purchases in a specific shop exactly like it appears on your receipt.

Banking data:

All information about your spending just like it appears on your bank statement.

Activity Tracker data:

Information from wearable devices and apps that can include location data, step counts, movement data.

J1) Do you own supermarket loyalty cards?

Please only include cards that are registered to you, not any that you use and are registered to someone else.

Yes

No



If no, please go to question J2 on the next page

17796



a. Which of these supermarket loyalty cards do you have and how often do you use them? *Please cross one circle on each line.*

	Don't have	Have but never used	Use daily	Use weekly	Use monthly	Use less often	Have used in the past	Don't know
i. Tesco Club Card	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
ii. Sainsbury's Nectar Card	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
iii. Boots Advantage Card	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
iv. Morrisons More Card	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
v. Co-op Membership Card	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>

If you have any other supermarket loyalty cards that you use regularly, please specify the name and how often you use them.

J2) Do you have bank credit or debit cards with following providers, and how often do you use them? *Please cross one circle on each line.*

	Don't have	Have but never used	Use daily	Use weekly	Use monthly	Use less often	Have used in the past	Don't know
i. Santander UK	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
ii. HSBC	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
iii. Lloyds	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
iv. Halifax	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
v. NatWest	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
vi. Barclays	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>
vii. Nationwide	0 <input type="radio"/>	1 <input type="radio"/>	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>

continued on the next page

17796



continued:

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

If you have any other bank credit or debit cards that you use regularly, please specify the name and how often you use them.

J3) We are interested in knowing whether you track your physical activity (walking, running, cycling etc) using any fitness gadgets (such as Fitbit, Jawbone, Garmin Watch) or online/phone apps (such as Strava, MapMyRun, Nike training). Do you use:

	Always	Sometimes	Never
a. Gadgets?	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Apps?	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

J4) a. In the future, how likely is it that you would share all or part of the data from these with Children of the 90s?

	Very unlikely	Unlikely	Likely	Very likely	Don't know	Not applicable
i. Supermarket card data	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	9 <input type="radio"/>	8 <input type="radio"/>
ii. Banking card data	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	9 <input type="radio"/>	8 <input type="radio"/>
iii. Activity tracker data	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	9 <input type="radio"/>	8 <input type="radio"/>

continued on the next page

17796



b. If you answered **unlikely**, **very unlikely** or **don't know** to the previous questions, what are your reasons for this choice?

Please cross all that apply.

	(i) Supermarket card data	(ii) Banking card data	(iii) Activity tracker data
I want to keep this information private	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
I am concerned that information I share might be used for marketing goods to me	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
I am worried that my personal information might not be kept securely	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
I do not want to share information about other people which may be reflected in my data (for example, about my children)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
I am worried sharing my data will lead to identity theft	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
I do not want this information to be shared with other researchers	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
I fear a data breach/hacking/appropriation of data	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>

J5) If you have additional questions or concerns about potentially sharing these types of data with Children of the 90s in the future please tell us here:

17796



Section K: Completing the Questionnaire

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

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

b. What is **today's date**?

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

K2) We realise that the contact address we have for you, where we send any mail to, may not be where you are currently living. However, we are interested in learning where our participants are in the world.

Please can you tell us the post code for where you have lived for most of the **last 6 months**:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

a. **If you have lived outside the UK for the past 6 months**, please tell us the city and country:

City

Country

Letting us know your postcode here will not change the details we use to communicate with you. Being able to share Children of the 90s news and invite you to take part in clinics and questionnaires is really important to us.

If you want to update the details that we have for you please visit:
childrenofthe90s.ac.uk/update-your-details

Extra space for answering questions

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

17796



Life @ 26+

Version 1 07/12/2018

Questionnaire Number

If you'd like to add a comment, please do so in the box below.

Please cross this box if you would like us to reply:

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

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

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

No Voucher

To be entered into the prize draw we must have received your questionnaire by 5pm on 5th April 2019. If you win, we will contact you within two weeks using the contact details on our database. You can update these online at childrenofthe90s.ac.uk/update-your-details. You will receive your prize up to six weeks after the draw has been held.

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

No Prize Draw

17796

