

# 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:



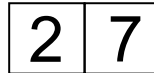
If you make a mistake, shade the circle/box in like this:



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.

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Please complete the questionnaire using a **BLACK PEN**

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# Section A: Your Outlook on Life

Please cross through circles like this in BLACK PEN: ~~⊗~~  
If you make a mistake, fill in the **wrong** circle like this: ●

**This section asks about how you feel about certain things in life and about yourself.**

- A1) Please answer 'yes' or 'no' to the following questions:
- |   | Yes                     | No                      |
|---|-------------------------|-------------------------|
| a. Did getting good marks at school mean a great deal to you?   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Are you often blamed for things that just aren't your fault?   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?                         | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?                 | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Do you believe that whether or not people like you depends on how you act?   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Do you believe that when bad things are going to happen they are just going to happen no matter what you try to do to stop them? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. Do you feel that when good things happen they happen because of hard work?   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. Do you feel that when someone doesn't like you there's little you can do about it?   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. Did you usually feel that it was almost useless to try in school because most other children were <b>more clever</b> than you?   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| j. Are you the kind of person who believes that planning ahead makes things turn out better?  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| k. Most of the time, do you feel that you have little say about what your family decides to do?                                     | 1 <input type="radio"/> | 0 <input type="radio"/> |
| l. Do you think it's better to be clever than to be lucky?  | 1 <input type="radio"/> | 0 <input type="radio"/> |

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Please cross through circles like this in BLACK PEN: ~~⊗~~  
 If you make a mistake, fill in the **wrong** circle like this: ●

A2) Below are some statements. Please say how true they are of you.

	Almost always true	Often true	Some- times true	Seldom true	Never true
a. I feel that I am a person of worth, at least equal to others	4 ○	3 ○	2 ○	1 ○	0 ○
b. I feel I have a number of good qualities	4 ○	3 ○	2 ○	1 ○	0 ○
c. I am able to do things as well as most other people	4 ○	3 ○	2 ○	1 ○	0 ○
d. I feel I do not have much to be proud of	4 ○	3 ○	2 ○	1 ○	0 ○
e. I take a positive attitude towards myself	4 ○	3 ○	2 ○	1 ○	0 ○
f. Sometimes I think I am no good at all	4 ○	3 ○	2 ○	1 ○	0 ○
g. I am a useful person to have around	4 ○	3 ○	2 ○	1 ○	0 ○
h. I feel I cannot do anything right	4 ○	3 ○	2 ○	1 ○	0 ○
i. When I do a job I do it well	4 ○	3 ○	2 ○	1 ○	0 ○
j. I feel that my life is not very useful	4 ○	3 ○	2 ○	1 ○	0 ○

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

**Mind**

Advice and support for anyone with a mental health problem  
 Tel: 0300 123 3393 (9am – 6pm, Mon – Fri), [www.mind.org.uk](http://www.mind.org.uk)  
 Or text Shout on 85258 for 24/7 mental health support

**The Samaritans**

Emotional support for everyone  
 Tel: 116 123 (24 hours), [www.samaritans.org](http://www.samaritans.org)

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## Section B: Events Since the Start of the Pandemic

*Please cross through circles like this in BLACK PEN: ~~⊗~~*

Listed below are a number of events which may have occurred recently. We would like to know whether any of these have occurred **since the COVID-19 pandemic started in March 2020**. Some of these may be distressing to recall, but we hope you will let us know how much they affected you.

**If you are affected by any of the issues raised in this section, please see our helplines page at the back of this questionnaire.**

		Yes,				
		Yes, affected me a lot	Yes, moderately affected	Yes, but did not mildly affected	Yes, but did not affect me at all	No, did not happen
B1)	Your partner or ex-partner died	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B2)	One of your children died	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B3)	A parent died	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B4)	One of your children or grandchildren was very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B5)	Your partner was very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B6)	A friend or relative was very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B7)	A friend or relative died	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B8)	You were in trouble with the law	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B9)	You were divorced	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B10)	A parent was very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B11)	You were very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B12)	Your partner lost their job	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B13)	Your partner had problems at work	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B14)	You had problems at work	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗

continued on the next page...

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continued:

		Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
B15)	You lost your job	4 ○	3 ○	2 ○	1 ○	0 ○
B16)	Your partner went away	4 ○	3 ○	2 ○	1 ○	0 ○
B17)	Your partner was in trouble with the law	4 ○	3 ○	2 ○	1 ○	0 ○
B18)	You and your partner separated	4 ○	3 ○	2 ○	1 ○	0 ○
B19)	Your income was reduced	4 ○	3 ○	2 ○	1 ○	0 ○
B20)	You argued with your partner	4 ○	3 ○	2 ○	1 ○	0 ○
B21)	You argued with your family and friends	4 ○	3 ○	2 ○	1 ○	0 ○
B22)	You moved house	4 ○	3 ○	2 ○	1 ○	0 ○
B23)	Your partner was physically cruel to you	4 ○	3 ○	2 ○	1 ○	0 ○
B24)	You became homeless	4 ○	3 ○	2 ○	1 ○	0 ○
B25)	You had a major financial problem	4 ○	3 ○	2 ○	1 ○	0 ○
B26)	You got married	4 ○	3 ○	2 ○	1 ○	0 ○
B27)	Your partner was physically cruel to your relatives	4 ○	3 ○	2 ○	1 ○	0 ○
B28)	You were physically cruel to your partner	4 ○	3 ○	2 ○	1 ○	0 ○
B29)	You attempted suicide	4 ○	3 ○	2 ○	1 ○	0 ○
B30)	You were convicted of an offence	4 ○	3 ○	2 ○	1 ○	0 ○
B31)	Your partner was emotionally cruel to you	4 ○	3 ○	2 ○	1 ○	0 ○

continued on the next page...

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continued:

		Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
B32)	You started a new job	4 ○	3 ○	2 ○	1 ○	0 ○
B33)	You were admitted to hospital	4 ○	3 ○	2 ○	1 ○	0 ○
B34)	Relatives or friends came to live with you	4 ○	3 ○	2 ○	1 ○	0 ○
B35)	You took on a caring role	4 ○	3 ○	2 ○	1 ○	0 ○
B36)	You took an examination	4 ○	3 ○	2 ○	1 ○	0 ○
B37)	You were emotionally cruel to your partner	4 ○	3 ○	2 ○	1 ○	0 ○
B38)	Your partner was emotionally cruel to your relatives	4 ○	3 ○	2 ○	1 ○	0 ○
B39)	You were emotionally cruel to your children	4 ○	3 ○	2 ○	1 ○	0 ○
B40)	Your house or car was burgled	4 ○	3 ○	2 ○	1 ○	0 ○
B41)	Your partner started a new job	4 ○	3 ○	2 ○	1 ○	0 ○
B42)	A pet died	4 ○	3 ○	2 ○	1 ○	0 ○
B43)	You had a serious accident	4 ○	3 ○	2 ○	1 ○	0 ○
B44)	You or your partner had a miscarriage	4 ○	3 ○	2 ○	1 ○	0 ○
B45)	You or your partner had a termination of a pregnancy	4 ○	3 ○	2 ○	1 ○	0 ○
B46)	You were physically cruel to your children	4 ○	3 ○	2 ○	1 ○	0 ○
B47)	Something else happened that upset you (please cross and describe)	4 ○	3 ○	2 ○	1 ○	0 ○

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## Section C: About You

*Please cross through circles like this in BLACK PEN: ~~⊗~~  
If you make a mistake, fill in the **wrong** circle like this: ●*

The following questions are about how you see yourself as a person.

C1) Choose the number which best describes how you see yourself.	Does not apply to me at all							Applies to me perfectly
	1	2	3	4	5	6	7	
a. I am sometimes rude to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am someone who does a thorough job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am someone who is talkative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am someone who worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am someone who is original, comes up with new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am someone who has a forgiving nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am someone who tends to be lazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am someone who is outgoing, sociable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I am someone who gets nervous easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I am someone who values artistic things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am someone who is considerate and kind to almost everyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I am someone who does things efficiently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I am someone who is reserved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I am someone who is relaxed and handles stress well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. I am someone who has an active imagination	<input type="radio"/>	<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 in BLACK PEN: ~~○~~  
If you make a mistake, fill in the **wrong** circle like this: ●

C2) Please answer 'yes' to the following questions if the description applies to you **most** of the time and in **most** situations. If not, answer 'no'.

	Yes	No
a. In general, do you have difficulty making and keeping friends?	1 ○	0 ○
b. Would you normally describe yourself as a loner?	1 ○	0 ○
c. In general, do you trust other people?	1 ○	0 ○
d. Do you normally lose your temper easily?	1 ○	0 ○
e. Are you normally an impulsive sort of person?	1 ○	0 ○
f. Are you normally a worrier?	1 ○	0 ○
g. In general, do you depend on others a lot?	1 ○	0 ○
h. In general, are you a perfectionist?	1 ○	0 ○



## Section D: You and Your Partner

Please cross through circles like this in BLACK PEN: ~~○~~  
If you make a mistake, fill in the **wrong** circle like this: ●

The following section asks about whether you have a partner and how they may behave towards you.

D1) Do you currently have a partner?

Yes, I am married 1 ○

Yes, I am in a civil partnership 2 ○

Yes, I am engaged 3 ○

Yes, but I am not married or engaged or in a civil partnership 4 ○

No 0 ○

→ If no, please go to Section E on page 13

D2) Do you live with your partner?

Yes, all the time 1 ○

Yes, some of the time 2 ○

No 0 ○

D3) Please rate your partner's attitudes and behaviour towards you recently.  
Cross the most appropriate circle for each question.

	Very true	Mode- rately true	Some- what true	Not at all true
a. Is very considerate of me	3 ○	2 ○	1 ○	0 ○
b. Wants me to take their side in an argument	3 ○	2 ○	1 ○	0 ○
c. Wants to know exactly what I'm doing and where I am	3 ○	2 ○	1 ○	0 ○
d. Is a good companion	3 ○	2 ○	1 ○	0 ○
e. Is affectionate to me	3 ○	2 ○	1 ○	0 ○

continued on the next page...

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continued:

D3) Please rate your partner's attitudes and behaviour towards you recently.

	Very true	Moderately true	Somewhat true	Not at all true
f. Is clearly hurt if I don't accept their views	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Tends to try and change me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Confides closely in me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. Tends to criticise me over small issues	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
j. Understands my problems and worries	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
k. Tends to order me about	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
l. Insists I do exactly as I'm told	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
m. Is physically gentle and considerate	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
n. Makes me feel needed	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
o. Wants me to change in small ways	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
p. Is very loving to me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
q. Seeks to dominate me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
r. Is fun to be with	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
s. Wants to change me in big ways	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
t. Tends to control everything I do	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
u. Shows their appreciation of me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
v. Is critical of me in private	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
w. Is gentle and kind to me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
x. Speaks to me in a warm and friendly voice	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

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Please cross through circles like this in BLACK PEN: ~~⊗~~  
If you make a mistake, fill in the **wrong** circle like this: ●

D4) Please select the answer which best describes your relationship with your partner.

	Strongly disagree	Dis-agree	Slightly disagree	Slightly agree	Agree	Strongly agree
a. I have a close relationship with my spouse/partner	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
b. My partner and I have problems in our relationship	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
c. I am very happy with our relationship	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
d. My partner is generally understanding	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
e. I often consider ending our relationship	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
f. I am satisfied with my relationship with my partner	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
g. We frequently disagree on important decisions	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
h. I have been lucky in my choice of a partner	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
i. We agree on how children should be raised (regardless of whether we have children or intend to)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
j. I think my partner is satisfied with our relationship	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

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

**Refuge**  
**National Domestic Abuse Helpline**  
**Tel: 0808 2000 247 (24 hours)**  
**[www.nationaldahelpline.org.uk](http://www.nationaldahelpline.org.uk)**

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## Section E: Climate Change

Please cross through circles like this in BLACK PEN: ~~⊙~~

We are interested in your views about what is happening to our planet and if you believe you can make a difference by altering your behaviour.

E1) Do you believe that the climate is changing?

Yes, definitely 4

Yes probably 3

Yes maybe 2

Probably not 1

Definitely not 0



If **definitely not**, please go to question E2 on the next page

a. How concerned are you about the impact of climate change?

Not at all concerned 0

Not very concerned 1

Somewhat concerned 2

Very concerned 3

b. Do you believe that humans are to blame for climate change?

Yes, for all of it 3

Yes, for most of it 2

Yes, for some of it 1

Not at all 0

c. Do you think that what you do, however small, will make a difference to the long-term effects of changes to our climate?

Yes 1

No 0

Not sure 9

d. Which of the following do you think will be affected by climate change **in the area where you live over the next 20 years**? Please cross all that apply.

The weather 1

Your work 2

The economy 3

Your neighbourhood 4

Your health 5

The health of future generations 6

None of these 0

Other 7   
(please cross and describe)

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E2) Have you taken any of the following actions whether or not because of concerns about climate change?

*Please cross all that apply.*

	Action taken due to climate change	Action taken for other reasons	I have not done this
a. Changed the way I travel <b>locally</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Reduced my household waste	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Reduced energy use at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Changed what I buy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Reduced air travel (for any reason, e.g. holiday/business)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Bought or hired an electric or hybrid vehicle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Bought foods produced locally	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Recycled/Upcycled more	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Reduced the amount of plastic I used	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Chosen sustainably sourced items	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Improved insulation in the home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Installed solar panels	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
m. Started growing vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
n. Planted tree(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
o. Avoided organisations that support fossil fuels	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
p. Not had children, or reduced the number I had planned	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
q. Other (please cross and describe)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

r. Have you taken action to eat less or no meat and/or dairy products?

*Please select all that apply.*

Action taken due to climate change 1  I have not done this 0

Action taken for other reasons 2

I have always been vegetarian 3

I have always been vegan 4

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## Section F: Chemicals and Fumes in Your Environment

We are interested in finding out about some of the chemicals you might be exposed to at home and at work and how these may or may not affect your health.

F1) During the **past year**, how often have you used the following at home?

	Every day	Most days	About once a week	Less than once a week	Not at all
a. Disinfectant	4 ○	3 ○	2 ○	1 ○	0 ○
b. Bleach	4 ○	3 ○	2 ○	1 ○	0 ○
c. Window cleaner	4 ○	3 ○	2 ○	1 ○	0 ○
d. Carpet cleaner	4 ○	3 ○	2 ○	1 ○	0 ○
e. Oven/drain cleaner	4 ○	3 ○	2 ○	1 ○	0 ○
f. Dry cleaning fluid	4 ○	3 ○	2 ○	1 ○	0 ○
g. Turpentine/white spirit	4 ○	3 ○	2 ○	1 ○	0 ○
h. Paint stripper	4 ○	3 ○	2 ○	1 ○	0 ○
i. Household paint or varnish	4 ○	3 ○	2 ○	1 ○	0 ○
j. Weed killers	4 ○	3 ○	2 ○	1 ○	0 ○
k. Pesticides/insect killers (including flea or fly sprays or powders)	4 ○	3 ○	2 ○	1 ○	0 ○
l. Hair dye/bleach	4 ○	3 ○	2 ○	1 ○	0 ○
m. Hair removal creams	4 ○	3 ○	2 ○	1 ○	0 ○
n. Air fresheners (spray, stick, diffusers or aerosol)	4 ○	3 ○	2 ○	1 ○	0 ○
o. Other (please cross and describe)	4 ○	3 ○	2 ○	1 ○	0 ○

F2) How many of these and other products used in your home are aerosol sprays?

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F3) In the **past year**, how often have you used any of the following, whether at work or as a hobby?

	Every day	Most days	About once a week	Less than once a week	Not at all
a. Soldering	4 ○	3 ○	2 ○	1 ○	0 ○
b. Ceramics/enamels	4 ○	3 ○	2 ○	1 ○	0 ○
c. Dry cleaning fluids	4 ○	3 ○	2 ○	1 ○	0 ○
d. Electroplating	4 ○	3 ○	2 ○	1 ○	0 ○
e. Glues	4 ○	3 ○	2 ○	1 ○	0 ○
f. Leather working	4 ○	3 ○	2 ○	1 ○	0 ○
g. Fabric/textiles	4 ○	3 ○	2 ○	1 ○	0 ○
h. Dyes	4 ○	3 ○	2 ○	1 ○	0 ○
i. Insecticides	4 ○	3 ○	2 ○	1 ○	0 ○
j. Plastics	4 ○	3 ○	2 ○	1 ○	0 ○
k. Metal cleaners/degreasers, polishers	4 ○	3 ○	2 ○	1 ○	0 ○
l. Petrol	4 ○	3 ○	2 ○	1 ○	0 ○
m. Paint	4 ○	3 ○	2 ○	1 ○	0 ○
n. Photographic chemicals	4 ○	3 ○	2 ○	1 ○	0 ○
o. Electrical wiring	4 ○	3 ○	2 ○	1 ○	0 ○
p. Machining	4 ○	3 ○	2 ○	1 ○	0 ○
q. Welding	4 ○	3 ○	2 ○	1 ○	0 ○
r. Flour/baking	4 ○	3 ○	2 ○	1 ○	0 ○
s. Woodwork or carving stone	4 ○	3 ○	2 ○	1 ○	0 ○
t. Radiation (x-ray or other)	4 ○	3 ○	2 ○	1 ○	0 ○
u. Other chemicals (please cross and describe)	4 ○	3 ○	2 ○	1 ○	0 ○

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Please cross through circles like this in BLACK PEN: ~~○~~  
 If you make a mistake, fill in the **wrong** circle like this: ●

F4) In the **past year** how often have you done the following; whether at work, for a family member or friend, as a volunteer or as a hobby?

	Every day	Most days	About once a week	Less than once a week	Not at all
a. Domestic work in someone else's home	4 ○	3 ○	2 ○	1 ○	0 ○
b. Hairdressing	4 ○	3 ○	2 ○	1 ○	0 ○
c. Farm work	4 ○	3 ○	2 ○	1 ○	0 ○
d. Nursing or caring	4 ○	3 ○	2 ○	1 ○	0 ○
e. Gardening	4 ○	3 ○	2 ○	1 ○	0 ○

F5) Please indicate how often **per day**, on average, you are in a room or enclosed place where other people are smoking cigarettes.

	More than 5 hours	3-5 hours	1-2 hours	Less than 1 hour	Not at all/hardly ever
a. Weekdays	4 ○	3 ○	2 ○	1 ○	0 ○
b. Weekends	4 ○	3 ○	2 ○	1 ○	0 ○

F6) Please indicate how often **per day**, on average, you are in a room or enclosed place where other people are vaping.

	More than 5 hours	3-5 hours	1-2 hours	Less than 1 hour	Not at all/hardly ever
a. Weekdays	4 ○	3 ○	2 ○	1 ○	0 ○
b. Weekends	4 ○	3 ○	2 ○	1 ○	0 ○

F7) Please indicate how often **per day**, on average, you are in a room or enclosed place where other people are smoking or vaping cannabis.

	More than 5 hours	3-5 hours	1-2 hours	Less than 1 hour	Not at all/hardly ever
a. Weekdays	4 ○	3 ○	2 ○	1 ○	0 ○
b. Weekends	4 ○	3 ○	2 ○	1 ○	0 ○

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Please cross through circles like this in BLACK PEN: ~~⊗~~  
If you make a mistake, fill in the **wrong** circle like this: ●

F8) Please indicate how often **per day**, on average, you are in a room or enclosed place where a candle or incense is burning.

	More than 5 hours	3-5 hours	1-2 hours	Less than 1 hour	Not at all/ hardly ever
a. Weekdays	4 ○	3 ○	2 ○	1 ○	0 ○
b. Weekends	4 ○	3 ○	2 ○	1 ○	0 ○

F9) How would you rate the level of traffic in your street?

Very busy	5 ○	Busy	4 ○	Moderate	3 ○
Quiet	2 ○	Very quiet	1 ○		

F10) About how far away (as the crow flies) is the nearest road with very heavy traffic (including lorries)?

Less than 100 metres	4 ○	Up to half a mile	3 ○
Up to one mile	2 ○	More than a mile	1 ○
Not sure	9 ○		

F11) Can you detect smoke or fumes when you are in your home or immediately outside:

	Yes	No
a. From other homes, especially in the winter?	1 ○	0 ○
b. From nearby factories?	1 ○	0 ○

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## Section G: Noise Exposure

Please cross through circles like this in BLACK PEN: ~~X~~

In this section we would like to learn about the levels of noise you might be exposed to at home or at work.

G1) How would you describe the noise level in your home?

- |   | Yes                     | No                      |
|---|-------------------------|-------------------------|
| a. There is usually music or television on in our home                            | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. The noises from outside our home are disturbing (neighbours, traffic, factory) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. It is often so noisy at home it is difficult to hold a conversation            | 1 <input type="radio"/> | 0 <input type="radio"/> |

G2) Have you ever worked in a noisy place where you had to shout to be heard?

- |                              |                         |            |                         |
|------------------------------|-------------------------|------------|-------------------------|
| Yes, for more than 5 years   | 3 <input type="radio"/> | No         | 0 <input type="radio"/> |
| Yes, for around 1 to 5 years | 2 <input type="radio"/> | Don't know | 9 <input type="radio"/> |
| Yes, for less than 1 year    | 1 <input type="radio"/> |            |                         |

G3) Have you ever listened to music for **more than 3 hours per week** at a volume at which you would need to shout to be heard or, if wearing headphones, someone else would need to shout for you to hear them?

- |                              |                         |            |                         |
|------------------------------|-------------------------|------------|-------------------------|
| Yes, for more than 5 years   | 3 <input type="radio"/> | No         | 0 <input type="radio"/> |
| Yes, for around 1 to 5 years | 2 <input type="radio"/> | Don't know | 9 <input type="radio"/> |
| Yes, for less than 1 year    | 1 <input type="radio"/> |            |                         |

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

**Support with hearing**

**Information on subjects relating to deaf issues, hearing loss and tinnitus.**

**Tel: 0808 808 0123 or Text: 0780 000 0360**

**Tinnitus Helpline: Tel: 0808 808 6666 or Text: 07800 000 360**

**[rnid.org.uk/about-us/contact-us/](http://rnid.org.uk/about-us/contact-us/)**

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# Section H: Your Education and Employment

This section is about your current employment and education. We know that you may have answered questions like this in the past. We are asking again in case anything has changed. Please complete this section even if nothing has changed.

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

H1) Are you currently: *Please cross one circle on each line.*

- |  | Yes                     | No                      |
|--|-------------------------|-------------------------|
| a. In full-time paid work (30 or more hours a week)  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. In part-time paid work (less than 30 hours a week)  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. In irregular or occasional work   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Gig economy work, e.g. performing service work (such as deliveries, transportation, proof reading, etc) connecting with customers via a digital platform. | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Doing a modern apprenticeship or other government supported training/work-experience scheme   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Unemployed and looking for work   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. Unable to work due to sickness and/or disability  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. In full-time education  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. In part-time education  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| j. Doing voluntary work  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| k. Self-employed   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| l. A full/part-time carer  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| m. Other (please specify)  | 1 <input type="radio"/> | 0 <input type="radio"/> |

**If you are not engaged in any form of paid work, please go to question H10 on page 22.**

H2) In your job, do you have any formal responsibilities for supervising the work of other employees? *Do not include supervising children (e.g. teacher).*

Yes 1       No 0

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Please cross through circles like this in BLACK PEN: ~~⊗~~  
If you make a mistake, fill in the **wrong** circle like this: ●

H3) How many people usually work in the place where you work?  
*If you are currently home-working, please estimate this assuming you were physically in the workplace.*

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

H4) a. What is your current job title?  
*If you have more than one job, please think about your main job.*

b. What is the business/industry you work in?

c. What month and year did you start this job?

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

H5) If self-employed, do you work on your own or do you have employees?

- Not self-employed      0
- Self-employed, on your own    1
- Self-employed, no business partner(s) but with employees    2
- Self-employed with business partner(s) but no employees    3
- Self-employed with business partner(s) and employees    4
- Independent contractor in the gig economy    5

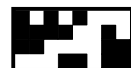
If **self-employed**, please go to question H7 on the next page

H6) In addition to your main job, do you have any self-employed job as an independent worker or business owner?

- Yes    1       No    0

→ If **no**, please go to question H10 on the next page

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H7) How would you describe your business?

- Independent new business 1
- New franchise of an existing business 2
- New business sponsored by an existing business 3
- Purchase/takeover of an existing business from outside the family 4
- Purchase/takeover of an existing business from a family member 5
- Inherited 6
- Independent contract work in the gig economy 7
- Don't know 9
- Other (please cross and describe) 8




H8) Have you obtained capital from your parents to fund your business?

- Yes 1  No 0

H9) Did the original co-owners of the business include a parent?

- There were no co-owners before me 2  Yes 1  No 0

H10) Have you ever been to University?

- Yes, I have left 1   **Please answer a. below**
- Yes, I am still studying 2   **Please answer b. below**
- No 0   **Please go to Section I**

a. What did you do at University? *Please select all that apply.*

- I have completed an undergraduate degree 1
- I have completed a Masters 2
- I have completed a PhD 3
- I started a course but did not complete it and have left 4

b. What are you studying for at University?

- I am currently studying for an undergraduate degree 1
- I am currently studying for a Masters 2
- I am currently studying for a PhD 3

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# Section I: Your Entrepreneurial Behaviour and Attitudes

Please cross through circles like this in **BLACK PEN**: ~~○~~  
 If you make a mistake, fill in the **wrong** circle like this: ●

This section aims to understand how people decide to become an entrepreneur (this includes people doing any type of self-employment, selling of goods or services to anyone, or developing a new business for the company they already work for). The section asks you about your thoughts on entrepreneurship and whether you, alone or with others, have ever considered starting your own business.

11) Indicate your level of agreement with each of the following sentences. If you already have a business, please answer as if you were thinking of starting one now. 1 indicates 'total disagreement' and 7 indicates 'total agreement'

	Total disagreement					Total agreement	
	1	2	3	4	5	6	7
a. Starting a firm and keeping it viable would be easy for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A career as an entrepreneur is totally <b>unattractive</b> to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My friends would approve of my decision to start a business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am ready to do anything to be an entrepreneur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I believe I would be completely <b>unable</b> to start a business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I will make every effort to start and run my own business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am able to control the creation process of a new business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My immediate family would approve of my decision to start a business	<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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continued:

Indicate your level of agreement with each of the following sentences.  
1 indicates 'total disagreement' and 7 indicates 'total agreement'.

	Total disagreement					Total agreement	
	1	2	3	4	5	6	7
i. I have <b>serious doubts</b> about ever starting my own business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. If I had the opportunity and resources, I would love to start a business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. My colleagues would approve of my decision to start a business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Amongst various options, I would rather be <b>anything but</b> an entrepreneur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I am determined to create a business venture in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. If I tried to start a business, I would have a high chance of being successful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Being an entrepreneur would give me great satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. It would be <b>very difficult</b> for me to develop a business idea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. My professional goal is to be an entrepreneur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Being an entrepreneur implies more advantages than disadvantages to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. I have a <b>very low</b> intention of ever starting a business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. I know all about the practical details needed to start a business	<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 in BLACK PEN: ~~⊗~~  
 If you make a mistake, fill in the **wrong** circle like this: ●

12) Please rate the effort, time and money you have put into starting a business **in the last 12 months** on a scale of 1 to 7.

	None at all	2	3	4	5	6	A very significant amount
	1	2	3	4	5	6	7
a. How much <b>effort</b> have you applied to activities aimed at starting a business <b>in the last 12 months</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How much <b>time</b> have you spent on activities aimed at starting a business <b>in the last 12 months</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How much <b>money</b> have you invested in activities aimed at starting a business <b>in the last 12 months</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13) Have you taken steps to start a business **in the last 12 months**?

Yes

I started a business more than 12 months ago

No

Don't know

➔ **If no or don't know, please go to question 14 on the next page**

a. Was this business start-up an effort of your own (alone or with business partner(s)), part of your job for an employer, or a mixture of both?

Start up on your own (or with partner(s))

Start up for employer

Mixture of both

Don't know

b. Which one of the following was the most important motive for starting this business?

Taking advantage of business opportunity

No better choices for work

Combination of both of the above

Have/had a job but seeking better opportunities

Other (please cross and describe below)

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14) On a scale of 1 to 7, how confident are you in doing the following successfully? 1 indicates 'no confidence' and 7 indicates 'complete confidence'.

	No confidence					Complete confidence	
	1	2	3	4	5	6	7
a. Identifying new business opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Creating new products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Thinking creatively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Commercialising an idea or new development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15) On a scale of 1 to 7, how well do the following statements describe you? 1 indicates 'not at all well' and 7 indicates 'very well'.

	Not at all well					Very well	
	1	2	3	4	5	6	7
a. I planned to take steps to start a business in the past, but no longer plan to do so	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I intended to take steps to start a business in the past, but no longer intend to do so	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I tried to take steps to start a business in the past, but no longer try to do so	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16) Have you **ever** sold, shut down, discontinued or quit a business you owned and managed, any form of self-employment, or selling goods or services to anyone?

Yes  No  Don't know

**If no or don't know, please go to question 17**

a. In what year did you do this?

17) Did your parents **ever** work for themselves or run their own business, alone or together?

Yes  No  Don't know

**If no or don't know, please go to section J**

a. Have you **ever** worked for your parents' business, full- or part-time?

Yes, full-time  Yes, part-time  No  **→ If no, please go to section J**

b. How many years have you worked or did you work for your parents' business?

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## Section J: Risk Taking

Please cross through circles like this in BLACK PEN: ~~⊙~~

If you make a mistake, fill in the **wrong** circle like this: ●

**This section asks you about whether you are prepared to take risks. We have asked you these questions before but it is important to see whether your feelings may have changed over time.**

- J1) Please indicate on a scale from 0 to 10, how willing you are to take risks, where 0 indicates 'unwilling to take risks' and 10 indicates 'fully prepared to take risks'.
- |  |                       | Unwilling to<br>take risks                         |                       |                       |                       |                       |                       |                       |                       |                       | Fully prepared<br>to take risks |                       |
|--|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------|-----------------------|
|  |                       | 0  | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                               | 10                    |
| a. How willing are you to take risks in general?   | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> |
| b. How willing are you to take risks in financial matters?   | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> |
| c. How willing are you to take risks in sport and leisure activities?  | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> |
| d. How willing are you to take risks that may affect your health?  | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> |
| e. How willing are you to take risks when driving a car?<br><i>If you do not drive, please select 'not applicable'</i>     | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> |
|  |                       | Not applicable <sup>11</sup> <input type="radio"/> |                       |                       |                       |                       |                       |                       |                       |                       |                                 |                       |
| f. How willing are you to take risks in your career?<br><i>If you do not have a career, please select 'not applicable'</i> | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> |
|  |                       | Not applicable <sup>11</sup> <input type="radio"/> |                       |                       |                       |                       |                       |                       |                       |                       |                                 |                       |
- J2) Are you generally an impatient person, or someone who always shows patience? Please indicate how patient you are on a scale of 0 to 10, where 0 indicates 'very impatient' and 10 indicates 'very patient'.
- |                | 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |              |
|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| Very impatient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very patient |

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Please cross through circles like this in BLACK PEN: ~~○~~

If you make a mistake, fill in the **wrong** circle like this: ●

- J3) Imagine that you win £100,000 in a lottery. Almost immediately after you collect the money, you receive the following financial offer from a reputable bank, the conditions of which are as follows. There is the chance to double the money within two years. It is equally possible that you could lose half of the amount invested. What proportion of the £100,000 would you choose to invest? *Please indicate on the scale below.*

None of it											All of it
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	
○	○	○	○	○	○	○	○	○	○	○	○

- J4) For each of the statements below please indicate whether or not the statement is characteristic of you.

	Extre- mely unlike me	Some- what unlike me	Uncertain	Some- what like me	Extre- mely like me
a. I consider how things might be in the future, and try to influence those things with my day to day behaviour	1 ○	2 ○	3 ○	4 ○	5 ○
b. I often engage in a particular behaviour in order to achieve outcomes that may not result for many years	1 ○	2 ○	3 ○	4 ○	5 ○
c. I only act to satisfy immediate concerns, figuring the future will take care of itself	1 ○	2 ○	3 ○	4 ○	5 ○
d. My behaviour is only influenced by the immediate, i.e. a matter of days or weeks	1 ○	2 ○	3 ○	4 ○	5 ○

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## Section K: Being a Parent

Please cross through circles like this in BLACK PEN: ~~⊗~~  
If you make a mistake, fill in the **wrong** circle like this: ●

- K1) Are you a parent? Include biological, step, foster and adopted children.  
Yes 1  No 0  → If **no**, please go to question K4 on the next page

- K2) How many children do you have? Please include all children you feel you have parental responsibility for, including biological, step, foster and adopted children. 

--	--

- K3) What is/are your child/childrens' date(s) of birth, sex, and your relationship to them?

We have provided space for up to 4 children. If you have had more than 4 children, please use the space on page 37 and clearly indicate you are answering question K3.

- a. Your **first** child:
- i) Date of birth: 

DD	
----	--

 / 

MM	
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 / 

YYYY			
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- ii) Sex: Male 1  Female 2
- iii) Are you a biological parent of your first child? Yes 1  No 0

- b. Your **second** child:
- i) Date of birth: 

DD	
----	--

 / 

MM	
----	--

 / 

YYYY			
------	--	--	--
- ii) Sex: Male 1  Female 2
- iii) Are you a biological parent of your second child? Yes 1  No 0

- c. Your **third** child:
- i) Date of birth: 

DD	
----	--

 / 

MM	
----	--

 / 

YYYY			
------	--	--	--
- ii) Sex: Male 1  Female 2
- iii) Are you the biological parent of your third child? Yes 1  No 0

continued on the next page



continued:

d. Your **fourth** child:

- i) Date of birth: 

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 / 

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 / 

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- ii) Sex: Male 1  Female 2
- iii) Are you the biological parent of your fourth child? Yes 1  No 0

K4) 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 K7 below**

K5) What is the expected due date of your baby? 

--	--

 / 

--	--

 / 

--	--	--	--

K6) 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

K7) 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

K8) **If you are a parent or are expecting a child**, would you be happy to receive further details about COCO90s (Children of the Children of the 90s)?

- Yes 1  Already in COCO90s 2   
No 0  Not applicable 9

**If you would like to know more about  
COCO90s please go to:  
[www.childrenofthe90s.ac.uk/coco90s](http://www.childrenofthe90s.ac.uk/coco90s)**

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# Section L: Behaviour and Beliefs during the Pandemic

The following questions are about the COVID-19 pandemic and the ways in which lockdown may have affected your life. The first lockdown was in March 2020 and we are particularly interested in how your beliefs and behaviours may have changed since the first lockdown.

L1) During the first lockdown were you:

	More than before the start of the first lockdown	About the same amount	Less than before the first lockdown	Not at all
a. Home schooling	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Working at home	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Feeling very lonely	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Feeling bored	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Feeling anxious	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

During the first lockdown did you:

f. Have health problems (please cross and describe)	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
--	-------------------------	-------------------------	-------------------------	-------------------------

g. Use drugs prescribed by your doctor	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Have family/friends with health problems	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. Have financial problems	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
j. Smoke cigarettes	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
k. Use illegal drugs, including cannabis	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
l. Drink alcohol	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
m. Feel happy	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
n. Spend time outdoors	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
o. Spend time on hobbies	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
p. Start a new hobby (please cross and describe)	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

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Please cross through circles like this in BLACK PEN: ~~⊗~~  
 If you make a mistake, fill in the **wrong** circle like this: ●

Now we would like to ask you some questions on your faith and beliefs **nowadays**. You may recognise some of these questions as we asked them recently, but we are interested in seeing whether your beliefs may have changed over time. Many of the questions refer to the **start of the pandemic** and the **first lockdown in March 2020**.

- |  | Yes                     | No                      | Not sure                |
|--|-------------------------|-------------------------|-------------------------|
| L2) a. Do you believe in God or in some divine power?  | 1 <input type="radio"/> | 0 <input type="radio"/> | 9 <input type="radio"/> |
| b. Do you feel that God (or some divine power) helped you at any time <b>during the first lockdown</b> ? | 1 <input type="radio"/> | 0 <input type="radio"/> | 9 <input type="radio"/> |
| c. Did you appeal to God (or some divine power) for help <b>during the first lockdown</b> ?              | 1 <input type="radio"/> | 0 <input type="radio"/> | 9 <input type="radio"/> |

- L3) Do you 'pray' **nowadays**, even if not in trouble?
- Yes 1       No 0

L4) What sort of faith/belief would you say you have **nowadays**?

- |   |                          |                |                          |
|---|--------------------------|----------------|--------------------------|
| None  | 0 <input type="radio"/>  |                |                          |
| Church of England   | 1 <input type="radio"/>  | Roman Catholic | 2 <input type="radio"/>  |
| Jehovah's Witness   | 3 <input type="radio"/>  | Methodist      | 4 <input type="radio"/>  |
| Baptist/Evangelical   | 5 <input type="radio"/>  |                |                          |
| Other Christian<br>(e.g. Christian Science,<br>Mormon, Presbyterian,<br>Orthodox) | 6 <input type="radio"/>  |                |                          |
| (Please cross and describe)   |                          |                |                          |
| Jewish  | 7 <input type="radio"/>  | Buddhist       | 8 <input type="radio"/>  |
| Sikh  | 9 <input type="radio"/>  | Hindu          | 10 <input type="radio"/> |
| Muslim  | 11 <input type="radio"/> | Rastafarian    | 12 <input type="radio"/> |
| Other (Please cross<br>and describe)  | 14 <input type="radio"/> |                |                          |

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L5) **During the first lockdown**, how often did you attend church/temple/mosque or other religious meetings either in person or online?

	At least once a week	At least once a month	At least once	Not at all
a. Online	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. In person	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

L6) **During the first lockdown** did you obtain help and support from leaders or other members of religious groups?

	Yes	No	Not applicable
a. Leaders of your religious group (e.g. priests, rabbis, imams)	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
b. Other members of your religious group	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
c. Leaders of other religious groups	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
d. Members of other religious groups	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>

L7) a. How often, on average, did you spend time in private religious activities, such as prayer, worship, meditation or holy scripture study **during the first lockdown**?

More than once a day	6 <input type="radio"/>	Daily	5 <input type="radio"/>	2 or more times/week	4 <input type="radio"/>	Once a week	3 <input type="radio"/>
1-2 times a month	2 <input type="radio"/>	Rarely	1 <input type="radio"/>	Never	0 <input type="radio"/>		

b. How often, on average, did you listen to or watch religious programming on the radio/television/social media **during the first lockdown**?

More than once a day	6 <input type="radio"/>	Daily	5 <input type="radio"/>	2 or more times/week	4 <input type="radio"/>	Once a week	3 <input type="radio"/>
1-2 times a month	2 <input type="radio"/>	Rarely	1 <input type="radio"/>	Never	0 <input type="radio"/>		

c. How often did you read religious related texts or publications **during the first lockdown** (e.g. the Bible, the Qu'ran, prayer book, The Friend, Spirituality & Health, Catholic Digest)?

More than once a day	6 <input type="radio"/>	Daily	5 <input type="radio"/>	2 or more times/week	4 <input type="radio"/>	Once a week	3 <input type="radio"/>
1-2 times a month	2 <input type="radio"/>	Rarely	1 <input type="radio"/>	Never	0 <input type="radio"/>		

How much do you agree with the following statements:

L8) a. **During the first lockdown**, I experienced the presence of the divine (e.g. God).

Definitely <sup>5</sup>  Tends <sup>4</sup>  Unsure <sup>3</sup>  Tends not <sup>2</sup>  Definitely <sup>1</sup>   
true of me to be true to be true not true

Not applicable <sup>0</sup>

b. My religious beliefs are what really lay behind my whole approach to life **during the first lockdown**.

Definitely <sup>5</sup>  Tends <sup>4</sup>  Unsure <sup>3</sup>  Tends not <sup>2</sup>  Definitely <sup>1</sup>   
true of me to be true to be true not true

Not applicable <sup>0</sup>

c. I tried hard to carry my religion over into all other dealings in life **during the first lockdown**.

Definitely <sup>5</sup>  Tends <sup>4</sup>  Unsure <sup>3</sup>  Tends not <sup>2</sup>  Definitely <sup>1</sup>   
true of me to be true to be true not true

Not applicable <sup>0</sup>

L9) a. Have you had a religious or spiritual experience that changed your life **since the start of the first lockdown in March 2020?**

Yes <sup>1</sup>  No <sup>0</sup>

**If yes**, please describe this experience, if you wish:

b. Have you had a significant gain in your faith/belief during this time?

Yes <sup>1</sup>  No <sup>0</sup>  Not applicable <sup>9</sup>

**If yes**, please describe this gain, if you wish:

c. Have you had a significant loss in your faith/belief during this time?

Yes <sup>1</sup>  No <sup>0</sup>  Not applicable <sup>9</sup>

**If yes**, please describe this loss, if you wish:

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Please cross through circles like this in BLACK PEN: ~~○~~  
If you make a mistake, fill in the **wrong** circle like this: ●

L10) a. To what extent do you consider yourself a religious person **nowadays**?

Very <sup>3</sup> ○ Moderately <sup>2</sup> ○ Slightly <sup>1</sup> ○ Not religious <sup>0</sup> ○  
religious religious religious at all

b. To what extent do you consider yourself a spiritual person **nowadays**?

Very <sup>3</sup> ○ Moderately <sup>2</sup> ○ Slightly <sup>1</sup> ○ Not spiritual <sup>0</sup> ○  
spiritual spiritual spiritual at all

c. How important to you is religion or spirituality **nowadays**?

Highly <sup>3</sup> ○ Moderately <sup>2</sup> ○ Slightly <sup>1</sup> ○ Not important <sup>0</sup> ○  
important important important at all

L11) **During the first lockdown:**

- |   | Yes | No  | Not applicable |
|---|-----|-----|----------------|
| a. Did you feel that God (or some divine power) became more distant from you? | 1 ○ | 0 ○ | 9 ○            |
| b. Did you feel that God (or some divine power) abandoned you?                | 1 ○ | 0 ○ | 9 ○            |
| c. Did the pandemic make you question your faith?                             | 1 ○ | 0 ○ | 9 ○            |

L12) Which of the following describes your belief in God **nowadays**?

- I don't believe in God 0 ○
- I don't know if there is a God and I don't believe there is any way to find out 1 ○
- I don't believe in a personal God, but I do believe in a higher power of some kind 2 ○
- I find myself believing in God some of the time, but not at others 3 ○
- While I have doubts, I feel that I do believe in God 4 ○
- I know God really exists and I have no doubts about it 5 ○

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Please cross through circles like this in BLACK PEN: ~~○~~  
If you make a mistake, fill in the **wrong** circle like this: ●

L13) a. How often are you aware of the presence of God or a divine being nowadays?

- Not at all 0 ○      Sometimes 1 ○      Often 2 ○  
Nearly all 3 ○      Not applicable 9 ○  
the time

b. How often do you let your faith influence your everyday life?

- Not at all 0 ○      Sometimes 1 ○      Often 2 ○  
Nearly all 3 ○      Not applicable 9 ○  
the time

L14) Which of the following best describes you?

- I have always been religious 4 ○  
I used not to be, but now I am religious 3 ○  
I used to be religious, then stopped, but now am religious again 2 ○  
I used to be religious but am not any more 1 ○  
I have never been religious 0 ○

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

**Premier Lifeline** (Part of The National Christian Helpline). Offering a listening ear, emotional and spiritual support from a Christian perspective.  
Tel: 0300 111 0101      [www.premierlifeline.org.uk](http://www.premierlifeline.org.uk)

**Muslim Community Helpline.** A confidential, non-judgemental listening and emotional support service.  
Tel: 0208 904 8193 / 0208 908 6715      [muslimcommunityhelpline.org.uk](http://muslimcommunityhelpline.org.uk)

**Jewish Helpline**  
Tel: 0800 652 9249      [www.jewishhelpline.org](http://www.jewishhelpline.org)

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# Completing the Questionnaire

M1) What is your **date of birth**? 

DD		MM		YYYY			

 / 

DD		MM		YYYY			

 / 

DD		MM		YYYY			

M2) What is **today's date**? 

DD		MM		YYYY			

 / 

DD		MM		YYYY			

 / 

DD		MM		YYYY			

Being able to let you know 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](http://childrenofthe90s.ac.uk/update-your-details)**

### **Extra space for answering questions**

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

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# Life @ 29+

STRICTLY CONFIDENTIAL (when completed)

Version 1 17/12/2021

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

If you **would like to receive** a thank you voucher for completing your questionnaire, please **cross this box**:

Children of the 90s will send your voucher to the email/postal address we have listed on our records. Vouchers will be sent within 4 weeks of receiving your questionnaire using the details we hold for you.

If you want to update the details that we have for you please visit:

**[childrenofthe90s.ac.uk/update-your-details](http://childrenofthe90s.ac.uk/update-your-details)**

To be entered into the prize draw we must have received your questionnaire by midnight on Monday 7th February 2022. If you win, we will contact you within two weeks using the contact details on our database. 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

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