

Introduction

This questionnaire is for completion by parents of the original Children of the 90s.

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.

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 either prefer not to answer or are unable to answer. Please just leave these questions blank. There are no right or wrong answers.

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.

If you need help to complete this questionnaire, please contact us (details on the back cover) 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. We will then know not to send you any reminders.

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.

If you would like to receive a thank you voucher please make sure that you cross the box on page 34 of the questionnaire.

Your voucher will be sent by email to the address we have on our records. If we don't have an email address, or you request a paper voucher, we will send that to your home address. You can update your email and postal addresses online at:

childrenofthe90s.ac.uk/update-your-details

Whether you return your questionnaire complete or incomplete, we will also enter you into a prize draw to win one of five £200 prizes. To be entered into the prize draw we must have received your questionnaire by midnight on Monday 22nd August 2022. If you win, we will contact you within four 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 do not wish to be entered into the prize draw, please cross the box on page 34.

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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:



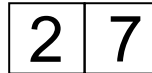
If you make a mistake, shade the circle/box in like this:



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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Section A: Memberships of Clubs and Other Organisations

Please cross through squares like this in BLACK PEN: 
If you make a mistake, fill in the **wrong** square like this: 

In this section we are interested in how you may have joined in with others in the past as well as the present.

A1) At **any time** during your life have you participated in any of the following activities where you meet and interact with a **regular group** of other people? Please cross all timepoints that apply on each line, or cross 'no, never'. Please give an answer on each line.



**include online where appropriate*

	Yes, in child- hood	Yes, as a teen- ager	Yes, as an adult	Yes, before the pan- demic	Yes, since the pan- demic started*	No, Never
a. Club where you meet together to play a sport (e.g. football, tennis)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Group that meets to support a sports team	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Walking, cycling, climbing or other outdoor activity group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
d. A choir	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
e. An orchestra or band	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
f. A scout or guide group (including Brownies, Cubs, Rovers, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
g. A faith-based group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
h. A discussion group (e.g. a book club)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Political or other campaign groups	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
j. National organisations such as WI, Townswomen's Guild, Rotary Club, Lions, Freemasons, etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Online gaming with regular others (e.g. through Xbox, Playstation, PC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

continued on the next page...

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Please cross through squares like this in **BLACK PEN**: 
 If you make a mistake, fill in the **wrong** square like this: 

continued:

A1) At **any time** during your life have you participated in any of the following activities where you meet and interact with a regular group of other people?

**include online where appropriate*

Please cross all timepoints that apply on each line, or cross 'no, never'. Please give an answer on each line.

Yes, in child- hood	Yes, as a teen- ager	Yes, as an adult	Yes, before the pan- demic	Yes, since the pan- demic started*	No, Never
------------------------------	-------------------------------	------------------------	-------------------------------------	--	--------------

l. Discord or other similar online community used for chatting online with a regular group (not gaming)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
---	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

m. A group formed to play cards, board games or other games (excluding sports)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
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n. A support group (face-to-face or online) for specific problems for yourself or another family member? (e.g. Alcoholics Anonymous, WomanKind, Anxiety UK, autism or cancer support groups) If <u>yes</u> , please cross and describe:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
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o. Quiz group (including pub quizzes) attended regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

p. Indoor activity groups (dancing, exercise class, etc)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

q. Other groups where you met/ meet others (either face-to-face or online) for other purposes or types of activity. If <u>yes</u> , please cross and describe:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

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

A2) Have you ever taken on a regular organised voluntary role, other than to help friends and family (for example, assist in a charity shop, on a rota to drive people to hospital appointments, pick up litter, etc.)?

Yes ¹ ○

No ⁰ ○



If no, please go to section B on the next page

a. When was the most recent time you did this?

Since the pandemic began (March 2020) ¹ ○

2-5 years ago ² ○

More than 5 years ago ³ ○

b. Please describe what you did:



Section B: Exercise

In this section we would like to know the different types of exercise you may have, whether as part of your normal lifestyle or part of your hobbies.

B1) Which of the following forms of transport do you use **most often**?

- Car 1 Motorbike 2 Public transport 3
Cycle 4 Walk 5 Other (please cross 6
and describe)

--

B2) Do you make regular journeys every day or most days either walking or cycling?

- No 0 I walk 1 I cycle 2 Both 3

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

- I can't walk far or at all 0 Slow 1 Steady average 2 Fairly brisk 3 Fast (at least 4 miles per hour) 4

B4) How many hours do you spend cycling in an **average week**?

--	--

 hours per week

*Please give your best guess to the nearest whole hour.
If not at all, or very infrequently, please enter 0*

B5) Do you take part in any physical activity (e.g. running, swimming, dancing, golf, tennis, squash, jogging, bowls)?

- No 0 Occasionally (less than monthly) 1 Frequently (once a month or more) 2

➡ **If no or occasionally, please go to question B6 on the next page**

If frequently:

a. How many times **per month on average** do you take part in these activities?

(i) In summer

--	--

 times per month

(ii) In winter

--	--

 times per month

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B6) In a **typical week** during the **past year**, how many hours did you spend each week on the following activities?

Please write 0 in the box if you did not do this activity.

	(i) In summer hours per week	(ii) In winter hours per week
a. Walking to work, shopping or leisure	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Cycling, including to work and leisure	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Gardening, light e.g. pruning, watering	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d. Gardening, heavy e.g. digging, mowing	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e. Physical exercise e.g. fitness, aerobics, sports	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
f. DIY e.g. on house or car	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
g. Household activities, light e.g. cooking, washing up	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
h. Household activities, heavy e.g. hoovering, cleaning windows	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

B7) In a **typical week** in the **last year**, did you do any of these activities vigorously enough to cause breathlessness, sweating or a faster heartbeat?

Yes

No

➔ **If no, please go to question B8 below**

If yes:

a. For how many **minutes each week** did you perform vigorous activity? *If none, please enter 0.*

minutes per week

B8) In a **typical weekday** in the **last year**, how many flights of stairs did you climb? *If none, please enter 0.*

flights per day

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B9) Compared with your activity level **before the pandemic**, are you doing more, the same, or less now?

More

Same

Less

a. Please give any reasons for this:

B10) How active are you compared to other people your age?

Much more active
 More active
 Similar
 Less active
 Much less active

5
 4
 3
 2
 1

B11) About how many **hours** on an **average weekday**, do you spend sitting? *Include at work, at home, during leisure time activities, travelling, etc.*

hours per day

B12) On **average**, over the **past year**, about how many hours sleep do you get daily?

a. On weekdays/working days hours

b. On weekends/days off hours

B13) How often **during the first lockdown** did you do the following?

	More than once a day	5-7 times a week	2-4 times a week	Once a week	1-3 times a month	Rarely	Not at all
a. Meditation	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Yoga	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Mindfulness	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

B14) How often **since the start of 2022** have you done the following?

a. Meditation	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Yoga	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Mindfulness	6 <input type="radio"/>	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>



Section C: Your Support

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 the help and support you have from people around you.

- | | None | 1 | 2-4 | More than 4 |
|---|---------|-----|--------|-------------|
| C1) Excluding your partner and children, how many of your relatives and your partner's relatives do you have contact with at least twice a year (whether face-to-face, phone, or online)? | 0 ○ | 1 ○ | 2 ○ | 3 ○ |
| C2) About how many friends do you have (people you know more than just casually)? | 0 ○ | 1 ○ | 2 ○ | 3 ○ |
| C3) Overall, would you say you belong to a close circle of friends? | Yes 1 ○ | | No 0 ○ | |
| | None | 1 | 2-4 | More than 4 |
| C4) How many people, including your partner, can you talk to about personal problems? | 0 ○ | 1 ○ | 2 ○ | 3 ○ |
| C5) How many people, including your partner, talk to you about their personal problems or their private feelings? | 0 ○ | 1 ○ | 2 ○ | 3 ○ |
| C6) If you have to make an important decision, how many people, including your partner, are there with whom you can discuss it? | 0 ○ | 1 ○ | 2 ○ | 3 ○ |
| C7) How many people are there among your family and friends from whom you could borrow £500 if you needed to? | 0 ○ | 1 ○ | 2 ○ | 3 ○ |
| C8) How many of your family and friends would help you in times of trouble? | 0 ○ | 1 ○ | 2 ○ | 3 ○ |
| C9) During the last month, how many times did you get together with one or more friends (whether face-to-face, phone, or online)? | 0 ○ | 1 ○ | 2 ○ | 3 ○ |
| C10) During the last month, how many times did you get together with one or more of your relatives or your partner's relatives (whether face-to-face, phone, or online)? | 0 ○ | 1 ○ | 2 ○ | 3 ○ |

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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: ●

C11) Please describe your feelings about the support that you have nowadays:

	This is exactly how I feel	This is often how I feel	This is sometimes how I feel	I never feel this way	
a. I have no one to share my feelings with	3 ○	2 ○	1 ○	0 ○	
b. There are people outside my home with whom I can share my experiences	3 ○	2 ○	1 ○	0 ○	
c. I believe in moments of difficulty my neighbours or members of my community would help me	3 ○	2 ○	1 ○	0 ○	
d. There is always someone with whom I can share my happiness and excitement	3 ○	2 ○	1 ○	0 ○	
e. If I was in financial difficulty, I know my family would help if they could	3 ○	2 ○	1 ○	0 ○	
f. If I was in financial difficulty, I know my friends would help if they could	3 ○	2 ○	1 ○	0 ○	
g. If all else fails I know the State will support and assist me	3 ○	2 ○	1 ○	0 ○	
	This is exactly how I feel	This is often how I feel	This is sometimes how I feel	I never feel this way	Does not apply
h. The person/people I live with provide the emotional support I need	3 ○	2 ○	1 ○	0 ○	9 ○
i. I'm worried that a member of my household might leave me	3 ○	2 ○	1 ○	0 ○	9 ○
j. If I feel tired, I can rely on someone in my household to take over	3 ○	2 ○	1 ○	0 ○	9 ○

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Section D: Your Attitudes and Beliefs

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

The following set of questions are about you, and the ways in which you react to different circumstances.

D1) How much do you agree with these statements:

	Strongly disagree	Mildly disagree	Can't say	Mildly agree	Strongly agree
a. In uncertain times I usually expect the best	1 ○	2 ○	3 ○	4 ○	5 ○
b. I'm always optimistic about my future	1 ○	2 ○	3 ○	4 ○	5 ○
c. Overall I expect more good things to happen to me than bad	1 ○	2 ○	3 ○	4 ○	5 ○
d. If something can go wrong for me it will	1 ○	2 ○	3 ○	4 ○	5 ○
e. I hardly ever expect things to go my way	1 ○	2 ○	3 ○	4 ○	5 ○
f. I rarely count on good things happening to me	1 ○	2 ○	3 ○	4 ○	5 ○

D2) We are interested in finding out about behaviours or activities that you might have done in the past. How often have you done each of the following?

	Never	Once	More than once	Often	Very often
a. Given directions to a stranger	0 ○	1 ○	2 ○	3 ○	4 ○
b. Given money to a charity	0 ○	1 ○	2 ○	3 ○	4 ○
c. Given money to a stranger who needed it (or asked you for it)	0 ○	1 ○	2 ○	3 ○	4 ○
d. Donated goods or clothes to a charity	0 ○	1 ○	2 ○	3 ○	4 ○
e. Engaged in volunteer work for a charity	0 ○	1 ○	2 ○	3 ○	4 ○
f. Bought "charity" cards (e.g. Christmas cards) deliberately because you knew it was a good cause	0 ○	1 ○	2 ○	3 ○	4 ○
g. Allowed someone to go ahead of you in a queue (at a bus stop, the supermarket, etc.)	0 ○	1 ○	2 ○	3 ○	4 ○

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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: ●

D3) Please answer how much you agree or disagree with these statements:

	Strongly dis- agree	Dis- agree	Slightly dis- agree	Neutral	Slightly agree	Strongly Agree	Strongly agree
a. I have so much in life to be thankful for	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
b. If I had to list everything that I felt grateful for, it would be a very long list	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
c. When I look at the world, I don't see much to be grateful for	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
d. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
e. Long periods of time can go by before I feel grateful to something or someone	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
f. I believe that all good things in my life are from God or a divine power	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○

D4) These questions are about forgiveness. How would you describe your behaviour on a scale of 1 to 7?

	Strongly disagree							Strongly agree
	1	2	3	4	5	6	7	
a. People close to me probably think I hold a grudge too long	○	○	○	○	○	○	○	
b. If someone treats me badly, I treat them the same	○	○	○	○	○	○	○	
c. I try to forgive others even when they don't feel guilty for what they did	○	○	○	○	○	○	○	
d. There are some things for which I could never forgive even a loved one	○	○	○	○	○	○	○	
e. I have always forgiven those who have hurt me	○	○	○	○	○	○	○	

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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: ●

D5) These questions are about how well you feel that you can cope with problems:

	Not at all true	Sometimes true	Mostly true	Always true
a. If someone says no to me, I can find ways to get what I want	0 ○	1 ○	2 ○	3 ○
b. I am sure that I can always deal well with unexpected events	0 ○	1 ○	2 ○	3 ○
c. I usually know how to handle unexpected situations	0 ○	1 ○	2 ○	3 ○
d. I can remain calm when facing difficulties	0 ○	1 ○	2 ○	3 ○

D6) These questions are about your ideas as to the meaning and purpose of life:

	Hardly ever true	Sometimes true	Mostly true	Always true
a. My life has a clear sense of purpose	0 ○	1 ○	2 ○	3 ○
b. I live life one day at a time and don't really think about the future	0 ○	1 ○	2 ○	3 ○
c. I have a good sense of what it is I'm trying to accomplish in life	0 ○	1 ○	2 ○	3 ○
d. I enjoy making plans for the future and working towards making them a reality	0 ○	1 ○	2 ○	3 ○
e. I feel that I always fully live up to my own standards	0 ○	1 ○	2 ○	3 ○

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Section E: Your Home

This section is about your current home.

E1) Is your current home:

- | | | |
|--|---|-----------------------|
| Owned outright | 1 | <input type="radio"/> |
| Purchased with a mortgage or other loan | 2 | <input type="radio"/> |
| Part owned, part rented (shared ownership) | 3 | <input type="radio"/> |
| Rented from a private landlord | 4 | <input type="radio"/> |
| Rented from housing association | 5 | <input type="radio"/> |
| Rented from council/local authority | 6 | <input type="radio"/> |
| Other (please cross and describe) | 9 | <input type="radio"/> |

E2) Do you currently live in:

- | | | |
|---|---|-----------------------|
| A whole detached house (or bungalow) | 1 | <input type="radio"/> |
| A whole semi-detached house or bungalow | 2 | <input type="radio"/> |
| An end of terrace house | 3 | <input type="radio"/> |
| A whole terraced house | 4 | <input type="radio"/> |
| A flat/maisonette (self-contained) | 5 | <input type="radio"/> |
| Other (please cross and describe) | 9 | <input type="radio"/> |

E3) In your home do you **ever** use any of the following for heating:
Please answer yes or no on each line

- | | Yes | No |
|--|-------------------------|-------------------------|
| a. Central heating or storage heaters | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Wood stoves or wood fires | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Coal fires | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Electric heaters (fan, halogen, oil-filled, etc.) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Gas fires (mains gas) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Gas fires (bottled gas) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. Other type of heating (please cross and describe) | 1 <input type="radio"/> | 0 <input type="radio"/> |

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If you don't have central heating please go to question E4 below.

h. What type of fuel do you use for central heating?

- Solid fuel 1 Oil 2 Gas 3
Electricity 4 Other (please cross and describe) 9

i. How is the central heating distributed?

- Radiators 1 Warm air 2 Storage heaters 3
Under floor heating 4 Other (please cross and describe) 9

j. Where is the boiler in your home?

- I don't have one 0 Kitchen 1 Bathroom 2
Hallway 3 Utility room 4
Other (please cross and describe) 9

E4) Do you use gas for cooking?

- Yes, rings only 1 Yes, oven only 2
Yes, rings and oven 3 No, not at all 0

E5) Do you use your cooker for any other purpose than cooking (e.g. drying clothes, heating the room)?

- Yes 1 No 0 ➔ **If no, please go to question E6 below**

a. Please describe the other purpose(s) you use your cooker for:

E6) Is there ever any damp, condensation or mould in your home?

- Yes 1 No 0 ➔ **If no, please go to question E7 on the next page**

a. How much of a problem is damp or condensation?

- Not serious 1 Fairly serious 2
Very serious 3

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E7) How much of a problem is mould?

- No mould 0 Not serious 1
Fairly serious 2 Very serious 3

E8) When you are cooking, what do you use to get rid of the smells and steam?
Please select all that apply

- Open windows 1
Extractor hood which vents to outside 2
Extractor hood that doesn't vent to outside 3
Ventaxia/air extractor 4
Other (please cross and describe) 9

E9) How often do you have any windows open in other rooms?

- | | | Almost
always | Only when
weather is good | Occasionally | Almost
never |
|----|---------------------|-------------------------|------------------------------|-------------------------|-------------------------|
| a. | In summer: (i) Day: | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| | (ii) Night: | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. | In winter: (i) Day: | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| | (ii) Night: | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |

E10) Are any of your windows double glazed?
Include secondary double glazing

- Yes, all of them 2 Yes, some of them 1
No, none of them 0 Don't know 9

E11) Does your home have chimneys?

- Yes 1 No 0 → **If no, please go to question E12 on the next page**

a. Have the chimneys been blocked up?

- Yes, all of them 2
Yes, some of them 1
No 0
Don't know 9



E12) Please describe the numbers of people who live with you:
Please enter '0' if there are none

a. Number of adults aged 70 or more:

b. Number of adults aged 20-69:

c. Number of young persons aged 12-19:

d. Number of children aged 5-11:

e. Number of children less than 5:

f. Do the persons above include any of the following?
Please select all that apply

Your partner 1

Your parent(s) 2

Your partner's parent(s) 3

Your child(ren) 4

Other (please cross and describe) 9

E13) How many bedrooms does your home have?
Please enter '0' if there are none

E14) How many living/reception rooms does your home have?
Please enter '0' if there are none



E15) Do you have a separate kitchen?

Yes

No



If **no**, please go to question E16 below

a. Is it big enough to sit and eat?

Yes

No

E16) Do you have a garage?

Yes

No



If **no**, please go to question E17 below

a. Is it attached to the home?

Yes, attached to the side

Yes, integral (under part of the home)

No, separate

Other (please cross and describe)

E17) Please describe the flooring in your home:

	Wall-to-wall fitted carpet	Carpet or rug but not all over	No carpet or rug
a. In the main living room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In your bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E18) How long have you lived in your current home?

All my life

Over 10 years

2-10 years

Less than 2 years

E19) Do you have any pets?

Yes

No



If **no**, please go to question E20 on the next page

a. What pet(s) do you have? *Please cross all that apply.*

Cat

Dog

Horse

Fish

Bird

Rabbit

Hamster

Guinea pig

Other (please cross and describe)

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E20) Do you have regular contact with any furry or hairy animals that are not your pets?

Yes ¹

No ⁰

➔ If no, please go to question E21 below

a. What animals do you have contact with? *Please cross all that apply.*

Cat ¹

Dog ²

Horse ³

Rabbit ⁴

Other (please cross and describe) ⁵

E21) Do any of the following animals or insects inhabit or invade your home or cause dirty conditions on your balcony, garden or yard?

Please give an answer on each line.

	Yes, frequently	Yes, occasionally	Not at all
a. Rats	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Mice	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Pigeons	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Cats	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Cockroaches	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. Ants	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Dogs	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Woodlice	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. Other (please cross and describe)	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

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

CITIZENS ADVICE

Confidential information and advice to assist with legal, debt, consumer, housing and other problems

citizensadvice.org.uk

Tel: 0800 144 8848

SHELTER

Support for people struggling with bad housing or homelessness

shelter.org.uk

Tel: 0808 800 4444

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Section F: Sexual Attitudes and Experiences

The questions in this section are about your attitudes to sex and sexual experiences. We know that this can be quite a sensitive topic and therefore want to reassure you that all your answers are completely confidential.

Where we refer to sexual intercourse or 'having sex' please include vaginal, oral or anal sexual intercourse.

F1) Which of the following best describes your sexual orientation?

Gay/Lesbian 1

Bisexual 2

Pansexual 3

Asexual 4

Heterosexual/Straight 5

None of these (please cross and describe) 6

Don't know 9

Prefer not to answer 8

a. On a scale of 0 to 10, please indicate your attraction to men and women, with 0 being "only men", 10 being "only women", and 5 being equally attracted to both. If you can't or don't wish to answer this question, please cross one of the other options below.

Only men					Equal	Only women				
0	1	2	3	4	5	6	7	8	9	10
<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"/>

Gender/sex is not important to me 77

Don't know 99

Prefer not to answer 88

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F2) Listed below are several statements that reflect different attitudes about sex. For each statement, please say how much you agree or disagree with that statement.

	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree
a. Casual sex (e.g. a one-night stand) is acceptable	5 ○	4 ○	3 ○	2 ○	1 ○
b. It is okay to have ongoing sexual relationships with more than one person at a time	5 ○	4 ○	3 ○	2 ○	1 ○
c. Sex is the closest form of communication between two people	5 ○	4 ○	3 ○	2 ○	1 ○
d. Sex is a very important part of life	5 ○	4 ○	3 ○	2 ○	1 ○
e. The main purpose of sex is to enjoy oneself	5 ○	4 ○	3 ○	2 ○	1 ○
f. Sex is primarily a bodily function, like eating	5 ○	4 ○	3 ○	2 ○	1 ○
g. Sex should be reserved for marriage	5 ○	4 ○	3 ○	2 ○	1 ○
h. A central purpose of sex is to have children	5 ○	4 ○	3 ○	2 ○	1 ○

F3) How old were you when you **first** had sex?
If you can't remember exactly, please give your best guess

		years old
--	--	-----------

Or cross: Prefer not to answer 1 ○

I have not had sex 2 ○



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

F4) How did you meet the person with whom you **first** had sex?

At school, college or university 1

At work (or through work) 2

In a pub, bar, night club, or dance 3

Introduced by friends or family 4

At a faith group 5

Through a sports club or other organisation or society 6

On holiday or while travelling 7

Internet dating website/app 8

Had always known each other (e.g. as family friends or neighbours) 9

In a public place (e.g. park, cafe, shop, public transport) 10

They were a sex worker (prostitute/rent boy/male or female escort) 11

Other (please cross and describe) 99

F5) The **very first time** you had sex:

	Yes	No	Don't remember
a. Had you been drinking alcohol before it happened?	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
b. Had you been using drugs before it happened?	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
c. Was a condom used on this occasion?	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
d. Was any other type of contraception/protection used?	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
e. Did you regret having had this first sexual experience?	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>

If **yes**, (i) How much did you regret it?

A bit 1

Quite a lot 2

Very much 3

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F6) Looking back at all your sexual experiences, is there anything you regret?

No, no regrets 0 → **If no, please go to question F7 below**

Regret some of it 1

Regret most of it 2

Regret all of it 3

a. Below are some reasons why you might have regrets:

Please select all that apply

Resulted in an unplanned pregnancy 1

Resulted in a sexually transmitted infection 2

Relationship was violent 3

I felt I was being used 4

I was using someone against their will 5

Never found the right person 6

It was against my religious faith 7

It was too soon/we should have waited 8

Had a termination/abortion 9

I regret that I didn't have more sex 10

Other (please cross and describe) 99

F7) The next questions are about the number of people you have had sex with in your life and **in the past 2 years**. When answering these questions please include everyone you have had sex with, whether it was just once, a few times or a regular partner.

	0	1	2-3	4-9	10+
a. Number of people within the last 24 months	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

b. Number of people ever	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <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: ●

F8) How often are you having sex nowadays?

- | | |
|------------------------|-----|
| Not at all | 0 ○ |
| Less than once a month | 1 ○ |
| 1-3 times a month | 2 ○ |
| About once a week | 3 ○ |
| 2-4 times a week | 4 ○ |
| 5 or more times a week | 5 ○ |

F9) In general do/did you enjoy sex?

- | | |
|-------------------------|-----|
| Yes, very much | 3 ○ |
| Yes, somewhat/sometimes | 2 ○ |
| No, not a lot | 1 ○ |
| No, not at all | 0 ○ |

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

RELATE

Relationship support and counselling, regardless of age.

relate.org.uk

RAPE CRISIS

Specialist information and support to all those affected by sexual violence.

rapecrisis.org.uk
Tel: **0808 802 9999**

LGBT Foundation

Support on a range of topics including mental health, gender identity, crime or sexual health.

lgbt.foundation
Tel: **03453 30 30 30**

REFUGE

National Domestic Abuse Helpline

nationaldahelpline.org.uk
Tel: **0808 2000 247** (24 hours)

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Section G: Smoking, Drugs and Alcohol

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

In this section we are interested in knowing about smoking, drugs and alcohol. We have asked some of these questions before but it important for us to see how things change over time.

G1) Have you **ever** smoked cigarettes regularly (including roll-ups), i.e. at least one every day?

Yes

No



If **no**, please go to question G2 below

If **yes**:

a. At what age did you start smoking regularly? years old

b. What was the **most** you smoked every day?

1-4

5-9

10-14

15-19

20-24

25 or
more

Don't
remember

c. Are you still smoking regularly?

Yes



If **yes**, please go to question d below

No

If **no**:

(i) What age were you when you stopped? years old

Please now go to question G2 below

d. About how many cigarettes did you smoke **each day last week**?

0

1-4

5-9

10-14

15-19

20-24

25 or
more

Don't
remember

G2) Have you **ever** used/vaped an electronic cigarette or other vaping device (either nicotine-containing or nicotine-free devices)?

Yes

No



If **no**, please go to question G3 on the next page

If **yes**:

a. In the past 30 days have you used or vaped an electronic cigarette or other vaping device?

Yes

No

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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: ●

G3) About how often did you use marijuana/grass/cannabis/ganja/joint:

	At least once a week	At least once a month	Occasionally	Not at all
a. When you were a teenager	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. In your early 20s	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. In the year before the pandemic (before March 2020)	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Since the start of the pandemic (since March 2020)	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

G4) Did you use any other illegal drugs during these time periods?

	Yes	No
a. When you were a teenager	1 <input type="radio"/>	0 <input type="radio"/>
b. In your early 20s	1 <input type="radio"/>	0 <input type="radio"/>
c. In the year before the pandemic (before March 2020)	1 <input type="radio"/>	0 <input type="radio"/>
d. Since the start of the pandemic (since March 2020)	1 <input type="radio"/>	0 <input type="radio"/>

G5) Did you use any medicines or pills, that you might get at a chemist, to get high during these time periods?

	Yes	No
a. When you were a teenager	1 <input type="radio"/>	0 <input type="radio"/>
b. In your early 20s	1 <input type="radio"/>	0 <input type="radio"/>
c. In the year before the pandemic (before March 2020)	1 <input type="radio"/>	0 <input type="radio"/>
d. Since the start of the pandemic (since March 2020)	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: ●

- G6) How often do you have a drink containing alcohol nowadays?
- | | | |
|---------------------------|-----|--|
| Not at all | 0 ○ | → If not at all , please go to section H on page 30 |
| No more than once a month | 1 ○ | |
| 2-4 times a month | 2 ○ | |
| 2-3 times a week | 3 ○ | |
| 4 or more times a week | 4 ○ | |

- G7) Now we would like you to calculate how many units of alcohol you drink **on average**. Please use the diagram on the back cover to work out how many units of alcohol you drink on a **typical day when you are drinking**:
- | | | | | | | | |
|------------------|-----|-----------|-----|-----|-----|-----|-----|
| 1-2 | 1 ○ | 3-4 | 2 ○ | 5-6 | 3 ○ | 7-9 | 4 ○ |
| 10 or more units | 5 ○ | Can't say | 9 ○ | | | | |

- | | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|---|-------|-------------------|---------|--------|-----------------------|
| G8) How often do you have six or more units (standard drinks) on one occasion? | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| G9) How often during the past year have you found that you were not able to stop drinking once you had started? | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| G10) How often during the past year have you failed to do what was normally expected of you because of drinking? e.g. go to work/college/university, play sport or go out with family and friends. | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| G11) How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |

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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: ●

- | | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|---|-------------------------|-------------------------|------------------------------------|--------------------------------|-------------------------|
| G12) How often during the past year have you had a feeling of guilt or remorse after drinking? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| G13) How often during the past year have you been unable to remember what happened the night before because you had been drinking? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| | | No | Yes, but not in the past 12 months | Yes, during the past 12 months | |
| G14) Have you or has someone else been injured as a result of your drinking? | 0 <input type="radio"/> | | 2 <input type="radio"/> | 4 <input type="radio"/> | |
| G15) Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested cutting down? | 0 <input type="radio"/> | | 2 <input type="radio"/> | 4 <input type="radio"/> | |

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

SMOKING SUPPORT

nhs.uk/better-health/quit-smoking/

Tel: 0300 123 1044

FRANK

Confidential advice and support about drugs

Tel: 0300 123 6600

Text: 82111

talktofrank.com

NHS ALCOHOL SUPPORT

nhs.uk/live-well/alcohol-advice/alcohol-support

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Section H: Reproductive History

In this section we would like to ask about the number of pregnancies you or your partner(s) have had during your lifetime, and how they ended.

Please give the numbers you have had, or have been the biological parent of.

We realise that you may find some of these questions upsetting. You can find information for support organisations on our helplines page.

If you prefer not to answer these questions, please leave them blank.

H1) Please tell us the following:
If none, please enter 0.

a. Total number of times ever pregnant

--	--

b. Number of miscarriages

--	--

c. Number of terminations/abortions for medical reasons

--	--

d. Number of terminations/abortions for unwanted pregnancies

--	--

e. Number of stillbirths

--	--

f. Number of twin, triplet or quadruplet pregnancies

--	--

g. Number of children born alive

--	--

h. Number of children who died before they were a year old

--	--

i. Number of children who died aged between 1 and 20 years

--	--

j. Number of children assigned male at birth who are still alive

--	--

k. Number of children assigned female at birth who are still alive

--	--

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H2) Please tell us how many children you have had with:
If none, please enter 0.

- a. Learning difficulties

--	--

- b. Autism, Asperger's or other autism-type diagnosis

--	--

- c. Behaviour problems

--	--

- d. Eating disorders (e.g. anorexia bulimia)

--	--

- e. Peanut allergy

--	--

- f. Asthma

--	--

- g. Cancer or leukaemia

--	--

h. Space for anything you would like to tell us about any of your offspring in relation to any problems they may have had:



H3) Have you ever had difficulty conceiving at any time (i.e. tried for over one year to get pregnant)?

Yes ¹

No ⁰



If **no**, please go to **Completing the Questionnaire on the next page**

a. Did you or your partner receive advice or treatment?

Yes, we both did ³

Yes, I did ²

Yes, my partner did ¹

No, neither of us did ⁰

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

CHILD BEREAVEMENT UK

Supports families when a baby or child dies or is dying, or when a child is facing bereavement.

Tel: **0800 02 888 40**

childbereavementuk.org

RAPE CRISIS

Specialist information and support to all those affected by sexual violence.

rapecrisis.org.uk

Tel: **0808 802 9999**

RELATE

Relationship support and counselling, regardless of age.

relate.org.uk



Completing the Questionnaire

11) 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"/>
						1	9		

12) 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"/>
						2	0		

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

We are also always trying to find ways to reduce our paper use. To ensure that we send you your questionnaires via your preferred method, can you please let us know your preferred way to complete your questionnaires? If you choose 'online' we will no longer send out paper questionnaires as part of our reminder process.

What is your preferred method?

Online

Paper

Extra space for answering questions

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

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Summer 2022 Parent

STRICTLY CONFIDENTIAL (when completed)

Version 1 17/06/2022

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

To be entered into the prize draw we must have received your questionnaire by midnight on Monday 22nd August 2022. If you win, we will contact you within four 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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