

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

Over the past ten years, Professor Jean Golding (Founder of Children of the 90s), has been working with colleagues to develop a new understanding of how the events which happened to your ancestors may have influenced the health of your 'Child of the 90s'.

To improve our understanding of this further, we are now really interested in your study child(ren)'s grandparents and great-grandparents and their own childhoods. Unusually, we are only interested in **biological** relatives as this study is looking at biological inheritance. If you, your study child(ren) or your parents were brought up by someone who was not their biological parent, please tell us what you know, if anything, about the **biological ancestors**. We will use this information to try and trace the effects of the life experiences of grandparents and great-grandparents on your Children of the 90s child.

We realise that you will not be able to answer some of the questions. Please just answer the questions to the best of your knowledge. We also realise that some of the questions are sensitive. If you do not want to answer any of the questions please just leave them blank. Any information you can provide will be really valuable.

Please note that the questions are the same for each ancestor. Please spend as much or as little time as you wish completing this questionnaire.

**Confidentiality**

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

**Help with completing the questionnaire**

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

**Shopping voucher and prize draw**

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

Whether you return your questionnaire complete or incomplete, we will also enter you into a prize draw to win one of three iPad tablets. To be entered into the prize draw we must have received your questionnaire by 5pm on Friday 5th October 2018.

**Helplines**

There are some helplines available at the end of this booklet which offer support if you are affected by any of the issues raised in this questionnaire.

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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.

2	7
---	---

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

<del>2</del>	<del>7</del>
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 2 8

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: About You

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

A1) What is your date of birth? 

DD	

 / 

MM	

 / 

YYYY			
1	9		

A2) What is your study child's date of birth? 

DD	

 / 

MM	

 / 

YYYY			
1	9	9	

A3) What is your relationship to the study child?

Biological Mother  1      Biological Father  2

Step Mother  3      Step Father  4

Foster/Adoptive Mother  5      Foster/Adoptive Father  6

Other (please describe)  7

A4) Are you able to answer any questions about your study child(ren)'s **biological** grandparents on your side of the family?

Yes  1 **If yes, please go to section B on the next page**

No  0

**If no:** Thank you for completing these questions. This particular Children of the 90s study is interested in your study child(ren)'s genetic inheritance only, i.e. their biological ancestors. **Please go to page 29 and fill in section H, 'Completing the Questionnaire'.**



## Section B: Your Mother

(Your study child's biological grandmother)

Are you able to answer any questions about your study child(ren)'s **biological** grandmother on your side of the family?

Yes  No  → If **no**, please go to section C on page 9

B1) What year was she born, if you know?     <sup>YYYY</sup>

a. Was she living in England at the time she was born?

Yes  → If **yes**, please go to question c below

No  Don't know

b. What country was she living in at the time she was born?

c. What county or region was she living in at the time she was born?

d. What city, town or village was she living in at the time she was born?

B2) Did she move somewhere else during her childhood, up to age 16?

*Cross all ages that apply then, if yes, tell us where in the box provided.*

No, did not move  → If **no** or **don't know**, please go to question B3 on the next page

Don't know if she moved or not

Where did she move to?

Yes, before age 6

Yes, between the ages of 6 and 11

Yes, between the ages of 12 and 16

Yes, but don't know at what age

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B3) **During her childhood**, up to age 16, did any of the following happen?

*Please cross all ages that apply on each line.* ✕

	Age 0-5	Age 6-11	Age 12-16	Yes but not sure of age	Not at all	Don't know
a. She was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. She went to boarding school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. She was taken into care by family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. She was taken into care by others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. She was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
f. She became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
g. She was subjected to violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
h. Her home life was violent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
i. At times there was often not enough to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
j. She was unhappy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
k. Her own mother died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
l. Her own mother was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
m. Her own mother was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
n. Her own mother became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
o. Her own father died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
p. Her own father was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
q. Her own father was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
r. Her own father became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
s. Other major event(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>

*Please cross then describe below.*

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**Your Mother (Your study child's biological grandmother)**

B4) **During her childhood**, up to age 16, did she start smoking regularly?

Yes, I know roughly what age

If **yes**, at what age, approximately, did she start smoking regularly?   years old

Yes, but I don't know what age

No

Don't know

b. Did she smoke when pregnant with you (or your study child's biological parent if that is not you)?

Yes

No

Don't know

B5) How many brothers and sisters did she have?   brothers and sisters

Don't know/not sure

None  → If **none**, please go to question B6 on the next page

a. How many **younger brothers** did she have?   Don't know/  
not sure  None

b. How many **younger sisters** did she have?

c. How many **older brothers** did she have?

d. How many **older sisters** did she have?

e. Did she have a twin?

Yes, a twin brother

No

Don't know

Yes, a twin sister

f. If **yes, a twin sister**, were they identical twins?

Yes

No

Don't know

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B6) Any additional comments about her childhood that you would like to make:

B7) What was her job or occupation? *If many, please tell us the main one(s).*

B8) Is your mother (your study child's biological grandmother) still alive?

Yes            1

Don't know   9

No             0



**If yes or don't know, please go to section C on the next page**

a. How old was she when she died, if you know?

--	--	--

years old

b. What month and year did she die, if you know?

MM		YYYY			
		/			

c. What was the cause of death, if you know?

d. In which country did she die, if you know?

In which county or region did she die, if you know?

In which city, town or village did she die, if you know?





# Section C: Your Father

(Your study child's biological grandfather)

Are you able to answer any questions about your study child(ren)'s **biological** grandfather on your side of the family?

Yes  No  → If **no**, please go to section D on page 13

C1) What year was he born, if you know?

YYYY

--	--	--	--

a. Was he living in England at the time he was born?

Yes  → If **yes**, please go to question c below

No  Don't know

b. What country was he living in at the time he was born?

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c. What county or region was he living in at the time he was born?

--

d. What city, town or village was he living in at the time he was born?

--

C2) Did he move somewhere else during his childhood, up to age 16?  
*Cross all ages that apply then, if yes, tell us where in the box provided.*

No, did not move  → If **no** or **don't know**, please go to question C3 on the next page

Don't know if he moved or not

Where did he move to?

Yes, before age 6

--

Yes, between the ages of 6 and 11

--

Yes, between the ages of 12 and 16

--

Yes, but don't know at what age

--

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C3) **During his childhood**, up to age 16, did any of the following happen?

*Please cross all ages that apply on each line.*

	Age 0-5	Age 6-11	Age 12-16	Yes but not sure of age	Not at all	Don't know
a. He was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. He went to boarding school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. He was taken into care by family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. He was taken into care by others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. He was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
f. He became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
g. He was subjected to violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
h. His home life was violent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
i. At times there was often not enough to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
j. He was unhappy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
k. His own mother died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
l. His own mother was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
m. His own mother was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
n. His own mother became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
o. His own father died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
p. His own father was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
q. His own father was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
r. His own father became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
s. Other major event(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>

*Please cross then describe below.*

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Your Father (Your study child's biological grandfather)

C4) During his childhood, up to age 16, did he start smoking regularly?

Yes, I know roughly what age  1

If **yes**, at what age, approximately, did he start smoking regularly?   years old

Yes, but I don't know what age  2

No  0

Don't know  9

C5) How many brothers and sisters did he have?   brothers and sisters

Don't know/not sure  99

None  0 → If **none**, please go to question C6 on the next page

a. How many **younger brothers** did he have?   Don't know/  
not sure  99 None  0

b. How many **younger sisters** did he have?    99  0

c. How many **older brothers** did he have?    99  0

d. How many **older sisters** did he have?    99  0

e. Did he have a twin?

Yes, a twin brother  1 No  0 Don't know  9

Yes, a twin sister  2

f. If **yes, a twin brother**, were they identical twins?

Yes  1 No  0 Don't know  9

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C6) Any additional comments about his childhood that you would like to make:

C7) What was his job or occupation? *If many, please tell us the main one(s).*

C8) Is your father (your study child's biological grandfather) still alive?

Yes            1

Don't know   9

No             0



**If yes or don't know, please go to section D on the next page**

a. How old was he when he died, if you know?

--	--	--

years old

b. What month and year did he die, if you know?

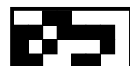
MM		/	YYYY			

c. What was the cause of death, if you know?

d. In which country did he die, if you know?

In which county or region did he die, if you know?

In which city, town or village did he die, if you know?



## Section D: Your Mother's Mother

(Your study child's biological great-grandmother)

Are you able to answer any questions about your study child(ren)'s **biological** great-grandmother on your mother's side of the family?

Yes <sup>1</sup>  No <sup>0</sup>  → If **no**, please go to section E on page 17

D1) What year was she born, if you know?

YYYY

--	--	--	--

a. Was she living in England at the time she was born?

Yes <sup>1</sup>  → If **yes**, please go to question c below

No <sup>0</sup>  Don't know <sup>9</sup>

b. What country was she living in at the time she was born?

--

c. What county or region was she living in at the time she was born?

--

d. What city, town or village was she living in at the time she was born?

--

D2) Did she move somewhere else during her childhood, up to age 16?

*Cross all ages that apply then, if yes, tell us where in the box provided.*

No, did not move <sup>0</sup>  →

Don't know if she moved or not <sup>9</sup>  →

If **no** or **don't know**, please go to question D3 on the next page

Where did she move to?

Yes, before age 6 <sup>1</sup>  →

--

Yes, between the ages of 6 and 11 <sup>2</sup>  →

--

Yes, between the ages of 12 and 16 <sup>3</sup>  →

--

Yes, but don't know at what age <sup>4</sup>  →

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D3) **During her childhood**, up to age 16, did any of the following happen?

*Please cross all ages that apply on each line.*

	Age 0-5	Age 6-11	Age 12-16	Yes but not sure of age	Not at all	Don't know
a. She was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. She went to boarding school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. She was taken into care by family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. She was taken into care by others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. She was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
f. She became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
g. She was subjected to violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
h. Her home life was violent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
i. At times there was often not enough to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
j. She was unhappy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
k. Her own mother died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
l. Her own mother was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
m. Her own mother was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
n. Her own mother became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
o. Her own father died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
p. Her own father was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
q. Her own father was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
r. Her own father became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
s. Other major event(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>

*Please cross then describe below.*

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**Your Mother's Mother**  
**(Your study child's biological great-grandmother)**

D4) **During her childhood**, up to age 16, did she start smoking regularly?

Yes, I know roughly what age  1

If **yes**, at what age, approximately, did she start smoking regularly? 

--	--

 years old

Yes, but I don't know what age  2

No  0

Don't know  9

b. Did she smoke when pregnant with your mother (your study child's biological grandmother)?

Yes  1

No  0

Don't know  9

D5) How many brothers and sisters did she have? 

--	--

 brothers and sisters

Don't know/not sure  99

None  0

➔ If **none**, please go to question D6 on the next page

a. How many **younger brothers** did she have? 

--	--

Don't know/  
not sure  99 None  0

b. How many **younger sisters** did she have? 

--	--

Don't know/  
not sure  99 None  0

c. How many **older brothers** did she have? 

--	--

Don't know/  
not sure  99 None  0

d. How many **older sisters** did she have? 

--	--

Don't know/  
not sure  99 None  0

e. Did she have a twin?

Yes, a twin brother  1

No  0

Don't know  9

Yes, a twin sister  2

f. If **yes, a twin sister**, were they identical twins?

Yes  1

No  0

Don't know  9



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

D6) Any additional comments about her childhood that you would like to make:

D7) What was her job or occupation? *If many, please tell us the main one(s).*

D8) Is your grandmother (your study child's biological great-grandmother) still alive?

Yes            1



**If yes or don't know, please go to section E on the next page**

Don't know   9



No            0

a. How old was she when she died, if you know?

--	--	--

years old

b. What month and year did she die, if you know?

MM			/	YYYY				
----	--	--	---	------	--	--	--	--

c. What was the cause of death, if you know?

d. In which country did she die, if you know?

In which county or region did she die, if you know?

In which city, town or village did she die, if you know?

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E3) **During his childhood**, up to age 16, did any of the following happen?

*Please cross all ages that apply on each line.*

	Age 0-5	Age 6-11	Age 12-16	Yes but not sure of age	Not at all	Don't know
a. He was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. He went to boarding school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. He was taken into care by family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. He was taken into care by others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. He was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
f. He became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
g. He was subjected to violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
h. His home life was violent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
i. At times there was often not enough to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
j. He was unhappy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
k. His own mother died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
l. His own mother was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
m. His own mother was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
n. His own mother became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
o. His own father died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
p. His own father was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
q. His own father was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
r. His own father became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
s. Other major event(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>

*Please cross then describe below.*

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**Your Mother's Father**  
**(Your study child's biological great-grandfather)**

E4) **During his childhood**, up to age 16, did he start smoking regularly?

Yes, I know roughly what age  1

If **yes**, at what age, approximately, did he start smoking regularly?   years old

Yes, but I don't know what age  2

No  0

Don't know  9

E5) How many brothers and sisters did he have?   brothers and sisters

Don't know/not sure  99

None  0

→ If **none**, please go to question E6 on the next page

	Don't know/ not sure	None
a. How many <b>younger brothers</b> did he have?	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input type="radio"/> 99	<input type="radio"/> 0

b. How many <b>younger sisters</b> did he have?	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input type="radio"/> 99	<input type="radio"/> 0
---	--	-------------------------

c. How many <b>older brothers</b> did he have?	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input type="radio"/> 99	<input type="radio"/> 0
--	--	-------------------------

d. How many <b>older sisters</b> did he have?	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input type="radio"/> 99	<input type="radio"/> 0
---	--	-------------------------

e. Did he have a twin?

Yes, a twin brother  1                      No  0                      Don't know  9

Yes, a twin sister  2

f. If **yes, a twin brother**, were they identical twins?

Yes  1                      No  0                      Don't know  9



E6) Any additional comments about his childhood that you would like to make:

E7) What was his job or occupation? *If many, please tell us the main one(s).*

E8) Is your grandfather (your study child's biological great-grandfather) still alive?

- Yes            1     ➔    **If yes or don't know, please go**  
Don't know   9     ➔    **to section F on the next page**  
No             0

a. How old was he when he died, if you know? 

--	--	--

 years old

b. What month and year did he die, if you know? 

MM	

 / 

YYYY			

c. What was the cause of death, if you know?

d. In which country did he die, if you know?

In which county or region did he die, if you know?

In which city, town or village did he die, if you know?



# Section F: Your Father's Mother

(Your study child's biological great-grandmother)

Are you able to answer any questions about your study child(ren)'s **biological** great-grandmother on your father's side of the family?

Yes <sup>1</sup>  No <sup>0</sup>  → If **no**, please go to section G on page 25

F1) What year was she born, if you know?

YYYY

--	--	--	--

a. Was she living in England at the time she was born?

Yes <sup>1</sup>  → If **yes**, please go to question c below

No <sup>0</sup>  Don't know <sup>9</sup>

b. What country was she living in at the time she was born?

--

c. What county or region was she living in at the time she was born?

--

d. What city, town or village was she living in at the time she was born?

--

F2) Did she move somewhere else during her childhood, up to age 16?

*Cross all ages that apply then, if yes, tell us where in the box provided.*

No, did not move <sup>0</sup>  → If **no** or **don't know**, please go to question F3 on the next page

Don't know if she moved or not <sup>9</sup>  →

Where did she move to?

Yes, before age 6 <sup>1</sup>  →

--

Yes, between the ages of 6 and 11 <sup>2</sup>  →

--

Yes, between the ages of 12 and 16 <sup>3</sup>  →

--

Yes, but don't know at what age <sup>4</sup>  →

--

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F3) **During her childhood**, up to age 16, did any of the following happen?

*Please cross all ages that apply on each line.*

	Age 0-5	Age 6-11	Age 12-16	Yes but not sure of age	Not at all	Don't know
a. She was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. She went to boarding school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. She was taken into care by family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. She was taken into care by others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. She was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
f. She became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
g. She was subjected to violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
h. Her home life was violent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
i. At times there was often not enough to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
j. She was unhappy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
k. Her own mother died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
l. Her own mother was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
m. Her own mother was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
n. Her own mother became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
o. Her own father died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
p. Her own father was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
q. Her own father was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
r. Her own father became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
s. Other major event(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>

*Please cross then describe below.*

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**Your Father's Mother**  
**(Your study child's biological great-grandmother)**

F4) **During her childhood**, up to age 16, did she start smoking regularly?

Yes, I know roughly what age  1

**If yes**, at what age, approximately, did she start smoking regularly?   years old

Yes, but I don't know what age  2

No  0

Don't know  9

b. Did she smoke when pregnant with your father (your study child's biological grandfather)?

Yes  1      No  0      Don't know  9

F5) How many brothers and sisters did she have?   brothers and sisters

Don't know/not sure  99

None  0 ➔ **If none**, please go to question F6 on the next page

	Don't know/ not sure	None
a. How many <b>younger brothers</b> did she have?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input type="radio"/> 99	<input type="radio"/> 0

b. How many <b>younger sisters</b> did she have?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input type="radio"/> 99	<input type="radio"/> 0
--	--	-------------------------

c. How many <b>older brothers</b> did she have?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input type="radio"/> 99	<input type="radio"/> 0
---	--	-------------------------

d. How many <b>older sisters</b> did she have?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input type="radio"/> 99	<input type="radio"/> 0
--	--	-------------------------

e. Did she have a twin?

Yes, a twin brother  1      No  0      Don't know  9

Yes, a twin sister  2

f. **If yes, a twin sister**, were they identical twins?

Yes  1      No  0      Don't know  9

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

F6) Any additional comments about her childhood that you would like to make:

F7) What was her job or occupation? *If many, please tell us the main one(s).*

F8) Is your grandmother (your study child's biological great-grandmother) still alive?

Yes

Don't know

No



**If yes or don't know, please go**



**to section G on the next page**

a. How old was she when she died, if you know? 

--	--	--

 years old

b. What month and year did she die, if you know?

MM			/	YYYY				
----	--	--	---	------	--	--	--	--

c. What was the cause of death, if you know?

d. In which country did she die, if you know?

In which county or region did she die, if you know?

In which city, town or village did she die, if you know?

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# Section G: Your Father's Father

(Your study child's biological great-grandfather)

Are you able to answer any questions about your study child(ren)'s **biological** great-grandfather on your father's side of the family?

Yes <sup>1</sup>  No <sup>0</sup>  → If **no**, please go to section H on page 29

G1) What year was he born, if you know? YYYY  

--	--	--	--

a. Was he living in England at the time he was born?

Yes <sup>1</sup>  → If **yes**, please go to question c below

No <sup>0</sup>  Don't know <sup>9</sup>

b. What country was he living in at the time he was born?

c. What county or region was he living in at the time he was born?

d. What city, town or village was he living in at the time he was born?

G2) Did he move somewhere else during his childhood, up to age 16?

*Cross all ages that apply then, if yes, tell us where in the box provided.*

No, did not move <sup>0</sup>  →

Don't know if he moved or not <sup>9</sup>  →

If **no** or **don't know**, please go to question G3 on the next page

Where did he move to?

Yes, before age 6 <sup>1</sup>  →

Yes, between the ages of 6 and 11 <sup>2</sup>  →

Yes, between the ages of 12 and 16 <sup>3</sup>  →

Yes, but don't know at what age <sup>4</sup>  →

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G3) **During his childhood**, up to age 16, did any of the following happen?

*Please cross all ages that apply on each line.*

	Age 0-5	Age 6-11	Age 12-16	Yes but not sure of age	Not at all	Don't know
a. He was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. He went to boarding school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. He was taken into care by family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. He was taken into care by others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. He was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
f. He became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
g. He was subjected to violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
h. His home life was violent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
i. At times there was often not enough to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
j. He was unhappy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
k. His own mother died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
l. His own mother was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
m. His own mother was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
n. His own mother became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
o. His own father died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
p. His own father was seriously ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
q. His own father was in a war situation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
r. His own father became a refugee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
s. Other major event(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>

*Please cross then describe below.*

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**Your Father's Father**  
**(Your study child's biological great-grandfather)**

G4) **During his childhood**, up to age 16, did he start smoking regularly?

Yes, I know roughly what age  1

**If yes**, at what age, approximately, did he start smoking regularly? 

--	--

 years old

Yes, but I don't know what age  2

No  0

Don't know  9

G5) How many brothers and sisters did he have? 

--	--

 brothers and sisters

Don't know/not sure  99

None  0

**→ If none, please go to question G6 on the next page**

- |  | Don't know/<br>not sure   | None |  |                         |
|--|---|------|--|-------------------------|
| a. How many <b>younger brothers</b> did he have? | <table border="1" style="display: inline-table;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table> <input type="radio"/> 99 |      |  | <input type="radio"/> 0 |
|  |   |      |  |                         |
| b. How many <b>younger sisters</b> did he have?  | <table border="1" style="display: inline-table;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table> <input type="radio"/> 99 |      |  | <input type="radio"/> 0 |
|  |   |      |  |                         |
| c. How many <b>older brothers</b> did he have?   | <table border="1" style="display: inline-table;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table> <input type="radio"/> 99 |      |  | <input type="radio"/> 0 |
|  |   |      |  |                         |
| d. How many <b>older sisters</b> did he have?    | <table border="1" style="display: inline-table;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table> <input type="radio"/> 99 |      |  | <input type="radio"/> 0 |
|  |   |      |  |                         |
| e. Did he have a twin?                           |   |      |  |                         |

Yes, a twin brother  1

No  0

Don't know  9

Yes, a twin sister  2

f. **If yes, a twin brother**, were they identical twins?

Yes  1

No  0

Don't know  9



G6) Any additional comments about his childhood that you would like to make:

G7) What was his job or occupation? *If many, please tell us the main one(s).*

G8) Is your grandfather (your study child's biological great-grandfather) still alive?

Yes

Don't know

No



**If yes or don't know, please go to section H on the next page**

a. How old was he when he died, if you know?

--	--	--

years old

b. What month and year did he die, if you know?

MM		YYYY			
		/			

c. What was the cause of death, if you know?

d. In which country did he die, if you know?

In which county or region did he die, if you know?

In which city, town or village did he die, if you know?



## Section H: Completing the Questionnaire

Would you (and possibly other members of your family) be interested in taking part in a follow-up interview about the lives of your ancestors when they were children?

Yes

No

Saying yes does not commit you to taking part. We are hoping to interview 100 families. We may not be able to invite everyone who says yes, but if you are selected we will get in touch with an invitation to take part in the interview.

What is **today's date**? 

DD

 / 

MM

 / 

YYYY
2
0
1

### Extra space for answering questions

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

We mentioned earlier that we also want to collect this information from the biological father of your Children of the 90s child. This will give us a more complete picture of the ancestry of the Children of the 90s child(ren) in your family. If you are happy for us to do so, we will send you a further questionnaire to pass on to him, along with freepost envelopes. Depending on your family circumstances you may wish to discuss this with your child first. We would be grateful if you could ask your partner to complete this questionnaire, or alternatively complete it on their behalf.

Please can you log in to the online version of this questionnaire and go to the 'Completing the questionnaire' section on the menu page. Please copy and send the link to your child's biological father, asking them to open it and complete the questionnaire for you. Your login details are included at the front of this booklet.

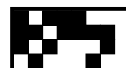
Alternatively, if you would like us to send you a paper copy of this questionnaire for your child's biological father to send on to them, along with freepost envelopes, please tick this box. We will then send you a copy to pass on or complete on their behalf.

Send paper copy

**Many thanks for completing your questionnaire. The information you provide is really important to our ongoing research.**

**Please turn over and complete the next page.**

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# Your Family History

Version 1 02/07/2018

Questionnaire Number

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

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

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

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

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

No Voucher

To be entered into the prize draw we must have received your questionnaire by 5pm on Friday 5th October 2018. If you win, we will contact you within two weeks using the contact details on our database. You can update these online at [childrenofthe90s.ac.uk/update-your-details](http://childrenofthe90s.ac.uk/update-your-details). You will receive your prize up to six weeks after the draw has been held.

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

No Prize Draw

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