

Introduction

This questionnaire is for completion by the study young person.

In answering these questions you will be helping Children of the 90s researchers who have been involved in putting this questionnaire together. The data you provide will be available to researchers across the world and will help in answering important questions on human development, health and disease.

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 qualified researchers for research that has been approved by Children of the 90s.

Some questions may seem very similar to each other. This is because the combination of answers gives a clearer picture than one single answer. There may be questions that seem a bit strange and are not applicable to you because they are concerned with specific feelings or problems. We would be very grateful if you would try to answer all the questions but we understand if there are questions that you either prefer not to answer or are unable to answer. Please just leave these questions blank. There are no right or wrong answers.

If you require assistance in completing this questionnaire, please contact us via the details enclosed and we will be happy to 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 more 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. Whether you return your questionnaire complete or incomplete, we will also enter you into a prize draw to win one of three iPad Air 2 tablets.

To be entered into the prize draw we must have received your questionnaire by 5pm on Tuesday 3rd May 2016. We will contact winners within two weeks using the contact details we have on our database. Prize winners will receive their prizes up to six weeks after the draw has been held.

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Filling in the Questionnaire

Please use a **black** pen. To answer questions simply put a cross in the circle/box which is most accurate in your opinion, like this:



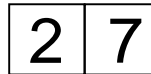
If you make a mistake, shade the circle/box in like this:



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.



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

There are no right or wrong answers.

There is a blank 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: Social Media

We'd like to ask you some questions about social media - by which we mean using websites or apps to connect with other people. These are an important part of people's lives and there is a growing field of research in this area.

A1) Do you have a social media profile or account on any sites or apps?

Yes ¹ No ⁰ → If no, please go to section B

Don't know ⁹

A2) Do you have a page or profile on these sites or apps and how often do you use them?

	No	Yes, use daily	Yes, use weekly	Yes, use monthly	Yes, use less often	Don't know
a. AskFM	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
b. Bebo	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
c. Blogger	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
d. Facebook	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
e. Flickr	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
f. Google+ (inc Google Hangouts)	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
g. hi5	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
h. Instagram	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
i. Jabble	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
j. LinkedIn	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
k. MySpace	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
l. Piczo	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
m. Pinterest	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
n. SnapChat	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
o. Tumblr	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
p. Twitter	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
q. Vimeo	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
r. Vine	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
s. WhatsApp	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
t. YouTube	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>
u. Other	0 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	9 <input type="radio"/>

If other, please specify:

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A3) Which one would you say is your **main** social media site or app - the one you use most often?

- | | | | | | |
|-----------|----|-----------------------|-------------------------------|----|-----------------------|
| AskFM | 1 | <input type="radio"/> | Bebo | 2 | <input type="radio"/> |
| Blogger | 3 | <input type="radio"/> | Facebook | 4 | <input type="radio"/> |
| Flickr | 5 | <input type="radio"/> | Google+ (inc Google Hangouts) | 6 | <input type="radio"/> |
| hi5 | 7 | <input type="radio"/> | Instagram | 8 | <input type="radio"/> |
| Jabble | 9 | <input type="radio"/> | LinkedIn | 10 | <input type="radio"/> |
| MySpace | 11 | <input type="radio"/> | Piczo | 12 | <input type="radio"/> |
| Pinterest | 13 | <input type="radio"/> | SnapChat | 14 | <input type="radio"/> |
| Tumblr | 15 | <input type="radio"/> | Twitter | 16 | <input type="radio"/> |
| Vimeo | 17 | <input type="radio"/> | Vine | 18 | <input type="radio"/> |
| WhatsApp | 19 | <input type="radio"/> | YouTube | 20 | <input type="radio"/> |
| Other | 21 | <input type="radio"/> | | | |

If other, please specify:

A4) How often do you visit **any** social media sites or apps (like Facebook, Twitter, LinkedIn, Instagram, Tumblr or Pinterest), using any device?

- | | | |
|--------------------------|---|-----------------------|
| More than 10 times a day | 1 | <input type="radio"/> |
| 2-10 times a day | 2 | <input type="radio"/> |
| Once a day | 3 | <input type="radio"/> |
| Every other day | 4 | <input type="radio"/> |
| A couple of times a week | 5 | <input type="radio"/> |
| Once a week | 6 | <input type="radio"/> |
| Less often | 7 | <input type="radio"/> |
| Don't know | 9 | <input type="radio"/> |

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Section B: Sexual Experience

The questions in this section are about your sexual experience and activity. We know that this is a sensitive topic and therefore want to reassure you that all your answers are completely confidential. Some of the questions that follow use terms like sexual partners and sexual intercourse, which are explained below. Please be sure to read the definitions below before answering the questions.

Genital area - A man's penis or a woman's vagina (the sex organs)

Vaginal sex (*vaginal intercourse*) - A man's penis in a woman's vagina

Oral sex (*oral sexual intercourse*) - A (woman's/man's) mouth on the partner's genital area

Anal sex (*anal sexual intercourse*) - A man's penis in a partner's anus (rectum or back passage)

Sexual intercourse or '*having sex*' - This includes vaginal, oral or anal intercourse

Partners or *sexual partners* - People who have sex together - whether just once or a few times, or as regular partners or as married partners

Consensual sex - Consensual sex is sex that both people have agreed (consented) to after the age of 13

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

B1) I have had some **sexual experience** (see definition above):

Only ever with females (or a female), never with a male 1

More often with females (or a female), and at least once with a male 2

About equally often with females and with males 3

More often with males (or a male), and at least once with a female 4

Only with males (or a male), never with a female 5

I have never had any sexual experience with anyone 0



If **never**, please go to question B15

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B2) Have you **ever** had **sexual intercourse** (see definition)?
Please select all that apply:

Yes, with a female ¹

Yes, with a male ²

No ⁰



If **no**, please go to question B15

- a. If **yes**, how old were you when you **first** had consensual **sexual intercourse** with someone (that is, the first person you had sex with after you turned 13)?

Age years old

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

B3) Why did you have **sexual intercourse**?
Please select one option on each line.

- | | Yes | No |
|---|-------------------------|-------------------------|
| a. I wanted to | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. So they wouldn't break up with me | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. We were going out together and it was a natural part of our relationship | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. I wanted to know what it was like | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Sex work (sexual exchange for money or other valuables) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. I loved this person | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. My friends do it | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. I got carried away | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. Other | 1 <input type="radio"/> | 0 <input type="radio"/> |

If **other**, please describe:

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B4) The **most recent** time you had **sexual intercourse**, had you been drinking alcohol before it happened?

Yes

No



If **no**, please go to question B5

a. If **yes**, after drinking alcohol, were you?

Not tipsy at all

A bit tipsy

Quite tipsy

Very tipsy

Drunk

B5) The **most recent** time you had **sexual intercourse**, had you been using drugs before it happened?

Yes

No

B6) Did you use a condom on the **most recent** occasion you had **sexual intercourse**? If you had **oral sex**, and not **vaginal** or **anal sex** on this most recent occasion, please select the last option, even if you did use a condom (see definitions).

Yes

No

We only had **oral sex** on the most recent occasion

B7) Did you use any other type of contraceptive/protection?

Yes

No



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

continued on the next page

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continued:

- a. If **yes**, what other type of contraceptive/protection did you use?
Please select all that apply.

I have been sterilized / My partner has been sterilized (this includes male vasectomy)	1 <input type="checkbox"/>	Mini pill	2 <input type="checkbox"/>
Contraceptive sponge	3 <input type="checkbox"/>	Combined pill	4 <input type="checkbox"/>
Foams, gels, sprays, pessaries (spermicides)	5 <input type="checkbox"/>	Pill - not sure which	6 <input type="checkbox"/>
Cap/diaphragm	7 <input type="checkbox"/>	Mirena coil (hormone releasing coil)	8 <input type="checkbox"/>
Persona	9 <input type="checkbox"/>	Coil/other device	10 <input type="checkbox"/>
Safe period/rhythm method (other than Persona)	11 <input type="checkbox"/>	Withdrawal	12 <input type="checkbox"/>
Emergency contraception	13 <input type="checkbox"/>	Femidom (female sheath)	14 <input type="checkbox"/>
Implant	15 <input type="checkbox"/>	Injection	16 <input type="checkbox"/>
Other	17 <input type="checkbox"/>	Don't know/not sure	18 <input type="checkbox"/>

If other, please specify:

- B8) Do you regret having had **sexual intercourse** on the **most recent** occasion?

Not at all 0 Yes 1

If **not at all**, please go to question B9

- a. If **yes**, how much do you regret having had **sexual intercourse** on the **most recent** occasion?

A bit 1 Quite a lot 2 Very much 3

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B9) Altogether, **in your life so far**, how many people have you had **sexual intercourse** with? people

B10) Have you had **sexual intercourse** in the **past 12 months**?
Yes No → **If no, please go to question B13**

B11) Altogether, **in the last year**, how many people have you had **sexual intercourse** with? people

Some people go through times when they are not interested in sex or find it difficult to enjoy sexual experiences. The questions that follow are about some common difficulties that people experience.

B12) In the **last year**, have you experienced any of the following for a period of **3 months or longer**? Please select all that apply.

Lacked interest in having sex

Lacked enjoyment in sex

Felt anxious during sex

Felt physical pain as a result of sex

Felt no excitement or arousal during sex

Did not reach a climax (experience an orgasm) or took a long time to reach a climax despite feeling excited/aroused

Reached climax (experienced an orgasm) more quickly than you would like

Had an uncomfortable dry vagina (women only)

Had trouble getting or keeping an erection (men only)

I did not experience any of these

B13) Have you been married, in a civil partnership or living with a partner as a couple for **at least one year**?

Yes No → **If no, go to question B15**

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B14) Thinking about your relationship with this partner **in the last year**, how much do you agree or disagree with the following statements?

- | | Agree
strongly | Agree | Neither
agree nor
disagree | Disagree | Disagree
strongly |
|--|-------------------|------------------|----------------------------------|-----------|----------------------|
| a. My partner and I share about the same level of interest in having sex | 5 ○ | 4 ○ | 3 ○ | 2 ○ | 1 ○ |
| b. My partner and I share the same sexual likes and dislikes | 5 ○ | 4 ○ | 3 ○ | 2 ○ | 1 ○ |
| c. My partner has experienced sexual difficulties in the last year | 5 ○ | 4 ○ | 3 ○ | 2 ○ | 1 ○ |
| d. I feel emotionally close to my partner when we have sex together. | | | | | |
| Always | 5 ○ | Most of the time | 4 ○ | Sometimes | 3 ○ |
| Not very often | 2 ○ | Hardly ever | 1 ○ | | |

The next few questions ask about your **sex life in the last year**. An individual's sex life includes their sexual thoughts, sexual feelings, sexual health, sexual activity and sexual relationships.

B15) Thinking about your **sex life in the last year**, how much do you agree or disagree with the following statements?

- | | Agree
strongly | Agree | Neither
agree nor
disagree | Disagree | Disagree
strongly |
|--|-------------------|-------|----------------------------------|----------|----------------------|
| a. I feel satisfied with my sex life | 5 ○ | 4 ○ | 3 ○ | 2 ○ | 1 ○ |
| b. I feel distressed or worried about my sex life | 5 ○ | 4 ○ | 3 ○ | 2 ○ | 1 ○ |
| c. I have avoided sex because of sexual difficulties, either my own or those of my partner | 5 ○ | 4 ○ | 3 ○ | 2 ○ | 1 ○ |

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B16) Have you sought help or advice regarding your **sex life** from any of the following sources **in the last year**? Please select all that apply.

- | | | |
|---|----|--------------------------|
| Family member/friend | 1 | <input type="checkbox"/> |
| Information and support sites on the internet | 2 | <input type="checkbox"/> |
| Self-help books/information leaflets | 3 | <input type="checkbox"/> |
| Self-help groups | 4 | <input type="checkbox"/> |
| Helpline | 5 | <input type="checkbox"/> |
| GP/Family doctor | 6 | <input type="checkbox"/> |
| Sexual health/GUM/STI clinic | 7 | <input type="checkbox"/> |
| Psychiatrist or psychologist | 8 | <input type="checkbox"/> |
| Relationship counsellor | 9 | <input type="checkbox"/> |
| Other type of clinic or doctor | 10 | <input type="checkbox"/> |
| Have not sought any help | 0 | <input type="checkbox"/> |
| Other | 11 | <input type="checkbox"/> |

If other, please specify:

B17) Please select the description which best fits how you think about yourself.

- | | | |
|--|---|-----------------------|
| 100% heterosexual (straight) | 1 | <input type="radio"/> |
| Mostly heterosexual but also attracted to own sex | 2 | <input type="radio"/> |
| Bisexual (equally attracted to both sexes) | 3 | <input type="radio"/> |
| Mostly homosexual but also attracted to opposite sex | 4 | <input type="radio"/> |
| 100% homosexual (gay/lesbian) | 5 | <input type="radio"/> |
| Not sexually attracted to either sex | 6 | <input type="radio"/> |
| Not sure | 7 | <input type="radio"/> |
| Other | 8 | <input type="radio"/> |

If other, please specify:

If you are affected by any of the issues raised in this section, you may wish to contact one of the organisations listed on the enclosed helplines information sheet.

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Section C: Wellbeing

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

		Not at all						Completely				
		0	1	2	3	4	5	6	7	8	9	10
C1)	Overall, how satisfied are you with your life nowadays?	<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"/>
C2)	Overall, to what extent do you feel the things you do in your life are worthwhile?	<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"/>
C3)	Overall, how happy did you feel yesterday?	<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"/>
C4)	Overall, how anxious did you feel yesterday?	<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"/>

C5) Below are some statements about feelings and thoughts. We are trying to understand how you have been feeling over the **past two weeks** specifically. Please think about the last two weeks only, even if these have been unusually good, or unusually stressful or difficult.

Please select the option that best describes your experience of each over the **last two weeks**.

	None of the time	Rarely	Some of the time	Often	All of the time
a. I've been feeling optimistic about the future	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I've been feeling useful	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I've been feeling relaxed	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I've been feeling interested in other people	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. I've had energy to spare	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

continued on the next page

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continued: Please select the option that best describes your experience of each over the **last two weeks**.

- | | None of the time | Rarely | Some of the time | Often | All of the time |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| f. I've been dealing with problems well | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. I've been thinking clearly | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| h. I've been feeling good about myself | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| i. I've been feeling close to other people | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| j. I've been feeling confident | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| k. I've been able to make up my own mind about things | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| l. I've been feeling loved | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| m. I've been interested in new things | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| n. I've been feeling cheerful | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

C6) For each of the following statements and/or questions, select the answer that you feel is most appropriate in describing you.

- | | Not a very happy person | | | | | | A very happy person |
|---|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| a. In general, I consider myself: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Compared with most of my peers, I consider myself: | Less happy | | | More happy | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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C7)

Not at
all

A great
deal

1 2 3 4 5 6 7

- a. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterisation describe you?
- b. Some people are generally **not** very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterisation describe you?

C8) Below are five statements with which you may agree or disagree. Please indicate your agreement with each statement.

Strongly disagree Disagree Slightly disagree Neither agree nor disagree Slightly agree Agree Strongly agree

- a. In most ways my life is close to my ideal
- b. The conditions of my life are excellent
- c. I am satisfied with life
- d. So far, I have got the important things I want in life
- e. If I could live my life again, I would change almost nothing

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C9) Before answering the following, please take a moment to think about what makes your life feel important to you.

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

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C10) Please read each of the following items carefully, thinking about how it relates to your life, and then indicate how true it is for you.

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

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continued:

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

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

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C11) How much do you agree or disagree with the following statements?

- | | Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |
|---|-------------------------|-------------------------|-------------------------|----------------------------|-------------------------|-------------------------|-------------------------|
| a. I have so much in life to be thankful for | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |
| b. If I had to list everything that I felt grateful for, it would be a very long list | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |
| c. When I look at the world, I don't see much to be grateful for | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |
| d. I am grateful to a wide variety of people | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |
| e. 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 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |
| f. Long amounts of time can go by before I feel grateful to something or someone | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> |



C12) How much do you agree or disagree with the following statements?

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly
a. In uncertain times, I usually expect the best	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
b. It's easy for me to relax	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
c. If something can go wrong for me, it will	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
d. I'm always optimistic about my future	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
e. I enjoy my friends a lot	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
f. It's important for me to keep busy	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
g. I hardly ever expect things to go my way	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
h. I don't get upset too easily	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
i. I rarely count on good things happening to me	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
j. Overall, I expect more good things to happen to me than bad	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>

If you are affected by any of the issues raised in this section, you may wish to contact one of the organisations listed on the enclosed helplines information sheet.

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Section D: Eating Behaviour

We would like to ask you some questions about how you eat and the things that might affect your eating behaviour. The information could help us to understand how we can promote healthy eating. Some questions may seem very similar to each other. This is because the combination of answers gives a clearer picture than one single answer.

Please read each statement and cross the box most appropriate to you:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
D1) I love food	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D2) I often decide that I don't like a food, before tasting it	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D3) I enjoy eating	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D4) I look forward to mealtimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D5) I eat more when I'm annoyed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D6) I often notice my stomach rumbling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D7) I refuse new foods at first	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D8) I eat more when I'm worried	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D9) If I miss a meal I get irritable	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D10) I eat more when I'm upset	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D11) I often leave food on my plate at the end of a meal	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D12) I enjoy tasting new foods	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D13) I often feel hungry when I am with someone who is eating	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D14) I often finish my meals quickly	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

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continued:

Please read each statement and cross the box most appropriate to you:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
D15) I eat less when I'm worried	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D16) I eat more when I'm anxious	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D17) Given the choice, I would eat most of the time	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D18) I eat less when I'm angry	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D19) I am interested in tasting new food I haven't tasted before	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D20) I eat less when I'm upset	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D21) I eat more when I'm angry	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D22) I am always thinking about food	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D23) I often get full before my meal is finished	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D24) I enjoy a wide variety of foods	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D25) I am often last at finishing a meal	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D26) I eat more and more slowly during the course of a meal	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

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continued:

Please read each statement and cross the box most appropriate to you:

- | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|-------------------------|-------------------------|----------------------------|-------------------------|-------------------------|
| D27) I eat less when I'm annoyed | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| D28) I often feel so hungry that I have to eat something right away | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| D29) I eat slowly | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| D30) I cannot eat a meal if I have had a snack just before | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| D31) I feel full up easily | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| D32) I often feel hungry | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| D33) When I see or smell food that I like, it makes me want to eat | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| D34) If my meals are delayed I get light-headed | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| D35) I eat less when I'm anxious | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

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

BEAT
www.b-eat.co.uk
0345 634 7650

Alternatively, there are a number of organisations listed on the enclosed helplines information sheet.

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Section E: Being a Parent

We know we have asked you these questions before but it is important we keep up to date and would love to hear how your family might be expanding.

E1) Are you a parent? (include biological, step, foster and adopted children)

Yes

No



If **no**, please go to question E3

E2) What is/are your child/rens' date(s) of birth? We have included space for up to 3 children. If you have had more than 3 children, please use the blank sheets at the back of the questionnaire and clearly indicate you are answering question E2.

	DD	/	MM	/	YYYY
a. First child	<input type="text"/>		<input type="text"/>		<input type="text"/>
b. Second child	<input type="text"/>		<input type="text"/>		<input type="text"/>
c. Third child	<input type="text"/>		<input type="text"/>		<input type="text"/>

E3) Are you or is your partner currently pregnant?

Yes, I am pregnant

Yes, my partner is pregnant

No



If **no**, please go to question E5

E4) What is the expected due date of your baby?

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

E5) Are you trying for a baby at the moment?

Yes

No

E6) If you **are a parent or are expecting a child**, would you be happy to receive further details about the COCO90s (Children of the Children of the 90s) study?

Yes

No

Already in COCO90s

E7) If you **are trying for a baby**, would you be happy to let us know if you/your partner become pregnant and allow us to send you further details about the COCO90s (Children of the Children of the 90s) study?

Yes

No

If you would like to know more about
COCO90s please go to:

www.childrenofthe90s.ac.uk/coco90s

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Section F: Brothers and Sisters

As you may already know, Children of the 90s is interested in the health and wellbeing of your whole family. The questions below help us build an accurate picture of your wider family structure including biological half, step, foster and adopted brothers and sisters. We have asked these questions before but family structures change so it is important that we keep this information updated.

F1) Do you have any brothers and sisters? Please include any brothers and sisters who have passed away.

Yes

No



If **no**, please go to section G

F2) How many brothers and sisters do you have?

--	--

We have included space for you to tell us about up to 6 brothers and sisters below. If you have more than 6, please use the blank sheet at the back of the questionnaire and clearly indicate you are answering question F3.

F3) What is the date of birth, gender and your relationship to each of these brothers and sisters?

a. **1st brother or sister:**

i) Date of birth:

--	--

^{DD} /

--	--

^{MM} /

--	--	--	--

^{YYYY}

ii) Gender: Male Female Other

iii) Relationship to you: Biological Step
Half Foster
Adopted Other

iv) Is this person still alive? Yes No



b. 2nd brother or sister:

- i) Date of birth:

DD	
----	--

 /

MM	
----	--

 /

YYYY			
------	--	--	--
- ii) Gender: Male ¹ Female ² Other ³
- iii) Relationship to you: Biological ¹ Step ² Half ³
 Foster ⁴ Adopted ⁵ Other ⁶
- iv) Is this person still alive? Yes ¹ No ⁰

c. 3rd brother or sister:

- i) Date of birth:

DD	
----	--

 /

MM	
----	--

 /

YYYY			
------	--	--	--
- ii) Gender: Male ¹ Female ² Other ³
- iii) Relationship to you: Biological ¹ Step ² Half ³
 Foster ⁴ Adopted ⁵ Other ⁶
- iv) Is this person still alive? Yes ¹ No ⁰

d. 4th brother or sister:

- i) Date of birth:

DD	
----	--

 /

MM	
----	--

 /

YYYY			
------	--	--	--
- ii) Gender: Male ¹ Female ² Other ³
- iii) Relationship to you: Biological ¹ Step ² Half ³
 Foster ⁴ Adopted ⁵ Other ⁶
- iv) Is this person still alive? Yes ¹ No ⁰



continued:

e. **5th brother or sister:**

- i) Date of birth:

DD		/	MM		/	YYYY			
----	--	---	----	--	---	------	--	--	--
- ii) Gender: Male ¹ Female ² Other ³
- iii) Relationship to you: Biological ¹ Step ² Half ³
 Foster ⁴ Adopted ⁵ Other ⁶
- iv) Is this person still alive? Yes ¹ No ⁰

f. **6th brother or sister:**

- i) Date of birth:

DD		/	MM		/	YYYY			
----	--	---	----	--	---	------	--	--	--
- ii) Gender: Male ¹ Female ² Other ³
- iii) Relationship to you: Biological ¹ Step ² Half ³
 Foster ⁴ Adopted ⁵ Other ⁶
- iv) Is this person still alive? Yes ¹ No ⁰

If you have more than six brothers and sisters, please use the blank sheet at the back of the questionnaire and clearly indicate you are answering question F3.

F4) If you have any brothers and sisters, would you be happy to receive further details about the Children of the 90s Brothers and Sisters study to pass on to them?

Yes ¹ No ⁰ Already enrolled ²

If you would like to know more about our plans for the Children of the 90s Brothers and Sisters study, please go to:

www.childrenofthe90s.ac.uk/siblings

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Section G: Smoking and E-Cigarette Use

These questions have been asked before but it is useful to ask them again to see how patterns of smoking change over time. We will also be asking detailed questions on e-cigarettes for the first time.

- G1) a. Have you **ever** smoked a whole cigarette (including roll-ups)?
Yes ¹ No ⁰ → If **no**, please go to question G7
- b. How many cigarettes have you smoked altogether in your **lifetime**?
Less than 5 ¹ 5-19 ² 20-49 ³
50-99 ⁴ 100 plus ⁵
- G2) a. Have you smoked any cigarettes in the **past 30 days**?
Yes ¹ No ⁰
- If **yes**, please go to question G3
- b. If **no**, how old were you when you last smoked a cigarette? years old
- Now please go to question G7
- G3) a. Do you smoke **every day**?
Yes ¹ No ⁰ → If **no**, please go to question G4
- b. If **yes**, how many cigarettes do you smoke **per day**, on average? cigarettes per day
- Now please go to question G5
- G4) a. Do you smoke **every week**?
Yes ¹ No ⁰ → If **no**, please go to question G7
- b. If **yes**, how many cigarettes do you smoke **per week**, on average? cigarettes per week

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G5) Have you **ever** made a serious attempt to stop smoking completely?

No, never 0 Yes, in the last 12 months 1



Yes, but not in the last 12 months 2

If **never**, please go to question G7

G6) Have you ever used any of these products to help you stop smoking?
Please cross all that apply.

Nicotine replacement products,
e.g. gum, lozenge, patch, nasal spray 1

Champix (Varenicline) 2

Zyban (Bupropion) 3

Electronic cigarettes or vaping devices 4

Other 5

If **other**, please specify:

The following set of questions are on electronic cigarettes (e-cigarettes/
vaping devices)

G7) Compared to regular cigarettes, do you think electronic cigarettes/
vaping devices are more harmful, less harmful or equally as harmful to
health?

More harmful 1 Equally as harmful 2

Less harmful 3 Don't know 9

I have never heard of electronic cigarettes 0

G8) Have you ever used/vaped an electronic cigarette (e-cigarette) or
other vaping device?

Yes 1 No 0 → If **no**, please go to section H

G9) How old were you when you first used an electronic cigarette or other
vaping device?

 years old

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G10) Do you currently use/vape electronic cigarettes or other vaping devices?

Yes ¹ ○ No ⁰ ○



If **yes**, please go to question G13

G11) If **no**, how often did you use electronic cigarettes/vaping devices?

At least once a day ¹ ○ At least once a week ² ○

At least once a month ³ ○ Less than once a month ⁴ ○

G12) How long did you use electronic cigarettes/vaping devices for?

Less than 1 month ¹ ○ 1-3 months ² ○

4-6 months ³ ○ 7 months to 1 year ⁴ ○

1-2 years ⁵ ○ More than 2 years ⁶ ○

Now please go to question G20

G13) What type of electronic cigarette/vaping device do you use most often?

A disposable electronic cigarette or vaping device (non-rechargeable) ¹ ○

An electronic cigarette or vaping device that uses replaceable pre-filled cartridges (rechargeable) ² ○

An electronic cigarette or vaping device with a tank that you refill with liquids (rechargeable) ³ ○

A modular system that you refill with liquids (you use your own combination of separate devices: batteries, atomizers etc.) ⁴ ○

Rebuildable dripping atomiser (RDA) ⁵ ○

Other (e.g. e-pipe, e-cigar) ⁶ ○

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G14) How long have you used electronic cigarettes/vaping devices for?

- Less than 1 month ¹ 1-3 months ² 4-6 months ³
7 months-1 year ⁴ 1-2 years ⁵ More than 2 years ⁶

G15) How often do you use electronic cigarettes/vaping devices?

- At least once a day ¹
At least once a week ² → **If not a daily user, please go to question G18**
At least once a month ³ → **G18**
Less than once a month ⁴ → **G18**

G16) How soon after waking do you typically use your electronic cigarette/vaping device?

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

G17) If you use a refillable device, how many millilitres of electronic cigarette liquid do you use on average each day?

- Less than 1ml ¹ Between 1ml and 2ml ²
Between 2ml and 4ml ³ Between 4ml and 6ml ⁴
Between 6ml and 8ml ⁵ Between 8ml and 10ml ⁶
10ml or higher ⁷ Don't know ⁸

G18) What is/are your preferred flavour/s of electronic cigarette liquid?
Please cross all that apply.

- Tobacco ¹ Fruit ²
Sweet or dessert ³ Mint or Menthol ⁴
Other ⁵

If other, please specify:

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G19) What is the nicotine content of the liquid that you most commonly use?

I don't use an electronic cigarette with refillable liquid/cartridges 0

I use an electronic cigarette with refillable liquid/cartridges but I don't know the strength 1

0 mg (does not contain nicotine) 2

Up to 8mg 3

More than 8mg but less than 18mg 4

18mg or higher 5

G20) Do you currently use any other nicotine containing products?

Yes 1

No 0

➔ If **no**, please go to question G21

a. If **yes**, which ones? Please cross all that apply.

Cigarettes or roll-ups 1

Nicotine replacement products (e.g. patches, nasal spray) 2

Snus 3

Cigars 4

Pipes 5

Shisha or hooka 6

Other 7

If **other**, please specify:

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G21) Which of these electronic cigarette/vaping device types have you used in the past? Please cross all that apply.

A disposable electronic cigarette or vaping device (non-rechargeable) 1

An electronic cigarette or vaping device that uses replaceable pre-filled cartridges (rechargeable) 2

An electronic cigarette or vaping device with a tank that you refill with liquids (rechargeable) 3

A modular system that you refill with liquids (you use your own combination of separate devices: batteries, atomizers etc.) 4

Rebuildable dripping atomiser (RDA) 5

Other (e.g. e-pipe, e-cigar) 6

G22) What are/were your reasons for using electronic cigarettes/vaping devices? Please cross all that apply.

To help me quit smoking 1

To help me cut down on the number of cigarettes I smoke 2

To help me with cravings in situations where I cannot smoke e.g. travel, indoors 3

Pleasure 4

Curiosity 5

Friends use them 6

Other 7

If other, please specify:

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G23) How did you find out about electronic cigarettes/vaping devices?

- | | | | |
|-------------------------------|-------------------------|--------------|-------------------------|
| Internet | 1 <input type="radio"/> | Media advert | 2 <input type="radio"/> |
| Saw them on-sale
in a shop | 3 <input type="radio"/> | News article | 4 <input type="radio"/> |
| Friend | 5 <input type="radio"/> | Relative | 6 <input type="radio"/> |
| Other | 7 <input type="radio"/> | | |

If other, please specify:

G24) a. Did you smoke tobacco regularly just before you started using electronic cigarettes/vaping devices?

Yes ¹ No ⁰



If yes, please go to question G25

b. If no, have you started smoking tobacco regularly since using electronic cigarettes/vaping devices?

Yes ¹ No ⁰

Now please go to section H

G25) How did/has your tobacco smoking change/d while using electronic cigarettes/vaping devices?

- | | |
|---|-------------------------|
| My tobacco smoking increased dramatically | 1 <input type="radio"/> |
| My tobacco smoking increased slightly | 2 <input type="radio"/> |
| My tobacco smoking stayed the same | 3 <input type="radio"/> |
| My tobacco smoking decreased slightly | 4 <input type="radio"/> |
| My tobacco smoking decreased dramatically | 5 <input type="radio"/> |
| I stopped smoking tobacco completely | 6 <input type="radio"/> |

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Section H: Mental Health

The following questions are about how you might have been feeling or acting recently. We would be very grateful if you could try to answer all of the questions but we understand if there are questions that you either prefer not to answer or are unable to answer. We have asked these questions many times before but it is important to ask them again to see how your answers change as you get older.

H1) Please cross one option on each line to show how much you have felt or acted this way in the **past two weeks**.

	Not true	Sometimes	True
a. I felt miserable or unhappy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. I didn't enjoy anything at all	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. I laughed a lot	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. I felt so tired I just sat around and did nothing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. I was very restless	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. I felt I was no good anymore	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. I cried a lot	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. I felt valued	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. I found it hard to think properly or concentrate	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. I hated myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. I felt I was a bad person	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
l. I felt happy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. I felt lonely	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. I thought nobody really loved me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
o. I looked forward to the day ahead	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
p. I thought I would never be as good as other people	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
q. I felt really positive about the future	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
r. I did everything wrong	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>



H2) For each of the following questions, please cross the box that best describes the way you have felt during the **past year**.

	Yes, nearly always	Yes, often	Yes, sometimes	No, never
a. Have you felt that you are not much of a talker when you are chatting with other people?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Have you felt that you experience few or no emotions at important events, such as on your birthday?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Have you felt that you are lacking in motivation when you have to do things?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Have you felt that you are spending all your days doing nothing?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Have you felt that you are lacking in 'get up and go'?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. Have you felt that you have only few hobbies or interests?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Have you felt that you have no interest to be with other people?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Have you felt that you are not a very lively person?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. Have you felt that you are neglecting your appearance or personal hygiene?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
j. Have you felt that you can never get things done?	3 <input type="radio"/>	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 contact:

Samaritans

116 123

www.samaritans.org

Mind

0300 123 3393

www.mind.org.uk

Alternatively, there are a number of organisations listed on the enclosed helpline information sheet.

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Section I: Traumatic Experiences

This section is about how you are treated by other people and how you treat others, including questions about different types of bullying and traumatic experiences. We understand that these questions are extremely sensitive and understand if there are questions that you either prefer not to answer or are unable to answer. All of your answers are completely confidential.

Direct bullying - this refers to harming others by directly getting at them.

Over and over again some people:

- have their things stolen
- are threatened or blackmailed or get called nasty names
- have nasty tricks played on them
- are hit, shoved around or beaten up

1) How often have these things **happened to you** in the **last 6 months**?

- | | | | |
|---------------------------------|-------------------------|------------------------------|-------------------------|
| Never | 0 <input type="radio"/> | Not much (1-3 times) | 1 <input type="radio"/> |
| Quite a lot (more than 4 times) | 2 <input type="radio"/> | A lot (at least once a week) | 3 <input type="radio"/> |

2) How often have **you** done these things to others in the **last 6 months**?

- | | | | |
|---------------------------------|-------------------------|------------------------------|-------------------------|
| Never | 0 <input type="radio"/> | Not much (1-3 times) | 1 <input type="radio"/> |
| Quite a lot (more than 4 times) | 2 <input type="radio"/> | A lot (at least once a week) | 3 <input type="radio"/> |

Indirect bullying - this refers to people trying to damage relationships between friends and destroy status in groups.

Over and over again some people:

- get deliberately left out of get-togethers, parties, trips or groups
- have others ignoring them, not wanting to be their friend anymore, or not wanting them around in their group
- have nasty lies, rumours or stories told about them
- have others trying to get them to do something they didn't want to

please answer the questions on the next page

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please see the explanation on the previous page

13) How often have these things **happened to you** in the **last 6 months**?

- | | | | |
|---------------------------------|-----------------------|------------------------------|-----------------------|
| Never | <input type="radio"/> | Not much (1-3 times) | <input type="radio"/> |
| Quite a lot (more than 4 times) | <input type="radio"/> | A lot (at least once a week) | <input type="radio"/> |

14) How often have **you** done these things to others in the **last 6 months**?

- | | | | |
|---------------------------------|-----------------------|------------------------------|-----------------------|
| Never | <input type="radio"/> | Not much (1-3 times) | <input type="radio"/> |
| Quite a lot (more than 4 times) | <input type="radio"/> | A lot (at least once a week) | <input type="radio"/> |

Cyber Bullying - this is when someone tries to upset and harm a person using electronic means.

Over and over again some people:

- have their private email, instant mail or text messages forwarded to someone else or have it posted where others can see it
- have rumours spread about them online
- get threatening or aggressive email, instant messages or text messages
- have embarrassing pictures posted online without their permission

15) How often have these things **happened to you** in the **last 6 months**?

- | | | | |
|---------------------------------|-----------------------|------------------------------|-----------------------|
| Never | <input type="radio"/> | Not much (1-3 times) | <input type="radio"/> |
| Quite a lot (more than 4 times) | <input type="radio"/> | A lot (at least once a week) | <input type="radio"/> |

16) How often have **you** done these things to others in the **last 6 months**?

- | | | | |
|---------------------------------|-----------------------|------------------------------|-----------------------|
| Never | <input type="radio"/> | Not much (1-3 times) | <input type="radio"/> |
| Quite a lot (more than 4 times) | <input type="radio"/> | A lot (at least once a week) | <input type="radio"/> |

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The rest of this section asks some very sensitive questions about things that have happened to you in your life so far, including very traumatic or stressful events. Again we would like to remind you that you do not have to answer these questions, and we understand if there are questions that you either prefer not to answer or are unable to answer.

17) When I was **growing up**:

	Never true	Rarely true	Sometimes true	Often true	Very often true
a. I felt loved	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. People in my family hit me so hard that it left me with bruises or marks	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I felt that someone in my family hated me	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Someone molested me (sexually)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. There was someone to take me to the doctor if I needed it	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

The next questions are about **relationships that you have been in**.

18) Since I was **sixteen**:

	Never true	Rarely true	Sometimes true	Often true	Very often true
a. I have felt loved by someone I was in a relationship with	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Someone I was in a relationship with deliberately hit me so hard it left me with bruises or marks	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Someone I was in a relationship with attacked me or threatened me with a weapon (e.g. knife) or tried to choke me	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

continued on the next page

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continued:

Since I was **sixteen**:

- | | Never true | Rarely true | Sometimes true | Often true | Very often true |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| d. Someone I was in a relationship with belittled me, threatened me, or stopped me from seeing friends or relatives | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. Someone I was in a relationship with sexually interfered with me, or forced me to have sex against my wishes | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

We would like to ask about difficult or very stressful events that sometimes happen to people.

I9) Have you **ever**:

- | | No | Yes |
|--|-------------------------|-------------------------|
| a. Been in a serious accident or fire that you believed at the time might cause serious injury or death to you or someone else? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| b. Been physically attacked, seriously threatened with a weapon, or been a victim of a violent crime (such as being mugged) | 0 <input type="radio"/> | 1 <input type="radio"/> |
| c. Been a victim of a sexual assault (eg rape, attempted rape, made to perform any type of sexual act through force or threat of harm) | 0 <input type="radio"/> | 1 <input type="radio"/> |
| d. Witnessed a sudden, violent death (eg murder, suicide, or aftermath of an accident) | 0 <input type="radio"/> | 1 <input type="radio"/> |
| e. Experienced the sudden, unexpected death of someone close to you | 0 <input type="radio"/> | 1 <input type="radio"/> |
| f. Experienced any other very traumatic or extremely stressful event | 0 <input type="radio"/> | 1 <input type="radio"/> |

If **no** to **all six** questions I11a to f, please go to section J

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I10) What is the **worst** traumatic event you have experienced **in your life**?

I11) Did the event involve:

a. Witnessing or experiencing actual or threatened death, serious injury or sexual violation? Yes No
1 0

b. Learning of a loved one dying violently or accidentally? 1 0

c. How old were you when the event occurred? years old

Below is a list of problems and complaints that people sometimes have in response to such stressful life experiences. Please read each one carefully, then cross one of the circles to the right to indicate how much you have been bothered by that problem **in the past month in relation to the worst traumatic event that has happened to you.**

I12) In the **past month**, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Repeated, disturbing and unwanted memories of the stressful experience?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Repeated, disturbing dreams of the stressful experience?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there, reliving it)?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



continued:

In the **past month in relation to the worst traumatic event that has happened to you**, how much were you bothered by:

- | | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| d. Feeling very upset when something reminded you of the stressful experience? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. Having strong physical reactions when something reminded you of the stressful experience (e.g. heart pounding, trouble breathing, sweating)? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. Avoiding memories, thoughts, or feelings related to the stressful experience? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. Avoiding external reminders of the stressful experience (e.g. people, places, conversations, activities, objects or situations)? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| h. Trouble remembering important parts of the stressful experience? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| i. Having strong negative beliefs about yourself, other people or the world (e.g. having thoughts such as: I am bad; there is something seriously wrong with me; no one can be trusted; the world is completely dangerous)? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| j. Blaming yourself or someone else strongly for the stressful experience or what happened after it? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| k. Having strong negative feelings such as fear, horror, anger, guilt or shame? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

continued on the next page

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continued:

In the **past month in relation to the worst traumatic event that has happened to you**, how much were you bothered by:

- | | Not
at all | A little
bit | Moder-
ately | Quite
a bit | Extr-
emely |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| l. Loss of interest in activities that you used to enjoy? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| m. Feeling distant or cut off from other people? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| n. Having trouble experiencing positive feelings (e.g. being unable to have loving feelings for people close to you or feeling emotionally numb)? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| o. Feeling irritable or angry or acting aggressively? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| p. Taking too many risks or doing things that cause you harm? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| q. Being "super alert", watchful or on guard? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| r. Feeling jumpy or easily startled? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| s. Having difficulty concentrating? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| t. Trouble falling or staying asleep? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

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

Samaritans
116 123
www.samaritans.org

Mind
0300 123 3393
www.mind.org.uk

Alternatively, there are a number of organisations listed on the enclosed helpline information sheet.

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Section J: Teeth

We are interested in the health of your teeth and mouth. We have asked some questions about your teeth before and it is useful to ask them again to see how things change over time.

Visiting your dentist and tooth decay

J1) When was the **last time** you went to the dentist?

In the past year 1

Between 1 and 2 years ago 2

More than 2 years ago 3

Never been 0

Don't know 9

J2) What is the reason you **usually** go to the dentist?

Regular routine check-ups (up to every 2 years) 1

Occasional check up (less than every 2 years) 2

Only when I have trouble with my teeth 3

I never go to the dentist 0

Don't know 9

Another reason 4

J3) Were any of your teeth taken out for braces/traintracks/orthodontics?

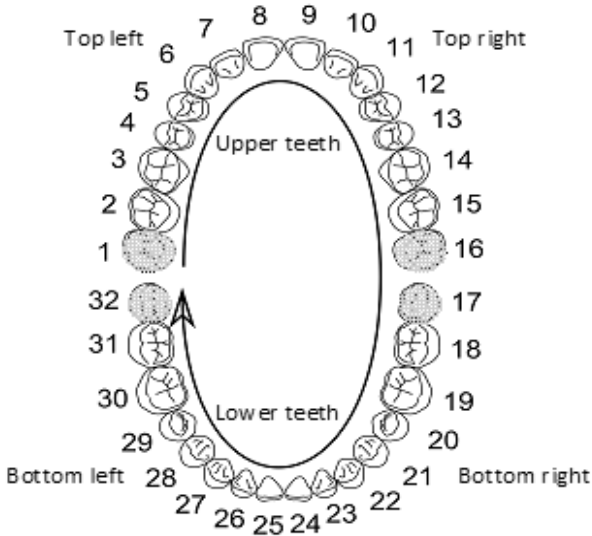
Yes 1

No 0

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- J4) Here is a map of your mouth. Please look at your own mouth carefully with a mirror. For the moment ignore your wisdom teeth (shaded) if you have them. You may leave boxes blank if unsure.



Universal numbering system (teeth diagram and numbers) by Kaligula and licensed under CC-BY-SA 3.0

- a. Cross the boxes next to all teeth that have had fillings or other treatments like a cap or crown. Please note that a filling can be silver or white.

Top Left: 2 3 4 5 6 7 8

Top Right: 9 10 11 12 13 14 15

Bottom Right: 18 19 20 21 22 23 24

Bottom Left: 25 26 27 28 29 30 31

- b. Cross the boxes next to all teeth that have been taken out.

Top Left: 2 3 4 5 6 7 8

Top Right: 9 10 11 12 13 14 15

Bottom Right: 18 19 20 21 22 23 24

Bottom Left: 25 26 27 28 29 30 31

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Third molars (wisdom teeth)

J5) Your wisdom teeth are at the very back of your mouth. Not everyone has them but, if you do, you will have the teeth shaded in the diagram at the back on each side (numbers 1, 16, 17 and 32). If you're unsure about these questions, please leave them blank.

- a. Cross the boxes next to all wisdom teeth that **haven't** come through.
1 (top left) 16 (top right) 17 (bottom right) 32 (bottom left)
- b. Cross the boxes next to all wisdom teeth which **have** come through and have **not** caused you problems.
1 (top left) 16 (top right) 17 (bottom right) 32 (bottom left)
- c. Cross the boxes next to all wisdom teeth which **have** come through and **have** caused you problems or pain, even if these teeth have now been removed.
1 (top left) 16 (top right) 17 (bottom right) 32 (bottom left)

- | | Never | 1 | 2-3 | 3-4 | 5 or more times | Don't know |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| J6) How many times: | | | | | | |
| a. Have you had pain from your wisdom teeth? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 9 <input type="radio"/> |
| b. Have you had a course of antibiotics for problems with your wisdom teeth? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 9 <input type="radio"/> |
| c. Have you had facial swelling from your wisdom teeth? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 9 <input type="radio"/> |

J7) Have you ever had to stay in a hospital bed, either during the day or overnight, because of problems from your wisdom teeth?

Yes No Don't know

J8) Have you had any wisdom teeth removed?

Yes No Don't know

J9) Have you had any other treatment to your wisdom teeth when they were causing pain, like cleaning around the gum or removing part of the gum?

Yes No Don't know

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J10) Have you **ever** had mouth ulcers?

Yes, but only once or twice 1

Yes, on several occasions 2

No 0 → If **no**, go to section K

Don't know 9

a. What age were you when you **first** noticed that you had mouth ulcers?

Before I was a teenager (or under 12 years) 1

While I was a teenager (13-19) 2

In my 20s 3

Don't remember 9

b. How often do you get mouth ulcers?

Every month 1

Every 2-3 months 2

At least once every 6 months 3

At least once a year 4

Less than yearly 5

Don't remember 9



Section K: Life Events

Listed below are a number of events that may have changed your life in a major way, both positive and negative. They have been chosen as they are likely to have a big impact and may happen at some point in our lives.

Have any of these happened since you were **22 years old** and did they affect you?

		Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but didn't affect me at all	No, did not happen
K1)	You took an exam	4 ○	3 ○	2 ○	1 ○	0 ○
K2)	You left home	4 ○	3 ○	2 ○	1 ○	0 ○
K3)	You or your partner became pregnant	4 ○	3 ○	2 ○	1 ○	0 ○
K4)	You or your partner had a baby	4 ○	3 ○	2 ○	1 ○	0 ○
K5)	You lost your job	4 ○	3 ○	2 ○	1 ○	0 ○
K6)	You graduated from university	4 ○	3 ○	2 ○	1 ○	0 ○
K7)	You started a new job	4 ○	3 ○	2 ○	1 ○	0 ○
K8)	You got engaged to be married/to enter into a civil partnership	4 ○	3 ○	2 ○	1 ○	0 ○
K9)	You got married/entered into a civil partnership	4 ○	3 ○	2 ○	1 ○	0 ○
K10)	You were divorced	4 ○	3 ○	2 ○	1 ○	0 ○
K11)	You were admitted to hospital	4 ○	3 ○	2 ○	1 ○	0 ○
K12)	You were in trouble with the law	4 ○	3 ○	2 ○	1 ○	0 ○

continued on the next page

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continued:

Have any of these occurred since you were **22 years old** and did they affect you?

		Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but didn't affect me at all	No, did not happen
K13)	You had problems at work	4 ○	3 ○	2 ○	1 ○	0 ○
K14)	Your house or car was burgled	4 ○	3 ○	2 ○	1 ○	0 ○
K15)	A pet died	4 ○	3 ○	2 ○	1 ○	0 ○
K16)	A parent died	4 ○	3 ○	2 ○	1 ○	0 ○
K17)	A friend died	4 ○	3 ○	2 ○	1 ○	0 ○
K18)	Your child died	4 ○	3 ○	2 ○	1 ○	0 ○
K19)	You had a miscarriage	4 ○	3 ○	2 ○	1 ○	0 ○
K20)	A relative (not a parent) died	4 ○	3 ○	2 ○	1 ○	0 ○
K21)	You became homeless	4 ○	3 ○	2 ○	1 ○	0 ○
K22)	You had major financial problems	4 ○	3 ○	2 ○	1 ○	0 ○
K23)	You attempted suicide	4 ○	3 ○	2 ○	1 ○	0 ○
K24)	You or your partner had an abortion	4 ○	3 ○	2 ○	1 ○	0 ○
K25)	Your parents divorced	4 ○	3 ○	2 ○	1 ○	0 ○
K26)	You were promoted at work	4 ○	3 ○	2 ○	1 ○	0 ○
K27)	You moved house	4 ○	3 ○	2 ○	1 ○	0 ○

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Section L: Education and Employment

The following section is about your education and employment. We know that we have asked you about your employment, education and training in the past. We are asking this again in case anything has changed. Please complete this section even if nothing has changed. We know that some of you will not be at work or in education – please just answer those questions which apply to you.

- L1) Are you currently (please cross one box on each line):
- | | Yes | No |
|--|-------------------------|-------------------------|
| a. In full-time paid work (30 or more hours a week) | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b. In part-time paid work (less than 30 hours a week) | 1 <input type="radio"/> | 2 <input type="radio"/> |
| c. In irregular or occasional work | 1 <input type="radio"/> | 2 <input type="radio"/> |
| d. Doing a modern apprenticeship or other government supported training/work-experience scheme | 1 <input type="radio"/> | 2 <input type="radio"/> |
| e. Unemployed and looking for work | 1 <input type="radio"/> | 2 <input type="radio"/> |
| f. Unable to work through sickness/disability | 1 <input type="radio"/> | 2 <input type="radio"/> |
| g. In full-time education | 1 <input type="radio"/> | 2 <input type="radio"/> |
| h. Doing voluntary work | 1 <input type="radio"/> | 2 <input type="radio"/> |
| i. Self-employed | 1 <input type="radio"/> | 2 <input type="radio"/> |
| j. A full/part-time carer | 1 <input type="radio"/> | 2 <input type="radio"/> |
| k. Other | 1 <input type="radio"/> | 2 <input type="radio"/> |

If other, please specify:

Now we would like to know more about **your main work activity**.

- If you are temporarily on sick leave or on holiday, please mark your usual activity.
- If your work is occasional or irregular, please tell us about this.
- If you are **not** engaged in **any form** of work, **please go to question L8**.

L2) In your job, do you have any formal responsibilities for supervising the work of other employees? Do not include supervising children (e.g. teacher).

Yes 1 No 0

L3) How many people work in the place where you work?

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

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L4) If **self-employed**, do you work on your own or do you have employees?
On own/with business partner, but no employees ¹ With employees ²

L5) Please describe your **current job**.

- If you are a full or part-time student but also have a part-time job, please tell us about this.
- If you have irregular or occasional work, please tell us about this.
- If you have more than one job, please describe your **main role**.
- Use precise terms such as primary teacher, laboratory technician, care assistant, mortgage advisor, bus driver, software developer, call centre operator.
- If the occupation is known by a special name, please use that name.
- If in HM Forces, give the rank in addition to the actual job.
- Please also describe the type of industry or service given and give details of what is made, the materials used or the service given.

a. What is your job title?

b. What is the business/industry?

c. Please describe the main things you do in this job:

d. When did you start this job? / month/year

e. In this job, how many hours do you work in a typical week? If irregular work, please give an average per week. . hours per week



L6) What is **your** total **take-home** pay each **month** (after tax and national insurance are removed as appropriate)? If possible, please refer to a recent payslip. If this is not possible, please estimate. If irregular work, please give an average per month.

- | | | | | | |
|-----------------|-----------------------|---------------------|-----------------------|---------------|-----------------------|
| £1 – £499 | <input type="radio"/> | £500 - £999 | <input type="radio"/> | £1000 - £1499 | <input type="radio"/> |
| £1500 - £1999 | <input type="radio"/> | £2000 – £2499 | <input type="radio"/> | £2500 - £2999 | <input type="radio"/> |
| £3000 and above | <input type="radio"/> | Not doing paid work | <input type="radio"/> | | |

L7) Including all the jobs you do, how many hours per week (including paid and unpaid overtime) do you usually work? . hours per week

L8) Are you in full or part-time education?

- Yes, full-time Yes, part-time
 No **➔ If no, please go to section M**

If **yes**, what are you studying for?

- | | Yes | No | |
|----|-----------------------|-----------------------|---|
| a. | <input type="radio"/> | <input type="radio"/> | GCSEs |
| b. | <input type="radio"/> | <input type="radio"/> | A/AS levels |
| c. | <input type="radio"/> | <input type="radio"/> | AVCEs (Vocational A levels) |
| d. | <input type="radio"/> | <input type="radio"/> | Foundation or Intermediate GNVQs |
| e. | <input type="radio"/> | <input type="radio"/> | NVQ |
| f. | <input type="radio"/> | <input type="radio"/> | Edexcel, BTEC or LQL qualifications (not A/AS levels) |
| g. | <input type="radio"/> | <input type="radio"/> | OCR qualification (A/AS levels) |
| h. | <input type="radio"/> | <input type="radio"/> | City & Guilds |
| i. | <input type="radio"/> | <input type="radio"/> | Degree (or equivalent such as PGCE) |
| j. | <input type="radio"/> | <input type="radio"/> | Higher Degree (e..g MSc, MA, PhD, MPhil) |
| k. | <input type="radio"/> | <input type="radio"/> | Other |

If **other**, please specify:

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Section M: Completing the Questionnaire

M1) What is your date of birth?

DD	

 /

MM	

 /

YYYY			
1	9	9	

M2) What is today's date?

DD	

 /

MM	

 /

YYYY			
2	0	1	

● Extra space for answering questions

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

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Me at 23+

Version 1 17/11/2015

Questionnaire Number

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

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

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 **do not** wish to receive your thank you voucher, please cross this box.

No Voucher

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

No Prize Draw

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