

Introduction

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

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

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

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

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

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

If you would like to receive a thank you voucher please make sure that you cross the box on page 42 of the questionnaire.

You will also be entered into a prize draw to win one of five £200 prizes. To be entered into the prize draw we must have received your questionnaire by midnight on Monday 8th August 2022. If you win, we will contact you within four weeks using the contact details on our database. You can update these online at:

childrenofthe90s.ac.uk/update-your-details

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

If you do not wish to be entered into the prize draw, please cross the box on page 42.

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Filling in the Questionnaire

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



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



then cross the correct circle/box.

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

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



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



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

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

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

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

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Section A: Memberships of Clubs and Other Organisations

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

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

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

**include online where appropriate*

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

continued on the next page...

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

continued:

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

**include online where appropriate*

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

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

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

m. A group formed to play cards, board games or other games (excluding sports)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

n. A support group (face-to-face or online) for specific problems for yourself or another family member? (e.g. Alcoholics Anonymous, WomanKind, Anxiety UK, autism or cancer support groups) If <u>yes</u> , please cross and describe:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
---	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

o. Quiz group (including pub quizzes) attended regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

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

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

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

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

Yes ¹ ○

No ⁰ ○



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

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

After the start of the pandemic (March 2020) ¹ ○

2-5 years ago ² ○

More than 5 years ago ³ ○

b. Please describe what you did:

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Section B: You and Your Body

The following questions are about your weight and how this relates to thoughts about yourself.

Please choose the number which best describes how you feel:

		Does not apply to me at all					Applies to me perfectly	
		1	2	3	4	5	6	7
B1)	I am less attractive than most other people because of my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B2)	I feel anxious about my weight because of what people might think of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B3)	I wish I could drastically change my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4)	Whenever I think a lot about my weight, I feel depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B5)	I hate myself because of my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B6)	My weight is a major way that I judge my value as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B7)	I don't feel that I deserve to have a really fulfilling social life, because of my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B8)	I am OK being the weight that I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B9)	Because of my weight, I don't feel like my true self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B10)	Because of my weight, I don't understand how anyone attractive would want to date me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B11)	Because of my weight, I feel that I am just as competent as anyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B12)	How would you describe your current weight?							
	Very underweight	1	<input type="radio"/>			Slightly underweight	2	<input type="radio"/>
	About the right weight	3	<input type="radio"/>			Slightly overweight	4	<input type="radio"/>
	Very overweight	5	<input type="radio"/>					

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

BEAT Eating Disorders

Support for those affected by eating disorders

beateatingdisorders.org.uk

Tel: 0808 801 0677 (9am - 12am, Mon - Fri
4pm - 12am, Sat -Sun & Bank Holidays)

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Section C: Your Support

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

The following section asks about the help and support you have from people around you.

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

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

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

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

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Section D: Your Attitudes and Beliefs

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

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

D1) How much do you agree with these statements:

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

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

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

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

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

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

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

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

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

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

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

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

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

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Section E: Your Home

This section is about your current home.

E1) Is your current home:

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

E2) Do you currently live in:

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

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

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

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

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

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

i. How is the central heating distributed?

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

j. Where is the boiler in your home?

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

E4) Do you use gas for cooking?

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

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

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

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

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

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

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

- Not serious 1 Fairly serious 2
Very serious 3

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E7) How much of a problem is mould?

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

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

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

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

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

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

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

E11) Does your home have chimneys?

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

a. Have the chimneys been blocked up?

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

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

- a. Number of adults aged 70 or more:

- b. Number of adults aged 20-69:

- c. Number of young persons aged 12-19:

- d. Number of children aged 5-11:

- e. Number of children less than 5:

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

- Your partner ¹
- Your parent(s) ²
- Your partner's parent(s) ³
- Your child(ren) ⁴
- Other (please cross and describe) ⁹

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

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



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

E15) Do you have a separate kitchen?
Yes ¹ ○ No ⁰ ○ → If **no**, please go to question E16 below

a. Is it big enough to sit and eat?

Yes ¹ ○ No ⁰ ○

E16) Do you have a garage?

Yes ¹ ○ No ⁰ ○ → If **no**, please go to question E17 below

a. Is it attached to the home?

Yes, attached to the side 1 ○

Yes, integral (under part of the home) 2 ○

No, separate 0 ○

Other (please cross and describe) 9 ○

E17) Please describe the flooring in your home:

	Wall-to-wall fitted carpet	Carpet or rug but not all over	No carpet or rug
a. In the main living room	2 ○	1 ○	0 ○
b. In your bedroom	2 ○	1 ○	0 ○

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

All my life 4 ○ Over 10 years 3 ○

2-10 years 2 ○ Less than 2 years 1 ○

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

CITIZENS ADVICE

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

citizensadvice.org.uk

Tel: 0800 144 8848

SHELTER

Support for people struggling with bad housing or homelessness

shelter.org.uk

Tel: 0808 800 4444

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Section F: Sexual Attitudes and Experiences

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

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

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

Gay/Lesbian 1

Bisexual 2

Pansexual 3

Asexual 4

Heterosexual/Straight 5

None of these (please cross and describe) 6

Don't know 9

Prefer not to answer 8

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

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

Gender/sex is not important to me 77

Don't know 99

Prefer not to answer 88

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

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

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

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

Or cross: Prefer not to answer 1 ○

I have not had sex 2 ○



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

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

At school, college or university 1

At work (or through work) 2

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

Introduced by friends or family 4

At a faith group 5

Through a sports club or other organisation or society 6

On holiday or while travelling 7

Internet dating website/app 8

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

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

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

Other (please cross and describe) 99

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

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

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

A bit 1

Quite a lot 2

Very much 3

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

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

Regret some of it 1

Regret most of it 2

Regret all of it 3

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

Please select all that apply

Resulted in an unplanned pregnancy 1

Resulted in a sexually transmitted infection 2

Relationship was violent 3

I felt I was being used 4

I was using someone against their will 5

Never found the right person 6

It was against my religious faith 7

It was too soon/we should have waited 8

Had a termination/abortion 9

I regret that I didn't have more sex 10

Other (please cross and describe) 99

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

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

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

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

F8) How often are you having sex nowadays?

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

F9) In general do/did you enjoy sex?

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

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

RELATE

Relationship support and counselling, regardless of age.

relate.org.uk

RAPE CRISIS

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

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

LGBT Foundation

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

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

REFUGE

National Domestic Abuse Helpline

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

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Section G: Smoking

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

In this section we are interested in knowing about your smoking history. We have asked some of these questions before but it is important that we know whether habits change over time.

G1) Have you **ever** smoked a whole cigarette (including roll-ups)?

Yes 1

No 0



If **no**, please go to question G2 on the next page

a. How many cigarettes have you smoked altogether in your **lifetime**?

Fewer than 100 1

100 or more 2

b. How old were you when you **first** smoked a cigarette?

--	--

years old

c. Have you smoked any cigarettes in the **past 30 days**?

Yes 1



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

No 0

(i) If **no**, how old were you when you **last** smoked a cigarette?

--	--

years old

Please now go to question G2 on the next page

d. Do you smoke **every day**?

Yes 1

No 0



If **no**, please go to question (iii) below

(i) If **yes**, how many cigarettes do you smoke **per day**, on average?

--	--

cigarettes

(ii) How soon after you wake up do you smoke your first cigarette?

Within 5 minutes 1

6-30 minutes 2

31-60 minutes 3

More than an hour 4

Please now go to question e on the next page

(iii) Do you smoke **every week**?

Yes 1

No 0



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

(iv) If **yes**, how many cigarettes do you smoke **per week**, on average?

--	--

cigarettes

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e. Have you **ever** made a serious attempt to stop smoking completely?

- No, never 0 **→ If no, please go to question G2 below**
- Yes, in the last 12 months 1
- Yes, but not in the last 12 months 2

(i) 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
- Heated tobacco products (e.g. IQOS) 6
- Nicotine pouches that do not contain tobacco (e.g. Lyft, Nordic Spirit) 7
- Other (please cross and describe) 9

G2) How many people in your household smoke tobacco products (excluding e-cigarettes and cannabis), not including yourself?

- None 0 **→ If none, please go to question G3 on the next page**
- One 1
- Two 2
- Three 3
- Four or more 4
- Don't know 9 **→ If don't know or I live on my own, please go to question G3 on the next page**
- I live on my own 8 **→**

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- a. What do they smoke?
Please cross all that apply

Cigarettes 1

Cigars 2

Pipe 3

Other (please cross and describe) 4

- b. How many people in your household (excluding yourself) smoke **every day**?

None 0

One 1

Two 2

Three 3

Four or more 4

Don't know 9

- c. How many people that you live with smoke:

(i) Inside the house?

--	--

people

(ii) Outside the house (e.g. in the garden)?

--	--

people

(iii) Away from the house (e.g. in public areas)?

--	--

people

- G3) Thinking of your five closest friends, how many of them smoke cigarettes?

None

1

2

3

4

5

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

SMOKING SUPPORT

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

Tel: 0300 123 1044

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Section H: E-Cigarette Use

In this section we are interested in knowing whether you have ever used an e-cigarette (commonly known as vaping).

H1) Compared to regular cigarettes, do you think electronic cigarettes/vaping devices are more harmful, less harmful or equally as harmful to health?

More harmful than smoking 1

Equally as harmful as smoking 2

Less harmful than smoking 3

Don't know 9

I have never heard of electronic cigarettes 0 or know very little about them

→ Please go to section I on page 31

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

Yes 1

No 0



If **no**, please go to question H2 on page 30

If **yes**:

(i) How old were you when you **first** used an electronic cigarette or other vaping device? years old

(ii) Have you used/vaped electronic cigarettes or other vaping devices in the **past 30 days**?

Yes 1

No 0



If **no**, please go to question b on page 28

If **yes**:

(iii) How often do 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

Tried once or twice 5

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

Less than 1 month 1

1-3 months 2

4-6 months 3

7-11 months 4

1-2 years 5

More than 2 years 6

(v) Is the electronic cigarette/vaping device you use most often rechargeable?

Yes 1

No 0

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

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

A cigalike (looks like a cigarette) 1 ○

A pen-style device 2 ○

A tank-style device 3 ○

A modular system (you use your own combination of separate devices: batteries, atomisers etc.) 4 ○

A pod-style device 5 ○

A rebuildable dripping atomiser (RDA) 6 ○

Other (e.g. e-pipe, e-cigar) (please cross and describe) 7 ○

Don't know 9 ○

(vii) 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 ○

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

I don't use a refillable device 0 ○

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 9 ○

(ix) 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 (please cross and describe) 5 □

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

- | | |
|---|-------------------------|
| I don't know the strength | 9 <input type="radio"/> |
| 0 mg (does not contain nicotine) | 0 <input type="radio"/> |
| Up to 8mg/ml (0.8%) | 1 <input type="radio"/> |
| More than 8mg (0.8%) but less than or equal to 18mg/ml (1.8%) | 2 <input type="radio"/> |
| More than 18mg/ml (1.8%) but less than or equal to 20mg/ml (2%) | 3 <input type="radio"/> |
| More than 20mg/ml (2%) | 4 <input type="radio"/> |

(xi) What form of nicotine do you **most commonly** use in your electronic cigarette/vaping device?

- | | |
|---|-------------------------|
| Freebase nicotine | 1 <input type="radio"/> |
| Nicotine salts | 2 <input type="radio"/> |
| Hybrid salts/e-liquids (a mixture of both freebase nicotine and nicotine salts) | 3 <input type="radio"/> |
| I don't use nicotine | 0 <input type="radio"/> |
| I don't know | 9 <input type="radio"/> |

b. Do you currently use any other nicotine containing products?

Yes 1

No 0

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

If yes:

(i) Which products do you use? *Please cross all that apply.*

- | | | | |
|-------------------------------------|----------------------------|---|----------------------------|
| Cigarettes or roll-ups | 1 <input type="checkbox"/> | Nicotine replacement products (e.g. patches, nasal spray) | 2 <input type="checkbox"/> |
| Snus | 3 <input type="checkbox"/> | Cigars | 4 <input type="checkbox"/> |
| Pipes | 5 <input type="checkbox"/> | Shisha or hooka | 6 <input type="checkbox"/> |
| Heated tobacco products (e.g. IQOS) | 7 <input type="checkbox"/> | Nicotine pouches that do not contain tobacco (e.g. Lyft, Nordic Spirit) | 8 <input type="checkbox"/> |

Other (please cross and describe) 9

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

- | | | |
|--|----|--------------------------|
| A disposable device | 1 | <input type="checkbox"/> |
| A rechargeable device | 2 | <input type="checkbox"/> |
| A cigalike (looks like a cigarette) | 3 | <input type="checkbox"/> |
| A pen-style device | 4 | <input type="checkbox"/> |
| A tank-style device | 5 | <input type="checkbox"/> |
| A modular system (you use your own combination of separate devices: batteries, atomisers etc.) | 6 | <input type="checkbox"/> |
| A pod-style device | 7 | <input type="checkbox"/> |
| A rebuildable dripping atomiser (RDA) | 8 | <input type="checkbox"/> |
| Other (e.g. e-pipe, e-cigar) (please cross and describe) | 9 | <input type="checkbox"/> |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | |
| Don't know | 10 | <input type="checkbox"/> |

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

- | | | |
|--|----|--------------------------|
| To help me stop smoking | 1 | <input type="checkbox"/> |
| To help me cut down on the number of cigarettes I smoke | 2 | <input type="checkbox"/> |
| To help me with cravings in situations where I cannot smoke (e.g. travel, indoors) | 3 | <input type="checkbox"/> |
| Pleasure | 4 | <input type="checkbox"/> |
| Curiosity | 5 | <input type="checkbox"/> |
| Friends use them | 6 | <input type="checkbox"/> |
| To help maintain/lose weight | 7 | <input type="checkbox"/> |
| I like the flavours | 8 | <input type="checkbox"/> |
| To perform tricks | 9 | <input type="checkbox"/> |
| Other (please cross and describe) | 10 | <input type="checkbox"/> |

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e. Did you smoke tobacco regularly **just before** you started using electronic cigarettes/vaping devices?

Yes 1 → **If yes, please go to question g below**

No 0

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

Yes 1

No 0 → **If no, please go to question H2 below**

g. How has your tobacco smoking changed while using electronic cigarettes/vaping devices?

My tobacco smoking increased dramatically 5

My tobacco smoking increased slightly 4

My tobacco smoking stayed the same 3

My tobacco smoking decreased slightly 2

My tobacco smoking decreased dramatically 1

I stopped smoking tobacco completely 0

H2) How many people in your household use electronic cigarettes/vaping devices, not including yourself?

None 0 One 1 Two 2 Three 3

Four or more 4 Don't know 9 I live on my own 8

If none, don't know, or I live on my own, please go to question H3 below

a. How many members of your household (excluding yourself) use an e-cigarette/vape **every day**?

None 0 One 1 Two 2 Three 3

Four or more 4 Don't know 9

H3) Thinking of your five closest friends, how many of them use electronic cigarettes/vaping devices?

None 1 2 3 4 5

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

SMOKING SUPPORT

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

Tel: 0300 123 1044

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Section I: Cannabis

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

The next set of questions is about the use of cannabis. The information you give will be treated in strict confidence and will only be used for research purposes.

I1) Have you **ever** tried cannabis (also called marijuana, hash, dope, pot, blow, puff, grass, draw, ganja, joints, smoke, weed)?

Yes No → If **no**, please go to question I2 on page 34

If **yes**:

a. How old were you when you **first** tried cannabis? years old

b. How old were you when **last** tried cannabis? years old

c. How many times have you used or taken cannabis in total?

Less than 5 times 5-20 times 21-60 times
61-100 times More than 100 times I don't know

d. What type of cannabis have you **most commonly** used or taken in the **whole time** since you first used or took it?

Please refer to the pictures on page 43 to help you answer this if you don't know the type.

Herbal cannabis (without seeds; sinsemilla)

Hash or resin (compressed blocks of cannabis)

Seeded herbal cannabis (contains seeds)

Other (please cross and describe)

I don't know

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e.	About how often did you use cannabis:	At least once a week	At least once a month	Occasionally	Not at all
(i)	When you were a teenager	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
(ii)	In your early 20s	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
(iii)	Before the start of the pandemic (before March 2020)	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
(iv)	Since the start of the pandemic (since March 2020)	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

f. In the **last 12 months** how often have you used cannabis?

Not in past 12 months **→ If not in past 12 months, please go to question I2 on page 34**

Once or twice Less than monthly Monthly
 Weekly Daily or almost daily I don't know

g. In the **last 12 months**, how many **days on average** have you used cannabis in a **typical month**?

--	--

 days

h. What type of cannabis have you **most commonly** used or taken in the **last 12 months**?

- Herbal cannabis (without seeds; sinsemilla) 1
- Hash or resin (compressed blocks of cannabis) 2
- Seeded herbal cannabis (contains seeds) 3
- Other (please cross and describe) 4

I don't know 9

i. In the **last 12 months**, if you have smoked cannabis, was the cannabis usually mixed with tobacco?

- Usually mixed with tobacco 1
- Usually cannabis by itself 2
- Never smoked cannabis 0

I don't know 9

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j. In the **last 12 months**, what was the **most common** way you took it?

- Joint 1 Bong 2 Pipe 3
 Vaporizer 4 Edible 5 Don't know 9
 Other (please cross and describe) 6

k. In the **past 12 months**:

- | | | Never | Rarely | From
time
to time | Fairly
often | Often | | | | |
|---|---|-----------------------|--------|-------------------------|-----------------|-----------------------|---|-----------------------|---|-----------------------|
| (i) Have you used cannabis before midday? | 0 | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> |
| (ii) Have you used cannabis when you were alone? | 0 | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> |
| (iii) Have you had memory problems when you've used cannabis? | 0 | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> |
| (iv) Have friends or members of your family told you that you should reduce your cannabis use? | 0 | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> |
| (v) Have you tried to reduce or stop your cannabis use without succeeding? | 0 | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> |
| (vi) Have you had problems because of your use of cannabis (argument, fight, accident, other problems)? | 0 | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> |

l. During a typical time that you used cannabis **in the past 12 months**, how much did you typically use (e.g. in a joint, or a bong/pipe/vape refill)?
 Please look at the pictures on page 43 to help you estimate your answer.

- | | |
|---|--|
| 0.025 grams (image 1) <input type="radio"/> 1 | 0.05 grams (image 2) <input type="radio"/> 2 |
| 0.1 grams (image 3) <input type="radio"/> 3 | 0.2 grams (image 4) <input type="radio"/> 4 |
| 0.3 grams (image 5) <input type="radio"/> 5 | 0.4 grams (image 6) <input type="radio"/> 6 |
| 0.5 grams (image 7) <input type="radio"/> 7 | I don't know <input type="radio"/> 9 |
| Other (please cross and give the amount in grams below) <input type="radio"/> 8 | |

. grams

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m. On a **typical day** that you used cannabis in the **past 12 months**, how many times did you personally use this amount across the whole day?

--	--

 times

l2) Does anyone in your household use cannabis?

Yes 1

No 0 →

I live on my own 8 →

I don't know 9 →

**If no, I live on my own,
or I don't know, please
go to question l3 below**

If yes:

a. How often have they used cannabis in the **past 12 months**?

Once or twice 1

Less than monthly 2

Monthly 3

Weekly 4

Daily or almost daily 5

I don't know 9

l3) Thinking of your five closest friends, how many of them use cannabis?

None 0 1 1 2 2 3 3 4 4 5 5

I don't know 9

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

FRANK

Confidential advice and support about drugs

Tel: **0300 123 6600**

Text: **82111**

talktofrank.com

SMOKING SUPPORT

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

Tel: **0300 123 1044**

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Section J: Cannabidiol (CBD) Products

In this section we are interested in your use of products containing CBD oil, also known as cannabidiols.

J1) Have you **ever** used CBD products?

No, Never 0

Yes, in the last 12 months 1

Yes, but not in the last 12 months 2

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

a. How often do/did you use CBD products?

Once or twice 1 Less than monthly 2 Monthly 3

Weekly 4 Daily or almost daily 5

b. What CBD product have you **most commonly** used?

Drops/Oils 1 Vaping liquid 2 Edible products 3

Other (please cross and describe) 4

c. At what age did you **first** use CBD products?

--	--

years old

d. At what age did you **last** use CBD products?

--	--

years old

If you have **not** used CBD products in the **last 12 months**, please go to question J2 on the next page.

If you **have** used CBD products in the last 12 months:

e. (i) What CBD product have you **most commonly** used in the **past 12 months**?

Drops/Oils 1 Vaping liquid 2 Edible products 3

Other (please cross and describe) 4

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

(ii) What is the dosage of the CBD product you've most commonly used in the **past 12 months**?

--	--	--

mg of CBD per use

Don't know 1

J2) Does anyone in your household use CBD products?

Yes 1

No 0 →

I live on my own 8 →

Don't know 9 →

If no, I live on my own, or don't know, please go to question J3 below

if yes:

a. What CBD products do members of your household use?

Please cross all that apply.

Drops/Oils 1

Vaping liquid 2

Edible products 3

Other (please cross and describe) 4

Don't know 9

--

b. How often have they used CBD products in the **past 12 months**?

Once or twice 1

Less than monthly 2

Monthly 3

Weekly 4

Daily or almost daily 5

I don't know 9

J3) Thinking of your five closest friends, how many of them use CBD products?

None

1

2

3

4

5

I don't know 9

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Section K: Other Drugs

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

The next set of questions are about other drugs that people sometimes take. The information you give will be treated in strict confidence and will only be used for research purposes.

K1) In your life, which of the following substances have you **ever** used?
Please give an answer on each line.

	Yes, in past 12 months	Yes, but not in past 12 months	No never
a. Cocaine (charlie, 'c', coke, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
b. Crack (rock, stone, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
c. MDMA (ecstasy, mandy, molly, pills, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
d. Nitrous oxide (laughing gas)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
e. Alkyl nitrites (poppers, amyl nitrite)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
f. Other inhalants (glue, petrol, paint thinner etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
g. Sedatives or sleeping pills (Valium, Rohypnol, GHB, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, N-Bomb, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
i. Opioids (heroin, morphine, methadone, codeine etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
j. Injected illicit drugs	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
k. Synthetic cannabinoids (spice, K2, black mamba, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
l. Ketamine (K, Ket, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
m. Amphetamine (speed, base, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
n. Drugs that were called 'legal highs' (e.g. mephedrone)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
o. Other illegal drugs (please cross and describe)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>

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

K2) Did you use any of the drugs on the previous page during these time periods?

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

K3) Did you use any medicines or pills, that you might get at a chemist, to get high during these time periods?

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

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

FRANK

Confidential advice and support about drugs

Tel: **0300 123 6600**

Text: **82111**

talktofrank.com

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Section L: Alcohol

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

In this section we are interested in your alcohol intake.

L1) How often do you have a drink containing alcohol nowadays?

Not at all 0 ○

No more than once a month 1 ○

2-4 times a month 2 ○

2-3 times a week 3 ○

4 or more times a week 4 ○

→ If **not at all**, please go to
**Completing the
Questionnaire on page 41**

L2) Now we would like you to calculate how many units of alcohol you drink **on average**. Please use the diagram on the back cover to work out how many units of alcohol you drink on a **typical day when you are drinking**:

1-2 1 ○

3-4 2 ○

5-6 3 ○

7-9 4 ○

10 or more units 5 ○

Can't say 9 ○

L3) How often do you have six or more units (standard drinks) on one occasion?

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ○	1 ○	2 ○	3 ○	4 ○	

L4) How often **during the past year** have you found that you were not able to stop drinking once you had started?

0 ○	1 ○	2 ○	3 ○	4 ○
-----	-----	-----	-----	-----

L5) How often **during the past year** have you failed to do what was normally expected of you because of drinking? e.g. go to work/college/university, play sport or go out with family and friends.

0 ○	1 ○	2 ○	3 ○	4 ○
-----	-----	-----	-----	-----

L6) How often **during the past year** have you needed a first drink in the morning to get yourself going after a heavy drinking session?

0 ○	1 ○	2 ○	3 ○	4 ○
-----	-----	-----	-----	-----

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

- | | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|--|-------------------------|-------------------------|------------------------------------|--------------------------------|-------------------------|
| L7) How often during the past year have you had a feeling of guilt or remorse after drinking? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| L8) How often during the past year have you been unable to remember what happened the night before because you had been drinking? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| | | No | Yes, but not in the past 12 months | Yes, during the past 12 months | |
| L9) Have you or has someone else been injured as a result of your drinking? | 0 <input type="radio"/> | | 2 <input type="radio"/> | 4 <input type="radio"/> | |
| L10) Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested cutting down? | 0 <input type="radio"/> | | 2 <input type="radio"/> | 4 <input type="radio"/> | |

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

NHS ALCOHOL SUPPORT

[nhs.uk/live-well/alcohol-advice/alcohol-support](https://www.nhs.uk/live-well/alcohol-advice/alcohol-support)

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Completing the Questionnaire

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

DD		MM		YYYY			

 /

DD		MM		YYYY			

 /

DD		MM		YYYY			

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

DD		MM		YYYY			

 /

DD		MM		YYYY			

 /

DD		MM		YYYY			

Being able to let you know Children of the 90s news and invite you to take part in clinics and questionnaires is really important to us.

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

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

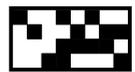
What is your preferred method?

Online	1	<input type="radio"/>
Paper	2	<input type="radio"/>

Extra space for answering questions

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

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Summer 2022

STRICTLY CONFIDENTIAL (when completed)

Version 1 10/06/2022

Questionnaire Number

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

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

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

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

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

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

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

childrenofthe90s.ac.uk/update-your-details

To be entered into the prize draw we must have received your questionnaire by midnight on Monday 8th August 2022. If you win, we will contact you within four weeks using the contact details on our database. You will receive your prize up to six weeks after the draw has been held.

If you **don't** wish to be entered into the prize draw, please cross this box. No Prize Draw

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