

Introduction

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

The data you provide will be available to approved researchers across the world and will help in answering important questions on human development, health and disease.

Confidentiality

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

Answering the questions

This year we have a lot of questions about mental health, mood and communication skills. This means that 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 prefer not to answer or are unable to answer. Please just leave these questions blank. There are no right or wrong answers.

Help with completing the questionnaire

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

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New tasks for this questionnaire

There are a couple of interesting new parts to the questionnaire this year. Once you have completed your own questionnaire, we would like you to ask a partner or friend to answer sections E and H about you too. You will not see their answers and they will not see yours. We have included some more information about this at the end of the questionnaire, on page 49.

Then, we will also ask you to complete two online tasks to measure your reaction time and mental agility. This involves clicking on a link to a website run by a company that we have employed to set up and run these tasks. As with all Children of the 90s activity, these data will be anonymous and confidential. The company will not have access to your personal details or any other information you have given Children of the 90s over the years. They will only be able to record your performance in the tasks. More information is included at the start of the tasks themselves.

Shopping voucher thank you

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

Prize draw

Whether you return your questionnaire complete or incomplete, we will also enter you into a prize draw to win one of three iPad tablets. Because we are asking you to do more than usual we also have an extra prize draw for the friend questionnaire, with voucher prizes of £100, £50 and £20 each for both you and your friend if you both take part.

There is also another prize draw with the same prizes if you decide to complete the online cognitive tasks! There are more details at the end of the questionnaire.

To be entered into the prize draws we must have received your questionnaires/tasks by 5pm on 28th February 2018.

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Filling in the Questionnaire

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



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



then cross the correct circle/box.

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

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



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



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

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

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

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Section A: Being a Parent

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

A1) Are you a parent? *Include biological, step, foster and adopted children.*

Yes

No



If **no**, please go to question A4

A2) How many children do you have? *Please include all children you feel you have parental responsibility for, including biological, step, foster and adopted children.*

--	--

A3) What is/are your child/childrens' date(s) of birth, sex, and your relationship to them?

We have provided space for up to 4 children. If you have had more than 4 children, please use the space on page 48 and clearly indicate you are answering question A3.

a. Your **first** child:

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male Female

iii) Relationship: Biological parent Step parent
Foster parent Adoptive parent

b. Your **second** child:

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male Female

iii) Relationship: Biological parent Step parent
Foster parent Adoptive parent

c. Your **third** child:

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male Female

iii) Relationship: Biological parent Step parent
Foster parent Adoptive parent

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d. Your **fourth** child:

i) Date of birth:

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

ii) Sex: Male 1 Female 2

iii) Relationship: Biological parent 1 Step parent 2
Foster parent 3 Adoptive parent 4

A4) Are you/your partner currently pregnant?

Yes, I am pregnant 1 Yes, my partner is pregnant 2

No 0 **If no, please go to question A7**

A5) What is the expected due date of your baby?

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

A6) Where do you expect your baby to be born?

Southmead Hospital 1 St Michael's Hospital 2

Weston General Hospital 3 RUH Bath 4

Other (please specify) 5

A7) Are you or your partner trying for a baby at the moment?

No, not trying for a baby 0

Yes, been trying for 0-6 months 1

Yes, been trying for 6-12 months 2

Yes, been trying for more than 12 months 3

A8) **If you are a parent or are expecting a child**, would you be happy to receive further details about COCO90s (Children of the Children of the 90s)?

Yes 1 Already in COCO90s 2

No 0 Not applicable 9

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

www.childrenofthe90s.ac.uk/coco90s

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Section B: Strengths and Difficulties

Please say how true these statements are for you:

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

	Not true	Some-what true	Certainly true
B1) I try to be nice to other people. I care about their feelings	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B2) I am restless, I find it hard to sit down for long	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B3) I get a lot of headaches, stomach-aches or sickness	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B4) I usually share with others, for example food or drink	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B5) I get very angry and often lose my temper	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B6) I would rather be alone than with other people	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B7) I am generally willing to do what other people want	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B8) I worry a lot	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B9) I am helpful if someone is hurt, upset or feeling ill	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B10) I am constantly fidgeting or squirming	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B11) I have at least one good friend	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B12) I fight a lot. I can make other people do what I want	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B13) I am often unhappy, depressed or tearful	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B14) Other people generally like me	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B15) I am easily distracted, I find it difficult to concentrate	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B16) I am nervous in new situations, I easily lose confidence	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B17) I am kind to children	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B18) I am often accused of lying or cheating	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B19) Other people pick on me or bully me	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B20) I often offer to help others (family members, friends, colleagues)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B21) I think before I do things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B22) I take things that are not mine from home, work or elsewhere	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B23) I get along better with older people than with people of my own age	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B24) I have many fears, I am easily scared	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
B25) I finish the work I'm doing, my attention is good	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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

B26) Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get along with other people?

- No 0  **If no, please go to section C**
- Yes, minor difficulties 1
- Yes, definite difficulties 2
- Yes, severe difficulties 3

B27) How long have these difficulties been present?

- Less than a month 1 1-5 months 2
- 6-12 months 3 Over a year 4

B28) Do the difficulties upset or distress you?

- Not at all 0 Only a little 1
- Quite a lot 2 A great deal 3

B29) Do the difficulties interfere with your everyday life in the following areas?

- | | Not at all | Only a little | Quite a lot | A great deal |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Getting along with the people you are closest to (e.g. family, partner) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| b. Making and keeping friends | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| c. Work or study | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| d. Hobbies, sports or other leisure activities | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

B30) Do the difficulties make it harder for those around you (family, friends etc.)?

- Not at all 0 Only a little 1
- Quite a lot 2 A great deal 3

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

Mind 0300 123 3393 mind.org.uk

Alternatively there are a number of organisations listed on the back page.

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Section C: Anxiety

Below is a list of sentences that describe how people feel. Please say how true these statements have been for you **within the past 3 months**.

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

		Not true or hardly ever true	Somewhat true or sometimes true	Very true or often true
C1)	When I feel nervous, it is hard for me to breathe	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C2)	I get headaches when I am at college/ university, at work, or in public places	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C3)	I don't like to be with people I don't know well	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C4)	I get nervous if I sleep away from home	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C5)	I worry about people liking me	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C6)	When I get anxious, I feel like passing out	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C7)	I am nervous	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C8)	It is hard for me to stop worrying	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C9)	People tell me that I look nervous	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C10)	I feel nervous with people I don't know well	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C11)	I get stomach aches at college/ university, at work, or in public places	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C12)	When I get anxious, I feel like I'm going crazy	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C13)	I worry about sleeping alone	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C14)	I worry about being as good as other people	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C15)	When I get anxious, I feel like things are not real	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C16)	I have nightmares about something bad happening to my family	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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continued:

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

Please say how true these statements have been for you **within the past 3 months**.

		Not true or hardly ever true	Somewhat true or sometimes true	Very true or often true
C17)	I worry about going to college/university, to work, or to public places	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C18)	When I get anxious, my heart beats fast	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C19)	I get shaky	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C20)	I have nightmares about something bad happening to me	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C21)	I worry about things working out for me	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C22)	When I get anxious, I sweat a lot	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C23)	I am a worrier	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C24)	When I worry a lot, I have trouble sleeping	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C25)	I get really frightened for no reason at all	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C26)	I am afraid to be alone in the house	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C27)	It is hard for me to talk with people I don't know well	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C28)	When I get anxious, I feel like I'm choking	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C29)	People tell me that I worry too much	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C30)	I don't like to be away from my family	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C31)	When I worry a lot, I feel restless	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C32)	I am afraid of having anxiety (or panic) attacks	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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continued:

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

Please say how true these statements have been for you **within the past 3 months**.

		Not true or hardly ever true	Somewhat true or sometimes true	Very true or often true
C33)	I worry that something bad might happen to my family	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C34)	I feel shy with people I don't know well	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C35)	I worry about what is going to happen in the future	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C36)	When I get anxious, I feel like throwing up	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C37)	I worry about how well I do things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C38)	I am afraid to go outside or to crowded places by myself	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C39)	I worry about things that have already happened	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C40)	When I get anxious, I feel dizzy	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C41)	I feel nervous when I am with other people and I have to do something while they watch me (for example: speak, play a sport)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C42)	I feel nervous when I go to parties, nightclubs, or any place where there will be people that I don't know well	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C43)	I am shy	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
C44)	When I worry a lot, I feel irritable	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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

Mind 0300 123 3393 mind.org.uk

Alternatively there are a number of organisations listed on the back page.

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Section D: Healthcare and Accidents

D1) When did you last visit the doctor (i.e. GP or family doctor) about a condition that has directly affected you?

In the last 6 months 1

Between 6 months
and a year ago 2

Over a year ago 3

Never 0

Don't know 9

→ If never, please go to question D2

a. Why did you visit the doctor?

D2) When did you last visit the dentist?

In the last 6 months 1

Between 6 months
and a year ago 2

Over a year ago 3

Never 0

Don't know 9

→ If never, please go to question D3

a. Why did you visit the dentist?

Just a check-up with no treatment 1

Check-up with minor treatment (e.g. small filling) 2

Check-up with follow-up treatment (e.g. larger filling) 3

Ongoing long-term treatment 4

To see the hygienist (e.g. for scale and polish) 5

Emergency 6

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These are questions about how it is for you to find, understand and use information related to health, illness and medical care.

D3) How easy or difficult is it for you to:

- | | Very
easy | Easy | Difficult | Very
difficult |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Find information on treatments of illnesses that concern you? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. Find out where to get professional help when you are ill? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. Understand what your doctor says to you? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. Understand your doctor's or pharmacist's instruction on how to take a prescribed medicine? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. Judge when you may need to get a second opinion from another doctor? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. Use information the doctor gives you to make decisions about your illness? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. Follow instructions from your doctor or pharmacist? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| h. Find information on how to manage mental health problems like stress or depression? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| i. Understand health warnings about behaviour such as smoking, low physical activity and drinking too much? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| j. Understand why you need health screenings? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| k. Judge if the information on health risks in the media is reliable? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| l. Decide how you can protect yourself from illness based on information in the media? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| m. Find out about activities that are good for your mental well-being? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| n. Understand advice on health from family members or friends? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

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continued:

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

- | How easy or difficult is it for you to: | Very easy | Easy | Difficult | Very difficult |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| o. Understand information in the media on how to get healthier? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| p. Judge which everyday behaviour is related to your health? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

We would like to know about some specific medication which you may have been taking.

D4) Have you ever taken any of the following medications, usually used to treat ADHD?

- | | Yes | No |
|--|-------------------------|-------------------------|
| a. Methylphenidate, e.g. Ritalin, Concerta, Equasym, Medikinet | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Dexamfetamine | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Atomoxetine | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Other (please specify) | 1 <input type="radio"/> | 0 <input type="radio"/> |

D5) In the **last 6 months** have you had any accidents which caused you to see a doctor or go to hospital?

Yes 1

No 0



If **no**, please go to question D6

Which of these accidents have you had? Please answer yes or no on each line.

- | | Yes | No |
|---|-------------------------|-------------------------|
| a. Fall | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Fracture (broken bone) (please describe) | 1 <input type="radio"/> | 0 <input type="radio"/> |

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Which of these accidents have you had?

- | | Yes | No |
|-------------------------------------|-------------------------|-------------------------|
| c. Burn or scald | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Ingestion/swallowing something | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Sports injury | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Other accident (please describe) | 1 <input type="radio"/> | 0 <input type="radio"/> |

D6) Since your **18th birthday**, have you had a head injury resulting in loss of consciousness (passing out)?

Yes 1 No 0 → **If no, please go to question D7**

a. Please describe your head injury:

D7) In the **last year**, have you been involved in a road accident?

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

a. Thinking about the **last** road accident you had, how were you travelling?

- | | | | |
|-------------------------------------|-------------------------|-------------------------|-------------------------|
| In a car as a driver | 1 <input type="radio"/> | In a car as a passenger | 2 <input type="radio"/> |
| As a pedestrian | 3 <input type="radio"/> | As a cyclist | 4 <input type="radio"/> |
| Something else
(please describe) | 5 <input type="radio"/> | | |

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b. Who was with you at the time of the accident? *Please select all that apply.*

- On my own ¹ With other adults ²
With friends ³ With spouse/partner ⁴
With children ⁵

c. What were you doing at the time of the accident?

- Going to or from work/college/university ¹ ○
Going to or from a club/bar/restaurant ² ○
Going to or from a park/gym/leisure activity ³ ○
Going to or from a place of worship ⁴ ○
Other journey (please describe) ⁹ ○

d. When did the accident happen?

- Weekday morning ¹ ○ Weekday afternoon ² ○
Weekday evening ³ ○ Weekend morning ⁴ ○
Weekend afternoon ⁵ ○ Weekend evening ⁶ ○

e. Were you hurt?

- Yes ¹ ○ No ⁰ ○ **→ If no, please go to section E**

- | | Yes | No |
|---|--------------------------------------|--------------------------------------|
| i) Did you see a doctor or nurse at a GP surgery, out-of-hours service, walk-in clinic or urgent-care centre? | <input type="radio"/> ¹ ○ | <input type="radio"/> ⁰ ○ |
| ii) Did you go to the casualty/emergency department at a hospital or a minor injuries unit? | <input type="radio"/> ¹ ○ | <input type="radio"/> ⁰ ○ |
| iii) Did you stay overnight in hospital? | <input type="radio"/> ¹ ○ | <input type="radio"/> ⁰ ○ |

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Section E: Behaviour

This section is about your behaviour in different situations, both now and when you were a child. We have also included questions E3 to E5 in the partner/friend questionnaire we mentioned earlier.

E1) Please select the answer that best describes your behaviour when you were a child, **between 7 and 12 years of age**. We know this was a long time ago, but please think back as best you can.

	Never or rarely	Some- times	Often	Very often
a. Failed to give close attention to details or made careless mistakes in my work	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Fidgeted with hands or feet or squirmed in seat	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Had difficulty sustaining my attention in tasks or fun activities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Left my seat in classroom or other situations in which sitting was expected	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Didn't listen when spoken to directly	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Restless in the "squirmy" sense	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Didn't follow through on instructions and failed to finish work	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Had difficulty engaging in leisure activities or doing fun things quietly	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Had difficulty organising tasks and activities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Felt "on the go" or acted as if "driven by a motor"	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. Avoided, disliked or was reluctant to engage in work that required sustained mental effort	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
l. Talked excessively	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. Lost things necessary for tasks or activities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. Blurted out answers before questions had been completed	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
o. Easily distracted	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
p. Had difficulty awaiting turn	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
q. Forgetful in daily activities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
r. Interrupted or intruded on others	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: ~~⊗~~

E2) To what extent did any problems you may have crossed on the previous page interfere with your ability to function in the following areas of life activities **when you were a child between 7 and 12 years of age?**

	Never or rarely	Some- times	Often	Very often
a. In your home life with your immediate family	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. In your social interactions with other children	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. In your activities or dealings in the community	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. In school	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. In sports, clubs or other organisations	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. In learning to take care of yourself	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. In your play, leisure or recreational activities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. In your handling of your daily chores or other responsibilities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

E3) Please select the answer that best describes your behaviour **during the past 6 months.**

	Never or rarely	Some- times	Often	Very often
a. Fail to give close attention to details or make careless mistakes in my work	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Fidget with hands or feet or squirm in seat	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Have difficulty sustaining my attention in tasks or fun activities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Leave my seat in situations in which sitting is expected	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Don't listen when spoken to directly	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Feel restless	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Don't follow through on instructions and fail to finish work	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Have difficulty engaging in leisure activities or doing fun things quietly	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Have difficulty organising tasks and activities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Feel "on the go" or "driven by a motor"	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

continued on the next page

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continued:

Please select the answer that best describes your behaviour **during the past 6 months.**

- | | Never or rarely | Some-times | Often | Very often |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| k. Avoid, dislike or am reluctant to engage in work that requires sustained mental effort | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| l. Talk excessively | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| m. Lose things necessary for tasks or activities | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| n. Blurt out answers before questions have been completed | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| o. Easily distracted | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| p. Have difficulty awaiting turn | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| q. Forgetful in daily activities | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| r. Interrupt or intrude on others | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

E4) **If you indicated that you experienced problems with attention, concentration, impulsiveness or hyper-activity above.** Please tell us as precisely as you can recall at what age these problems began to occur for you: years old

E5) To what extent have the problems you may have identified above, and on the previous page, interfered with your ability to function in the following areas of life activities **during the past 6 months?**

- | | Never or rarely | Some-times | Often | Very often |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| a. In your home life with your immediate family | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. In your work or occupation | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. In your social interactions with others | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. In your activities or dealings in the community | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| e. In any educational activities | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| f. In your dating or marital relationship | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| g. In your management of money | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| h. In your driving a motor vehicle | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| i. In your leisure or recreational activities | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| j. In your management of your daily responsibilities | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

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

Mind 0300 123 3393 mind.org.uk

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Section F: Moods and Feelings

- F1) In the **last 4 weeks**, have there been times when you have been very sad, miserable, unhappy or tearful?
- No Yes **If no, please go to question F2**
-
- a. Over the **last 4 weeks**, has there been a period when you have been really miserable nearly every day?
- No Yes
-
- b. During the time when you have been miserable, have you been really miserable for **most** of the day, (i.e. for more hours than not)?
- No Yes
-
- c. When you have been miserable, could you be cheered up?
- Easily With difficulty/only briefly Not at all
-
- d. Over the **last 4 weeks**, how long has the period of being really miserable lasted?
- Less than 2 weeks 2 weeks or more
-
- F2) In the **last 4 weeks**, have there been times when you have lost interest in everything, or nearly everything, that you normally enjoy doing?
- No Yes **If no, please go to question F3**
-
- a. Over the **last 4 weeks** has there been a period when this lack of interest has been present nearly **every** day?
- No Yes
-
- b. During these days when you have lost interest in things, have you been like this for **most** of each day (i.e. for more hours than not)?
- No Yes
-
- c. Over the **last 4 weeks**, how long has this loss of interest lasted?
- Less than 2 weeks 2 weeks or more
-
- d. **If you answered yes to questions F1a and F1b**, has this loss of interest been present during the same period when you have been really miserable for most of the time?
- No Yes

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

F3) **If you answered yes to either of questions F1a or F2a on the previous page, continue with these questions, otherwise go to question F8.**

During the period when you were sad or lacking in interest:

- | | No | Yes |
|--|-------------------------|-------------------------|
| a. Did you lack energy or seem tired all the time? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| b. Were you eating much more or much less than normal? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| c. Did you either lose or gain a lot of weight? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| d. Did you find it hard to get to sleep or to stay asleep? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| e. Did you sleep too much? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| f. Were you agitated or restless for much of the time? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| g. Did you feel worthless or unnecessarily guilty for much of the time? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| h. Did you find it unusually hard to concentrate or to think things out? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| i. Did you think about death a lot? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| j. Did you talk about harming yourself or killing yourself? | 0 <input type="radio"/> | 1 <input type="radio"/> |
| k. Did you try to harm yourself or kill yourself? | 0 <input type="radio"/> | 1 <input type="radio"/> |

F4) Over the whole of your lifetime, have you ever tried to harm yourself or kill yourself?

No 0 Yes 1

F5) How much has your sadness or loss of interest upset or distressed you?

Not at all 0 A little 1

A medium amount 2 A great deal 3

F6) Has your sadness or lack of interest interfered with the following aspects of your life?

- | | Not at all | A little | A medium amount | A great deal |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| a. How well you get along with the people you are closest to (e.g. family, partner) | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Making and keeping friends | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. Work or study | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Hobbies, sports or other leisure activities | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

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F7) Has your sadness or loss of interest made it harder for those around you (family, friends etc.)?

- Not at all 0 A little 1
 A medium amount 2 A great deal 3

F8) These questions are about how you may have been feeling or acting recently. For each question, please say how much you think you have felt or acted this way in the **past 2 weeks**.

In the past 2 weeks :	True	Sometimes true	Not true
a. I felt miserable or unhappy	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. I have been having fun	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. I didn't enjoy anything at all	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. I felt so tired that I just sat around and did nothing	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. I was very restless	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. I felt I was no good any more	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. I cried a lot	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. I felt happy	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. I found it hard to think properly or concentrate	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
j. I hated myself	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
k. I enjoyed doing lots of things	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
l. I felt I was a bad person	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
m. I felt lonely	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
n. I thought nobody really loved me	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
o. I thought I could never be as good as other people	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
p. I felt I did everything wrong	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
q. I have had a good time	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:

The Samaritans 116 123 samaritans.org

Alternatively there are a number of organisations listed on the back page.

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Section G: Tanning and Sun Exposure

G1) Do you like to tan?

Yes

No



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

a. How do you usually tan? *Please cross all that apply.*

Outdoors

Indoors, using a sunbed, sun lamp or tanning booth

Indoors, going for a spray tan

Indoors, using self-tanning lotions or creams

b. Why do you like to tan (either outdoors or using any type of indoor tanning)? *Please cross all that apply.*

It gives me more confidence

It makes me feel happier

It makes me look better in photos

It makes me look thinner

It conceals body imperfections

I look more attractive to others

I think pale skin is unattractive

It protects me from the sun

Another reason (please specify)

G2) What best describes the colour of your skin without tanning?

Very fair

Fair

Olive

Light brown

Dark brown

Very dark

G3) How does your skin colour change after being in and out of the sun for a few days?

Always burns, never tans

Burns easily, rarely tans

Doesn't change

Tans easily, rarely burns

Always tans, never burns

Can't say, skin always protected

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

G4) In the **past 2 years** how many times did you have a red or painful sunburn that lasted a day or more?

- Never 0 Once 1 Twice 2 3 times 3
4 times 4 5 times 5 or more 9
Can't remember

G5) How do you protect your skin whilst out in the sun? *Please cross all that apply.*

- I do not use any protection 0
I wear a hat 1
I wear clothing to keep skin covered 2
I wear sun block/sunscreen 3
I avoid the sun 4
Other (please specify) 5

If you wear sun block or sunscreen, please answer questions a and b, otherwise please go to question G6 below.

a. What factor sun block/sunscreen do you typically wear?

- Lower than 15 1 15 - 24 2
25 - 49 3 50 or higher 4

b. When you are out in the sun, how frequently do you apply sun block/sunscreen in a day?

- Once only 1 Every 3-4 hours 2 Every 2 hours 3
Every hour 4 Every half an hour 5

G6) In a typical day in summer, how many hours do you spend outdoors? hours per day

If the time you spend outdoors in summer varies a lot, give the average time per day. For example, if you spend 1 hour a day on each weekday and 4 hours a day on the weekend, the total hours in a week is 13 (5 + 8), so you spend approximately 2 hours a day in a week.

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G7) Have you ever used any indoor tanning equipment such as a sunbed, sun lamp or tanning booth (excluding spray tanning)?

Yes ¹ ⊙

No ⁰ ⊙

→ If **no**, please go to question G8

a. What age were you when you first started using indoor tanning equipment?

--	--

 years old

b. In the **past 12 months** how often have you used indoor tanning equipment?

I have not used indoor tanning equipment in the past 12 months ⁰ ⊙

Once or twice a year ¹ ⊙

A few times in the year ² ⊙

Once a month ³ ⊙

Once a week ⁴ ⊙

More than once a week ⁵ ⊙

G8) Have you ever been diagnosed with skin cancer (melanoma or non-melanoma skin cancer)?

No ⁰ ⊙

→ If **no**, please go to question G9

Yes, melanoma ¹ ⊙

Yes, non-melanoma skin cancer (basal cell or squamous cell carcinoma) ² ⊙

Yes, but don't know which type ³ ⊙

a. Did you use indoor tanning equipment before being diagnosed with skin cancer?

Yes ¹ ⊙

No ⁰ ⊙

b. Did you use indoor tanning equipment after being diagnosed with skin cancer?

Yes ¹ ⊙

No ⁰ ⊙



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

G9) Do you have a family member (mother, father, brother, sister, son or daughter) that has been diagnosed with skin cancer in the past?

Yes ¹ ⊙ No ⁰ ⊙

G10) Do you believe that indoor tanning helps prevent sunburn?

Yes ¹ ⊙ No ⁰ ⊙ Don't know ⁹ ⊙

G11) Do you think that indoor tanning using a sunbed, sun lamp or tanning booth can cause skin cancer?

Yes ¹ ⊙ No ⁰ ⊙ Don't know ⁹ ⊙

G12) What colour are your eyes?

Blue ¹ ⊙ Green ² ⊙

Grey ³ ⊙ Brown ⁴ ⊙

Other ⁵ ⊙
(please specify)

G13) What was your natural hair colour when you were 18 years old?

Red ¹ ⊙ Blonde ² ⊙

Light brown ³ ⊙ Dark brown ⁴ ⊙

Black ⁵ ⊙

Other ⁶ ⊙
(please specify)

G14) Do you have any freckles?

No ⁰ ⊙

Yes, a few ¹ ⊙

Yes, many ² ⊙

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Section H: Personality

This section is about your personality. We have also included question H3 in the partner/friend questionnaire we mentioned earlier.

H1) In the **last 6 months**, and compared with other people of the same age, have you:

- | | No more
than others | A little more
than others | A lot more
than others |
|------------------------------------|------------------------|------------------------------|---------------------------|
| a. Had severe temper tantrums? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Been touchy and easily annoyed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Been angry and resentful? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

H2) In the **last 6 months**, and compared to other people of the same age, how well do each of the following statements describe your behaviour/feelings?

- | | Not
true | Somewhat
true | Certainly
true |
|--|-----------------------|-----------------------|-----------------------|
| a. I am easily annoyed by others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I often lose my temper | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I stay angry for a long time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I am angry most of the time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I get angry frequently | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I lose my temper easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Overall, my irritability causes me problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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H3) Please say whether you agree or disagree with the following statements:

		Definitely agree	Slightly agree	Slightly disagree	Definitely disagree
1.	I prefer to do things with others rather than on my own	3 ○	2 ○	1 ○	0 ○
2.	I prefer to do things the same way over and over again	3 ○	2 ○	1 ○	0 ○
3.	If I try to imagine something, I find it very easy to create a picture in my mind	3 ○	2 ○	1 ○	0 ○
4.	I frequently get so strongly absorbed in one thing that I lose sight of other things	3 ○	2 ○	1 ○	0 ○
5.	I often notice small sounds when others do not	3 ○	2 ○	1 ○	0 ○
6.	I usually notice car number plates or similar strings of information	3 ○	2 ○	1 ○	0 ○
7.	Other people frequently tell me that what I've said is impolite, even though I think it is polite	3 ○	2 ○	1 ○	0 ○
8.	When I'm reading a story, I can easily imagine what the characters might look like	3 ○	2 ○	1 ○	0 ○
9.	I am fascinated by dates	3 ○	2 ○	1 ○	0 ○
10.	In a social group, I can easily keep track of several different people's conversations	3 ○	2 ○	1 ○	0 ○
11.	I find social situations easy	3 ○	2 ○	1 ○	0 ○
12.	I tend to notice details that others do not	3 ○	2 ○	1 ○	0 ○
13.	I would rather go to a library than to a party	3 ○	2 ○	1 ○	0 ○
14.	I find making up stories easy	3 ○	2 ○	1 ○	0 ○
15.	I find myself drawn more strongly to people than to things	3 ○	2 ○	1 ○	0 ○
16.	I tend to have very strong interests, which I get upset about if I can't pursue	3 ○	2 ○	1 ○	0 ○

continued on the next page

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continued:

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

Please say whether you agree or disagree with the following statements:

	Definitely agree	Slightly agree	Slightly disagree	Definitely disagree
17. I enjoy social chitchat	3 ○	2 ○	1 ○	0 ○
18. When I talk, it isn't always easy for others to get a word in edgeways	3 ○	2 ○	1 ○	0 ○
19. I am fascinated by numbers	3 ○	2 ○	1 ○	0 ○
20. When I'm reading a story, I find it difficult to work out the characters' intentions	3 ○	2 ○	1 ○	0 ○
21. I don't particularly enjoy reading fiction	3 ○	2 ○	1 ○	0 ○
22. I find it hard to make new friends	3 ○	2 ○	1 ○	0 ○
23. I notice patterns in things all the time	3 ○	2 ○	1 ○	0 ○
24. I would rather go to the theatre than to a museum	3 ○	2 ○	1 ○	0 ○
25. It does not upset me if my daily routine is disturbed	3 ○	2 ○	1 ○	0 ○
26. I frequently find that I don't know how to keep a conversation going	3 ○	2 ○	1 ○	0 ○
27. I find it easy to "read between the lines" when someone is talking to me	3 ○	2 ○	1 ○	0 ○
28. I usually concentrate more on the whole picture, rather than on the small details	3 ○	2 ○	1 ○	0 ○
29. I am not very good at remembering phone numbers	3 ○	2 ○	1 ○	0 ○
30. I don't usually notice small changes in a situation or a person's appearance	3 ○	2 ○	1 ○	0 ○
31. I know how to tell if someone listening to me is getting bored	3 ○	2 ○	1 ○	0 ○
32. I find it easy to do more than one thing at once	3 ○	2 ○	1 ○	0 ○
33. When I talk on the phone, I'm not sure when it's my turn to speak	3 ○	2 ○	1 ○	0 ○
34. I enjoy doing things spontaneously	3 ○	2 ○	1 ○	0 ○

continued on the next page

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continued:

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

Please say whether you agree or disagree with the following statements:

	Definitely agree	Slightly agree	Slightly disagree	Definitely disagree
35. I am often the last to understand the point of a joke	3 ○	2 ○	1 ○	0 ○
36. I find it easy to work out what someone is thinking or feeling just by looking at their face	3 ○	2 ○	1 ○	0 ○
37. If there is an interruption, I can switch back to what I was doing very quickly	3 ○	2 ○	1 ○	0 ○
38. I am good at social chitchat	3 ○	2 ○	1 ○	0 ○
39. People often tell me that I keep going on and on about the same thing	3 ○	2 ○	1 ○	0 ○
40. When I was young, I used to enjoy playing games involving pretending with other children	3 ○	2 ○	1 ○	0 ○
41. I like to collect information about categories of things (e.g. types of cars, birds, trains, plants)	3 ○	2 ○	1 ○	0 ○
42. I find it difficult to imagine what it would be like to be someone else	3 ○	2 ○	1 ○	0 ○
43. I like to carefully plan any activities I participate in	3 ○	2 ○	1 ○	0 ○
44. I enjoy social occasions	3 ○	2 ○	1 ○	0 ○
45. I find it difficult to work out people's intentions	3 ○	2 ○	1 ○	0 ○
46. New situations make me anxious	3 ○	2 ○	1 ○	0 ○
47. I enjoy meeting new people	3 ○	2 ○	1 ○	0 ○
48. I am a good diplomat	3 ○	2 ○	1 ○	0 ○
49. I am not very good at remembering people's dates of birth	3 ○	2 ○	1 ○	0 ○
50. I find it very easy to play games with children that involve pretending	3 ○	2 ○	1 ○	0 ○

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Section I: Employment

The following section is about your employment. We know that we have asked you about your employment 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.

- 11) 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"/> | 0 <input type="radio"/> |
| b. In part-time paid work (less than 30 hours a week) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. In irregular or occasional work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Doing a modern apprenticeship or other government supported training/work-experience scheme | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Unemployed and looking for work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Unable to work through sickness/disability | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. In full-time education | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. Doing voluntary work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. Self-employed | 1 <input type="radio"/> | 0 <input type="radio"/> |
| j. A full/part-time carer | 1 <input type="radio"/> | 0 <input type="radio"/> |
| k. Other (please specify) | 1 <input type="radio"/> | 0 <input type="radio"/> |

- 12) 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 | 1 <input type="radio"/> | £500 - £999 | 2 <input type="radio"/> | £1000 - £1499 | 3 <input type="radio"/> |
| £1500 - £1999 | 4 <input type="radio"/> | £2000 – £2499 | 5 <input type="radio"/> | £2500 - £2999 | 6 <input type="radio"/> |
| £3000 and above | 7 <input type="radio"/> | Not doing paid work | 0 <input type="radio"/> | | |

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I3) How many jobs have you had since leaving school?

None ⁰

One ¹

Two ²

Three ³

Four ⁴
or more

I4) Were you claiming any State Benefits or Tax Credits (including State Pension, Allowances, Child Benefit or National Insurance Credits) **in the week ending this Sunday?**

Yes ¹

No ⁰



If no, please go to section J

a. Which of the following types of benefit or Tax Credits were you claiming?
Please select all that apply.

Unemployment-related benefits ¹

Income Support (not as an unemployed person) ²

Sickness or Disability benefits (Disability Living Allowance, Employment and Support Allowance; ³
not including tax credits)

Child Benefit ⁴

Housing, or Council Tax Benefit (GB only) Rent or rate rebate (NI only) ⁵

Tax Credits ⁶

Other (please specify) ⁷

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Section J: 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 affect you and may happen at some point in your life.

Have any of these happened in the **past 12 months** and did they affect you?

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

	Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but didn't affect me at all	No, did not happen
J1) You took an exam	4 ○	3 ○	2 ○	1 ○	0 ○
J2) You left home	4 ○	3 ○	2 ○	1 ○	0 ○
J3) You or your partner became pregnant	4 ○	3 ○	2 ○	1 ○	0 ○
J4) You or your partner had a baby	4 ○	3 ○	2 ○	1 ○	0 ○
J5) You lost your job	4 ○	3 ○	2 ○	1 ○	0 ○
J6) You graduated from university	4 ○	3 ○	2 ○	1 ○	0 ○
J7) You started a new job	4 ○	3 ○	2 ○	1 ○	0 ○
J8) You got engaged to be married/to enter into a civil partnership	4 ○	3 ○	2 ○	1 ○	0 ○
J9) You got married/entered into a civil partnership	4 ○	3 ○	2 ○	1 ○	0 ○
J10) You were divorced or separated from a long-term partner	4 ○	3 ○	2 ○	1 ○	0 ○
J11) You were admitted to hospital	4 ○	3 ○	2 ○	1 ○	0 ○
J12) You were in trouble with the law	4 ○	3 ○	2 ○	1 ○	0 ○

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continued on the next page



continued:

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

Have any of these happened **in the past 12 months** 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
J13)	You had problems at work	4 ○	3 ○	2 ○	1 ○	0 ○
J14)	Your house or car was burgled/stolen	4 ○	3 ○	2 ○	1 ○	0 ○
J15)	A pet died	4 ○	3 ○	2 ○	1 ○	0 ○
J16)	A parent died	4 ○	3 ○	2 ○	1 ○	0 ○
J17)	A friend died	4 ○	3 ○	2 ○	1 ○	0 ○
J18)	Your child, or your partner's child, died	4 ○	3 ○	2 ○	1 ○	0 ○
J19)	You or your partner had a miscarriage	4 ○	3 ○	2 ○	1 ○	0 ○
J20)	A relative (not a parent) died	4 ○	3 ○	2 ○	1 ○	0 ○
J21)	You became homeless	4 ○	3 ○	2 ○	1 ○	0 ○
J22)	You had major financial problems	4 ○	3 ○	2 ○	1 ○	0 ○
J23)	You attempted suicide	4 ○	3 ○	2 ○	1 ○	0 ○
J24)	You or your partner had an abortion	4 ○	3 ○	2 ○	1 ○	0 ○
J25)	Your parents divorced or separated	4 ○	3 ○	2 ○	1 ○	0 ○
J26)	You were promoted at work	4 ○	3 ○	2 ○	1 ○	0 ○
J27)	You moved house	4 ○	3 ○	2 ○	1 ○	0 ○

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J28) How often in the **last year** have you:

- | | Not at all | Just once | 2-5 times | 6 or more times |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Been rowdy or rude in a public place so that people complained or you got in trouble? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Stolen something from a shop or store? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. Bought something that you knew or suspected was stolen? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Broken into a car or van to try and steal something out of it? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| e. Taken and/or driven a vehicle without the owner's permission? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| f. Broken into a house or building to try and steal something? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| g. Stolen any money or property that someone was holding, carrying or wearing at the time? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| h. Hit, kicked or punched someone else on purpose with the intention of really hurting them? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| i. Deliberately damaged or destroyed property that did not belong to you? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| j. Hurt or injured animals or birds on purpose? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| k. Carried a knife or other weapon with you for protection or in case it was needed in a fight? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| l. Used a cheque book, credit card or cash point card which you knew or suspected to be stolen to get money out of a bank account or to buy something? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

If you are affected by any of the issues raised in this section, there are a number of organisations listed on the back page.

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Section K: Life at Home

K1) Who do you currently live with? *Please cross all that apply.*

Parent(s) ¹ Partner ² Friend(s) ³ Alone ⁴

Other ⁵
(please specify)

--

K2) How many people live in your household (including yourself)?

- a. Adults (over 18 years old)

--	--

 people
- b. Young adults (16-18 years old)

--	--

 people
- c. Children (0-15 years old)

--	--

 people

K3) How often do you see your mother (or the person you consider to be your mother)?

- Once a week or more 1
- Between once a week and once a month 2
- Less than once a month but more than twice a year 3
- One or two times a year, e.g. Christmas, birthdays 4
- Less often than once a year 5
- I don't have contact with my mother 6
- My mother has passed away 7

K4) How often do you see your father (or the person you consider to be your father)?

- Once a week or more 1
- Between once a week and once a month 2
- Less than once a month but more than twice a year 3
- One or two times a year, e.g. Christmas, birthdays 4
- Less often than once a year 5
- I don't have contact with my father 6
- My father has passed away 7

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Sleep

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

K5) About how many hours sleep do you get in hours every 24 hours?

K6) Which do you consider yourself to be?

- Definitely a 'morning' person More morning than evening
More evening than morning Definitely an 'evening' person
Don't know

K7) Do you have a nap during the day?

- Never or rarely Sometimes Usually

K8) Do you have a job?

- Yes No  If **no**, please go to question K9

a. Does your job involve shift work?

- Never or rarely Sometimes
Usually Always

b. Does your job involve night shifts?

- Never or rarely Sometimes
Usually Always

K9) People sometimes feel sleepy during the daytime. During your daytime activities, how much of a problem do you have with sleepiness (feeling sleepy, struggling to stay awake)?

- No problem at all A little problem
More than a little problem A big problem
A very big problem

K10) How often do you think you get enough sleep?

- Always Usually Sometimes
Rarely Never

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K11) In the **past month**, please state how often the following statements are true:

- | | Never | Rarely | Some-
times | Usually | Always |
|---|-------|--------|----------------|---------|--------|
| a. I have someone who understands my problems | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| b. I have someone who will listen to me when I need to talk | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| c. I feel there are people I can talk to if I am upset | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| d. I have someone to talk with when I have a bad day | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| e. I have someone I trust to talk with about my problems | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| f. I have someone I trust to talk with about my feelings | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| g. I can get helpful advice from others when dealing with a problem | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| h. I have someone to turn to for suggestions about how to deal with a problem | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| i. Someone is around to make my meals if I am unable to do it myself | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| j. I have someone to take me shopping if I need it | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| k. I have someone to help me if I'm sick in bed | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| l. I have someone to pick up medicine for me if I need it | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| m. I have someone to take me to the doctor if I need it | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| n. There is someone around to help me if I need it | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| o. I can find someone to drive me places if I need it | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| p. I can get help cleaning up around my home if I need it | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |



Partners

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

K12) Do you currently have a partner (someone you are in a relationship with)?

Yes

No



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

The following questions are about your relationship with your partner. If you have more than one partner, please answer about the partner you spend most time with.

Please answer on a scale of 1 to 5, where 1 is the lowest score and 5 is the highest score.

- | | Low | | | | High |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| a. How well does your partner meet your needs? | <input type="radio"/> |
| b. In general, how satisfied are you with your relationship? | <input type="radio"/> |
| c. How good is your relationship compared to most? | <input type="radio"/> |
| d. How often do you wish you hadn't got into this relationship? | <input type="radio"/> |
| e. To what extent has your relationship met your original expectations? | <input type="radio"/> |
| f. How much do you love your partner? | <input type="radio"/> |
| g. How many problems are there in your relationship? | <input type="radio"/> |

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Section L: Eating Behaviour

This section is about eating behaviour. Some of the questions may seem repetitive, but this is intentional, so please try to answer all of them. Not all of these questions may describe your eating behaviour but please try to choose the most appropriate response.

L1) During the **past 7 days**, how many times did you:

	Never	1-2 times	3-4 times	5-6 times	7+ times
a. Eat your main meal of the day by yourself?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Eat your main meal of the day with family/friends?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Eat your main meal of the day with others (strangers/acquaintances)?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Watch TV while eating?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Use a computer/tablet, read or work while eating?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Play video/computer games while eating?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Sit at a table with no distractions while eating?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

L2) How long does your main meal typically last (for example, from the time you start eating until the time you are finished eating the meal)?

Less than 5 minutes	1 <input type="radio"/>	5-10 minutes	2 <input type="radio"/>
11-15 minutes	3 <input type="radio"/>	16-20 minutes	4 <input type="radio"/>
21-25 minutes	5 <input type="radio"/>	26-30 minutes	6 <input type="radio"/>
31-35 minutes	7 <input type="radio"/>	36-40 minutes	8 <input type="radio"/>
More than 40 minutes	9 <input type="radio"/>		

L3) How would you describe your eating rate compared with others?

Very slow	1 <input type="radio"/>	Slow	2 <input type="radio"/>	Average	3 <input type="radio"/>
Fast	4 <input type="radio"/>	Very fast	5 <input type="radio"/>		

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

L4) Please say if the following statements are true or false:

True False

- | | | | |
|----|--|-------------------------|-------------------------|
| a. | When I smell something delicious I find it very difficult to keep from eating, even if I have just finished a meal | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. | I usually eat too much at social occasions, like parties and picnics | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. | When I have eaten my quota of calories I am usually good about not eating any more | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. | I deliberately take small helpings as a means of controlling my weight | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. | Sometimes things taste so good that I keep on eating even when I am no longer hungry | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. | When I am anxious I find myself eating | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. | Since my weight goes up and down I have gone on weight-reducing diets more than once | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. | When I am with someone who is overeating I usually overeat too | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. | I have a pretty good idea of the number of calories in common food | 1 <input type="radio"/> | 0 <input type="radio"/> |
| j. | Sometimes when I start eating I just can't seem to stop | 1 <input type="radio"/> | 0 <input type="radio"/> |
| k. | It is not difficult for me to leave something on my plate | 1 <input type="radio"/> | 0 <input type="radio"/> |
| l. | While on a diet, if I eat food that is not allowed, I consciously eat less for a period of time to make up for it | 1 <input type="radio"/> | 0 <input type="radio"/> |
| m. | When I feel fed up I often overeat | 1 <input type="radio"/> | 0 <input type="radio"/> |
| n. | My weight has hardly changed at all in the last 5 years | 1 <input type="radio"/> | 0 <input type="radio"/> |
| o. | When I feel lonely I console myself by eating | 1 <input type="radio"/> | 0 <input type="radio"/> |
| p. | I consciously hold back at meals in order not to gain weight | 1 <input type="radio"/> | 0 <input type="radio"/> |
| q. | Without even thinking about it, I take a long time to eat | 1 <input type="radio"/> | 0 <input type="radio"/> |
| r. | I count calories as a conscious means of controlling my weight | 1 <input type="radio"/> | 0 <input type="radio"/> |
| s. | I pay a great deal of attention to changes in my figure | 1 <input type="radio"/> | 0 <input type="radio"/> |
| t. | While on a diet, if I eat a food that is not allowed, I often then splurge and eat other high calorie foods. | 1 <input type="radio"/> | 0 <input type="radio"/> |

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Section M: Food Preferences

On a scale of 1 (extremely dislike) to 9 (extremely like), please rate how much you like each of the foods and drinks listed below. The more you like the item, the higher you should rate it. The less you like the item, the lower you should rate it. If you are unfamiliar with, or have not tasted any of the foods, please cross "never tasted".

It is very important that you report how much you **like** each food, **not** how often you have it.

		Extremely dislike							Extremely like		Never tasted
		1	2	3	4	5	6	7	8	9	
1.	Vinegar	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
2.	Lager	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
3.	Ale/bitter	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
4.	Red wine	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
5.	Spirits	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
6.	Cider	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
7.	White wine	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
8.	Dark chocolate	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
9.	Grapefruit juice	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
10.	Coffee with sugar	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
11.	Coffee without sugar	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
12.	Capers	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
13.	Garlic	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
14.	Green olives	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
15.	Mushrooms	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
16.	Onions	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
17.	Blue cheese	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
18.	Hard cheese	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>

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continued:

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

How much do you like each food?

	Extremely dislike							Extremely like		Never tasted
	1	2	3	4	5	6	7	8	9	
19. Goats' cheese	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
20. Skimmed milk	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
21. Whole milk	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
22. Tea with sugar	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
23. Tea without sugar	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
24. Butter on bread	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
25. Salad dressing	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
26. Fried/battered fish	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
27. Baked/steamed fish	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
28. Prawns	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
29. Salmon	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
30. Shellfish	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
31. Smoked fish	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
32. Tuna	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
33. Apples	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
34. Bananas	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
35. Cherries	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
36. Dried fruit	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
37. Lemons	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
38. Oranges	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙
39. Pears	1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙	6 ⊙	7 ⊙	8 ⊙	9 ⊙	0 ⊙

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Please cross through circles like this: 

How much do you like each food?

	Extremely dislike									Extremely like	Never tasted
	1	2	3	4	5	6	7	8	9		
40. Strawberries	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
41. Eggs	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
42. Potatoes	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
43. White rice	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
44. Pasta	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
45. Extra-virgin olive oil	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
46. High-fibre bar	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
47. Honey	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
48. Lentils	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
49. Plain yogurt	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
50. Wholegrain cereal	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
51. Wholemeal bread	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
52. Chips	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
53. Crisps	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
54. Regular fizzy drinks	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
55. Diet fizzy drinks	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
56. Ketchup	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
57. Mayonnaise	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
58. Pizza	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
59. Bacon	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
60. Roast chicken	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	

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

How much do you like each food?

	Extremely dislike									Extremely like	Never tasted
	1	2	3	4	5	6	7	8	9		
61. Burgers	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
62. Fried chicken	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
63. Ham	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
64. Lamb	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
65. Pork	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
66. Salami	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
67. Sausages	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
68. Steak	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
69. Iced-coffee drinks	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
70. Salted pretzels	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
71. Adding salt to food	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
72. Savoury biscuits	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
73. Soy sauce	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
74. Black pepper	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
75. Spicy foods	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
76. Tomatoes	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
77. Chilli peppers	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
78. Curry	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
79. Apple juice	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
80. Biscuits	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	
81. Cake	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>	

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continued:

Please cross through circles like this: 

How much do you like each food?

	Extremely dislike							Extremely like		Never tasted
	1	2	3	4	5	6	7	8	9	
82. Ice cream	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
83. Marzipan	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
84. Milk chocolate	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
85. Orange juice	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
86. Whipped cream	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
87. Artichokes	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
88. Asparagus	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
89. Aubergines	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
90. Avocados	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
91. Black olives	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
92. Broad beans	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
93. Broccoli	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
94. Brussels sprouts	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
95. Cabbage	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
96. Carrots	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>
97. Spinach	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"/>	8 <input type="radio"/>	9 <input type="radio"/>	0 <input type="radio"/>

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Section N: Completing the Questionnaire

N1) What is your **date of birth**?

DD

 /

MM

 /

YYYY			
1	9	9	

N2) 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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Friend Questionnaire and Online Tasks

We mentioned in the introduction page that there were two extra parts to this year's questionnaire – a questionnaire for your partner or friend to complete about you, and some online tasks we would like you to do.

Partner/Friend Questionnaire

We would be grateful if you could ask a partner or friend to answer some questions about you too.

Ideally, we would like you to ask someone who knows you very well, who is not a family member, and who you have known for at least 6 months. For example, you could ask your partner (especially if you live with them), a good friend or someone else that you live with. It is up to you of course.

Please can you log into your online version of this questionnaire and go to the Partner/Friend Questionnaire from the menu page. You'll find a link there. Your login details are included at the front of this booklet. Please can you copy and send the link to your friend or partner, asking them to open it and complete the questionnaire for you.

Alternatively, we can send you a paper copy of their questionnaire to send on to them, along with freepost envelopes. If you would prefer a paper copy for a partner or friend please cross this box and we will send you a copy to pass on.

If we receive a completed questionnaire from your chosen partner or friend we will enter you both into a prize draw in which you could each win a prize of £100, £50 or £20 in shopping vouchers.

Online Tasks

Finally, we would like you to complete some online tasks to measure your reaction time and concentration. This involves following a link to a website run by a company that we have employed to set up and run these tasks. As with all Children of the 90s activity, this data will be anonymous and confidential. The company will not have access to your personal details, or any other information you have given Children of the 90s over the years. They will only be able to record your performances in the tasks and send the data securely back to us. They will be required to delete all records at the end of the project and are not allowed to share the information collected with anyone else. The company is called Cambridge Brain Sciences and they are based in Canada. Their privacy policy is available at: cambridgebrainsciences.com/privacy-policy

To complete the tasks, please log in to your online questionnaire and go to the Online Tasks from the menu page. Your login details are included at the front of this booklet. These tasks should take no more than 10 minutes to complete and hopefully should be fun!

If you complete your online tasks we will also enter you into a prize draw with voucher prizes of £100, £50 and £20 each.

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Life @ 25+

Version 1 24/10/2017

Questionnaire Number

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

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

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

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

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

No Voucher

To be entered into the prize draws we must have received your questionnaires/tasks by 5pm on 28th February 2018. If you win, we will contact you within two weeks using the contact details on our database. You can update these online at childrenofthe90s.ac.uk/update-your-details. You will receive your prize up to six weeks after the draw has been held.

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

No Prize Draws

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