

Filling in the Questionnaire

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



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



then cross the correct circle/box.

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

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



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



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

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

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



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

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Section A: Your Outlook on Life

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

This section asks about how you feel about certain things in life and about yourself.

A1) Please answer 'yes' or 'no' to the following questions:

- | | Yes | No |
|---|-------------------------|-------------------------|
| a. Did getting good marks at school mean a great deal to you? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Are you often blamed for things that just aren't your fault? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Do you believe that whether or not people like you depends on how you act? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Do you believe that when bad things are going to happen they are just going to happen no matter what you try to do to stop them? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. Do you feel that when good things happen they happen because of hard work? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. Do you feel that when someone doesn't like you there's little you can do about it? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. Did you usually feel that it was almost useless to try in school because most other children were more clever than you? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| j. Are you the kind of person who believes that planning ahead makes things turn out better? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| k. Most of the time, do you feel that you have little say about what your family decides to do? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| l. Do you think it's better to be clever than to be lucky? | 1 <input type="radio"/> | 0 <input type="radio"/> |

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

If you make a mistake, fill in the **wrong** circle like this: ●

A2) Below are some statements. Please say how true they are of you.

	Almost always true	Often true	Some- times true	Seldom true	Never true
a. I feel that I am a person of worth, at least equal to others	4 ○	3 ○	2 ○	1 ○	0 ○
b. I feel I have a number of good qualities	4 ○	3 ○	2 ○	1 ○	0 ○
c. I am able to do things as well as most other people	4 ○	3 ○	2 ○	1 ○	0 ○
d. I feel I do not have much to be proud of	4 ○	3 ○	2 ○	1 ○	0 ○
e. I take a positive attitude towards myself	4 ○	3 ○	2 ○	1 ○	0 ○
f. Sometimes I think I am no good at all	4 ○	3 ○	2 ○	1 ○	0 ○
g. I am a useful person to have around	4 ○	3 ○	2 ○	1 ○	0 ○
h. I feel I cannot do anything right	4 ○	3 ○	2 ○	1 ○	0 ○
i. When I do a job I do it well	4 ○	3 ○	2 ○	1 ○	0 ○
j. I feel that my life is not very useful	4 ○	3 ○	2 ○	1 ○	0 ○

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

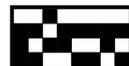
Mind

Advice and support for anyone with a mental health problem
Tel: 0300 123 3393 (9am – 6pm, Mon – Fri), www.mind.org.uk
Or text Shout on 85258 for 24/7 mental health support

The Samaritans

Emotional support for everyone
Tel: 116 123 (24 hours), www.samaritans.org

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Section B: Events Since the Start of the Pandemic

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

Listed below are a number of events which may have occurred recently. We would like to know whether any of these have occurred **since the COVID-19 pandemic started in March 2020**. Some of these may be distressing to recall, but we hope you will let us know how much they affected you.

If you are affected by any of the issues raised in this section, please see our helplines page at the back of this questionnaire.

		Yes,				
		Yes, affected me a lot	Yes, moderately affected	Yes, but did not mildly affected	Yes, but did not affect me at all	No, did not happen
B1)	Your partner or ex-partner died	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B2)	One of your children died	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B3)	A parent died	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B4)	One of your children or grandchildren was very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B5)	Your partner was very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B6)	A friend or relative was very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B7)	A friend or relative died	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B8)	You were in trouble with the law	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B9)	You were divorced	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B10)	A parent was very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B11)	You were very ill	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B12)	Your partner lost their job	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B13)	Your partner had problems at work	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗
B14)	You had problems at work	4 ⊗	3 ⊗	2 ⊗	1 ⊗	0 ⊗

continued on the next page...

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continued:

		Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
B15)	You lost your job	4 ○	3 ○	2 ○	1 ○	0 ○
B16)	Your partner went away	4 ○	3 ○	2 ○	1 ○	0 ○
B17)	Your partner was in trouble with the law	4 ○	3 ○	2 ○	1 ○	0 ○
B18)	You and your partner separated	4 ○	3 ○	2 ○	1 ○	0 ○
B19)	Your income was reduced	4 ○	3 ○	2 ○	1 ○	0 ○
B20)	You argued with your partner	4 ○	3 ○	2 ○	1 ○	0 ○
B21)	You argued with your family and friends	4 ○	3 ○	2 ○	1 ○	0 ○
B22)	You moved house	4 ○	3 ○	2 ○	1 ○	0 ○
B23)	Your partner was physically cruel to you	4 ○	3 ○	2 ○	1 ○	0 ○
B24)	You became homeless	4 ○	3 ○	2 ○	1 ○	0 ○
B25)	You had a major financial problem	4 ○	3 ○	2 ○	1 ○	0 ○
B26)	You got married	4 ○	3 ○	2 ○	1 ○	0 ○
B27)	Your partner was physically cruel to your relatives	4 ○	3 ○	2 ○	1 ○	0 ○
B28)	You were physically cruel to your partner	4 ○	3 ○	2 ○	1 ○	0 ○
B29)	You attempted suicide	4 ○	3 ○	2 ○	1 ○	0 ○
B30)	You were convicted of an offence	4 ○	3 ○	2 ○	1 ○	0 ○
B31)	Your partner was emotionally cruel to you	4 ○	3 ○	2 ○	1 ○	0 ○

continued on the next page...

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continued:

		Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
B32)	You started a new job	4 ○	3 ○	2 ○	1 ○	0 ○
B33)	You were admitted to hospital	4 ○	3 ○	2 ○	1 ○	0 ○
B34)	Relatives or friends came to live with you	4 ○	3 ○	2 ○	1 ○	0 ○
B35)	You took on a caring role	4 ○	3 ○	2 ○	1 ○	0 ○
B36)	You took an examination	4 ○	3 ○	2 ○	1 ○	0 ○
B37)	You were emotionally cruel to your partner	4 ○	3 ○	2 ○	1 ○	0 ○
B38)	Your partner was emotionally cruel to your relatives	4 ○	3 ○	2 ○	1 ○	0 ○
B39)	You were emotionally cruel to your children	4 ○	3 ○	2 ○	1 ○	0 ○
B40)	Your house or car was burgled	4 ○	3 ○	2 ○	1 ○	0 ○
B41)	Your partner started a new job	4 ○	3 ○	2 ○	1 ○	0 ○
B42)	A pet died	4 ○	3 ○	2 ○	1 ○	0 ○
B43)	You had a serious accident	4 ○	3 ○	2 ○	1 ○	0 ○
B44)	You or your partner had a miscarriage	4 ○	3 ○	2 ○	1 ○	0 ○
B45)	You or your partner had a termination of a pregnancy	4 ○	3 ○	2 ○	1 ○	0 ○
B46)	You were physically cruel to your children	4 ○	3 ○	2 ○	1 ○	0 ○
B47)	Something else happened that upset you	4 ○	3 ○	2 ○	1 ○	0 ○

Please cross and describe

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Section C: About You

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

The following questions are about how you see yourself as a person.

C1) Choose the number which best describes how you see yourself.	Does not apply to me at all							Applies to me perfectly
	1	2	3	4	5	6	7	
a. I am sometimes rude to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am someone who does a thorough job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am someone who is talkative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am someone who worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am someone who is original, comes up with new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am someone who has a forgiving nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am someone who tends to be lazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am someone who is outgoing, sociable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I am someone who gets nervous easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I am someone who values artistic things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am someone who is considerate and kind to almost everyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I am someone who does things efficiently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I am someone who is reserved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I am someone who is relaxed and handles stress well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. I am someone who has an active imagination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

C2) Please answer 'yes' to the following questions if the description applies to you **most** of the time and in **most** situations. If not, answer 'no'.

	Yes	No
a. In general, do you have difficulty making and keeping friends?	1 ○	0 ○
b. Would you normally describe yourself as a loner?	1 ○	0 ○
c. In general, do you trust other people?	1 ○	0 ○
d. Do you normally lose your temper easily?	1 ○	0 ○
e. Are you normally an impulsive sort of person?	1 ○	0 ○
f. Are you normally a worrier?	1 ○	0 ○
g. In general, do you depend on others a lot?	1 ○	0 ○
h. In general, are you a perfectionist?	1 ○	0 ○



Section D: You and Your Partner

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

The following section asks about whether you have a partner and how they may behave towards you.

D1) Do you currently have a partner?

Yes, I am married 1 ○

Yes, I am in a civil partnership 2 ○

Yes, I am engaged 3 ○

Yes, but I am not married or engaged or in a civil partnership 4 ○

No 0 ○

→ If no, please go to Section E on page 13

D2) Do you live with your partner?

Yes, all the time 1 ○

Yes, some of the time 2 ○

No 0 ○

D3) Please rate your partner's attitudes and behaviour towards you recently.
Cross the most appropriate circle for each question.

	Very true	Mode- rately true	Some- what true	Not at all true
a. Is very considerate of me	3 ○	2 ○	1 ○	0 ○
b. Wants me to take their side in an argument	3 ○	2 ○	1 ○	0 ○
c. Wants to know exactly what I'm doing and where I am	3 ○	2 ○	1 ○	0 ○
d. Is a good companion	3 ○	2 ○	1 ○	0 ○
e. Is affectionate to me	3 ○	2 ○	1 ○	0 ○

continued on the next page...

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continued:

D3) Please rate your partner's attitudes and behaviour towards you recently.

	Very true	Moderately true	Somewhat true	Not at all true
f. Is clearly hurt if I don't accept their views	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Tends to try and change me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Confides closely in me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. Tends to criticise me over small issues	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
j. Understands my problems and worries	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
k. Tends to order me about	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
l. Insists I do exactly as I'm told	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
m. Is physically gentle and considerate	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
n. Makes me feel needed	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
o. Wants me to change in small ways	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
p. Is very loving to me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
q. Seeks to dominate me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
r. Is fun to be with	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
s. Wants to change me in big ways	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
t. Tends to control everything I do	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
u. Shows their appreciation of me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
v. Is critical of me in private	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
w. Is gentle and kind to me	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
x. Speaks to me in a warm and friendly voice	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

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

D4) Please select the answer which best describes your relationship with your partner.

	Strongly disagree	Dis-agree	Slightly disagree	Slightly agree	Agree	Strongly agree
a. I have a close relationship with my spouse/partner	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
b. My partner and I have problems in our relationship	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
c. I am very happy with our relationship	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
d. My partner is generally understanding	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
e. I often consider ending our relationship	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
f. I am satisfied with my relationship with my partner	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
g. We frequently disagree on important decisions	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
h. I have been lucky in my choice of a partner	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
i. We agree on how children should be raised (regardless of whether we have children or intend to)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
j. I think my partner is satisfied with our relationship	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

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

**Refuge
National Domestic Abuse Helpline
Tel: 0808 2000 247 (24 hours)
www.nationaldahelpline.org.uk**

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Section E: Climate Change

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

We are interested in your views about what is happening to our planet and if you believe you can make a difference by altering your behaviour.

E1) Do you believe that the climate is changing?

Yes, definitely 4

Yes, probably 3

Yes, maybe 2

Probably not 1

Definitely not 0



If **definitely not**, please go to question E2 on the next page

a. How concerned are you about the impact of climate change?

Not at all concerned 0

Not very concerned 1

Somewhat concerned 2

Very concerned 3

b. Do you believe that humans are to blame for climate change?

Yes, for all of it 3

Yes, for most of it 2

Yes, for some of it 1

Not at all 0

c. Do you think that what you do, however small, will make a difference to the long-term effects of changes to our climate?

Yes 1

No 0

Not sure 9

d. Which of the following do you think will be affected by climate change **in the area where you live over the next 20 years**? Please cross all that apply.

The weather 1

Your work 2

The economy 3

Your neighbourhood 4

Your health 5

The health of future generations 6

None of these 0

Other 7

Please cross and describe

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E2) Have you taken any of the following actions whether or not because of concerns about climate change?

Please cross all that apply.

	Action taken due to climate change	Action taken for other reasons	I have not done this
a. Changed the way I travel locally	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Reduced my household waste	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Reduced energy use at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Changed what I buy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Reduced air travel (for any reason, e.g. holiday/business)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Bought or hired an electric or hybrid vehicle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Bought foods produced locally	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Recycled/Upcycled more	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Reduced the amount of plastic I used	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Chosen sustainably sourced items	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Improved insulation in the home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Installed solar panels	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
m. Started growing vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
n. Planted tree(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
o. Avoided organisations that support fossil fuels	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
p. Not had children, or reduced the number I had planned	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
q. Other (<i>Please cross and describe</i>)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

r. Have you taken action to eat less or no meat and/or dairy products?
Please select all that apply.

Action taken due to climate change 1 I have not done this 0

Action taken for other reasons 2

I have always been vegetarian 3

I have always been vegan 4

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Section F: Chemicals and Fumes in Your Environment

We are interested in finding out about some of the chemicals you might be exposed to at home and at work and how these may or may not affect your health.

F1) During the **past year**, how often have you used the following at home?

	Every day	Most days	About once a week	Less than once a week	Not at all
a. Disinfectant	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Bleach	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Window cleaner	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Carpet cleaner	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Oven/drain cleaner	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. Dry cleaning fluid	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Turpentine/white spirit	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Paint stripper	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. Household paint or varnish	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
j. Weed killers	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
k. Pesticides/insect killers (including flea or fly sprays or powders)	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
l. Hair dye/bleach	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
m. Hair removal creams	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
n. Air fresheners (spray, stick, diffusers or aerosol)	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
o. Other (<i>Please cross and describe</i>)	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

F2) How many of these and other products used in your home are aerosol sprays?

--	--

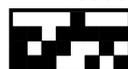
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F3) In the **past year**, how often have you used any of the following, whether at work or as a hobby?

	Every day	Most days	About once a week	Less than once a week	Not at all
a. Soldering	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
b. Ceramics/enamels	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
c. Dry cleaning fluids	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
d. Electroplating	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
e. Glues	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
f. Leather working	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
g. Fabric/textiles	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
h. Dyes	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
i. Insecticides	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
j. Plastics	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
k. Metal cleaners/degreasers, polishers	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
l. Petrol	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
m. Paint	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
n. Photographic chemicals	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
o. Electrical wiring	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
p. Machining	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
q. Welding	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
r. Flour/baking	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
s. Woodwork or carving stone	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
t. Radiation (x-ray or other)	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙
u. Other chemicals (<i>Please cross and describe</i>)	4 ⊙	3 ⊙	2 ⊙	1 ⊙	0 ⊙

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

F4) In the **past year** how often have you done the following; whether at work, for a family member or friend, as a volunteer or as a hobby?

	Every day	Most days	About once a week	Less than once a week	Not at all
a. Domestic work in someone else's home	4 ○	3 ○	2 ○	1 ○	0 ○
b. Hairdressing	4 ○	3 ○	2 ○	1 ○	0 ○
c. Farm work	4 ○	3 ○	2 ○	1 ○	0 ○
d. Nursing or caring	4 ○	3 ○	2 ○	1 ○	0 ○
e. Gardening	4 ○	3 ○	2 ○	1 ○	0 ○

F5) Please indicate how often **per day**, on average, you are in a room or enclosed place where other people are smoking cigarettes.

	More than 5 hours	3-5 hours	1-2 hours	Less than 1 hour	Not at all/hardly ever
a. Weekdays	4 ○	3 ○	2 ○	1 ○	0 ○
b. Weekends	4 ○	3 ○	2 ○	1 ○	0 ○

F6) Please indicate how often **per day**, on average, you are in a room or enclosed place where other people are vaping.

	More than 5 hours	3-5 hours	1-2 hours	Less than 1 hour	Not at all/hardly ever
a. Weekdays	4 ○	3 ○	2 ○	1 ○	0 ○
b. Weekends	4 ○	3 ○	2 ○	1 ○	0 ○

F7) Please indicate how often **per day**, on average, you are in a room or enclosed place where other people are smoking or vaping cannabis.

	More than 5 hours	3-5 hours	1-2 hours	Less than 1 hour	Not at all/hardly ever
a. Weekdays	4 ○	3 ○	2 ○	1 ○	0 ○
b. Weekends	4 ○	3 ○	2 ○	1 ○	0 ○

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If you make a mistake, fill in the **wrong** circle like this: ●

F8) Please indicate how often **per day**, on average, you are in a room or enclosed place where a candle or incense is burning.

	More than 5 hours	3-5 hours	1-2 hours	Less than 1 hour	Not at all/ hardly ever
a. Weekdays	4 ○	3 ○	2 ○	1 ○	0 ○
b. Weekends	4 ○	3 ○	2 ○	1 ○	0 ○

F9) How would you rate the level of traffic in your street?

Very busy	5 ○	Busy	4 ○	Moderate	3 ○
Quiet	2 ○	Very quiet	1 ○		

F10) About how far away (as the crow flies) is the nearest road with very heavy traffic (including lorries)?

Less than 100 metres	4 ○	Up to half a mile	3 ○
Up to one mile	2 ○	More than a mile	1 ○
Not sure	9 ○		

F11) Can you detect smoke or fumes when you are in your home or immediately outside:

	Yes	No
a. From other homes, especially in the winter?	1 ○	0 ○
b. From nearby factories?	1 ○	0 ○

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Section G: Noise Exposure

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

In this section we would like to learn about the levels of noise you might be exposed to at home or at work.

G1) How would you describe the noise level in your home?

- | | Yes | No |
|---|-------------------------|-------------------------|
| a. There is usually music or television on in our home | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. The noises from outside our home are disturbing (neighbours, traffic, factory) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. It is often so noisy at home it is difficult to hold a conversation | 1 <input type="radio"/> | 0 <input type="radio"/> |

G2) Have you ever worked in a noisy place where you had to shout to be heard?

- | | | | |
|------------------------------|-------------------------|------------|-------------------------|
| Yes, for more than 5 years | 3 <input type="radio"/> | No | 0 <input type="radio"/> |
| Yes, for around 1 to 5 years | 2 <input type="radio"/> | Don't know | 9 <input type="radio"/> |
| Yes, for less than 1 year | 1 <input type="radio"/> | | |

G3) Have you ever listened to music for **more than 3 hours per week** at a volume at which you would need to shout to be heard or, if wearing headphones, someone else would need to shout for you to hear them?

- | | | | |
|------------------------------|-------------------------|------------|-------------------------|
| Yes, for more than 5 years | 3 <input type="radio"/> | No | 0 <input type="radio"/> |
| Yes, for around 1 to 5 years | 2 <input type="radio"/> | Don't know | 9 <input type="radio"/> |
| Yes, for less than 1 year | 1 <input type="radio"/> | | |

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

Support with hearing

Information on subjects relating to deaf issues, hearing loss and tinnitus.

Tel: 0808 808 0123 or Text: 0780 000 0360

Tinnitus Helpline: Tel: 0808 808 6666 or Text: 07800 000 360

rnid.org.uk/about-us/contact-us/

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Section H: Food Frequency

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

In this section we're going to ask you some questions about your diet – the types of foods and drinks that you usually have nowadays. This will give us information about the sort of diet you usually eat.

H1) People eat a variety of different things. How many times **nowadays** do you eat the following foods? Please answer every question even if you never eat the food (in this case cross "Never or rarely").

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
a. Sausages and burgers containing meat	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Vegetarian or vegan sausages and burgers (e.g. Cauldron, Quorn, Linda McCartney's, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Meat pies/pasties (e.g. pork pie, steak/meat pie, chicken pie, sausage roll, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Vegetarian or vegan pies/pasties (e.g. cheese and onion pasty, vegetable samosa, onion bhaji, vegetarian or vegan sausage roll, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Soya 'meat' type products, (e.g. bean curd, tofu, tempeh, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Quorn products (e.g. nuggets, mince, deli items)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Pulses and pulse dishes (e.g. dahl, lentil soup, canned or dried peas, red kidney or other beans, chickpeas, hummus, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Peanut butter and other nut butters (e.g. cashew butter, almond butter, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Nuts and seeds, tahini, nut roast, nut cutlets (e.g. walnuts, cashews, sesame seeds, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Ham and bacon, paté and cold meats (e.g. salami, cured ham, pepperoni, corned beef, garlic sausage, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

If you make a mistake, fill in the **wrong** circle like this: ●

continued:	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
k. Pork (e.g. roast, pork chops, stewed, mince)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Red meat (e.g. beef, lamb; roast, lamb chops, stews, mince, curries, shepherd's pie, bolognese, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. Liver, pate, kidney, heart or other offal	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Chicken/turkey in crispy coating (e.g. chicken nuggets, goujons, Kiev, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Poultry (e.g. chicken, turkey, duck, etc.; roast, grilled, fried, stewed, minced, curried)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. Shellfish (e.g. prawns, crab, cockles, mussels, clams, lobster, scampi, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q. White fish in breadcrumbs or batter (e.g. fish fingers/shapes, chip shop fish, breaded cod, plaice or haddock, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
r. White fish without coating (e.g. grilled, fried, poached or steamed cod, plaice, haddock, seabass, tilapia, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
s. Tuna (fresh, frozen or tinned)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
t. Oily fish (e.g. salmon, mackerel, trout, pilchards, sardines, kippers, herrings, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
u. Eggs, quiche/flans, omelettes, fried, boiled, poached, etc.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
v. Cheese, all types (including cream cheese, cottage cheese, cheese strings, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
w. Vegan-style 'cheese'	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
x. Pizza (homemade or shop-bought)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
y. Brown (wholewheat) pasta, wholewheat noodles, bulgur wheat, couscous, quinoa	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

- continued:**
- | | Never
or
rarely | Once
in 2
weeks | 1-3
times
a week | 4-7
times
a week | More than
7 times
a week |
|---|-----------------------|-----------------------|------------------------|------------------------|--------------------------------|
| z. Canned pasta, Pot Noodles, Super Noodles (e.g. spaghetti rings, ravioli, macaroni cheese, etc.) | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| za. White pasta (e.g. spaghetti, fusilli, lasagne, pasta dishes, filled pasta, pasta ready meals, etc.) | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| zb. Rice, white or brown, but not rice pudding (e.g. boiled, fried, risotto, pilaf, jollof, etc.) | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
- H2) How often do you eat foods that are fried, for example fried bacon and eggs, fried fish, chops, steak, beef burgers, vegetarian/vegan burgers, stir fry, etc.?
- | | | | |
|--------------------------|-----|------------------|-----|
| Never or rarely | 0 ○ | Once in 2 weeks | 1 ○ |
| 1-3 times a week | 2 ○ | 4-7 times a week | 3 ○ |
| More than 7 times a week | 4 ○ | | |
- H3) Do you eat the fat on meat, including chicken skin?
- | | | | |
|--------------------------|-----|-----------------|-----|
| Yes, all of it | 2 ○ | Yes, some of it | 1 ○ |
| No, always leave the fat | 0 ○ | Never eat meat | 9 ○ |
- H4) How many times **nowadays** do you eat (include fresh, frozen or tinned):
- | | Never
or
rarely | Once
in 2
weeks | 1-3
times
a week | 4-7
times
a week | More than
7 times
a week |
|---|-----------------------|-----------------------|------------------------|------------------------|--------------------------------|
| a. Roast potatoes, wedges, oven chips | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| b. Fried chips, potato waffles and croquettes, French fries, etc. | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| c. Potatoes (boiled, mashed, jacket/baked) | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| d. Baked beans | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| e. Peas, broad beans, sweetcorn | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |

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

continued:	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
f. Carrots, butternut squash, pumpkin, plantain, sweet potato	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Other root vegetables (e.g. turnip, swede, parsnip, yams, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Cabbage, Brussels sprouts, spinach, broccoli, kale and other leafy green vegetables	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Other vegetables (e.g. runner beans, leeks, cauliflower, courgettes, okra, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Tomatoes (cooked, tinned or raw)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Salads (e.g. lettuce, cucumber, peppers, other raw vegetables)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Smoothies (fruit or vegetable-based)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. Canned fruit, stewed fruit or dried fruit	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Fresh citrus fruit (e.g. oranges, grapefruit, satsumas, tangerines, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Berries, fresh or frozen (e.g. strawberries, raspberries, blueberries, cherries, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. Other fresh fruit (e.g. apple, banana, pear, grapes, peach, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q. Live/active yoghurt, drinking yoghurt, lassi, kefir, Yakult, Actimel (probiotics)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
r. Yoghurt (pasteurised: fruit, plain), fromage frais, milk puddings (e.g. rice pudding, semolina), mousse, Angel Delight, etc.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
s. Soya yoghurt, soya ice cream, soya puddings	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

continued:	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
t. Ice cream, choc ice, chocolate ice cream bar, Cornetto, kulfi, etc.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
u. Puddings (e.g. fruit pie, crumble, cheesecake, gateau, sponge pudding)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
v. Custard, cream, squirty cream, Elmlea, soured cream, crème fraiche, etc.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
w. Crispbreads, crackers (e.g. Ryvita, oat cakes, rice cakes, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
x. Ketchup/brown sauce, chilli sauce, BBQ sauce, etc.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
y. Mayonnaise, salad cream or dressing, etc.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
z. Marmite, Bovril, vegemite or yeast extract	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
za. Soups (e.g. homemade, canned, packet, carton)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

H5) a. In total, how many portions of vegetables including salad vegetables (fresh, canned, juiced or frozen) do you eat in an **average day**? (Don't include potatoes, yam or plantain. Count vegetable juice as one portion and baked beans/pulses as one portion only.)

		Fewer than						More than	
None	1 per day	1	2	3	4	5	5 per day		
0 <input type="radio"/>	8 <input type="radio"/>	6 <input type="radio"/>							

b. In total, how many portions of fruit (fresh, canned, frozen, juiced or dried) do you eat in an **average day**? (Count a whole apple, banana, orange, peach, etc., or for small fruit count a small dish of strawberries or a small sprig of grapes, etc. You can count fruit juice or smoothie as one portion only.)

		Fewer than						More than	
None	1 per day	1	2	3	4	5	5 per day		
0 <input type="radio"/>	8 <input type="radio"/>	6 <input type="radio"/>							

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 If you make a mistake, fill in the **wrong** circle like this: ●

H6) a. How often **nowadays** do you eat each type of breakfast cereal?

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
(i) Oat cereals (e.g. porridge, Ready Brek, muesli, Oatibix, granola)	0 ○	1 ○	2 ○	3 ○	4 ○
(ii) Wholegrain or bran cereals (e.g. All Bran, bran flakes, Weetabix, Wheatflakes, Fruit & Fibre, Shredded Wheat)	0 ○	1 ○	2 ○	3 ○	4 ○
(iii) Sugar/honey-coated cereals (e.g. Frosties, Honey Nut Loops, Crunchy Nut Cornflakes, CocoPops)	0 ○	1 ○	2 ○	3 ○	4 ○
(iv) Other cereals (e.g. cornflakes, Rice Krispies, Special K)	0 ○	1 ○	2 ○	3 ○	4 ○

b. How many teaspoons of sugar do you have on cereal?

Never eat cereal	0 ○	None	1 ○
½ teaspoon	2 ○	1 teaspoon	3 ○
2 teaspoons	4 ○	More than 2 teaspoons	5 ○

c. Do you have any type of milk with your cereal?

Yes, always	3 ○	Yes, sometimes	2 ○
No, never	1 ○	Never eat cereal	0 ○

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

H7) How often **nowadays** do you eat:

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
a. Crumpets, pancakes	0 ○	1 ○	2 ○	3 ○	4 ○
b. Sweet pastries (e.g. Danish, pain au raisin, cinnamon swirl, chocolate filled, etc.)	0 ○	1 ○	2 ○	3 ○	4 ○
c. Cakes or buns (e.g. fruit cake, sponge, muffins, cupcakes, doughnut, flapjack, scone, custard tart, cream cake, brownies, etc.)	0 ○	1 ○	2 ○	3 ○	4 ○
d. Savoury snacks: potato crisps/chips, vegetable crisps, corn snacks (e.g. Wotsits, Quavers, tortilla chips, Doritos, etc.)	0 ○	1 ○	2 ○	3 ○	4 ○
e. Full-coated chocolate biscuits (e.g. Club, Kit Kat, Penguin, etc.)	0 ○	1 ○	2 ○	3 ○	4 ○
f. Other biscuits and cereal bars (e.g. rich tea, shortcakes, digestives, half-coated chocolate biscuits, Hob Nobs, cookies, Frusli bars, Tracker bars, Alpen bars)	0 ○	1 ○	2 ○	3 ○	4 ○
g. Chocolate/chocolate bars (e.g. dairy milk or plain, nut, fruit, filled, Mars Bar, etc.)	0 ○	1 ○	2 ○	3 ○	4 ○
h. Sweets (individual, packets or bars, e.g. peppermints, boiled sweets, toffees, Haribo, etc.)	0 ○	1 ○	2 ○	3 ○	4 ○

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

H8) How many times a week **nowadays** do you drink: *Please answer on separate lines for full-sugar and low-sugar (diet) versions where shown.*

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
a. Pure fruit juice from a carton, bottle, can or freshly squeezed, including tomato juice	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Sweetened juice, fruit drink not diluted or carbonated (e.g. ready-made Ribena juice box, Capri-Sun)					
(i) Full sugar	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
(ii) Low-sugar (diet)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Squash, High Juice fruit squash, cordial or syrups (diluted with water)					
(i) Full sugar	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
(ii) Low-sugar (diet)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Cola drinks (e.g. Coca Cola, Pepsi, etc.)					
(i) Full sugar	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
(ii) Low-sugar (diet)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Other fizzy/carbonated drinks (e.g. lemonade, mixers, tonic, Lilt, Tango, Sports drinks, Lucozade Energy or Zero)					
(i) Full sugar	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
(ii) Low-sugar (diet)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Sports drinks and energy drinks (e.g. Lucozade Sport, Monster, Red Bull, Powerade)					
(i) Full sugar	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
(ii) Low-sugar (diet)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Tap water on its own	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Still water (plain, bottled)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Sparkling mineral water (plain, bottled), soda water	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

continued:	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
j. Flavoured water (still, bottled; e.g. Drench, Oasis, Lipton Iced Tea, etc.)					
(i) Full sugar	0 ○	1 ○	2 ○	3 ○	4 ○
(ii) Low-sugar (diet)	0 ○	1 ○	2 ○	3 ○	4 ○
k. Milk on its own	0 ○	1 ○	2 ○	3 ○	4 ○
l. Flavoured milk drinks, (e.g. Horlicks, cocoa, drinking chocolate, Ovaltine, Nesquik flavours),	0 ○	1 ○	2 ○	3 ○	4 ○
m. Smoothies (without fruit or veg), milkshakes with ice cream, etc.	0 ○	1 ○	2 ○	3 ○	4 ○

H9) How often **nowadays** do you eat the following types of bread?

	Usually	Sometimes	Not at all
a. White bread	2 ○	1 ○	0 ○
b. Half and half, white with added fibre bread (e.g. Hovis Best of Both, 50/50)	2 ○	1 ○	0 ○
c. Brown/granary, wheatgerm, malted wheat, rye bread	2 ○	1 ○	0 ○
d. Wholemeal bread	2 ○	1 ○	0 ○
e. Chapatis, pitta bread, flat breads, wraps	2 ○	1 ○	0 ○
f. Naan, paratha, roti	2 ○	1 ○	0 ○
g. Other <i>Please cross and describe</i>	2 ○	1 ○	0 ○

H10) a. How many slices of bread, rolls or chapatis/flatbreads do you eat on a **usual day**? (Include shop-bought sandwiches)

0	0 ○	½ to 1	1 ○	1-2	2 ○
3-4	3 ○	5 or more	4 ○		

b. How many slices of bread (or rolls) spread with butter or fat spread do you eat each day **on average**? (Include shop-bought sandwiches)

0	0 ○	½ to 1	1 ○	1-2	2 ○
3-4	3 ○	5 or more	4 ○		

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- c. How many slices of bread (or rolls) spread with sweet things such as jam/honey/chocolate spread do you eat each day **on average**?

0 0 ⊙ ½ to 1 1 ⊙ 1-2 2 ⊙
 3-4 3 ⊙ 5 or more 4 ⊙

- H11) What sorts of fats/butter/spreads/oils do you use in a **typical week**?
 Please check the packet for fat content. Please cross all that apply for use on bread/vegetables and all that apply for frying/cooking.

	On bread or vegetables	For frying /cooking
a. Butter, spreadable butter, ghee, dripping, lard, solid cooking fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Cholesterol-lowering spreads with sterols (e.g. Benecol, Flora Proactiv)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Polyunsaturated fat spread above 50% fat (more than 50g/100g) (e.g. Flora Original or Buttery, Vitalite, sunflower margarine).	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Other fat spread above 50% fat (more than 50g/100g) not polyunsaturated (e.g. spreadable butter light versions, Clover, Willow, olive oil spread, supermarket own brand)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Low-fat polyunsaturated spread 50% fat or less (less than 50g/100g) (e.g. Flora Lite, Vitalite Lite, low-fat sunflower margarine)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Other low-fat spread not polyunsaturated 50% fat or less (less than 50g/100g) (e.g. I Can't Believe It's Not Butter original and light, Clover light, low-fat olive oil spreads)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Sunflower oil, corn oil, soya oil, walnut oil	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Olive oil	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Rapeseed oil, vegetable oil, nut oils (e.g. peanut/groundnut)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Coconut oil/fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Palm oil (red or white)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Other <i>Please cross and describe</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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

H12) When you have milk, how often do you have the following types?

	Always	Sometimes	Not at all
a. Whole milk (Full fat 4%, e.g. Blue top)	2 ○	1 ○	0 ○
b. Semi-skimmed milk (2%, e.g. Green top)	2 ○	1 ○	0 ○
c. Skimmed milk (1% or less, e.g. Orange/ Red top)	2 ○	1 ○	0 ○
d. Goat/sheep milk	2 ○	1 ○	0 ○
e. Soya milk	2 ○	1 ○	0 ○
f. Other plant-based milks (e.g. rice, almond, cashew, oat, etc.) <i>Please cross and describe in 'other' box below</i>	2 ○	1 ○	0 ○
g. Unpasteurised/raw milk	2 ○	1 ○	0 ○
h. Other <i>Please cross and describe</i>	2 ○	1 ○	0 ○

i. If you have plant-based milk, does it have added calcium? *Please check the label.*

Yes 1 ○ No 0 ○ I don't have this 9 ○

H13) Do you drink tea?

Yes 1 ○

No 0 ○

→ **If no, please go to question H14 on the next page**

If yes,

a. How many mugs of tea do you drink **in a day**?
(Do not include herbal or fruit teas)

b. How many teaspoons of sugar in each mug?

0 0 ○ ½ 1 ○ 1 2 ○
 1½ 3 ○ 2 or more 4 ○

c. How many of the mugs of tea that you drink **per day** are decaffeinated?

d. Do you take milk in tea?

Yes usually 2 ○ Yes, sometimes 1 ○ No 0 ○

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

H14) Do you drink coffee?

Yes 1

No 0

→ If **no**, please go to
question H15 below

If **yes**,

a. How many mugs of coffee (ground/filter, pods, instant) do you drink **a day**?

--	--

b. How many teaspoons of sugar in each mug?

0 0

1/2 1

1 2

1 1/2 3

2 or more 4

c. How many of the mugs of coffee that you drink **per day** are made using ground/filter coffee, including pods (i.e. not instant)?

--	--

d. How many of the mugs of coffee that you drink **per day** are decaffeinated?

--	--

e. Do you take milk in coffee?

Yes usually 2

Yes, sometimes 1

No 0

H15) When you have cola drinks how often are they decaffeinated?

Always 3

Usually 2

Sometimes 1

Not at all 0

I don't drink cola drinks 9

H16) Do you drink herbal or fruit teas?

Yes 1

No 0

→ If **no**, please go to question
H17 on the next page

If **yes**,

a. About how many mugs of herbal and fruit teas do you drink **per week**?

--	--

b. How many teaspoons of sugar in each mug?

0 0

1/2 1

1 2

1 1/2 3

2 or more 4

c. Please list the types of herbal and fruit teas you usually drink (e.g. ginger, chamomile).

--

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

H17) During a **typical week**, how many of each type of alcoholic drink do you usually have **in total**, between the following days, each week?
 Please enter a number for each. If none, enter 0.

	(i) Monday to Thursday	(ii) Friday to Sunday
a. Beer, lager or cider (number of half pints)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Red wine (number of medium/175ml glasses)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. White or rosé wine (number of medium/175ml glasses)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d. Spirits, e.g. gin, vodka, rum, Martini, sherry, port or other 'fortified' wine (number of single pub measures)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e. Cocktails (number of glasses)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
f. Ready-mixed drinks (alcopops), e.g. Breezers, Smirnoff Ice, Reef, etc. (number of bottles)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
g. Other alcoholic drinks	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
h. Low/no alcohol drinks e.g. wine, beer, etc. (number of glasses or ½ pints)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

H18) For your **main meal** of the day how often do you:

	Never or rarely	1-3 times a month	1-2 times a week	3-4 times a week	5-7 times a week
a. Have meals out in a café or restaurant, including on-site café/canteen where you work?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Eat an oven/microwave ready or convenience meal (e.g. lasagne, chilli, curry, etc.)?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Have 'take-away' foods (brought home or delivered ready to eat)?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

H19) a. Are you **currently** a vegetarian?

Yes 1 No 0 →

b. Are you **currently** a vegan?

Yes 1 No 0 →

If **no** to **all** of (a), (b) and (c), please go to question H20 below

c. Do you **currently** have any other dietary requirements?

Yes 1 No 0 →

If **yes** to (c), please describe your dietary requirements:

If **yes** to (a), (b) and/or (c):

d. How long have you followed this type of diet?

years months

H20) How often do you eat the following?

	Always	Often	Sometimes	Never or rarely
a. Organic foods	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Gluten-free foods	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Lactose/dairy-free foods	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Vegan foods	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Kosher foods	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. Halal foods	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Foods from a health food store	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

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Section I: Dietary Supplements

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

In this section, we're going to ask you a few questions about any vitamin and mineral supplements that you usually take. This will help us to understand more about your usual nutrient intakes.

11) How often do you take any vitamins or minerals, or other dietary supplements (as tablets, capsules, liquids or powders) containing:

	Every day	Often	Sometimes	Not at all
a. Vitamin D	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Vitamin B6	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Vitamin B12	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Vitamin C	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Folate or folic acid	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. Calcium	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Iron	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Zinc	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
i. Fish oil or omega-3 fatty acids	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
j. Protein or amino acids	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
k. Probiotics	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

12) Please list the names and brands of all the vitamins, minerals and dietary supplements that you take:

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Section J: Behaviour and Beliefs during the Pandemic

The following questions are about how things may have changed for you since the start of the COVID-19 pandemic.

J1) During the pandemic were you:

	More than before the start of the pandemic	About the same	Less than before the pandemic	Not at all
a. Home schooling	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Working at home	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Feeling very lonely	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Feeling bored	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Feeling anxious	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

During the pandemic did you:

- f. Have health problems 3 2 1 0
Please cross and describe

- g. Use drugs prescribed by your doctor 3 2 1 0
- h. Have family/friends with health problems 3 2 1 0
- i. Have financial problems 3 2 1 0
- j. Smoke cigarettes 3 2 1 0
- k. Use illegal drugs, including cannabis 3 2 1 0
- l. Drink alcohol 3 2 1 0
- m. Feel happy 3 2 1 0
- n. Spend time outdoors 3 2 1 0
- o. Spend time on hobbies 3 2 1 0
- p. Start a new hobby 3 2 1 0
Please cross and describe

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

Now we would like to ask you some questions on your faith and beliefs **nowadays**. You may recognise some of these questions as we asked them recently, but we are interested in seeing whether your beliefs may have changed over time. Many of the questions refer to the **start of the pandemic in March 2020**.

- | | Yes | No | Not sure |
|--|-------------------------|-------------------------|-------------------------|
| J2) a. Do you believe in God or in some divine power? | 1 <input type="radio"/> | 0 <input type="radio"/> | 9 <input type="radio"/> |
| <hr/> | | | |
| b. Do you feel that God (or some divine power) helped you at any time since the start of the pandemic ? | 1 <input type="radio"/> | 0 <input type="radio"/> | 9 <input type="radio"/> |
| <hr/> | | | |
| c. Did you appeal to God (or some divine power) for help since the start of the pandemic ? | 1 <input type="radio"/> | 0 <input type="radio"/> | 9 <input type="radio"/> |

J3) Do you 'pray' **nowadays**, even if not in trouble?

Yes 1 No 0

J4) What sort of faith/belief would you say you have **nowadays**?

None 0

Church of England 1

Jehovah's Witness 3

Baptist/Evangelical 5

Other Christian 6

(e.g. Christian Science, Mormon, Presbyterian, Orthodox)

Please cross and describe

Jewish 7

Sikh 9

Muslim 11

Other 14

Please cross and describe

Roman Catholic 2

Methodist 4

Buddhist 8

Hindu 10

Rastafarian 12

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J5) **Since the start of the pandemic**, how often did you attend church/temple/mosque or other religious meetings either in person or online?

	At least once a week	At least once a month	At least once	Not at all
a. Online	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. In person	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

J6) **Since the start of the pandemic** did you obtain help and support from leaders or other members of religious groups?

	Yes	No	Not applicable
a. Leaders of your religious group (e.g. priests, rabbis, imams)	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
b. Other members of your religious group	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
c. Leaders of other religious groups	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>
d. Members of other religious groups	1 <input type="radio"/>	0 <input type="radio"/>	9 <input type="radio"/>

J7) a. How often, on average, did you spend time in private religious activities, such as prayer, worship, meditation or holy scripture study **since the start of the pandemic**?

More than once a day	6 <input type="radio"/>	Daily	5 <input type="radio"/>	2 or more times/week	4 <input type="radio"/>	Once a week	3 <input type="radio"/>
1-2 times a month	2 <input type="radio"/>	Rarely	1 <input type="radio"/>	Never	0 <input type="radio"/>		

b. How often, on average, did you listen to or watch religious programming on the radio/television/social media **since the start of the pandemic**?

More than once a day	6 <input type="radio"/>	Daily	5 <input type="radio"/>	2 or more times/week	4 <input type="radio"/>	Once a week	3 <input type="radio"/>
1-2 times a month	2 <input type="radio"/>	Rarely	1 <input type="radio"/>	Never	0 <input type="radio"/>		

c. How often did you read religious related texts or publications **since the start of the pandemic** (e.g. the Bible, the Qu'ran, prayer book, The Friend, Spirituality & Health, Catholic Digest)?

More than once a day	6 <input type="radio"/>	Daily	5 <input type="radio"/>	2 or more times/week	4 <input type="radio"/>	Once a week	3 <input type="radio"/>
1-2 times a month	2 <input type="radio"/>	Rarely	1 <input type="radio"/>	Never	0 <input type="radio"/>		

How much do you agree with the following statements:

J8) a. **Since the start of the pandemic**, I experienced the presence of the divine (e.g. God).

Definitely ⁵ True of me Tends ⁴ to be true Unsure ³ Tends not ² to be true Definitely ¹ not true

b. My religious beliefs are what really lay behind my whole approach to life **since the start of the pandemic**.

Definitely ⁵ true of me Tends ⁴ to be true Unsure ³ Tends not ² to be true Definitely ¹ not true

Not applicable ⁰

c. I tried hard to carry my religion over into all other dealings in life **since the start of the pandemic**.

Definitely ⁵ true of me Tends ⁴ to be true Unsure ³ Tends not ² to be true Definitely ¹ not true

Not applicable ⁰

J9) a. Have you had a religious or spiritual experience that changed your life **since the start of the pandemic in March 2020**?

Yes ¹ No ⁰

If yes, please describe this experience, if you wish:

b. Have you had a significant gain in your faith/belief during this time?

Yes ¹ No ⁰ Not applicable ⁹

If yes, please describe this gain, if you wish:

c. Have you had a significant loss in your faith/belief during this time?

Yes ¹ No ⁰ Not applicable ⁹

If yes, please describe this loss, if you wish:

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

J10) a. To what extent do you consider yourself a religious person **nowadays**?

Very ³ ○ Moderately ² ○ Slightly ¹ ○ Not religious ⁰ ○
religious religious religious at all

b. To what extent do you consider yourself a spiritual person **nowadays**?

Very ³ ○ Moderately ² ○ Slightly ¹ ○ Not spiritual ⁰ ○
spiritual spiritual spiritual at all

c. How important to you is religion or spirituality **nowadays**?

Highly ³ ○ Moderately ² ○ Slightly ¹ ○ Not important ⁰ ○
important important important at all

J11) **Since the start of the pandemic:**

- | | Yes | No | Not applicable |
|---|-----|-----|----------------|
| a. Did you feel that God (or some divine power) became more distant from you? | 1 ○ | 0 ○ | 9 ○ |
| b. Did you feel that God (or some divine power) abandoned you? | 1 ○ | 0 ○ | 9 ○ |
| c. Did the pandemic make you question your faith? | 1 ○ | 0 ○ | 9 ○ |

J12) Which of the following describes your belief in God **nowadays**?

- I don't believe in God 0 ○
- I don't know if there is a God and I don't believe there is any way to find out 1 ○
- I don't believe in a personal God, but I do believe in a higher power of some kind 2 ○
- I find myself believing in God some of the time, but not at others 3 ○
- While I have doubts, I feel that I do believe in God 4 ○
- I know God really exists and I have no doubts about it 5 ○

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

J13) a. How often are you aware of the presence of God or a divine being **nowadays**?

- Not at all 0 ○ Sometimes 1 ○ Often 2 ○
Nearly all 3 ○ Not 9 ○
the time applicable

b. How often do you let your faith influence your everyday life?

- Not at all 0 ○ Sometimes 1 ○ Often 2 ○
Nearly all 3 ○ Not 9 ○
the time applicable

J14) Which of the following best describes you?

- I have always been religious 4 ○
I used not to be, but now I am religious 3 ○
I used to be religious, then stopped, but 2 ○
now am religious again
I used to be religious but am not any more 1 ○
I have never been religious 0 ○

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

Premier Lifeline (Part of The National Christian Helpline). Offering a listening ear, emotional and spiritual support from a Christian perspective.
Tel: 0300 111 0101 www.premierlifeline.org.uk

Muslim Community Helpline. A confidential, non-judgemental listening and emotional support service.
Tel: 0208 904 8193 / 0208 908 6715 muslimcommunityhelpline.org.uk

Jewish Helpline
Tel: 0800 652 9249 www.jewishhelpline.org

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Completing the Questionnaire

K1) What is your **date of birth**?

DD		MM		YYYY					
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						1	9		

K2) What is **today's date**?

DD		MM		YYYY					
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						2	0		

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

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

childrenofthe90s.ac.uk/update-your-details

Extra space for answering questions

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

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Parent Questionnaire 2022

STRICTLY CONFIDENTIAL (when completed)

Version 1 13/01/2022

Questionnaire Number

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

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

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

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

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

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

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

childrenofthe90s.ac.uk/update-your-details

To be entered into the prize draw we must have received your questionnaire by midnight on Monday 21st March 2022. If you win, we will contact you within two weeks using the contact details on our database. You will receive your prize up to six weeks after the draw has been held.

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

No Prize Draw

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