

Contents

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

	Page
Introduction	2
Filling in the questionnaire	5
Section A: About You	6
Section B: Your Health	12
Section C: Enrolling in COCO90s	14
Section D: Life Events	17
Section E: Your Feelings	22
Section F: Education and Employment	24
Section G: Criminal Activity	27
Section H: Your Lifestyle	30
Section I: Completing the Questionnaire	37
Helplines	39

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

64987

Introduction

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

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

Helplines

If you are affected by any issues raised by the questions, there are organisations listed at the end of each section and on the helplines page at the back of the booklet.

Shopping voucher thank you

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

If you would like to receive a thank you voucher please cross this box

☐

Prize draw

Whether you return your questionnaire complete or incomplete, we will also enter you into a prize draw to win one of five £100 prizes. To enter the prize draw we must have received your questionnaire by midnight on Monday 7th July 2025. Winners will be contacted within two weeks using the contact details on our database.

You can update your contact details online at:

childrenofthe90s.ac.uk/update-your-details

Prizes will be sent up to six weeks after the draw has been held.

If you wish to enter the prize draw, please cross this box

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64987



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.

Answering the questions

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

Help with completing the questionnaire

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

BLANK PAGE

64987

Filling in the Questionnaire

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



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



then cross the correct circle/box.

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

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

2	7
---	---

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

2	7
--------------	--------------

 2 8

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

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

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

64987



Section A: About You

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

We would like to know a little more about your current circumstances. This section asks about your home, your finances, who you live with, and your ethnicity.

A1) Which of the following best describes where you currently live?

A detached house or bungalow 1 ☐

A semi-detached house or bungalow 2 ☐

An end-of-terrace house or bungalow 3 ☐

A mid-terrace house or bungalow 4 ☐

A flat or maisonette 5 ☐

A studio flat 6 ☐

A room 7 ☐

Something else (please cross and describe) 8 ☐

A2) Do you own or rent your home, or have some other arrangement?

I own it outright (i.e. no mortgage to pay) 1 ☐

I own it with help of a mortgage or loan 2 ☐

I pay part rent and part mortgage (shared or equity ownership) 3 ☐

I rent it (including Housing Benefit or Local Housing Allowance) 4 ☐

I live rent-free, including rent-free in a parent or relative's or friend's property (excluding squatting) 5 ☐

I squat 6 ☐

I have another arrangement (please cross and describe) 7 ☐

64987

- a. If you rent your home, who do you rent it from?
If you don't rent your home please skip to question A3 below.

- | | |
|---------------------------------------------|-------------------------|
| A local authority | 1 <input type="radio"/> |
| A housing association | 2 <input type="radio"/> |
| A private landlord | 3 <input type="radio"/> |
| A parent | 4 <input type="radio"/> |
| Another family member or friend | 5 <input type="radio"/> |
| Someone else
(please cross and describe) | 6 <input type="radio"/> |

- A3) We want to ask you about your total income before any deductions (e.g. tax, pension) are made. If your income varies, we'd like to know an average amount. Please enter a number then tell us if this is annual, monthly or weekly.

- a. What is your total income before any deductions (e.g. tax, pension) are made? £

--	--	--	--	--	--

Please enter a whole number of pounds.
If you are not in the UK, please convert your income into UK pounds (GBP, Sterling).

- b. Is this your:
- | | |
|----------------|-------------------------|
| Annual income | 1 <input type="radio"/> |
| Monthly income | 2 <input type="radio"/> |
| Weekly income | 3 <input type="radio"/> |

- A4) How much do you spend per month on rent/mortgage?

- | | | | |
|---------------|-------------------------|----------------|-------------------------|
| Nothing | 0 <input type="radio"/> | Less than £500 | 1 <input type="radio"/> |
| £500 - £749 | 2 <input type="radio"/> | £750 - £999 | 3 <input type="radio"/> |
| £1000 - £1249 | 4 <input type="radio"/> | £1250 - £1499 | 5 <input type="radio"/> |
| £1500 - £1749 | 6 <input type="radio"/> | £1750 - £1999 | 7 <input type="radio"/> |
| £2000 or more | 8 <input type="radio"/> | | |

64987

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

A5) How well would you say your household are managing financially **at the moment?**

- | | | | |
|---------------------------|-----|----------------------------|-----|
| Living comfortably | 1 ○ | Doing alright | 2 ○ |
| Just about getting by | 3 ○ | Finding it quite difficult | 4 ○ |
| Finding it very difficult | 5 ○ | Prefer not to say | 9 ○ |

A6) In the **last year**, have you experienced any difficulties paying for:
 If you don't pay for these, please select 'not applicable'.

- | | No | Yes,
some-
times | Yes,
all the
time | Not
appli-
cable |
|--------------------------------------------------------|-----|------------------------|-------------------------|------------------------|
| a. Food | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| b. Clothes | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| c. Rent/mortgage | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| d. Travel, e.g. fuel or bus fares | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| e. Childcare | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| f. Utility bills, e.g. gas, electric, water, broadband | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| g. Other bills such as mobile phone, council tax | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| h. Other regular outgoings such as loan repayments | 0 ○ | 1 ○ | 2 ○ | 9 ○ |

A7) Are you worried that **in the coming weeks** you will experience difficulties paying for:

- | | No | Yes,
a little | Yes,
very | Not
appli-
cable |
|--------------------------------------------------------|-----|------------------|--------------|------------------------|
| a. Food | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| b. Clothes | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| c. Rent/mortgage | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| d. Travel e.g. fuel or bus fares | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| e. Childcare | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| f. Utility bills, e.g. gas, electric, water, broadband | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| g. Other bills such as mobile phone, council tax | 0 ○ | 1 ○ | 2 ○ | 9 ○ |
| h. Other regular outgoings such as loan repayments | 0 ○ | 1 ○ | 2 ○ | 9 ○ |

64987

A8) How much do you agree/disagree with the following statements **today**?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
a. I worry about paying the rent/mortgage	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
b. I worry about getting evicted/having my home repossessed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
c. I worry about keeping warm in the winter	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
d. I worry about having enough to eat	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>
e. I worry I might lose my job	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	9 <input type="radio"/>

A9) Do you ever cut the size of your meals, or skip meals, because there isn't enough money for food?

Yes 1 ☐ No 0 ☐ → **If no, don't know, or prefer not to say, please go to question A10 below**

Don't know 9 ☐ →

Prefer not to say 8 ☐ →

a. **If yes**, how often do you or others cut the size of meals or skip meals?

Almost every day 1 ☐ Some days but not every day 2 ☐

1 or 2 days a week 3 ☐ Don't know 9 ☐

Prefer not to say 8 ☐

A10) Do you or anyone in your household ever eat less than you feel you should because there isn't enough money for food?

Yes 1 ☐ No 0 ☐ Don't know 9 ☐

Prefer not to say 8 ☐

A11) Are you ever hungry but don't eat because there isn't enough money for food?

Yes 1 ☐ No 0 ☐ Don't know 9 ☐

Prefer not to say 8 ☐

64987

A12) Do you have a partner?

Yes 1 ☐ No 0 ☐

A13) What is your current marital status?

Never married and never in a civil partnership 1 ☐

Married 2 ☐

In a legally recognised civil partnership 3 ☐

Divorced or legally separated or legally dissolved civil partnership 4 ☐

Separated but not divorced 5 ☐

Widowed or surviving civil partner 6 ☐

A14) We are interested in who you currently live with. Please tell us how many of the following people currently live in your home:

Please write the number of people in each box. If none, please enter 0.

If you don't live with anyone, please cross this box: ☐ I live on my own

a. Partner or husband/wife

b. Your parent(s) - including step-parent, adoptive parent or foster parent

c. Partner's parent(s)

d. Your child(ren) - including stepchildren, adopted children or foster children

e. Your sibling(s) - including half-siblings, step-siblings, adoptive siblings or foster -siblings

f. Other relative(s) of yours (e.g. grandparents, aunts, uncles)

g. Your partner's relative(s) (e.g. siblings, grandparents, aunts, uncles)

h. Friend(s)

i. Housemate(s)/lodger(s) (not necessarily friends)

j. Paid carer or nurse

k. Other non-relative(s)

64987

We have asked this before but please tell us again.

A15) What is your ethnic group? *Please choose one option that best describes your ethnic group or background.*

White

- 11 ☐ English/Welsh/Scottish/Northern Irish/British
12 ☐ Irish
13 ☐ Gypsy or Irish Traveller
14 ☐ Any other white background (please describe)

Mixed/multiple ethnic groups

- 21 ☐ White and Black Caribbean
22 ☐ White and Black African
23 ☐ White and Asian
24 ☐ Any other mixed/multiple ethnic background (please describe)

**Asian/
Asian British**

- 31 ☐ Indian
32 ☐ Pakistani
33 ☐ Bangladeshi
34 ☐ Chinese
35 ☐ Any other Asian background (please describe)

**Black/African/
Caribbean/
Black British**

- 41 ☐ African
42 ☐ Caribbean
43 ☐ Any other Black/African/Caribbean background (please describe)

Other ethnic group

- 51 ☐ Arab
52 ☐ Any other ethnic group (please describe)

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

Your local Citizens Advice Bureau (CAB)

Offers independent advice on a range of issues including housing, debt and consumer issues.

citizensadvice.org.uk

Tel: 0800 144 8848

64987

Section B: Your Health

This section asks you about your physical and mental health.

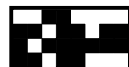
B1) How would you describe your general health nowadays?

- | | | | | | |
|-----------|---|-----------------------|-----------|---|-----------------------|
| Excellent | 1 | <input type="radio"/> | Very good | 2 | <input type="radio"/> |
| Good | 3 | <input type="radio"/> | Fair | 4 | <input type="radio"/> |
| Poor | 5 | <input type="radio"/> | | | |

B2) Are you affected in any of the following ways by a physical or mental health condition, illness, or neurodiversity which is expected to last for **12 months or more**? Please answer yes or no on each line.

- | | Yes | No |
|--------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
| a. Vision (for example, blindness or partial sight) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Hearing (for example, deafness or partial hearing) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Mobility (for example, walking short distances or climbing stairs) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Dexterity (for example, lifting and carrying objects, using a keyboard) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Learning or understanding or concentrating | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Memory | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. Mental health | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. Stamina or breathing or fatigue | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. Socially or behaviourally (for example, associated with autism spectrum or attention deficit) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| j. Other (please cross and describe) | 1 <input type="radio"/> | 0 <input type="radio"/> |

64987



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

- B3) On how many days in a typical week do you do exercise for **30 minutes or more** where you are working hard enough to raise your heart rate and break into a sweat?
Include exercise done through work and other day-to-day activities.

None ○

1 ○

2 ○

3 ○

4 ○

5 ○

6 ○

7 ○

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

YOUR LOCAL GP

Children of the 90s always recommend that you speak to your GP (doctor) if you have any concerns about your physical or mental health.

www.nhs.uk/nhs-services/services-near-you/

MIND

Advice and support for anyone with a mental health problem.

mind.org.uk

Tel: 0300 123 3393

Text: 86463

64987

Section C: Enrolling in COCO90s

You may have heard about COCO90s:

childrenofthe90s.ac.uk/coco90s

The CO90s study has played a crucial role in advancing research on a wide range of health and social issues, and we are thrilled that so many of you continue to be part of this. As part of our ongoing work, we are eager to follow the journeys of new parents, pregnancies, births, and babies—just as we did with your parents. This is the only study we know of that gathers data across three generations, enabling scientists to study a wealth of important social and health topics. The continued involvement of families in this research is essential, as it helps to shape a deeper understanding of the factors that influence health and well-being over time.

If you or your partner are part of Children of the 90s and are about to become, or are already, a parent, we'd love for you, your partner (or co-parent, if applicable), and your children to take part in COCO90s. Whether you've been involved in Children of the 90s a little or a lot in the past, this is a new opportunity to contribute to groundbreaking research.

C1) Do you have any children?

Include biological, step, foster and adopted children.

Yes ☐

No ☐



If no, please go to question C2 on the next page

a. How many children do you have?

Please include all children you feel you have parental responsibility for, including biological, step, foster and adopted children.

--	--

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

(i) Your **oldest** child:

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

a) Date of birth:

b) Sex:

Male ☐

Female ☐

c) Are you a biological parent of your first child?

Yes ☐

No ☐

continued on the next page

64987



- | DD | | MM | | YYYY | | | |
|----|--|----|--|------|--|--|--|
| | | | | | | | |

b) Sex:

Male ¹ ○

Female 2 ○

Yes ☐

No ☐ ☐

- | DD | | MM | | YYYY | | | |
|----|--|----|--|------|--|--|--|
| | | | | | | | |

b) Sex:

Male 1 ○

Female 2 ○

Yes 10

No ☐ Yes ☐

- | DD | | MM | | YYYY | | | |
|----|--|----|--|------|--|--|--|
| | | | | | | | |

b) Sex:

Male 1 ☐

Female 2 ○

Yes 1 ☐

No ☐ ☐

- Date of birth

Sex(M/F)

Biological parent (Y/N)

[illegible]

C2) 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 C3 below

a. What is the expected due 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"/>

b. Where do you expect the birth to take place?

Southmead Hospital ¹ ☐

St Michael's Hospital ² ☐

Weston General Hospital ³ ☐

RUH Bath ⁴ ☐

Other (please specify) ⁵ ☐

<input type="text"/>

C3) 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 ☐

C4) 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 are affected by this section, you may wish to seek support from:

MOTHERS FOR MOTHERS

Mental health and wellbeing support, advice and information to women, birthing people and their families in Bristol, North Somerset and South Gloucestershire.

Tel: 0117 9359366

mothersformothers.co.uk

PETALS CHARITY

The baby loss counselling charity. Providing specialist counselling after baby loss.

petalscharity.org

64987



Section D: Life Events

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 start of 2023. We ask about all kinds of events, and 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.

If not applicable, please cross "No, did not happen"

Since the start of 2023:	Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
D1) You had a promotion at work	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D2) You started a new job	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D3) Your partner started a new job	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D4) You had problems at work	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D5) Your partner had problems at work	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D6) You lost your job	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D7) Your partner lost their job	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D8) Your income increased	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D9) Your income was reduced	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D10) You had a major financial gain	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D11) You had a major financial problem	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D12) You moved house	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D13) You bought your own home	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D14) You became homeless	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

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64987

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

continued:

Since the start of 2023:

	Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
D15) Relatives or friends came to live with you	4 ○	3 ○	2 ○	1 ○	0 ○
D16) Your house or car was burgled	4 ○	3 ○	2 ○	1 ○	0 ○
D17) You took on a caring role	4 ○	3 ○	2 ○	1 ○	0 ○
D18) Your health or fitness improved	4 ○	3 ○	2 ○	1 ○	0 ○
D19) You or your partner became pregnant	4 ○	3 ○	2 ○	1 ○	0 ○
D20) You had a baby	4 ○	3 ○	2 ○	1 ○	0 ○
D21) There was a birth in your extended family	4 ○	3 ○	2 ○	1 ○	0 ○
Remember our helplines page is at the back of the booklet					
D22) You were very ill	4 ○	3 ○	2 ○	1 ○	0 ○
D23) You had a serious accident	4 ○	3 ○	2 ○	1 ○	0 ○
D24) You were admitted to hospital	4 ○	3 ○	2 ○	1 ○	0 ○
D25) You attempted suicide	4 ○	3 ○	2 ○	1 ○	0 ○
D26) You overcame a mental health issue	4 ○	3 ○	2 ○	1 ○	0 ○
D27) Your partner was very ill	4 ○	3 ○	2 ○	1 ○	0 ○
D28) Your partner or ex-partner died	4 ○	3 ○	2 ○	1 ○	0 ○
D29) One of your children or grandchildren was very ill	4 ○	3 ○	2 ○	1 ○	0 ○
D30) One of your children died	4 ○	3 ○	2 ○	1 ○	0 ○
D31) You or your partner had a miscarriage	4 ○	3 ○	2 ○	1 ○	0 ○

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64987

continued:

Since the start of 2023:	Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
D32) You or your partner had a termination of a pregnancy	4 ○	3 ○	2 ○	1 ○	0 ○
D33) A parent was very ill	4 ○	3 ○	2 ○	1 ○	0 ○
D34) A parent died	4 ○	3 ○	2 ○	1 ○	0 ○
D35) A friend or relative was very ill	4 ○	3 ○	2 ○	1 ○	0 ○
D36) A friend or relative died	4 ○	3 ○	2 ○	1 ○	0 ○
D37) A pet died	4 ○	3 ○	2 ○	1 ○	0 ○
D38) You had an experience that was exhilarating	4 ○	3 ○	2 ○	1 ○	0 ○
D39) You were in trouble with the law	4 ○	3 ○	2 ○	1 ○	0 ○
D40) Your partner was in trouble with the law	4 ○	3 ○	2 ○	1 ○	0 ○
D41) You were convicted of an offence	4 ○	3 ○	2 ○	1 ○	0 ○
D42) You took an examination	4 ○	3 ○	2 ○	1 ○	0 ○
D43) You passed an examination	4 ○	3 ○	2 ○	1 ○	0 ○
D44) You got emotionally close to someone	4 ○	3 ○	2 ○	1 ○	0 ○
D45) You got married	4 ○	3 ○	2 ○	1 ○	0 ○
D46) You argued with your partner	4 ○	3 ○	2 ○	1 ○	0 ○
D47) Your partner was emotionally cruel to you	4 ○	3 ○	2 ○	1 ○	0 ○
D48) You were emotionally cruel to your partner	4 ○	3 ○	2 ○	1 ○	0 ○

continued on the next page...

64987

continued:

Since the start of 2023:	Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
D49) Your partner was emotionally cruel to your relatives	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D50) Your partner was physically cruel to you	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D51) You were physically cruel to your partner	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D52) Your partner was physically cruel to your relatives	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D53) You and your partner separated	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D54) You were divorced	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D55) You achieved a major life goal	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D56) You were emotionally cruel to your children	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D57) You were physically cruel to your children	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D58) You argued with your family and friends	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
D59) Something else happened that upset you <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"/>
<div></div>					
D60) Something else happened that was positive <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"/>
<div></div>					

64987

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

Coping with Bereavement

For information and services near you

NHS Choices website:

www.nhs.uk/conditions/stress-anxiety-depression/coping-with-bereavement/

Child Bereavement UK

Supports families when a baby or child dies or is dying,
or when a child is facing bereavement.

Tel: **0800 02 888 40**

childbereavementuk.org

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

Refuge

National Domestic Abuse Helpline

Tel: **0808 2000 247** (24 hours)

www.nationaldahelpline.org.uk



Section E: Your Feelings

The questions in this section ask you about your feelings. You may have answered these questions in previous questionnaires, but you might be feeling differently now and it's important that we understand changes over time.

- E1) The following questions are about feelings you may have experienced **during the past two weeks**.

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Not being able to stop or control worrying	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Worrying too much about different things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Trouble relaxing	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Being so restless that it is hard to sit still	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Becoming easily annoyed or irritable	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Feeling afraid as if something awful might happen	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

- E2) The following questions are about how you might have been feeling or acting recently. For each statement, please tell us how you have been feeling or acting in the **past two weeks**.

	Not true	Sometimes true	True
a. I felt miserable or unhappy	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. I didn't enjoy anything at all	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. I felt so tired I just sat around and did nothing	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. I was very restless	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e. I felt I was no good anymore	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. I cried a lot	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g. I found it hard to think properly or concentrate	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h. I hated myself	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

continued on the next page...

64987

continued:

In the **past two weeks**:

	Not true	Sometimes true	True
i. I was a bad person	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
j. I felt lonely	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
k. I thought nobody really loved me	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
l. I thought I could never be as good as others	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
m. I did everything wrong	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

E3) Over the **last two weeks**, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Feeling down, depressed or hopeless	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

E4) Below are five statements with which you may agree or disagree. Please indicate your agreement with each statement.

	Strongly dis-agree	Dis-agree	Slightly dis-agree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
a. In most ways my life is close to my ideal	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
b. The conditions of my life are excellent	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
c. I am satisfied with life	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
d. So far, I have got the important things I want in life	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
e. If I could live my life again, I would change almost nothing	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"/>

If you are affected by any of these issues 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.

64987

Section F: Education and Employment

This section is about your current employment and education. We know that you may have answered questions like this in the past. We are asking again in case anything has changed. Please complete this section even if nothing has changed.

- F1) Which of the following qualifications do you have?
Please select all that apply, or 'none', and enter how many where asked.

None	0 <input type="checkbox"/>	
GCSE or equivalent (e.g. Scottish standard grade) at <u>grade C or above</u>	1 <input type="checkbox"/>	How many? <table border="1" style="display: inline-table; width: 40px; height: 25px; vertical-align: middle;"></table>
GCSE or equivalent (e.g. Scottish standard grade) at <u>grade D or lower</u>	2 <input type="checkbox"/>	How many? <table border="1" style="display: inline-table; width: 40px; height: 25px; vertical-align: middle;"></table>
Vocational qualification equivalent to GCSE (e.g. NVQ level 1 or 2, BTEC level 1 or 2)	3 <input type="checkbox"/>	
AS Level	4 <input type="checkbox"/>	How many? <table border="1" style="display: inline-table; width: 40px; height: 25px; vertical-align: middle;"></table>
A level or equivalent (e.g. Scottish higher)	5 <input type="checkbox"/>	How many? <table border="1" style="display: inline-table; width: 40px; height: 25px; vertical-align: middle;"></table>
Vocational qualification equivalent to A level (e.g. NVQ level 3, BTEC level 3)	6 <input type="checkbox"/>	
Diploma in higher education (e.g. CertHE, DipHE, foundation degree, NVQ level 4 or 5)	7 <input type="checkbox"/>	
Degree (BA, BSc, BEd)	8 <input type="checkbox"/>	
Professional qualifications at degree level (e.g. NVQ6, graduate member of professional institute, chartered accountant, surveyor)	9 <input type="checkbox"/>	
Postgraduate diploma or certificate (PGCE, law conversion course, NVQ7, postgraduate medical qualification)	10 <input type="checkbox"/>	
Master's degree (MA, MSc, MPhil)	11 <input type="checkbox"/>	
PhD, DPhil	12 <input type="checkbox"/>	
Other (please cross and describe)	13 <input type="checkbox"/>	

64987

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

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

F2) Are you currently: Please cross one circle on each line.

- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
| a. In full-time paid work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. In part-time paid work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. In irregular or occasional work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Gig economy work, e.g. performing service work (such as deliveries, transportation, proof reading, etc) connecting with customers via a digital platform. | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Doing a modern apprenticeship or other government supported training/work-experience scheme | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Unemployed and looking for work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. Unable to work due to sickness and/or disability | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. In full-time education | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. In part-time education | 1 <input type="radio"/> | 0 <input type="radio"/> |
| j. Doing voluntary work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| k. Self-employed | 1 <input type="radio"/> | 0 <input type="radio"/> |
| l. A full/part-time carer or stay-at-home parent | 1 <input type="radio"/> | 0 <input type="radio"/> |
| m. Other (please specify) | 1 <input type="radio"/> | 0 <input type="radio"/> |

If you are not engaged in any form of paid work, please go to section G on page 27.

F3) In your job, do you have any formal responsibilities for supervising the work of other employees? *Do not include supervising children (e.g. teacher).*

Yes 1 ☐ No 0 ☐

F4) How many hours per week do you work, on average? hours per week

64987

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

- F5) How many people usually work in the place where you work?
If you are currently home-working, please estimate this assuming you were physically in the workplace.

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

- F6) a. What is your current job title?
If you have more than one job, please think about your main job.

--

- b. What is the business/industry you work in?

--

- c. What month and year did you start this job?
- | | | | | | | |
|----|--|------|--|--|--|--|
| MM | | YYYY | | | | |
| | | / | | | | |

- F7) If self-employed, do you work on your own or do you have employees?

Not self-employed 0 ○

Self-employed, on your own 1 ○

Self-employed, no business partner(s) but with employees 2 ○

Self-employed with business partner(s) but no employees 3 ○

Self-employed with business partner(s) and employees 4 ○

Independent contractor in the gig economy 5 ○

If self-employed, please go to section G on the next page

- F8) In addition to your main job, do you have any self-employed job as an independent worker or business owner?

Yes 1 ○ No 0 ○

64987

Section G: Criminal Activity

This section asks about crimes that some people may have committed. We understand that you may find some of these scenarios upsetting. If you don't wish to answer any of these questions, please leave them blank.

G1)	How many times in the last 12 months have you:	Not at all	Just once	2-5 times	6 or more times
a.	Taken something of value from your work-place and not returned it?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b.	Stolen something from a shop or store without using threat, force or violence?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c.	Stolen something from a shop or store with threat, force or violence?	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 without using threat, force or violence against the other person?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h.	Stolen any money or property that someone was holding, carrying or wearing at the time with threat, force or violence against the other person?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i.	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"/>
j.	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"/>

continued on the next page...

64987

continued: How many times in the **last 12 months** have you:

- | | Not
at all | Just
once | 2-5
times | 6 or
more
times |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 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 weapon against another person? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| m. Engaged in a sexual act with someone against their will? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| n. 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"/> |
| o. Participated in a digital crime, such as hacking, identity theft or internet fraud with a credit card?
<i>Do not include illegal streaming/downloads.</i> | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| p. Sold an illegal drug to someone? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| q. Sold something that didn't belong to you or that you knew was stolen? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| r. Set fire or tried to set fire to something on purpose (e.g. a school, bus shelter, house etc)? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

These questions are about your contact with the police.

- G2) Have you ever been picked up by the police and taken to a police station because of something they thought you might have done?

Yes 1 ☐

No 0 ☐

➔ **If no, please go to G3 on the next page.**

- a. **If yes**, when was the last time this happened?

In the last 12 months 1 ☐

Since I was 24 years old, 2 ☐
but not in the last 12 months

21-23 years old 3 ☐

18-20 years old 4 ☐

15-17 years old 5 ☐

14 years old or younger 6 ☐

64987

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

G3) Have you ever been charged by the police for committing a crime?

Yes ¹ ○

No ⁰ ○



If **no**, please go to G4 below.

a. If yes, when was the last time this happened?

In the last 12 months ¹ ○

Since I was 24 years old, ² ○
but not in the last 12 months

21-23 years old ³ ○

18-20 years old ⁴ ○

15-17 years old ⁵ ○

14 years old or younger ⁶ ○

b. Have you ever been **convicted** of a crime?

Yes ¹ ○

No ⁰ ○

G4) Have you ever spent some time in a Young Offenders Institution or in prison?

Yes ¹ ○

No ⁰ ○



If **no**, please go to section H on the
next page.

a. If yes, when was the last time this happened?

In the last 12 months ¹ ○

Since I was 24 years old, ² ○
but not in the last 12 months

21-23 years old ³ ○

18-20 years old ⁴ ○

15-17 years old ⁵ ○

14 years old or younger ⁶ ○

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

UNLOCK

To support & advocate for people with criminal records
to be able to move on positively in their lives.

unlock.org.uk

Tel: 01634 247350 Mon-Fri 8:45am to 4:45pm

Text or WhatsApp: 07824 113848

VICTIM SUPPORT

Independent, free, and confidential
advice for victims of crime

victimsupport.org.uk

Tel: 08 08 16 89 111

64987

Section H: Your Lifestyle

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

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

H1) Have you **ever** smoked a whole cigarette (including roll-ups)?

Yes 1 ☐

No 0 ☐



If **no**, please go to question H2 on the next page

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

Fewer than 100 1 ☐

100 or more 2 ☐

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

years old

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

Yes 1 ☐



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

No 0 ☐

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

years old

Please now go to question H2 on the next page

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

Yes 1 ☐

No 0 ☐



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

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

cigarettes per day

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

Within 5 minutes 1 ☐

6-30 minutes 2 ☐

31-60 minutes 3 ☐

More than an hour 4 ☐

Please now go to question H2 on the next page

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

Yes 1 ☐

No 0 ☐



If **no**, please go to question H2 on the next page

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

cigarettes per week

64987

- H2) Have you ever used/vaped an electronic cigarette or other vaping device (either nicotine-containing or nicotine-free devices)?

Yes 1 ☐

No 0 ☐



If **no**, please go to question H3 on page 34

If **yes**:

- a. How old were you when you first used an electronic cigarette or other vaping device?

--	--

 years old

- b. Have you used/vaped electronic cigarettes or other vaping devices in the **past 30 days**?

Yes 1 ☐

No 0 ☐



If **no**, please go to question H3 on page 34

If **yes**:

- c. How often do you use electronic cigarettes/vaping devices?

At least once a day 1 ☐

At least once a week 2 ☐

At least once a month 3 ☐

Less than once a month 4 ☐

Tried once or twice 5 ☐

- d. How long have you used electronic cigarettes/vaping devices for?

Less than 1 month 1 ☐

1-3 months 2 ☐

4-6 months 3 ☐

7-11 months 4 ☐

1-2 years 5 ☐

More than 2 years 6 ☐

- e. Is the electronic cigarette/vaping device you use most often rechargeable?

Yes 1 ☐

No 0 ☐



f. What type of electronic cigarette/vaping device do you use most often?

A cigalike (looks like a cigarette) 1 ☐

A pen-style device 2 ☐

A tank-style device 3 ☐

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

A pod-style device 5 ☐

Other (e.g. e-pipe, e-cigar) 6 ☐
(Please cross and describe)

Don't know 9 ☐



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

- 1 ☐ Yes ➔ **If yes, please go to question h below**
- 2 ☐ No, I did smoke tobacco regularly in the past but **not just before** using electronic cigarettes/vaping devices
- 3 ☐ No, I **never smoked tobacco regularly** before using electronic cigarettes/vaping devices

-
- (i) **If no**, have you started smoking tobacco regularly since using electronic cigarettes/vaping devices?

Yes 1 ☐ No 0 ☐

Now please go to question H3 on the next page

- h. How did/has your tobacco smoking change/d while using electronic cigarettes/vaping devices? *Please cross one answer only.*

- My tobacco smoking increased dramatically 1 ☐
- My tobacco smoking increased slightly 2 ☐
- My tobacco smoking stayed the same 3 ☐
- My tobacco smoking decreased slightly 4 ☐
- My tobacco smoking decreased dramatically 5 ☐
- I stopped smoking tobacco completely 6 ☐

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

SMOKING SUPPORT

nhs.uk/live-well/quit-smoking/

Tel: 0300 123 1044

64987



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

In this section we are interested in your alcohol intake.

H3) How often do you have a drink containing alcohol nowadays?

- Not at all 0 ☐
- No more than once a month 1 ☐
- 2-4 times a month 2 ☐
- 2-3 times a week 3 ☐
- 4 or more times a week 4 ☐

➔ If **not at all**, please go to
Completing the
Questionnaire on page 37

H4) Now we would like you to calculate how many units of alcohol you drink **on average**. Please use the diagram on the next page to work out how many units of alcohol you drink on a **typical day when you are drinking**:

- 1-2 1 ☐ 3-4 2 ☐ 5-6 3 ☐ 7-9 4 ☐
- 10 or more units 5 ☐ Can't say 9 ☐

- | | | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| H5) | How often do you have six or more units (standard drinks) on one occasion? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| H6) | How often during the past year have you found that you were not able to stop drinking once you had started? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| H7) | How often during the past year have you failed to do what was normally expected of you because of drinking? e.g. go to work/college/university, play sport or go out with family and friends. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| H8) | How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

64987



Drinkogram

HOW MANY UNITS ARE IN YOUR DRINK?



Based on a graphic created by Cancer Research UK.

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

- | | | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------|--------------------------------|-------------------------|
| H9) | How often during the past year have you had a feeling of guilt or remorse after drinking? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| H10) | How often during the past year have you been unable to remember what happened the night before because you had been drinking? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| | | | No | Yes, but not in the past 12 months | Yes, during the past 12 months | |
| H11) | Have you or has someone else been injured as a result of your drinking? | 0 <input type="radio"/> | | 2 <input type="radio"/> | | 4 <input type="radio"/> |
| H12) | Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested cutting down? | 0 <input type="radio"/> | | 2 <input type="radio"/> | | 4 <input type="radio"/> |

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

NHS ALCOHOL SUPPORT

nhs.uk/live-well/alcohol-advice/alcohol-support

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Completing the Questionnaire

11) 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		

12) 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		

Please update your details at: **childrenofthe90s.ac.uk/update-your-details**

We are always trying to find ways to reduce our paper use. To ensure that we send you your questionnaires via your preferred method, if you haven't told us previously, can you please let us know how you would like to complete your questionnaires? If you choose 'online' we will no longer send out paper questionnaires as part of our reminder process.

Online 1 ☐ Paper 2 ☐

Extra space for answering questions

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

Thank you!

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

64987



Your Spring 2025 Questionnaire

STRICTLY CONFIDENTIAL (when completed)

Version 3 11/03/2025

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: ☐

Please note that the boxes to cross to receive a thank you voucher and enter the prize draw, which are usually on this page, are on page 2 of this questionnaire.

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

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