# Filling in the Questionnaire

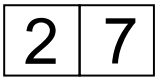
Please use a **black** pen. To answer questions, simply put a **cross** (not a tick) in the circle/box which is most accurate in your opinion, like this:

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

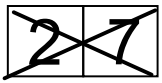
then cross the correct circle/box.

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.

# Contents

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

# Section A: Nicotine Use

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

**In this section we are interested in knowing about your smoking and e-cigarette use (commonly known as vaping). We have asked some of these questions before but it is important that we know whether habits change over time.**

A1) Have you **ever** smoked a whole cigarette (including roll-ups)?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question A2 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 <u>yes</u>, please go to d. below** No 0 ○

(i) **If <u>no</u>**, how old were you when you **last** smoked a cigarette? ☐☐ years old

**Please now go to question A2 on the next page**

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

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question (iii) below**

(i) **If <u>yes</u>**, how many cigarettes do you smoke **per day**, on average? ☐☐ cigarettes

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

Within 5 minutes 1 ○ 6-30 minutes 2 ○

31-60 minutes 3 ○ More than an hour 4 ○

**Please now go to question e on the next page**

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

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question e on the next page**

(iv) **If <u>yes</u>**, how many cigarettes do you smoke **per week**, on average? ☐☐ cigarettes

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

No, never 0 ○ → **If <u>no</u>, please go to question A2 below**

Yes, in the last 12 months 1 ○

Yes, but not in the last 12 months 2 ○

(i) Have you ever used any of these products to help you stop smoking? *Please cross all that apply*

| | |
|---|---|
| Nicotine replacement products, e.g. gum, lozenge, patch, nasal spray | 1 ☐ |
| Electronic cigarettes or vaping devices | 2 ☐ |
| Heated tobacco products (e.g. IQOS) | 3 ☐ |
| Nicotine pouches that do not contain tobacco (e.g. Lyft, Nordic Spirit) | 4 ☐ |
| Other (please cross and describe) | 9 ☐ |

A2) Apart from cigarettes and electronic cigarettes/vapes, do you **currently** use any other nicotine containing products?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question A3 on the next page**

**If <u>yes</u>**:

a. Which products do you use? *Please cross all that apply.*

| | | | |
|---|---|---|---|
| Nicotine replacement products (e.g. patches, nasal spray) | 1 ☐ | Snus | 2 ☐ |
| Cigars | 3 ☐ | Pipes | 4 ☐ |
| Shisha or hooka | 5 ☐ | Heated tobacco products (e.g. IQOS) | 6 ☐ |
| Nicotine pouches that do not contain tobacco (e.g. Lyft, Nordic Spirit) | 7 ☐ | Other (please cross and describe below) | 9 ☐ |

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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:* ●

A3) Thinking of your five closest friends, how many of them smoke cigarettes?

None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

A4) Thinking of your five closest friends, how many of them use electronic cigarettes/vaping devices?

None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

A5) Compared to regular cigarettes, do you think electronic cigarettes/vaping devices are more harmful, less harmful or equally as harmful to health?

More harmful than smoking 1 ○
Equally as harmful as smoking 2 ○
Less harmful than smoking 3 ○
Don't know 9 ○
I have never heard of electronic cigarettes or know very little about them 0 ○

A6) Have you ever used/vaped an electronic cigarette or other vaping device (either nicotine-containing or nicotine-free devices)?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to Section B on page 9**

**If <u>yes</u>**:

A7) How old were you when you first used an electronic cigarette or other vaping device? ☐☐ years old

A8) Have you used/vaped electronic cigarettes or other vaping devices in the past 30 days?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question d. on the next page**

**If <u>yes</u>**:

a. 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 ○

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b. 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 ○

c. How soon after waking do you typically use your electronic cigarette/vaping device?

Within 5 minutes 1 ○ 6-30 minutes 2 ○

31-60 minutes 3 ○ More than one hour 4 ○

d. What type of electronic cigarette/vaping device do/did you use:
*Please select all that apply in each column*

| | (i) Currently | (ii) In the past |
|---|---|---|
| A cigalikie (looks like a cigarette) | 1 ☐ | 1 ☐ |
| A pen-style device | 2 ☐ | 2 ☐ |
| A tank-style device | 3 ☐ | 3 ☐ |
| A modular system (you use your own combination of separate devices: batteries, atomisers etc.) | 4 ☐ | 4 ☐ |
| A pod-style device | 5 ☐ | 5 ☐ |
| A rebuildable dripping atomiser (RDA) | 6 ☐ | 6 ☐ |
| Don't know | 9 ☐ | 9 ☐ |
| Other (e.g. e-pipe, e-cigar) (please cross and describe) | 7 ☐ | 7 ☐ |

Currently:

In the past:

A9) What is/was your preferred flavour(s) of electronic cigarette liquid? Please cross all that apply.

| | | | |
|---|---|---|---|
| Tobacco | 1 ☐ | Fruit | 2 ☐ |
| Sweet or dessert | 3 ☐ | Mint or Menthol | 4 ☐ |

Other (please cross and describe) 5 ☐

A10) What are/were your reasons for using electronic cigarettes/vaping devices? *Please cross all that apply.*

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

A11) Did you smoke tobacco regularly just before you started using electronic cigarettes/vaping devices?

| | | |
|---|---|---|
| Yes 1 ○ | | |
| No, I did smoke tobacco regularly in the past but not just before using electronic cigarettes/vaping devices | 0 ○ → | **If <u>no</u>, please go to Section B on the next page** |
| No, I never smoked tobacco regularly before using electronic cigarettes/ vaping devices | 2 ○ → | |

A12) How has your tobacco smoking changed while using electronic cigarettes/ vaping devices?

- My tobacco smoking increased dramatically 5 ○
- My tobacco smoking increased slightly 4 ○
- My tobacco smoking stayed the same 3 ○
- My tobacco smoking decreased slightly 2 ○
- My tobacco smoking decreased dramatically 1 ○
- I stopped smoking tobacco completely 0 ○

If you are affected by any of the issues raised in this section, you may wish to seek support from:
**SMOKING SUPPORT**
**nhs.uk/better-health/quit-smoking/**
Tel: **0300 123 1044**

# Section B: Social Coping Strategies

*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 your behaviour in social situations to help us find out more about people's coping strategies.**

Please read each statement below and choose the answer that best fits your experiences during social interactions.

| | | 1 Strongly Disagree | 2 Disagree | 3 Somewhat Disagree | 4 Neither Agree nor Disagree | 5 Somewhat Agree | 6 Agree | 7 Strongly Agree |
|---|---|---|---|---|---|---|---|---|
| B1) | When I am interacting with someone, I deliberately copy their body language or facial expressions. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B2) | I monitor my body language or facial expressions so that I appear relaxed. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B3) | I rarely feel the need to put on an act in order to get through a social situation. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B4) | I have developed a script to follow in social situations (for example, a list of questions or topics of conversation). | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B5) | I will repeat phrases that I have heard others say in the exact same way that I first heard them. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B6) | I adjust my body language or facial expressions so that I appear interested by the person I am interacting with. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B7) | In social situations, I feel like I'm 'performing' rather than being myself. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B8) | In my own social interactions, I use behaviours that I have learned from watching other people interacting. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

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Please read each statement below and choose the answer that best fits your experiences during social interactions.

| | | Strongly Disagree | Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|---|---|
| B9) | I always think about the impression I make on other people. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |
| B10) | I need the support of other people in order to socialise. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |
| B11) | I practice my facial expressions and body language to make sure they look natural. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |
| B12) | I don't feel the need to make eye contact with other people if I don't want to. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |
| B13) | I have to force myself to interact with people when I am in social situations. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |
| B14) | I have tried to improve my understanding of social skills by watching other people. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |
| B15) | I monitor my body language or facial expressions so that I appear interested by the person I am interacting with. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |
| B16) | When in social situations, I try to find ways to avoid interacting with others. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |
| B17) | I have researched the rules of social interactions (for example, by studying psychology or reading books on human behaviour) to improve my own social skills. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |
| B18) | I am always aware of the impression I make on other people. | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 6 ○ | 7 ○ |

Please read each statement below and choose the answer that best fits your experiences during social interactions.

| | | 1 Strongly Disagree | 2 Disagree | 3 Somewhat Disagree | 4 Neither Agree nor Disagree | 5 Somewhat Agree | 6 Agree | 7 Strongly Agree |
|---|---|---|---|---|---|---|---|---|
| B19) | I feel free to be myself when I am with other people. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B20) | I learn how people use their bodies and faces to interact by watching television or films, or by reading fiction. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B21) | I adjust my body language or facial expressions so that I appear relaxed. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B22) | When talking to other people, I feel like the conversation flows naturally. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B23) | I have spent time learning social skills from television shows and films, and try to use these in my interactions. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B24) | In social interactions, I do not pay attention to what my face or body are doing. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B25) | In social situations, I feel like I am pretending to be 'normal'. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

It is OK to experience these feelings sometimes but, if you feel you need support with anything raised, please consider speaking to your doctor (GP) or use the helpline below:

**MIND**
Advice and support for anyone with a mental health problem
**mind.org.uk**
**Tel: 0300 123 3393**
**Text: 86463**

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# Section C: Pain

**In this section, we are interested in whether or not you have experienced pain recently.**

C1) Have you had any aches or pains that have lasted for a day or longer **in the past month**?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question C2 at the bottom of the next page**

a. **If <u>yes</u>**, when did the pain start?

Less than 3 months ago 1 ○ More than 3 months ago 2 ○

**We now would like to know which areas of your body the pain affected and how much the pain bothered you.**

b. During the **past month**, how troublesome have each of the following symptoms been? *Please cross one circle on each row. Even if you did not experience any pain in a particular location, make sure to cross the circle marked 'no pain'.*

| | | **How troublesome?** | | | | | |
|---|---|---|---|---|---|---|---|
| | | No pain | Not at all | Slightly | Moder-ately | Very | Extremely |
| i. | Headache | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| ii. | Facial pain (including jaw, mouth/teeth) | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| iii. | Neck pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| iv. | Shoulder pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| v. | Upper arm | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| vi. | Elbow pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| vii. | Lower arm pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| viii. | Wrist/hand pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| ix. | Chest pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| x. | Abdominal pain (i.e. stomach pain) | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| xi. | Upper back pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| xii. | Lower back pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |

**continued on the next page...**

**continued:**

| | | No pain | How troublesome? Not at all | Slightly | Moder-ately | Very | Extremely |
|---|---|---|---|---|---|---|---|
| xiii. | Hip pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| xiv. | Thigh pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| xv. | Knee pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| xvi. | Lower leg pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| xvii. | Ankle/foot pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| xviii. | Pelvic pain | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| xix. | Menstrual pain *(if appropriate)* | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| xx. | Other pain(s) | 9 ○ | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |

*Please cross and describe below*

c. Thinking back over the **past three to six months**, over what period of time did you experience the most troublesome pain which you have indicated above?

Less than 7 days 1 ○ | 1 to 4 weeks 2 ○ | 1 to 3 months 3 ○ | Over 3 months 4 ○

d. Is this pain still ongoing?

Yes 1 ○ No 0 ○

**In the previous questions, we were interested in your experience of pain in specific locations. The following questions are concerned with your overall experience of pain.**

C2) Are you troubled by pain or discomfort, either all the time or on and off, that has been present for **more than 3 months**?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to section D on page 17**

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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:* ●

a. **If <u>yes</u>**, have you received any diagnoses from your doctor, or other healthcare practitioner, related to your pain? (For example, these could include rheumatoid arthritis, migraine, fibromyalgia, endometriosis)

Yes 1 ○ No 0 ○

**If** yes, please specify:

**For the following questions, please think about your pain as a whole, regardless of where it is in your body or whether it is in one place or many.**

b. How would you rate your pain on a 0-10 scale **at the present time**, that is right now, where 0 is 'no pain' and 10 is 'pain as bad as could be'?
*Please cross only one circle.*

| No pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Pain as bad as could be |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |

c. In the **past 6 months**, how intense was your **worst** pain rated on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'?
*Please cross only one circle.*

| No pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Pain as bad as could be |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |

d. In the **past 6 months**, **on average**, how intense was your pain rated on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'? That is, your **usual** pain at a time you were experiencing pain. *Please cross only one circle.*

| No pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Pain as bad as could be |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |

e. About how many days in the **last 6 months** have you been kept from your usual activities (work, school, or housework) because of pain?
*Please cross only one circle.*

0-6 days 0 ○ 7-14 days 1 ○

15-30 days 2 ○ 31 or more days 3 ○

f. In the past 6 months, how much has this pain interfered with your daily activities rated on a 0-10 scale where 0 is 'no interference' and 10 is 'unable to carry on activities'? *Please cross only one circle.*

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No interference | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | Unable to carry on activities |

g. In the past 6 months, how much has this pain changed your ability to take part in recreational, social and family activities where 0 is 'no change' and 10 is 'extreme change'. *Please cross only one circle.*

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No change | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | Extreme change |

h. In the **past 6 months**, how much has this pain changed your ability to work (including housework) where 0 is 'no change' and 10 is 'extreme change'? *Please cross only one circle*.

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No change | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | Extreme change |

C3) Over the **past three months**, has pain made you feel sad, low, or depressed?

Always 4 ○ Very often 3 ○ Sometimes 2 ○

Rarely 1 ○ Never 0 ○

C4) Please tell us about any specific worries or concerns you have about your pain.

| | | Never | Hardly ever | Some-times | Often | Always |
|---|---|---|---|---|---|---|
| a. | I worry about my pain problem | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| b. | I avoid activities that cause pain | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| c. | When I think about my pain, it makes me upset | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| d. | Pain scares me | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| e. | I worry that I will do something to make my pain worse | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| f. | When I have pain, I think something harmful is happening | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |
| g. | I am afraid to move due to pain | 0 ○ | 1 ○ | 2 ○ | 3 ○ | 4 ○ |

C5) Please tell us how far the following statements describe your experience **when you are in pain**. How applicable are they to you?

| | | Not at all applicable 0 | 1 | 2 | 3 | 4 | 5 | Highly applicable 6 |
|---|---|---|---|---|---|---|---|---|
| a. | Pain goes around and around in my head | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| b. | Pain intrudes on my thoughts | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| c. | I can't push pain out of my thoughts | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

C6) My pain reduces my ability to:

| | | None of the time 0 | 1 | 2 | 3 | 4 | 5 | All of the time 6 |
|---|---|---|---|---|---|---|---|---|
| a. | Do several things at once (multitask) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| b. | Consider alternative perspectives/ viewpoints | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| c. | Think of multiple ways to approach a problem | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

C7) Please rate how confident you are that you can do the following things **at present**, despite the pain. To indicate your answer, cross one of the options on the scale under each item, from 'not at all confident' to 'completely confident'.

| | | Not at all confident 0 | 1 | 2 | 3 | 4 | 5 | Completely confident 6 |
|---|---|---|---|---|---|---|---|---|
| a. | I can do some form of work, despite the pain ('work' includes household, paid and unpaid work) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| b. | I can live a lifestyle that I want, despite the pain | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

If you are affected by any of the issues raised in this section you may wish to contact your doctor (GP) or seek support from:

**PAIN CONCERN**
To improve the lives of people living with pain and those who care for them.
Tel: **0300 123 0789**
**painconcern.org.uk**

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# Section D: Healthcare and Medications

**In this set of questions we are interested in how you may have felt when visiting a healthcare professional.**

D1) Which type of healthcare professional have you seen or spoken to **most** in the **last six months**?

| | | |
|---|---|---|
| None | 0 ○ | → **If <u>none</u>, please go to D2 on the next page** |
| General Practitioner (GP) | 1 ○ | |
| Specialist doctor in a hospital | 2 ○ | |
| Other healthcare professional<br>*Please cross and describe* | 9 ○ | |

a. Thinking about the consultations you have had with this person in the **last six months**, please rate to what extent they did the following:

| | Not at all 0 | 1 | 2 | 3 | 4 | 5 | A great deal 6 |
|---|---|---|---|---|---|---|---|
| (i) Encourage you to voice your concerns regarding your symptoms | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| (ii) Listen attentively while you were talking | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| (iii) Summarise what you had told them | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| (iv) Show a genuine interest in your problem | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| (v) Put you at ease | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| (vi) Show that they understood your concerns | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**If you have <u>had pain for more than 3 months</u> (you answered 'yes' to question C2 on page 13), please continue with question b.**
**If you have had <u>no pain</u>, or pain for less than 3 months, please go to question D2 on the next page.**

b. Please rate how often you have felt heard by this healthcare professional in the **last six months**.

(i) They take my pain seriously by supporting me

Not at all 0 ○ | Rarely 1 ○ | Some-times 2 ○ | Fairly often 3 ○ | Almost all of the time 4 ○

(ii) They dismiss my pain

Not at all 0 ○ | Rarely 1 ○ | Some-times 2 ○ | Fairly often 3 ○ | Almost all of the time 4 ○

**Next, we would like to ask about medications you might take.**

D2) Are you currently taking any medications regularly (prescription or over the counter)?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to Section E on the next page**

a. Are any of these regular medications taken primarily for pain?

Yes 1 ○ No 0 ○

D3) I think that my regular medication helps with my:

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Not applicable |
|---|---|---|---|---|---|---|
| a. Pain | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| b. Mental health | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| c. Thinking | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |

If you are affected by any of the issues raised in this section you may wish to contact your doctor (GP) or seek support from:

**HEALTHWATCH**
Your health and social care champion.
**healthwatch.co.uk**
Tel: **03000 683 000** (08:30–17:30 Mon-Fri)

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# Section E: Relationships and Social Interactions

**In this section we would like to know about your personal relationships and your interactions with other people in wider society.**

The next questions refer to the person you feel closest to.

E1) Who are you closest to? *If nobody, please choose 'Not applicable'.*

| | | | |
|---|---|---|---|
| Spouse/Partner | 1 ○ | Housemate/Roommate | 2 ○ |
| Friend | 3 ○ | Parent/Child/Other relative | 4 ○ |
| Other | 9 ○ | Not applicable | 0 ○ |

*Please describe*

**If <u>not applicable</u>, please go to question E2 below**

| My close person: | Not at all 0 | 1 | 2 | 3 | 4 | Completely 5 |
|---|---|---|---|---|---|---|
| a. Really listens to me | ○ | ○ | ○ | ○ | ○ | ○ |
| b. Seems interested in what I am thinking and feeling | ○ | ○ | ○ | ○ | ○ | ○ |
| c. Is understanding | ○ | ○ | ○ | ○ | ○ | ○ |
| d. Tries to see where I'm coming from | ○ | ○ | ○ | ○ | ○ | ○ |
| e. Does NOT accept my feelings and concerns | ○ | ○ | ○ | ○ | ○ | ○ |
| f. Ignores my side of the story | ○ | ○ | ○ | ○ | ○ | ○ |
| g. Dismisses my concerns too easily | ○ | ○ | ○ | ○ | ○ | ○ |
| h. Seems to ignore the things that are most important to me | ○ | ○ | ○ | ○ | ○ | ○ |

E2) Do you have any family, for example, any brothers or sisters, parents, grandparents etc?

Yes 1 ○ No 0 ○

**If <u>no</u>, please go to question E3 on the next page**

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We would now like to ask you some questions about these family members. Please select the answer which best shows how you feel about each statement.

| | | 0 | 1 | 2 | 3-4 | 5-8 | 9 or more |
|---|---|---|---|---|---|---|---|
| a. | How many relatives do you see or hear from at least once a month? | ○ | ○ | ○ | ○ | ○ | ○ |
| b. | How many relatives do you feel at ease with that you can talk about private matters? | ○ | ○ | ○ | ○ | ○ | ○ |
| c. | How many relatives do you feel close to, such that you could call on them for help? | ○ | ○ | ○ | ○ | ○ | ○ |

E3) We would now like to ask you some questions about your friends. Please select the answer which best shows how you feel about each statement.

| | | 0 | 1 | 2 | 3-4 | 5-8 | 9 or more |
|---|---|---|---|---|---|---|---|
| a. | How many friends do you see or hear from at least once a month? | ○ | ○ | ○ | ○ | ○ | ○ |
| b. | How many friends do you feel at ease with that you can talk about private matters? | ○ | ○ | ○ | ○ | ○ | ○ |
| c. | How many friends do you feel close to, such that you could call on them for help? | ○ | ○ | ○ | ○ | ○ | ○ |

E4) The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way.

| | | Hardly ever or never | Some of the time | Often |
|---|---|---|---|---|
| a. | How often do you feel that you lack companionship? | 0 ○ | 1 ○ | 2 ○ |
| b. | How often do you feel left out? | 0 ○ | 1 ○ | 2 ○ |
| c. | How often do you feel isolated from others? | 0 ○ | 1 ○ | 2 ○ |

E5) How often do you feel lonely?

| | | | |
|---|---|---|---|
| Often or always | 4 ○ | Some of the time | 3 ○ |
| Occasionally | 2 ○ | Hardly ever | 1 ○ |
| Never | 0 ○ | | |

E6) Do you have paid or unpaid work at the moment?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question E7 below**

Below are some statements about the demands of your work and the support of your colleagues. Please select the answer that best describes your experience at work.

| | Often | Some-times | Rare-ly | Never | I work alone | Not applicable |
|---|---|---|---|---|---|---|
| a. When you have difficulties at work, how often do you get help and support from people at work? | 3 ○ | 2 ○ | 1 ○ | 0 ○ | 9 ○ | 8 ○ |
| b. In your main job, do you have a choice in deciding what you do, how you do things, or when you do things? | 3 ○ | 2 ○ | 1 ○ | 0 ○ | 9 ○ | 8 ○ |

E7) Do you think you have been unfairly/unjustly treated in the <u>last six months</u>, in any aspect of your life, because of:

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| a. Age | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| b. Sex | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| c. Ethnicity | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| d. Sexual orientation | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| e. Social class | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| f. Religion | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| g. Chronic pain condition | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| h. Physical disability | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| i. Mental health condition | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |
| j. Neurodiversity | 1 ○ | 2 ○ | 3 ○ | 4 ○ | 5 ○ | 0 ○ |

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

**SAMARITANS**
Emotional support for everyone
**samaritans.org**
**Tel: 116 123 (24 hours)**

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# Section F: Enrolling in COCO90s

**You may have heard about COCO90s (Children of the Children of the 90s) - (childrenofthe90s.ac.uk/coco90s). We would like to know whether you have any children, or are expecting a child, who may be eligible to join.**

F1) Do you have any children who may be eligible to join COCO90s?
*Include biological, step, foster and adopted children.*

Yes 1 ○ No 0 ○ → **If no, please go to question F2 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:

a) Date of birth: DD ☐☐ / MM ☐☐ / YYYY ☐☐☐☐

b) Sex: Male 1 ○ Female 2 ○

c) Are you a biological parent of your first child? Yes 1 ○ No 0 ○

(ii) Your **second oldest** child:

a) Date of birth: DD ☐☐ / MM ☐☐ / YYYY ☐☐☐☐

b) Sex: Male 1 ○ Female 2 ○

c) Are you a biological parent of your second child? Yes 1 ○ No 0 ○

(iii) Your **third oldest** child:

a) Date of birth: DD ☐☐ / MM ☐☐ / YYYY ☐☐☐☐

b) Sex: Male 1 ○ Female 2 ○

c) Are you the biological parent of your third child? Yes 1 ○ No 0 ○

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**continued on the next page**

**continued:**

(iv) Your **fourth oldest** child:

a) Date of birth: DD / MM / YYYY

b) Sex: Male 1 ○ Female 2 ○

c) Are you the biological parent of your fourth child? Yes 1 ○ No 0 ○

*We have provided space for up to 4 children. If you have had more than 4 children, please use the space on page 25 and clearly indicate you are answering question F1.*

F2) 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 F3 below**

a. What is the expected due date? DD / MM / YYYY

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 ○

F3) 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 ○

F4) **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 ○

# Section G: Your Finances

**With the current cost of living crisis in the UK, we want to know about the difficulties you might be experiencing paying the bills. If you live in another country, we would still like to know about the difficulties you might be having.**

G1) 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 ○ |

G2) Without cutting back on essentials, are you able to pay regular bills like rent, mortgage or electricity?

Yes 1 ○ No 0 ○

G3) Are you able to put money aside to cover unexpected expenses?

Yes 1 ○ No 0 ○

G4) In cold weather, is your home kept adequately warm?

Yes 1 ○ No 0 ○

G5) Do you regularly have money worries at the end of the month?

Yes 1 ○ No 0 ○

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**

# Completing the Questionnaire

H1) What is your **date of birth**?

DD / MM / YYYY: [ ][ ] / [ ][ ] / [1][9][ ][ ]

H2) What is **today's date**?

DD / MM / YYYY: [ ][ ] / [ ][ ] / [2][0][ ][ ]

**Attend your @30 clinic visit and receive a £40 voucher. But hurry, this clinic must end in July! Text 07772 909090 to find out more. We offer a range of days & times, and you can attend with your family/partner too.**

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

We are also always trying to find ways to reduce our paper use. To ensure that we send you your questionnaires via your preferred method, can you please let us know 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.**

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# Your 2024 Questionnaire

**STRICTLY CONFIDENTIAL (when completed)**

**Version 3 09/04/2024**

**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 £10 Love2Shop 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 on our records. Vouchers will be sent within 4 weeks of receiving your questionnaire, using the contact details we hold.
If you want to update your contact details, please visit:
**childrenofthe90s.ac.uk/update-your-details**

To enter the prize draw we must have received your questionnaire by midnight on Monday 12th August 2024. Winners will be contacted within two weeks using the contact details on our database. 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**.

Enter Prize Draw ☐

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