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:

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



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Section A: About You

This section is about your current employment, education and housing. 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.

Please cross through circles like this: 🗙

No

A1)	Are you currently: <i>Please cross one circle on each line.</i>	
		Yes
а	In full-time paid work (30 or more hours a week)	1 ()

a.	In full-time paid work (50 of more hours a week)	10	۰U
b.	In part-time paid work (less than 30 hours a week)	1 O	٥ ٥
C.	In irregular or occasional work	1 O	٥ ٥
d.	Doing a modern apprenticeship or other government supported training/work-experience scheme	1 🔿	٥ ٥
e.	Unemployed and looking for work	1 O	0 O
f.	Unable to work through sickness/disability	1 O	٥ ٥
g.	In full-time education	1 O	0 O
h.	In part-time education	1 O	0 O
i.	Doing voluntary work	1 O	٥ ٥
j.	Self-employed	1 O	0 O
k.	A full/part-time carer	1 O	٥ ٥
Ι.	Other (please specify)	1 O	٥ ()

<u>If you are not engaged in any form of paid work</u>, please go to question A6 on the next page.

A2) 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 O No 0 O

A3) How many people work in the place where you work?

1 – 9	1 O	10 – 24	2 O
25 – 499	з ()	500 or more	4 O



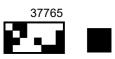
а.	lf-employed, do you work o On own/with business partner, but no employees What is your current job titl If you have more than one	1 () e?	With employees 2 (
a.	partner, but no employees What is your current job titl	e?)
			hink about your main j	
b.				ob.
	What is the business/indus	try you work	in?	
Plea	o do you currently live with? se cross ALL that apply.			
	On my own	a 🗌	With child/children	b
	With partner	c 🗌	With parents	d
	With friends/housemates	e 🗌	With family	f
	Other situation (please cross and describe	9 🗆 ?)		
ls yc	bur home:			
	Being bought/mortgaged		1 ()	
	Owned (with no mortgage t	o pay)	2 🔿	
	Rented from council/housir	ng associatio	n ₃O	
	Rented from private landlor	rd	4 🔿	
	Other (please cross and de	escribe)	5 🔿	



Please indicate if any of the following events happened to you before you were 19. We realise that you may find some of these questions upsetting, you can find information for support organisations at the back of this booklet. If you prefer not to answer these questions, please leave them blank.

	e cross ALL that apply on eac ke this:	h 🗙	X		X		
<i></i> , <i></i>	Before you were 19:	Yes, under 5	Yes, aged 5-11	Yes, aged 12-15	Yes, aged 16-18	Yes, age not known	No, did not happen
B1)	A parent died	1	2	3	4	5	0
B2)	A brother or sister died	1	2	3	4	5	0
B3)	A relative died	1 🗌	2	3	4	5	0
B4)	A friend died	1	2	3	4	5	0
B5)	A parent had a serious illness	1 🔲	2	3	4	5	0
B6)	A parent was in hospital	1	2	3 🔲	4	5	0
B7)	You had a serious illness	1 🗌	2	3 🔲	4 🔲	5	0
B8)	You were in hospital	1 🗌	2	3 🔲	4	5	0
B9)	Brother or sister had a serious illness	1 🔲	2	3 🔲	4	5 🔲	0
B10)	Brother or sister was in hospital	1 🔲	2	3 🔲	4	5 🔲	0
B11)	A parent had a serious accident	1 🔲	2	3	4	5 🔲	0
B12)	You had a serious accident	1 🗌	2	3	4	5	0
B13)	Brother or sister had a serious accident	1 🔲	2	3 🔲	4	5 🔲	0
B14)	You acquired a physical disability	1 🔲	2	3	4	5 🔲	0
B15)	You became pregnant	1	2	3	4	5	0
B16)	A parent was imprisoned	1 🗌	2	3 🔲	4	5 🔲	0
B17)	A parent was physically cruel to you	1 🔲	2	3	4	₅ 🗌 37765	0
	contir	nued on	next pa	age			
		6					

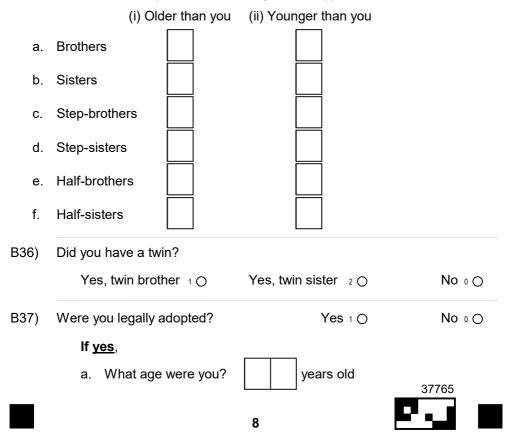
	continued: Please cross ALL that apply on each li					n each lin	ne.
	Before you were 19:	Yes, under 5	Yes, aged 5-11	Yes, aged 12-15	Yes, aged 16-18	Yes, age not known	No, did not happen
B18)	Your parents separated	1	2	3	4	5	0
B19)	Your parents divorced	1	2	3	4	5	0
B20)	A parent remarried	1	2	3 🔲	4	5	0
B21)	A parent was emotionally cruel to you	1 🗌	2	3	4	5 🔲	0
B22)	Your parents had serious arguments	1 🔲	2	3 🔲	4	5 🔲	0
B23)	You were sexually abused	1	2	3	4	5	0
B24)	A parent was mentally ill	1	2	3	4	5	0
B25)	You discovered you were adopted	1	2	3	4	5 🔲	0
B26)	Your family moved to a new district	1 🗌	2	3	4	5 🔲	0
B27)	You were in trouble with the police	1 🔲	2	3 🔲	4	5 🔲	0
B28)	You were expelled (permanently excluded) or suspended from school	1	2	3 🔲	4	5 🔲	0
B29)	You failed an important exam	1	2	3	4	5 🔲	0
B30)	Your family's financial circumstances got worse	1	2	3	4	5 🔲	0
B31)	You acquired a step- brother or step-sister	1 🗌	2	3 🗌	4	5 🔲	0
B32)	Other important events (please cross and describe)	1	2	3	4	5	0

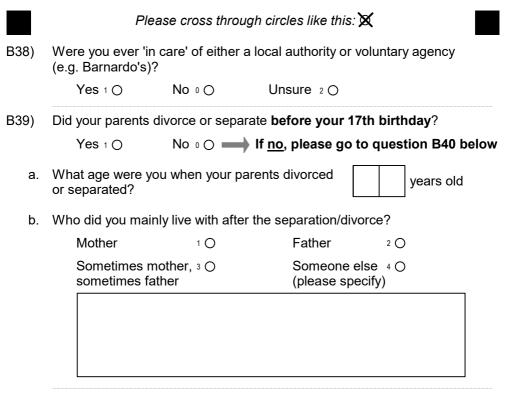


- B33) How many schools did you attend **between the** ages of 5 and 16?
- B34) Looking back would you call your childhood happy? *Please indicate for each age range:*

		Yes, very happy	Yes, moderately happy		No, quite unhappy		Can't remember
a.	0-5 years	1 O	2 O	з ()	4 O	5 🔿	0 O
b.	6-11 years	1 O	2 🔿	з О	4 🔿	5 🔿	0 ()
C.	12-15 years	1 O	2 🔿	з ()	4 O	5 🔿	0 ()
d.	16-18 years	1 O	2 🔿	з ()	4 ()	5 🔿	0 0

B35) How many brothers and sisters did you have before the age of 19? *Please enter 0 if you have no siblings of that type.*





B40) Did you ever live away from home with any of the following (other than for holidays/or short visits) before you were 18 years old? *Please cross one circle on each line.*

a.	Grandparents	Yes 1 ()	No ₀ O
b.	Other relatives	1 O	٥ ٥
C.	Friends	1 O	0 O
d.	Foster parents	1 O	0 O
e.	Someone else (please specify)	1 ()	0 O



B41) Did you ever stay away from home in any of the following places **before** you were 18 years old? Please select the total length of time spent all together. Please cross one circle on each line.

		No	Yes, for less than a week	Yes, between a week and a month	Yes, between 1 and 6 months	Yes, over 6 months
a.	Hospital	0 O	1 O	2 O	з ()	4 🔿
b.	Boarding school	٥ 0	1 O	2 🔿	з ()	4 ()
C.	Children's home	0 0	1 O	2 🔿	з 🔿	4 ()
d.	Hostel	0 0	1 O	2 🔿	з ()	4 ()
e.	In custody (detention centre/remand home/ borstal, etc.)	٥ ()	1 ()	2 🔿	3 🔿	4 ()
f.	Other place	0 O	1 ()	2 O	зО	4 ()
	(please cross and specify)					

B42) Did you leave home before your 18th birthday?

Yes 1 O No 0 O

B43) At each of the time periods given, during your childhood, who of the following lived in your home(s) (other than for holidays or short visits)? *Please cross ALL that apply on each line. Question continues on next page.*

	E.g.	×	×	×	
	-	0-5 years	6-11 years	12-16 years	17-18 years
a.	Mother	1	2	3	4
b.	Father	1	2	3	4
c.	Brother(s)	1	2	3	4
d.	Sister(s)	1	2	3	4
e.	Step-mother	1	2	3	4
f.	Step-father	1	2	3	4
g.	Step-brother(s)	1	2	3	4
h.	Step-sister(s)	1	2	3	4

continued on next page...





continued:

At each of the time periods given, during your childhood, who of the following lived in your home(s) (other than for holidays or short visits)?

	apply on each line		×	×	
	11.5	0-5 years	6-11 years	12-16 years	17-18 years
i.	Mother's partner	1	2	3	4
j.	Father's partner	1	2	3	4
k.	Grandmother	1	2	3	4
I.	Grandfather	1	2	3	4
m.	Family friend	1	2	3	4
n.	Other people (please cross and specify)	1	2	3 🗌	4

B44) Were you brought up by anyone who identified as LGBTQ+?

Yes 1 O

No • O If <u>no</u>, please go to question B45 on the next page.

The next questions relate to your main carers. You are asked about a 'mother, mother figure, or main carer' and a 'father, father figure or other main carer'.

 a. Please describe the family structure you were brought up in and how this relates to your answers for the following questions.
E.g. 'I am answering about my two mothers who brought me up' or 'I am answering about my mother, who has a female partner, and my father, who lives separately with a male partner, but also helped to bring me up'.





We would like to know how you and your **mother (mother figure, or main carer)** got on when you were a child. This will probably have

B45) varied over your childhood and in different situations but we would like a general impression. Please select the answer to indicate how you mostly remember your mother in your first 16 years.
Please cross one circle on each line.

	Mother (or person that took the place of your mother):	Never	Some- times	Usually re	Can't member
a.	Spoke to me with a warm and friendly voice	1 O	2 🔿	3 🔿	9 O
b.	Helped me as much as I needed	1 O	2 🔿	3 🔿	9 O
C.	Let me do those things I liked doing	1 O	2 🔿	3 🔿	9 O
d.	Seemed emotionally cold to me	1 O	2 🔿	3 🔿	9 O
e.	Appeared to understand my problems and worries	1 ()	2 🔿	3 🔿	9 🔿
f.	Was affectionate to me	1 O	2 🔿	3 🔿	9 O
g.	Tried to control what I did	1 O	2 🔿	3 🔿	9 O
h.	Invaded my privacy	1 O	2 🔿	з ()	9 O
i.	Let me decide things for myself	1 O	2 🔿	з ()	9 O
j.	Made me feel I wasn't wanted	1 O	2 🔿	з ()	9 O
k.	Talked things over with me	1 O	2 🔿	з ()	9 O
I.	Gave me the freedom I wanted	1 O	2 🔿	з ()	9 O
m.	Praised me	1 O	2 🔿	з ()	9 O
n.	Enjoyed talking things over with me	1 O	2 🔿	з О	9 O
0.	Frequently smiled at me	1 O	2 🔿	з ()	9 O
p.	Tended to baby me	1 O	2 🔿	з ()	9 O
q.	Seemed to understand what I needed or wanted	1 ()	2 🔿	3 🔿	9 🔿
r.	Could make me feel better when I was upset	1 ()	2 🔿	3 🔿	9 🔿
S.	Felt I could not look after myself unless she was around	1 ()	2 🔿	3 🔿	9 🔿
t.	Let me go out as often as I wanted	1 O	2 🔿	з ()	9 O
u.	Was overprotective of me	1 O	2 🔿	з ()	9 O
V.	Let me dress in any way I pleased	1 O	2 🔿	з ()	9 🔿



We would like to know how you and your father (father figure,

or other main carer) got on when you were a child. This will probably
bave varied over your childhood and in different situations but we would like a general impression. Please select the answer to indicate how you mostly remember your father in your first 16 years.
Please cross one circle on each line.

	Father (or person that took the place of your father):	Never	Some- times	Usually re	Can't member
a.	Spoke to me with a warm and friendly voice	1 O	2 🔿	3 🔿	9 O
b.	Helped me as much as I needed	1 O	2 🔿	3 🔿	9 O
C.	Let me do those things I liked doing	1 O	2 🔿	з ()	9 O
d.	Seemed emotionally cold to me	1 O	2 🔿	з ()	9 O
e.	Appeared to understand my problems and worries	1 ()	2 🔿	3 🔿	9 🔿
f.	Was affectionate to me	1 O	2 🔿	3 🔿	9 O
g.	Tried to control what I did	1 O	2 🔿	3 🔿	9 O
h.	Invaded my privacy	1 O	2 🔿	3 🔿	9 O
i.	Let me decide things for myself	1 O	2 🔿	3 🔿	9 O
j.	Made me feel I wasn't wanted	1 O	2 🔿	з ()	9 O
k.	Talked things over with me	1 O	2 🔿	з ()	9 O
I.	Gave me the freedom I wanted	1 O	2 🔿	з ()	9 O
m.	Praised me	1 O	2 🔿	з ()	9 O
n.	Enjoyed talking things over with me	1 O	2 🔿	з О	9 O
0.	Frequently smiled at me	1 O	2 O	з О	9 O
p.	Tended to baby me	1 O	2 O	з О	9 O
q.	Seemed to understand what I needed or wanted	1 ()	2 🔿	3 🔿	9 🔿
r.	Could make me feel better when I was upset	1 ()	2 🔿	3 🔿	9 🔿
S.	Felt I could not look after myself unless he was around	1 ()	2 🔿	3 🔿	9 🔿
t.	Let me go out as often as I wanted	1 O	2 🔿	3 🔿	9 O
u.	Was overprotective of me	1 O	2 🔿	3 🔿	9 O
۷.	Let me dress in any way I pleased	1 O	2 🔿	3 🔿	9 ()





B47) Was your parents' behaviour stable and predictable to you as a child? *Please cross one circle on each line.*

		Always	Mostly	Rarely	Never	Not applicable
a.	Mother	1 O	2 🔿	з ()	4 🔿	5 O
b.	Father	1 ()	2 🔿	3 🔿	4 O	5 🔿
C.	Mother figure	1 ()	2 🔿	з ()	4 O	5 🔿
d.	Father figure	1 O	2 🔿	з ()	4 ()	5 🔿

If you are affected by any of the issues raised in this section, you may wish to contact: The Samaritans 116 123 samaritans.org Alternatively there are a number of organisations listed on the helplines page.



Section C: Your Faith and Beliefs

We would like to ask you some questions on your faith and belief, and how you practise them. We welcome involvement in Children of the 90s from all faiths and none. By asking these questions, which we asked your parents when Children of the 90s was just starting, we will be able to look into what influences people's beliefs and any links with health and wellbeing.

				Yes	Not sure	N
Do you believ	e in God o	r in some div	ine power?	1 O	2 🔿	0 (
Do you feel tl nelped you a		some divine	power) has	1 ()	2 🔿	0 (
Would you ap for help if you			livine power)	1 ()	2 🔿	0 (
Do you 'pray'	even if not	in trouble?		1 O	2 🔿	0 (
What sort of Please cross		•	y you have?			
Church o	f England	1 O	Roman Ca	atholic	2 🔿	
Jehovah'	s Witness	з ()	Methodist		4 O	
Baptist/E	vangelical	5 🔿				
			sience, Mormo dox) (Please s		6 🔿	
Jewish	7 ()		Buddhist	8 ()	
Sikh	9 O		Hindu	10 C)	
Muslim	11 O		Rastafaria	in 12 C)	
None	13 🔿					
Other (e	g. New Age	e, Taoist, Spi	ritualist) (Plea	se spe	cify) ¹⁴ O	

C6) How long have you had this particular faith/belief (including none)?

3 O

All my life 1 O

3-5 years

More than 5 years $2 \bigcirc$

1-2 years 4 O

Less than a year ${\,\scriptscriptstyle 5\, O}$





	C7) Were you brought up in this faith?							
	Yes, this faith 1 O	No 0	0					
	If <u>no</u> , what faith were you brought up in, if any?							
C8)	Would you/are you bringing up your (including none)?	child(ren)	in your cu	irrent faith/belie	ef			
	Yes, this faith 1 O No	0 O	No	ot sure 2 🔿				
	Not applicable 🤋 🔿							
	If <u>no</u> , What faith would you/are you bringing up your children in, if any?							
C9)	How often do you attend church/temple/mosque or other religious meetings?							
	At least once a week 1 O	A	t least on	ce a month ²	0			
	At least once a year 3 O	С	ccasional	Ily 4	0			
	Not at all 0 O							
C10)	Do you obtain help and support from religious groups?	leaders o	r other m	embers of				
		Yes	No	Not applicab	le			
a.	Leaders of your religious group (e.g. priests, rabbis, imams)	1 ()	0 0	9 O				
b.	Other members of your religious gro	up 1 O	0 O	9 O				
C.	Leaders of other religious groups	1 O	0 O					
d.	Members of other religious groups (Please specify)	1 ()	0 ()					

C11) How often do you spend time in private religious activities, such as prayer, meditation or holy scripture study?

More than once a day $1 \bigcirc$	Daily	2 O
Two or more times/week 3 O	Once a week	4 O

A few times a month 5 O

- Rarely or never 6 O
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C12) How often do you listen to/watch religious programming on the radio/ television/social media?

Daily	1 🔿	Several times per week	2 O
Several times per month	3 🔿	Occasionally	4 O
Never	5 🔿		

C13) How often do you read religious related texts or publications (e.g. the Bible, the Koran, prayer book, Watchtower, The War Cry, The Friend, Spirituality & Health, Catholic Digest)?

	••••••••••••••••••••••••••••••••••••••	,-					
	Daily		1 O	Sev	eral times	per week	2 ()
	Several times per	month	з ()	Occ	asionally		4 ()
	Never		5 🔿				
	Please list which texts/publications/ programmes you read/watch/listen to, if any:						
		Definit true o me		е	ure Tends not to be tru		v Not applic- able
C14)	In my life, I experience the Presence of the Divine (e.g. God)	1 ()	2 🔿	з С			6 🔿
C15)	My religious beliefs ar what really lie behind r whole approach to life	my 1 O	2 🔿	з С	4 0	5 ()	6 🔿
C16)	l try hard to carry my religion over into all other dealings in life	1 🔿	2 🔿	з С	4 0	5 🔿	6 🔿
`		agree	ly Mildly e agree	Not sure	Mildly disagree	Strongly disagree a	Not applicable
C17)	I attend a place of wor ship because it helps me to make friends	10	2 🔿	з ()	4 🔿	5 🔿	6 🔿
C18)	I pray mainly to gain relief and protection	1 ()	2 🔿	3 🔿	4 🔿	5 🔿	6 🔿
						3776	5

	Please cross through c	sircles like this: 🗙
C19)		tual experience that changed your life? <u>no</u> , please go to question C20 below
a. b.	How old were you when this experien Please describe the experience, if you	
C20)	Have you ever had a significant gain i Yes 1 O No 0 O If <u>r</u>	in your faith/belief? no, please go to question C21 below
a. b.	How old were you when this occurred Please describe, if you wish:	d? years old
C21)	Have you ever had a significant loss of Yes 1 O No 0 O If <u>r</u>	of faith/belief? no, please go to question C22 below
a. b.	How old were you when this occurred Please describe, if you wish:	d? years old
C22)	To what extent do you consider yours Very religious 1 O Moderate Slightly religious 3 O Not religi	tely religious 2 O
C23)		self a spiritual person? tely spiritual 2 〇 itual at all 4 〇
C24)		birituality? Tely important 2 () Tortant at all 4 () 37765
	18	

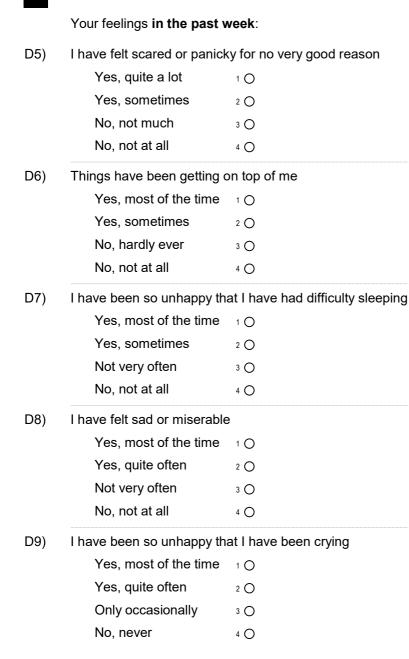
Section D: Your Feelings

This section asks you about your feelings and the way you behave. You may have answered similar questions before, but you might be feeling differently now. We would be very grateful if you would try to answer all of the questions but we understand if there are questions that you either prefer not to answer or are unable to answer.

Your feelings in the past week:

D1)	I have been able to laugh and se	e the funny side of things	
	As much as I always could	1 🔘	
	Not quite so much now	2 🔿	
	Definitely not so much now	з ()	
	Not at all	4 🔿	
D2)	I have looked forward with enjoyr	nent to things	
	As much as I ever did	1 ()	
	Rather less than I used to	2 🔿	
	Definitely less than I used to	3 🔿	
	Hardly at all	4 🔿	
D3)	I have blamed myself unnecessa	rily when things went wrong	
	Yes, most of the time	1 🔿	
	Yes, some of the time	2 🔿	
	Not very often	3 🔿	
	No never	4 🔿	
D4)	I have been anxious or worried for	or no good reason	
	No, not at all	1 ()	
	Hardly ever	2 🔿	
	Yes, sometimes	3 🔿	
	Yes, often	4 🔿	
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Your feelings in the past week:

D10) The thought of harming myself has occurred to me

Yes, quite often	1 O
Sometimes	2 O
Hardly ever	з О
Never	4 O

D11)		Yes	No
a.	Did getting good marks at school mean a great deal to you?	1 O	0 O
b.	Are you often blamed for things that just aren't your fault?	1 O	0 O
C.	Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?	1 ()	٥ ()
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 ()	0 ()
e.	Do you believe that whether or not people like you depends on how you act?	1 ()	٥ ()
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 ()	0 ()
g.	Do you feel that when good things happen they happen because of hard work?	1 ()	٥ ()
h.	Do you feel that when someone doesn't like you there's little you can do about it?	1 ()	٥ ()
i.	Did you usually feel that it was almost useless to try in school because most other children were cleverer than you?	1 ()	٥ ٥
j.	Are you the kind of person who believes that planning ahead makes things turn out better?	1 ()	٥ ()
k.	Most of the time, do you feel that you have little to say about what your family decides to do?	1 ()	٥ ()
I.	Do you think it's better to be clever than to be lucky?	1 O	٥ ()



Section E: Being a Parent

Please cross through circles like this: 🗙

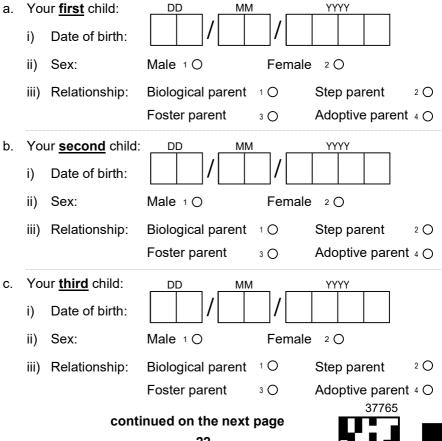
E1) Are you a parent? Include biological, step, foster and adopted children.

Yes 1O No 0O If <u>no</u>, please go to question E4

E2) How many children do you have? Please include all children you feel you have parental responsibility for, including biological, step, foster and adopted children.

E3) What is/are your child/childrens' date(s) of birth, sex, and your relationship to them?

We have provided space for up to 4 children. If you have had more than 4 children, please use the space on page 26 and clearly indicate you are answering question E3.



	continued:
	d. Your fourth child: DD MM YYYY i) Date of birth: / /
	ii) Sex: Male 1 O Female 2 O
	iii) Relationship: Biological parent 1 O Step parent 2 O Foster parent 3 O Adoptive parent 4 O
E4)	Are you/your partner currently pregnant?
	Yes, I am pregnant 1 O Yes, my partner is pregnant 2 O
	No o If <u>no</u> , please go to question E7
E5)	What is the expected due date of your baby?
E6)	Where do you expect your baby to be born?
	Southmead Hospital ¹ O St Michael's Hospital ² O
	Weston General Hospital 3 O RUH Bath 4 O
	Other (please specify) 5 O
E7)	Are you or your partner trying for a baby at the moment?
	No, not trying for a baby 0 O
	Yes, been trying for 0-6 months
	Yes, been trying for 6-12 months 2 O
	Yes, been trying for more than 12 months $3 \bigcirc$
E8)	If <u>you are a parent</u> or <u>are expecting a child</u> , would you be happy to receive further details about COCO90s (Children of the Children of the 90s)?
	Yes 1 O Already in COCO90s 2 O
	No 0 Not applicable 9 O
	If you would like to know more about COCO90s please go to:
	www.childrenofthe90s.ac.uk/coco90s
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Section F: Shaping the Future

We are currently planning the next few years of Children of the 90s and would be very interested in hearing your thoughts about our future activities. Please be aware that your responses to these questions are anonymous and will not change how we contact you about future data collections. If you have any questions about your involvement, please contact us. Our contact details can be found at the back of this booklet.

F1) What data collection activities would you consider taking part in, in the future? Please cross ALL that apply.

> 1 2 Questionnaires Clinic visits in Bristol Clinic visits outside Bristol $3 \square$ Remote data collection using $4 \Box$ e.g. smartphones or wearable

If you wouldn't take part in questionnaires, please go to question F2 below

What type of questionnaires would you prefer? i. а

> One large questionnaire $1 \bigcirc$ every year or two

Shorter questionnaires more $_2 \cap$ regularly (e.g. a section at a time)

devices such as activity monitors

ii. If we stopped sending out paper copies of questionnaires would you switch to completing them online?

I already complete online	2 🔿	Yes	1 O
No	0 O	Don't know	9 O

F2) What would make visiting a clinic difficult for you? Please cross ALL that apply.

I don't enjoy them	1	Too busy	2
Childcare issues	3	Caring responsibilities	4
Too far to travel	5	Difficulties with travelling	6
Previous clinic visits have taken too long	7	Nothing	0

Other (please specify and use the space on page 26 if needed) \otimes

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F3)	What could we do to make visiting a clinic easier? <i>Please cross ALL that apply.</i>					
	Flexible appointments (e.g. weekends, evenings)	1	Help with childcare	2		
	Contribution to travel costs	3	Nothing	0		
	Other (please specify and u	se the space	e on page 26 if needed	I) ₄ □		
F4)	Please tell us the reasons why you take part in Children of the 90s. <i>Please cross ALL that apply.</i>					
	Benefits to society and/or future generations	1	Scientific interest	2		
	I've always done it	3	Family expectations	4		
	Other (please specify and u	se the space	e on page 26 if needed) ⁵ □		
>						
F5)	Do you take part in any other research projects?					
	Yes 1 O No 0 O	If <u>no</u> , plea	ase go to question F	6 below		
a.	What are these other research projects about? <i>Please cross ALL that apply.</i>					
	Physical Health 1		Mental health $^{2}\square$			
	Psychological (such as ₃ □ IQ tests, memory etc)		Other (please ₄ □ specify)			
F6)	Does the free draw (to win an iF questionnaire?	'ad) encoura	ge you to complete the	9		

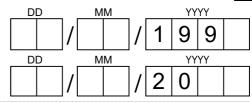
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Section G: Completing the Questionnaire

G1) What is your <u>date of birth</u>?



G2) What is **today's date**?

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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Life @ 27+

STRICTLY CONFIDENTIAL (when completed)

Version 1 06/12/2019

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

To be entered into the prize draw we must have received your questionnaire by 5pm on 31st March 2020. If you win, we will contact you within two weeks using the contact details on our database. You can update these online at childrenofthe90s.ac.uk/update-your-details. You will receive your prize up to six weeks after the draw has been held.

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

