

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
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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
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 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.

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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:

A1) Are you currently: *Please cross one circle on each line.*

- | | Yes | No |
|--|-------------------------|-------------------------|
| a. In full-time paid work (30 or more hours a week) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. In part-time paid work (less than 30 hours a week) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. In irregular or occasional work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Doing a modern apprenticeship or other government supported training/work-experience scheme | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Unemployed and looking for work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Unable to work through sickness/disability | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. In full-time education | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. In part-time education | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. Doing voluntary work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| j. Self-employed | 1 <input type="radio"/> | 0 <input type="radio"/> |
| k. A full/part-time carer | 1 <input type="radio"/> | 0 <input type="radio"/> |
| l. 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 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 No 0

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

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

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

A4) If self-employed, do you work on your own or do you have employees?

On own/with business partner, but no employees 1 With employees 2

A5) 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?

A6) Who do you currently live with?
*Please 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 g
(please cross and describe)

A7) Is your home:

Being bought/mortgaged 1
Owned (with no mortgage to pay) 2
Rented from council/housing association 3
Rented from private landlord 4
Other (please cross and describe) 5

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Section B: Your Childhood

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.

Please cross **ALL** that apply on each line, like this:

	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B2)	A brother or sister died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B3)	A relative died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B4)	A friend died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B5)	A parent had a serious illness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B6)	A parent was in hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B7)	You had a serious illness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B8)	You were in hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B9)	Brother or sister had a serious illness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B10)	Brother or sister was in hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B11)	A parent had a serious accident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B12)	You had a serious accident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B13)	Brother or sister had a serious accident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B14)	You acquired a physical disability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B15)	You became pregnant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B16)	A parent was imprisoned	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B17)	A parent was physically cruel to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

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continued:

Please cross ALL that apply on each line.

	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B19)	Your parents divorced	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B20)	A parent remarried	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B21)	A parent was emotionally cruel to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B22)	Your parents had serious arguments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B23)	You were sexually abused	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B24)	A parent was mentally ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B25)	You discovered you were adopted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B26)	Your family moved to a new district	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B27)	You were in trouble with the police	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B28)	You were expelled (permanently excluded) or suspended from school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B29)	You failed an important exam	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B30)	Your family's financial circumstances got worse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B31)	You acquired a step- brother or step-sister	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
B32)	Other important events (please cross and describe)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

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

B33) How many schools did you attend **between the ages of 5 and 16?**

--	--

 schools

B34) Looking back would you call your childhood happy?
Please indicate for each age range:

	Yes, very happy	Yes, moderately happy	Not really	No, quite unhappy	No, very unhappy	Can't remember
a. 0-5 years	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
b. 6-11 years	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
c. 12-15 years	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
d. 16-18 years	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>

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.

(i) Older than you (ii) Younger than you

a. Brothers	<input type="text"/>	<input type="text"/>
b. Sisters	<input type="text"/>	<input type="text"/>
c. Step-brothers	<input type="text"/>	<input type="text"/>
d. Step-sisters	<input type="text"/>	<input type="text"/>
e. Half-brothers	<input type="text"/>	<input type="text"/>
f. Half-sisters	<input type="text"/>	<input type="text"/>

B36) Did you have a twin?

Yes, twin brother 1 Yes, twin sister 2 No 0

B37) Were you legally adopted?

Yes 1 No 0

If yes,

a. What age were you? years old

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

B38) Were you ever 'in care' of either a local authority or voluntary agency (e.g. Barnardo's)?

Yes ¹ ⊙

No ⁰ ⊙

Unsure ² ⊙

B39) Did your parents divorce or separate **before your 17th birthday?**

Yes ¹ ⊙

No ⁰ ⊙

→ **If no, please go to question B40 below**

a. What age were you when your parents divorced or separated?

--	--

years old

b. Who did you mainly live with after the separation/divorce?

Mother ¹ ⊙

Father ² ⊙

Sometimes mother, ³ ⊙
sometimes father

Someone else ⁴ ⊙
(please specify)

--

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.

	Yes	No
a. Grandparents	¹ ⊙	⁰ ⊙

b. Other relatives	¹ ⊙	⁰ ⊙
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c. Friends	¹ ⊙	⁰ ⊙
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d. Foster parents	¹ ⊙	⁰ ⊙
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e. Someone else (please specify)	¹ ⊙	⁰ ⊙
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Please cross through circles like this: ~~⊙~~

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 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Boarding school	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Children's home	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Hostel	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. In custody (detention centre/remand home/borstal, etc.)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Other place (please cross and specify)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

Yes 1 No 0

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	<input type="checkbox"/> 17-18 years
a. Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Brother(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Sister(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Step-mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Step-father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Step-brother(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Step-sister(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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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)?

Please cross ALL that apply on each line.

	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	0-5 years	6-11 years	12-16 years	17-18 years
i. Mother's partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Father's partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Grandmother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Grandfather	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Family friend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Other people (please cross and specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

Yes ¹

No ⁰



If no, 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'.

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B45) 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 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	Can't remember
a. Spoke to me with a warm and friendly voice	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
b. Helped me as much as I needed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
c. Let me do those things I liked doing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
d. Seemed emotionally cold to me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
e. Appeared to understand my problems and worries	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
f. Was affectionate to me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
g. Tried to control what I did	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
h. Invaded my privacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
i. Let me decide things for myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
j. Made me feel I wasn't wanted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
k. Talked things over with me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
l. Gave me the freedom I wanted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
m. Praised me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
n. Enjoyed talking things over with me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
o. Frequently smiled at me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
p. Tended to baby me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
q. Seemed to understand what I needed or wanted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
r. Could make me feel better when I was upset	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
s. Felt I could not look after myself unless she was around	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
t. Let me go out as often as I wanted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
u. Was overprotective of me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
v. Let me dress in any way I pleased	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>

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B46) 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 have 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	Sometimes	Usually	Can't remember
a. Spoke to me with a warm and friendly voice	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
b. Helped me as much as I needed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
c. Let me do those things I liked doing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
d. Seemed emotionally cold to me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
e. Appeared to understand my problems and worries	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
f. Was affectionate to me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
g. Tried to control what I did	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
h. Invaded my privacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
i. Let me decide things for myself	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
j. Made me feel I wasn't wanted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
k. Talked things over with me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
l. Gave me the freedom I wanted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
m. Praised me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
n. Enjoyed talking things over with me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
o. Frequently smiled at me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
p. Tended to baby me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
q. Seemed to understand what I needed or wanted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
r. Could make me feel better when I was upset	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
s. Felt I could not look after myself unless he was around	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
t. Let me go out as often as I wanted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
u. Was overprotective of me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>
v. Let me dress in any way I pleased	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	9 <input type="radio"/>

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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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Father	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Mother figure	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Father figure	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

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

**The Samaritans 116 123 samaritans.org
Alternatively there are a number of organisations listed on the 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 | No |
|--|--------------------------|-------------------------|--------------------------|
| C1) Do you believe in God or in some divine power? | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> |
| C2) Do you feel that God (or some divine power) has helped you at any time? | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> |
| C3) Would you appeal to God (or some divine power) for help if you were in trouble? | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> |
| C4) Do you 'pray' even if not in trouble? | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> |
| C5) What sort of faith/belief would you say you have?
<i>Please cross one answer only.</i> | | | |
| Church of England | 1 <input type="radio"/> | Roman Catholic | 2 <input type="radio"/> |
| Jehovah's Witness | 3 <input type="radio"/> | Methodist | 4 <input type="radio"/> |
| Baptist/Evangelical | 5 <input type="radio"/> | | |
| Other Christian (e.g. Christian Science, Mormon, Presbyterian, Evangelical, Orthodox) (Please specify) | | | 6 <input type="radio"/> |
| | | | |
| Jewish | 7 <input type="radio"/> | Buddhist | 8 <input type="radio"/> |
| Sikh | 9 <input type="radio"/> | Hindu | 10 <input type="radio"/> |
| Muslim | 11 <input type="radio"/> | Rastafarian | 12 <input type="radio"/> |
| None | 13 <input type="radio"/> | | |
| Other (e.g. New Age, Taoist, Spiritualist) (Please specify) | | | 14 <input type="radio"/> |
| | | | |
| C6) How long have you had this particular faith/belief (including none)? | | | |
| All my life | 1 <input type="radio"/> | More than 5 years | 2 <input type="radio"/> |
| 3-5 years | 3 <input type="radio"/> | 1-2 years | 4 <input type="radio"/> |
| Less than a year | 5 <input type="radio"/> | | |

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C7) Were you brought up in this faith?

Yes, this faith No

If **no**, what faith were you brought up in, if any?

C8) Would you/are you bringing up your child(ren) in your current faith/belief (including none)?

Yes, this faith No Not sure

Not applicable

If **no**, 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 At least once a month

At least once a year Occasionally

Not at all

C10) Do you obtain help and support from leaders or other members of religious groups?

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

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

More than once a day Daily

Two or more times/week Once a week

A few times a month Rarely or never

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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
 Several times per month 3 Occasionally 4
 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 Several times per week 2
 Several times per month 3 Occasionally 4
 Never 5

Please list which texts/publications/programmes you read/watch/listen to, if any:

	Definitely true of me	Tends to be true	Unsure	Tends not to be true	Definitely not true	Not applicable
C14) In my life, I experience the Presence of the Divine (e.g. God)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

C15) My religious beliefs are what really lie behind my whole approach to 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"/>
--	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

C16) I try hard to carry my religion over into all other dealings 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"/>
---	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

	Strongly agree	Mildly agree	Not sure	Mildly disagree	Strongly disagree	Not applicable
C17) I attend a place of worship because it helps me to make friends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

C18) I pray mainly to gain relief and protection	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
--	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------



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

C19) Did you ever have a religious or spiritual experience that changed your life?

Yes ¹ ⊙

No ⁰ ⊙

→ If **no**, please go to question C20 below

a. How old were you when this experience first occurred? years old

b. Please describe the experience, if you wish:

C20) Have you ever had a significant gain in your faith/belief?

Yes ¹ ⊙

No ⁰ ⊙

→ If **no**, please go to question C21 below

a. How old were you when this occurred? years old

b. Please describe, if you wish:

C21) Have you ever had a significant loss of faith/belief?

Yes ¹ ⊙

No ⁰ ⊙

→ If **no**, please go to question C22 below

a. How old were you when this occurred? years old

b. Please describe, if you wish:

C22) To what extent do you consider yourself a religious person?

Very religious ¹ ⊙ Moderately religious ² ⊙

Slightly religious ³ ⊙ Not religious at all ⁴ ⊙

C23) To what extent do you consider yourself a spiritual person?

Very spiritual ¹ ⊙ Moderately spiritual ² ⊙

Slightly spiritual ³ ⊙ Not spiritual at all ⁴ ⊙

C24) How important to you is religion or spirituality?

Highly important ¹ ⊙ Moderately important ² ⊙

Slightly important ³ ⊙ Not important at all ⁴ ⊙

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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 see the funny side of things

As much as I always could 1

Not quite so much now 2

Definitely not so much now 3

Not at all 4

D2) I have looked forward with enjoyment 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 unnecessarily 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 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**:

- D5) I have felt scared or panicky for no very good reason
- | | | |
|------------------|---|-----------------------|
| Yes, quite a lot | 1 | <input type="radio"/> |
| Yes, sometimes | 2 | <input type="radio"/> |
| No, not much | 3 | <input type="radio"/> |
| No, not at all | 4 | <input type="radio"/> |
-
- D6) Things have been getting on top of me
- | | | |
|-----------------------|---|-----------------------|
| Yes, most of the time | 1 | <input type="radio"/> |
| Yes, sometimes | 2 | <input type="radio"/> |
| No, hardly ever | 3 | <input type="radio"/> |
| No, not at all | 4 | <input type="radio"/> |
-
- D7) I have been so unhappy that I have had difficulty sleeping
- | | | |
|-----------------------|---|-----------------------|
| Yes, most of the time | 1 | <input type="radio"/> |
| Yes, sometimes | 2 | <input type="radio"/> |
| Not very often | 3 | <input type="radio"/> |
| No, not at all | 4 | <input type="radio"/> |
-
- D8) I have felt sad or miserable
- | | | |
|-----------------------|---|-----------------------|
| Yes, most of the time | 1 | <input type="radio"/> |
| Yes, quite often | 2 | <input type="radio"/> |
| Not very often | 3 | <input type="radio"/> |
| No, not at all | 4 | <input type="radio"/> |
-
- D9) I have been so unhappy that I have been crying
- | | | |
|-----------------------|---|-----------------------|
| Yes, most of the time | 1 | <input type="radio"/> |
| Yes, quite often | 2 | <input type="radio"/> |
| Only occasionally | 3 | <input type="radio"/> |
| No, never | 4 | <input type="radio"/> |



Your feelings **in the past week:**

D10) The thought of harming myself has occurred to me

Yes, quite often 1

Sometimes 2

Hardly ever 3

Never 4

D11)		Yes	No
a.	Did getting good marks at school mean a great deal to you?	1 <input type="radio"/>	0 <input type="radio"/>
b.	Are you often blamed for things that just aren't your fault?	1 <input type="radio"/>	0 <input type="radio"/>
c.	Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?	1 <input type="radio"/>	0 <input type="radio"/>
d.	Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?	1 <input type="radio"/>	0 <input type="radio"/>
e.	Do you believe that whether or not people like you depends on how you act?	1 <input type="radio"/>	0 <input type="radio"/>
f.	Do you believe that when bad things are going to happen they are just going to happen no matter what you try to do to stop them?	1 <input type="radio"/>	0 <input type="radio"/>
g.	Do you feel that when good things happen they happen because of hard work?	1 <input type="radio"/>	0 <input type="radio"/>
h.	Do you feel that when someone doesn't like you there's little you can do about it?	1 <input type="radio"/>	0 <input type="radio"/>
i.	Did you usually feel that it was almost useless to try in school because most other children were cleverer than you?	1 <input type="radio"/>	0 <input type="radio"/>
j.	Are you the kind of person who believes that planning ahead makes things turn out better?	1 <input type="radio"/>	0 <input type="radio"/>
k.	Most of the time, do you feel that you have little to say about what your family decides to do?	1 <input type="radio"/>	0 <input type="radio"/>
l.	Do you think it's better to be clever than to be lucky?	1 <input type="radio"/>	0 <input type="radio"/>

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Section E: Being a Parent

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

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

Yes

No



If **no**, 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.

a. Your **first** child:

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male Female

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

b. Your **second** child:

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male Female

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

c. Your **third** child:

i) Date of birth:

--	--

 /

--	--

 /

--	--	--	--

ii) Sex: Male Female

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

continued on the next page



continued:

d. Your **fourth** child:

i) Date of birth:

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

ii) Sex: Male 1 Female 2

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

E4) 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 E7**

E5) What is the expected due date of your baby?

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

E6) Where do you expect your baby to be born?

Southmead Hospital 1 St Michael's Hospital 2

Weston General Hospital 3 RUH Bath 4

Other (please specify) 5

E7) 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

E8) **If you are a parent or are expecting a child, would you be happy to receive further details about COCO90s (Children of the Children of the 90s)?**

Yes 1 Already in COCO90s 2

No 0 Not applicable 9

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

www.childrenofthe90s.ac.uk/coco90s

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Section 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.*

- | | | | |
|-------------------------------|----------------------------|---|----------------------------|
| Questionnaires | 1 <input type="checkbox"/> | Clinic visits in Bristol | 2 <input type="checkbox"/> |
| Clinic visits outside Bristol | 3 <input type="checkbox"/> | Remote data collection using e.g. smartphones or wearable devices such as activity monitors | 4 <input type="checkbox"/> |

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

a i. What type of questionnaires would you prefer?

- | | | | |
|---|-------------------------|--|-------------------------|
| One large questionnaire every year or two | 1 <input type="radio"/> | Shorter questionnaires more regularly (e.g. a section at a time) | 2 <input type="radio"/> |
|---|-------------------------|--|-------------------------|

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

- | | | | |
|---------------------------|-------------------------|------------|-------------------------|
| I already complete online | 2 <input type="radio"/> | Yes | 1 <input type="radio"/> |
| No | 0 <input type="radio"/> | Don't know | 9 <input type="radio"/> |

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

- | | | | |
|--|----------------------------|------------------------------|----------------------------|
| I don't enjoy them | 1 <input type="checkbox"/> | Too busy | 2 <input type="checkbox"/> |
| Childcare issues | 3 <input type="checkbox"/> | Caring responsibilities | 4 <input type="checkbox"/> |
| Too far to travel | 5 <input type="checkbox"/> | Difficulties with travelling | 6 <input type="checkbox"/> |
| Previous clinic visits have taken too long | 7 <input type="checkbox"/> | Nothing | 0 <input type="checkbox"/> |

Other (please specify and use the space on page 26 if needed) 8

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F3) What could we do to make visiting a clinic easier?

*Please cross **ALL** that apply.*

Flexible appointments (e.g. weekends, evenings) ¹ Help with childcare ²

Contribution to travel costs ³ Nothing ⁰

Other (please specify and use the space on page 26 if needed) ⁴

F4) Please tell us the reasons why you take part in Children of the 90s.

*Please cross **ALL** that apply.*

Benefits to society and/or future generations ¹ Scientific interest ²

I've always done it ³ Family expectations ⁴

Other (please specify and use the space on page 26 if needed) ⁵

F5) Do you take part in any other research projects?

Yes ¹ No ⁰ → **If no, please go to question F6 below**

a. What are these other research projects about?

*Please cross **ALL** that apply.*

Physical Health ¹ Mental health ²

Psychological (such as IQ tests, memory etc) ³ Other (please specify) ⁴

F6) Does the free draw (to win an iPad) encourage you to complete the questionnaire?

Yes ¹

No, I would complete anyway ²

No, I prefer not to enter prize draws ³

I didn't know there was a prize draw ⁴

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Section G: Completing the Questionnaire

G1) What is your **date of birth**?

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

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

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

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 prize draw, please cross this box.

No Prize Draw

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