

Filling in the Questionnaire

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



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



then cross the correct circle/box.

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

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



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



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

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

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



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

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Section A: Exercise

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

In this section we would like to know the different types of exercise you may have, whether as part of your normal lifestyle or part of your hobbies.

A1) Which of the following forms of transport do you use **most often**?

- Car 1 Motorbike 2 Public transport 3
Cycle 4 Walk 5 Other (please cross 6
and describe)

A2) Do you make regular journeys every day or most days either walking or cycling?

- No 0 I walk 1 I cycle 2 Both 3

A3) Which of the following best describes your walking pace?

- I can't walk far or at all 0 Slow 1 Steady average 2 Fairly brisk 3 Fast (at least 4 miles per hour) 4

A4) How many hours do you spend cycling in an **average week**?

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 hours per week

Please give your best guess to the nearest whole hour.
If not at all, or very infrequently, please enter 0

A5) Do you take part in any physical activity (e.g. running, swimming, dancing, golf, tennis, squash, jogging, bowls)?

- No 0 **➡ If no or occasionally, please go to question A6 on the next page**
Occasionally (less than monthly) 1 **➡**
Frequently (once a month or more) 2

If frequently:

a. How many times **per month on average** do you take part in these activities?

(i) In summer

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 times per month

(ii) In winter

--	--

 times per month

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A6) In a **typical week** during the **past year**, how many hours did you spend each week on the following activities?

Please write 0 in the box if you did not do this activity.

	(i) In summer hours per week	(ii) In winter hours per week
a. Walking, e.g. for work, leisure, etc.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Cycling, including to work and leisure	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Gardening, light e.g. pruning, watering	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d. Gardening, heavy e.g. digging, mowing	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e. Physical exercise e.g. fitness, aerobics, sports	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
f. DIY e.g. on house or car	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
g. Household activities, light e.g. cooking, washing up	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
h. Household activities, heavy e.g. hoovering, cleaning windows	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

A7) In a **typical week** in the **last year**, did you do any of the activities above vigorously enough to cause breathlessness, sweating or a faster heartbeat?

Yes

No

➔ **If no, please go to question A8 below**

If yes:

a. For how many **minutes each week** did you perform vigorous activity? *If none, please enter 0.*

minutes per week

A8) In a **typical weekday** in the **last year**, how many flights of stairs did you climb? *If none, please enter 0.*

flights per day

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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: ●

A9) Compared with your activity level **before the pandemic**, are you doing more, the same, or less now?

More Same Less

a. Please give any reasons for this:

A10) How active are you compared to other people your age?

Much more active More active Similar Less active Much less active

A11) About how many **hours** on an **average weekday**, do you spend sitting? *Include at work, at home, during leisure time activities, travelling, etc.*

 hours per day

A12) On **average**, over the **past year**, about how many hours sleep do you get daily, to the nearest whole hour?

a. On weekdays/working days hours per day
 b. On weekends/days off hours per day

A13) How often **during the first lockdown** (March-June 2020) did you do the following?

	More than once a day	5-7 times a week	2-4 times a week	Once a week	1-3 times a month	Rarely	Not at all
a. Meditation	<input type="radio"/>						
b. Yoga	<input type="radio"/>						
c. Mindfulness	<input type="radio"/>						

A14) How often **since the start of 2022** have you done the following?

a. Meditation	<input type="radio"/>						
b. Yoga	<input type="radio"/>						
c. Mindfulness	<input type="radio"/>						



Section B: How You're Feeling

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

The following set of questions are about you, and how you might have been feeling recently.

B1) Please consider each of the following statements.

How often have you been feeling like this in the past two weeks?

	None of the time	Rarely	Some- times	Often	All the time
a. I've been feeling optimistic about the future	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I've been feeling useful	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I've been feeling relaxed	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I've been feeling interested in other people	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. I've had energy to spare	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I've been dealing with problems well	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. I've been thinking clearly	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. I've been feeling good about myself	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. I've been feeling close to other people	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. I've been feeling confident	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. I've been able to make up my own mind about things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. I've been feeling loved	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. I've been interested in new things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. I've been feeling cheerful	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

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

B2) Please respond to the following questions on a scale from 0 to 10:

a. Overall, how satisfied are you with life as a whole these days?

Not satisfied at all 0 1 2 3 4 5 6 7 8 9 10 Completely satisfied
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

b. In general, how happy or unhappy do you usually feel?

Extremely unhappy 0 1 2 3 4 5 6 7 8 9 10 Extremely happy
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

c. In general, how would you rate your physical health?

Poor 0 1 2 3 4 5 6 7 8 9 10 Excellent
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

d. How would you rate your overall mental health?

Poor 0 1 2 3 4 5 6 7 8 9 10 Excellent
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

e. Overall, to what extent do you feel the things you do in your life are worthwhile?

Not at all worthwhile 0 1 2 3 4 5 6 7 8 9 10 Completely worthwhile
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

f. I understand my purpose in life.

Strongly disagree 0 1 2 3 4 5 6 7 8 9 10 Strongly agree
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

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Please respond to the following questions on a scale from 0 to 10:

- g. I always act to promote good in all circumstances, even in difficult and challenging situations.

Not true of me 0 1 2 3 4 5 6 7 8 9 10 Completely true of me
 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

- h. I am always able to give up some happiness now for greater happiness later.

Not true of me 0 1 2 3 4 5 6 7 8 9 10 Completely true of me
 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

- i. I am content with my friendships and relationships.

Strongly disagree 0 1 2 3 4 5 6 7 8 9 10 Strongly agree
 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

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

MIND

Advice and support for anyone with a mental health problem.

www.mind.org.uk

Tel: **0300 123 3393**

The Samaritans

Emotional support for everyone.

www.samaritans.org

Tel: **116 123** (24 hours)

Anxiety UK

User-led organisation, supporting people with anxiety disorders, including PTSD

www.anxietyuk.org.uk

Tel: **03444 775 774**

Text: **07537 416 905**

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Section C: 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.

C1) How well would you say your household are managing financially **at the moment**?

- | | | | | | |
|---------------------------|---|-----------------------|----------------------------|---|-----------------------|
| Living comfortably | 1 | <input type="radio"/> | Doing alright | 2 | <input type="radio"/> |
| Just about getting by | 3 | <input type="radio"/> | Finding it quite difficult | 4 | <input type="radio"/> |
| Finding it very difficult | 5 | <input type="radio"/> | Prefer not to say | 9 | <input type="radio"/> |

C2) In the **last year**, have you experienced any difficulties paying for:
If you don't pay for these, please select 'not applicable'.

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

C3) Are you worried that **in the coming weeks** you will experience difficulties paying for:

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

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C4) How much do you agree/disagree with the following statements **today**?

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

C5) Do you ever cut the size of your meals, or skip meals, because there isn't enough money for food?

- Yes 1 ○ No 0 ○ → **If no, don't know, or prefer not to say, please go to question C6 below**
- Don't know 9 ○ →
- Prefer not to say 8 ○ →

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

- Almost every day 1 ○ Some days but not every day 2 ○
- 1 or 2 days a week 3 ○ Don't know 9 ○
- Prefer not to say 8 ○

C6) Do you or anyone in your household ever eat less than you feel you should because there isn't enough money for food?

- Yes 1 ○ No 0 ○ Don't know 9 ○
- Prefer not to say 8 ○

C7) Are you ever hungry but don't eat because there isn't enough money for food?

- Yes 1 ○ No 0 ○ Don't know 9 ○
- Prefer not to say 8 ○

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C8) Have you or your family received any food from any of the following people/organisations?

Please select all that apply, or no.

	No	Before pandemic (Jan-Feb 2020)	During pandemic (Mar 2020 -Mar 2021)	In the last 3 months
a. Food banks	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Free food provided by schools	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Food provided by community organisations/allotment schemes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Meals on wheels	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Food from faith based organisations	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Food from friends/neighbours	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Food from family (not living in home)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Other	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Please cross and describe below

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

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Section D: Gambling

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

In this section we would like to know about whether you have bought any tickets for lotteries such as the National Lottery, played any gambling games or been involved in any betting either online or in betting shops.

D1) Have you gambled (including playing the lottery) during the last 12 months?

Yes 1

No 0



If no, please go to question D6 on page 15

If yes:

a. How often have you bought or played any of the following?

	Every day/ Almost every day	Every week	Within the last 12 months	Not within the last 12 months
i. Tickets for the National Lottery <i>Include: Thunderball and Euromillions.</i>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
ii. Scratchcards <i>Include: National Lottery scratchcard games played online.</i>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
iii. Tickets for any other lottery <i>Include: charity lotteries for hospices, sports or social clubs.</i>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
iv. The football pools <i>Do not include: Betting on football matches with a bookmaker</i>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
v. Bingo cards or tickets <i>Include: playing boards at a bingo hall</i>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
vi. Fruit Slot Machines	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
vii. Virtual gaming machines in a book-makers - e.g. virtual roulette, keno, bingo, etc.	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
viii. Table games (roulette, dice or cards) in a casino	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
ix. Online gambling like playing poker, bingo, slot machine style games, or casino games <u>for money</u>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

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continued:

a. How often have you bought or played any of the following?

- | | Every day/
Almost
every day | Every
week | Within
the last
12 months | Not within
the last
12 months |
|--|-----------------------------------|-------------------------|---------------------------------|-------------------------------------|
| x. Online betting <u>with a bookmaker's app</u> on any event or sport | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| xi. In-game betting <u>with a bookmaker's app</u> on any event or sport | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| xii. Betting Exchange (this is sometimes called "peer-to-peer" betting) | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| xiii. Betting on horse races or dog races with a bookmaker, at the track, or by phoning the bookmaker | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| xiv. Betting on any other event or sport at the bookmaker's, at the venue, or by phoning the bookmaker
<i>Include: Irish Lottery, 49s.</i> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| xv. Spread-betting | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| xvi. Private betting, playing cards or games for money with friends, family or colleagues | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| xvii. Online betting on e-sports
(Organised competitions using video games: eg DOTA, CSGO or FIFA) | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| xviii. Any other form of gambling in the <u>last 12 months</u>
<i>Please cross and describe below:</i> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |

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

D2) In the **past 12 months**, how often:

	Almost always	Most of the time	Some- times	Never
a. Have you gone back to try to win back the money you lost?	3 ○	2 ○	1 ○	0 ○
b. Have you bet more than you can really afford to lose?	3 ○	2 ○	1 ○	0 ○
c. Have you needed to gamble with larger amounts of money to get the same excitement?	3 ○	2 ○	1 ○	0 ○
d. Have you borrowed money or sold anything to get money to gamble?	3 ○	2 ○	1 ○	0 ○
e. Have you felt that you might have a problem with gambling?	3 ○	2 ○	1 ○	0 ○
f. Have you felt that gambling has caused you any health problems, including stress or anxiety?	3 ○	2 ○	1 ○	0 ○
g. Have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it was true?	3 ○	2 ○	1 ○	0 ○
h. Have you felt your gambling has caused financial problems for you or your household?	3 ○	2 ○	1 ○	0 ○
i. Have you felt guilty about the way you gamble or what happens when you gamble?	3 ○	2 ○	1 ○	0 ○

D3) At all other times (not just in the past 12 months), when you gambled and lost, how often do you go back another day to win back the money you lost?

Every time I lost	3 ○	Never	0 ○
Most of the time I lost	2 ○	I never lost	9 ○
Some of the time I lost (less than half the time)	1 ○		

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D4) At all other times (not just in the past 12 months) how often:

	Very often	Fairly often	Occasionally	Never
a. Have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways you will get more money to gamble)?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Have you needed to gamble with more and more money to get the excitement you are looking for?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
c. Have you felt restless or irritable when trying to cut down on gambling?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
d. Have you gambled to escape from problems, or when you are feeling depressed, anxious or bad about yourself?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
e. Have you lied to family, or others, to hide the extent of your gambling?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
f. Have you made unsuccessful attempts to control, cut back or stop gambling?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
g. Have you committed a crime in order to finance gambling or to pay gambling debts?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Have you asked others to provide money to help with a desperate financial situation caused by gambling?	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

D5) In a typical month, how much money do you usually spend on gambling?

£1 – £10 per month	1 <input type="radio"/>	£11 – £100 per month	2 <input type="radio"/>
£101 - £500 per month	3 <input type="radio"/>	more than £500 per month	4 <input type="radio"/>

D6) a. Have you ever used cryptocurrency to pay for gambling?

Yes 1 No 0

b. Have you ever bought or sold cryptocurrency or used it in forex trading or investment apps (e.g. Trading 212, Coinbase, eToro, Moneybox, FXPro)

Yes 1 No 0

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

- c. Have you ever bought or sold normal stocks in forex trading or investment apps (e.g. Trading 212, Coinbase, eToro, Moneybox, FXPro)

Yes ¹ ⊙ No ⁰ ⊙

- D7) Have any of your family members or close relatives ever had a problem with gambling?

Yes ¹ ⊙ No ⁰ ⊙ → **If no, please go to question D8 below**

- a. **If yes**, who was this? (e.g., father/mother, sibling, spouse/partner, child)

- D8) Thinking about your **lifetime**, how much do you agree or disagree with these statements:

- a. My gambling has had a serious impact on me or on others

Strongly agree ⁵ ⊙

Agree ⁴ ⊙

Neither agree nor disagree ³ ⊙

Disagree ² ⊙

Strongly disagree ¹ ⊙

- b. Someone else's gambling has had a serious impact on me

Strongly agree ⁵ ⊙

Agree ⁴ ⊙

Neither agree nor disagree ³ ⊙

Disagree ² ⊙

Strongly disagree ¹ ⊙

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

GAMCARE

Advice and support for anyone affected by gambling harms.

gamcare.org.uk

Tel: 0808 8020 133

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Section E: Reproductive History

In this section we would like to ask about the number of pregnancies you or your partner(s) have had during your lifetime, and how they ended. Please give the numbers you have had, or have been the biological parent of.

We realise that you may find some of these questions upsetting. If you prefer not to answer these questions, please leave them blank.

You can find information for support organisations on our helplines page.

E1) Have you ever either been pregnant yourself or made someone else pregnant?

Yes No → If **no**, please go to question E2 on the next page

If **yes**, please tell us the following:

If none, please enter 0

a. Total number of times ever pregnant

--	--

b. Number of twin, triplet or quadruplet pregnancies

--	--

c. Number of children born alive

--	--

d. Number of children assigned male at birth who are still alive

--	--

e. Number of children assigned female at birth who are still alive

--	--

f. Number of children who died before they were a year old

--	--

g. Number of children who died aged between 1 and 20 years

--	--

h. Number of miscarriages

--	--

i. Number of terminations/abortions for medical reasons

--	--

j. Number of terminations/abortions for unwanted pregnancies

--	--

k. Number of stillbirths

--	--

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E2) Please tell us how many children you have had with:

If none, please enter 0

a. Learning difficulties

--	--

b. Autism, Asperger's or other autism-type diagnosis

--	--

c. Behaviour problems

--	--

d. Eating disorders (e.g. anorexia bulimia)

--	--

e. Peanut allergy

--	--

f. Asthma

--	--

g. Cancer or leukaemia

--	--

h. Space for anything you would like to tell us about any of your offspring in relation to any problems they may have had:

--

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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: ●

E3) Have you ever had difficulty conceiving at any time (i.e. tried for over one year to get pregnant)?

Yes ¹ ⊙

No ⁰ ⊙



If **no**, please go to Section F on the next page

a. Did you or your partner receive advice or treatment?

Yes, we both did ³ ⊙

Yes, I did ² ⊙

Yes, my partner did ¹ ⊙

No, neither of us did ⁰ ⊙

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

FERTILITY NETWORK UK

Support with any questions or concerns regarding fertility.

Tel: **0121 323 5025** (Mon, Weds & Fri 10am-4pm)

fertilitynetworkuk.org

CHILD BEREAVEMENT UK

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

Tel: **0800 02 888 40**

childbereavementuk.org

RAPE CRISIS

Specialist information and support to all those affected by sexual violence.

rapecrisis.org.uk

Tel: **0808 802 9999**

RELATE

Relationship support and counselling, regardless of age.

relate.org.uk

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Section F: Pain

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

F1) Have you had any aches or pains that have lasted for a day or longer in the past month?

Yes 1

No 0 → If **no**, please go to question F2 on the next page

a. If **yes**, 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	Moderately	Very	Extremely
i.	Headache	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
ii.	Facial pain (including jaw, mouth/teeth)	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
iii.	Neck pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
iv.	Shoulder pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
v.	Upper arm	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
vi.	Elbow pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
vii.	Lower arm pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
viii.	Wrist/hand pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
ix.	Chest pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
x.	Abdominal pain (i.e. stomach pain)	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
xi.	Upper back pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
xii.	Lower back pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

continued on the next page...

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continued:

How troublesome?

		No pain	Not at all	Slightly	Moderately	Very	Extremely
xiii.	Hip pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
xiv.	Thigh pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
xv.	Knee pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
xvi.	Lower leg pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
xvii.	Ankle/foot pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
xviii.	Pelvic pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
xix.	Menstrual pain	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
xx.	Other pain(s)	9 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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 to 4 weeks 1 to 3 months Over 3 months

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

F2) 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 No ➔ If **no**, please go to question F3 on page 23

a. If **yes**, 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 No

If **yes**, please specify:

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

- 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 box.

No	0	1	2	3	4	5	6	7	8	9	10	Extreme
change	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	change

The following questions relate to your sleep.

- F3) When answering these questions, please choose the option that best reflects your sleep over the **past seven days**.

- a. In the **past seven (7) days** my sleep quality was:

Very poor	Poor	Fair	Good	Very good
1 ⊙	2 ⊙	3 ⊙	4 ⊙	5 ⊙

In the **past seven (7) days**...

- | | | | | | |
|------------------------------------|------------|--------------|-----------|-------------|-----------|
| | Not at all | A little bit | Some-what | Quite a bit | Very much |
| b. My sleep was refreshing | 0 ⊙ | 1 ⊙ | 2 ⊙ | 3 ⊙ | 4 ⊙ |
| c. I had a problem with my sleep | 0 ⊙ | 1 ⊙ | 2 ⊙ | 3 ⊙ | 4 ⊙ |
| d. I had difficulty falling asleep | 0 ⊙ | 1 ⊙ | 2 ⊙ | 3 ⊙ | 4 ⊙ |

- F4) If you had problems with sleep, was this related to pain?

Yes 1 ⊙ No 0 ⊙ → **If no or not applicable, please go to section G on the next page**
Not applicable 9 ⊙ →

- a. If **yes**, to what extent were your sleep problems due to pain?

A little bit	Somewhat	Quite a bit	Very much
1 ⊙	2 ⊙	3 ⊙	4 ⊙

- b. How has pain affected your sleep?

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

PAIN CONCERN
Information on pain.
Tel: **0300 123 0789**
painconcern.org.uk

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Section G: Pets and Pests

This section is about your interaction with animals - both wanted and unwanted!

G1) Do you have any pets (that live in your home or you have regular contact with, at least once a week)?

Yes ¹

No ⁰



If **no**, please go to question G2 below

a. If **yes**, what pet(s) do you have? *Please cross all that apply*

Cat ¹

Dog ²

Horse ³

Fish ⁴

Bird ⁵

Rabbit ⁶

Hamster ⁷

Guinea pig ⁸

Other (please cross and describe) ⁹

G2) Do you have regular contact with any furry or hairy animals that are not your pets?

Yes ¹

No ⁰



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

a. If **yes**, what animals do you have contact with? *Please cross all that apply*

Cat ¹

Dog ²

Horse ³

Rabbit ⁴

Other (please cross and describe) ⁵

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

G3) Do any of the following animals or insects inhabit or invade your home or cause dirty conditions on your balcony, or in your garden or yard?
Please cross one circle on each line.

	Yes, frequently	Yes, occasionally	Not at all
a. Rats	2 ○	1 ○	0 ○
b. Mice	2 ○	1 ○	0 ○
c. Pigeons	2 ○	1 ○	0 ○
d. Cats	2 ○	1 ○	0 ○
e. Cockroaches	2 ○	1 ○	0 ○
f. Ants	2 ○	1 ○	0 ○
g. Dogs	2 ○	1 ○	0 ○
h. Woodlice	2 ○	1 ○	0 ○
i. Other	2 ○	1 ○	0 ○

Please cross and describe below



Section H: Food and Drink

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

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

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

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

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

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

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continued:

Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
-----------------------	-----------------------	------------------------	------------------------	--------------------------------

z. Canned pasta, Pot Noodles, Super Noodles (e.g. spaghetti rings, ravioli, macaroni cheese, etc.)

0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------

za. White pasta (e.g. spaghetti, fusilli, lasagne, pasta dishes, filled pasta, pasta ready meals, etc.)

0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------

zb. Rice, white or brown, but not rice pudding (e.g. boiled, fried, risotto, pilaf, jollof, etc.)

0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------

H2) How often do you eat foods that are fried, for example fried bacon and eggs, fried fish, chops, steak, beef burgers, vegetarian/vegan burgers, stir fry, etc.?

Never or rarely	0	<input type="radio"/>	Once in 2 weeks	1	<input type="radio"/>
1-3 times a week	2	<input type="radio"/>	4-7 times a week	3	<input type="radio"/>
More than 7 times a week	4	<input type="radio"/>			

H3) Do you eat the fat on meat, including chicken skin?

Yes, all of it	2	<input type="radio"/>	Yes, some of it	1	<input type="radio"/>
No, always leave the fat	0	<input type="radio"/>	Never eat meat	9	<input type="radio"/>

H4) How many times **nowadays** do you eat (include fresh, frozen or tinned):

Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
-----------------------	-----------------------	------------------------	------------------------	--------------------------------

a. Roast potatoes, wedges, oven chips

0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------

b. Fried chips, potato waffles and croquettes, French fries, etc.

0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------

c. Potatoes (boiled, mashed, jacket/baked)

0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------

d. Baked beans

0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------

e. Peas, broad beans, sweetcorn

0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------	---	-----------------------

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

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

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

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

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

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

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



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

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

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

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

Never eat cereal	0 <input type="radio"/>	None	1 <input type="radio"/>
½ teaspoon	2 <input type="radio"/>	1 teaspoon	3 <input type="radio"/>
2 teaspoons	4 <input type="radio"/>	More than 2 teaspoons	5 <input type="radio"/>

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

Yes, always	3 <input type="radio"/>	Yes, sometimes	2 <input type="radio"/>
No, never	1 <input type="radio"/>	Never eat cereal	0 <input type="radio"/>

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

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



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

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

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

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

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

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

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

0	<input type="radio"/>	$\frac{1}{2}$ to 1	<input type="radio"/>	1-2	<input type="radio"/>
3-4	<input type="radio"/>	5 or more	<input type="radio"/>		

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

0	<input type="radio"/>	$\frac{1}{2}$ to 1	<input type="radio"/>	1-2	<input type="radio"/>
3-4	<input type="radio"/>	5 or more	<input type="radio"/>		

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continued:

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

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

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

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

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

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

i. If you have plant-based milk, does it have added calcium? *Please check the label.*
 Yes No I don't have this

H13) Do you drink tea?

Yes

No

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

If yes,

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

b. How many teaspoons of sugar in each mug?

0

½

1

1 2

1½

2 or more

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

d. Do you take milk in tea?

Yes usually

Yes, sometimes

No



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

H14) Do you drink coffee?

Yes 1

No 0

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

If **yes**,

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

--	--

b. How many teaspoons of sugar in each mug?

0 0

$\frac{1}{2}$ 1

1 2

$1\frac{1}{2}$ 3

2 or more 4

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

--	--

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

--	--

e. Do you take milk in coffee?

Yes usually 2

Yes, sometimes 1

No 0

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

Always 3

Usually 2

Sometimes 1

Not at all 0

I don't drink cola drinks 9

H16) Do you drink herbal or fruit teas?

Yes 1

No 0

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

If **yes**,

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

--	--

b. How many teaspoons of sugar in each mug?

0 0

$\frac{1}{2}$ 1

1 2

$1\frac{1}{2}$ 3

2 or more 4

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

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

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

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

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

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

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

Yes 1 No 0 →

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

Yes 1 No 0 →

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

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

Yes 1 No 0 →

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

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

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

years months

H20) How often do you eat the following?

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

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

Alcohol support

For information and useful contacts

NHS Choices website: www.nhs.uk/live-well/alcohol-support/

Beat Eating Disorders

Tel: **0808 801 0677** (9am-12am Mon-Fri; 4pm-12am Sat, Sun & Bank Holidays)

beateatingdisorders.org.uk



Completing the Questionnaire

- 1) What is your **date of birth**?
This is to validate your identity but will not remove confidentiality.
- DD / MM / YYYY
 / / 1 9
- 2) What is **today's date**?
- DD / MM / YYYY
 / / 2 0

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

If you want to update the details that we have for you please visit:
childrenofthe90s.ac.uk/update-your-details

We are 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.

What is your preferred method?

Online

Paper

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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Life @ 30 + Questionnaire

STRICTLY CONFIDENTIAL (when completed)

Version 1 20/12/2022

Questionnaire Number

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

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

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

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

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

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

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

childrenofthe90s.ac.uk/update-your-details

To be entered into the prize draw we must have received your questionnaire by 5pm on Monday 13th February 2023. If you win, we will contact you within four weeks using the contact details on our database. You will receive your prize up to six weeks after the draw has been held.

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

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