MCS Age 27 Sweep

Report in response to feedback from

Phase 1 of the scientific consultation

October 2026

UCL Centre for Longitudinal Studies

Introduction

The development of the Age 27 Sweep of the Millennium Cohort Study (MCS) has involved an extensive programme of consultation with researchers, policymakers, study stakeholders and MCS participants. The consultation was designed to ensure that the new sweep builds on the strengths of the existing longitudinal study while also capturing the experiences and circumstances that are particularly important for this generation as they move through their late twenties.

The scientific aims for the Age 27 Sweep are to provide high-quality data addressing important research and policy questions about the lives of this generation; to collect and update information on life transitions and wider aspects of life at age 27; and to maintain comparability with earlier MCS sweeps, other CLS cohort studies and other longitudinal studies. These objectives mean that questionnaire development involves balancing continuity with previous sweeps against the need to respond to social change, emerging research priorities and the particular circumstances of this life stage.

The consultation process

Phase 1 of the scientific consultation opened on 16 March 2026 and used several complementary approaches to gather views. Researchers and other users were able to make written submissions through an online consultation form. A series of consultative events was also held across the UK, with events in London, Edinburgh, Cardiff and Belfast, alongside an online event. The programme also included smaller follow-up discussions with co-funders, members of the Scientific Advisory Network, key contacts and representatives from other data investments.

The consultation events were organised around four broad themes:

1. Families, relationships and housing
2. Labour market experiences, economic circumstances, education and training
3. Physical health, mental health and cognitive function
4. Identity, participation, values and aspirations.

At the events, participants were provided with information about the aims of the Age 27 Sweep and emerging plans for data collection. Theme-based presentations were used to stimulate discussion, followed by facilitated group discussions and feedback. CLS facilitators took notes throughout the discussions.

Each consultation event also included a prioritisation exercise, in which participants were asked to consider the relative priority that should be given to different areas of survey content. In addition, MCS study members were asked to complete an online survey providing feedback on their priority topic areas. The findings from these exercises are presented in Appendices 1 and 2 and were used, alongside the more detailed feedback received through the consultation, to help guide decisions about questionnaire content.

By 21 May 2026, the consultation had received 119 contributions from 116 individuals representing 54 organisations. In total, 104 people attended one of the consultation events and 15 submissions were made through the online consultation form. Nearly two-fifths (39%) of contributors to either the online submissions or the consultation events were based in Greater London, with a further 21% each in Scotland and the rest of England. Wales and international locations each accounted for 7%, and Northern Ireland for 6%.

How consultation feedback was considered

The volume of potential questionnaire content substantially exceeds the time available for the Age 27 Sweep. Consultation suggestions therefore could not be considered in isolation: they needed to be assessed alongside existing longitudinal content, other proposals and the overall balance and length of the questionnaire.

Proposals were considered according to the following criteria:

- **Longitudinal measurement:** the value of maintaining existing measures and their potential importance for future sweeps.
- **Harmonisation with other cohorts:** whether inclusion would enable comparisons with other CLS cohorts and other relevant studies.
- **Relevance to this life stage:** whether age 27 is an appropriate or particularly important point at which to collect the information.

- **Importance for life-course research:** whether the longitudinal nature of MCS adds distinctive scientific value compared with collecting the same information in a cross-sectional study.
- **Policy relevance:** whether the topic or measure addresses issues with the potential to inform policy.
- **Availability through linked data:** whether the information could instead be obtained through administrative or other linked data.
- **Expected prevalence:** whether sufficient numbers of cohort members are likely to experience the issue to support meaningful analysis.
- **Questionnaire length:** whether the scientific value of the proposed content justifies the interview time required, and whether the same construct could be measured adequately using fewer questions.
- **Quality of measurement:** including whether proposed measures have been validated and shown to measure the intended construct reliably.
- **Balance of content:** the need to achieve appropriate coverage across the different domains of the survey.

About this report

The tables that follow summarise the suggestions received through the consultation and explain how each has been addressed in the developing Age 27 Sweep draft questionnaire. To protect the identity of those who contributed, responses have been anonymised. Where similar or closely related suggestions were made by different contributors, these have been grouped together to avoid repetition and make the report easier to follow. All individual contributions were nevertheless considered in full.

It has not been possible to accommodate every suggestion within the questionnaire. The feedback presented in the tables therefore sets out both the content currently proposed for inclusion and areas that have not been prioritised, together with the rationale for these decisions. Where relevant, variable names are provided to identify questions included in the current draft questionnaire.

In Phase 2 of the consultation, we welcome further feedback on the proposed content and the decisions set out in this report. Please note, we are looking for comments on the decisions that the study team have taken at this stage, so they will not be able to consider new proposals. Please send any comments to the study team at clsconsultations@ucl.ac.uk by **Sunday 22 November 2026**.

Important note: As the questionnaire is developed and more detailed timings become available, it may be necessary to reduce the content of the questionnaire to ensure that it can be completed within the intended average interview length.

Theme 1: Families, relationships and housing

Topic	Suggestion	Feedback
Household grid	Identify biological children and relationships between all household members.	We will collect the relationship between the cohort member and each household member, including whether children are biological children. This is core longitudinal information for understanding household and family structure.
Partners	Include a partner questionnaire, ideally similar in length to the cohort member questionnaire, with fuller coverage of parenting.	A partner questionnaire will be included, but funding and respondent-burden considerations mean that it cannot be extended to a similar length to the cohort member questionnaire.
Partners	Clarify how partners will be defined and who will be invited to complete the partner questionnaire.	The partner questionnaire will be offered to one cohabiting partner identified through the household grid.

Topic	Suggestion	Feedback
Partners	Ask partners and cohort members the same questions about fertility decisions.	Partners will be asked the same questions about fertility intentions as cohort members, including how many (more) children they intend to have (CHPLAN, PCHPLAN), the number they would ideally like (NCHPLAN, PNCHPLAN), when they would like to have a/another child (ACHPLAN, PACHPLAN), reasons for not wanting (more) children (REASONNOCH, PREASONNOCH), and reasons for not currently trying to have children (REASONCH, PREASONCH). This will enable comparison of partners' fertility intentions, preferred family size and timing, and the factors shaping their fertility decisions.
Dating and non-cohabiting relationships	Capture between-wave relationship transitions	We will collect details of current cohabiting and non-cohabiting relationships, including whether a cohabiting partner is the same partner reported at age 23. There is not sufficient questionnaire time to collect a full relationship history, although this could potentially be collected through the MCS app in the future.

Topic	Suggestion	Feedback
Dating and non-cohabiting relationships	Include questions on digital intimacy.	Questions on digital intimacy will not be included. Given the available questionnaire time, priority was given to collecting core information on current relationships, including whether cohort members have a non-cohabiting partner (OTHCRELA), and the partner's sex (OTHCRSEX), gender identity (OTHCRGEN), age (OTHCRAGE), relationship length (RELE), frequency of contact (OTHCRFSEE) and relationship satisfaction (RELSAT1). We will also identify cohabiting relationships through the household grid, including whether the cohabiting partner is the same as at age 23. This provides greater continuity with previous sweeps and supports analysis of relationship trajectories over time.
Dating and non-cohabiting relationships	Capture the nature and quality of romantic relationships, including casual or multiple relationships and frequency of contact with non-cohabiting partners.	We will collect information about non-cohabiting partners, including sex (OTHCRSEX), gender identity (OTHCRGEN), age (OTHCRAGE), relationship length (RELE), relationship satisfaction (RELSAT1) and frequency of contact (OTHCRFSEE). Given the available questionnaire time, priority was given to these core relationship characteristics rather

Topic	Suggestion	Feedback
		than more detailed classification of relationship types. The development team believed these types of questions are better suited to specialist studies such as the National Survey of Sexual Attitudes and Lifestyles.
Sexual activity	Collect information on sexual activity, including whether cohort members have ever had sex, age at first intercourse and number of sexual partners.	Questions on sexual activity were not prioritised given the available questionnaire time. These questions are quite intimate and different in tone to the other questions in the study. The development team believed these types of questions are better suited to specialist studies such as the National Survey of Sexual Attitudes and Lifestyles. Questions on contraception and cervical screening will be retained.
Fertility	Capture factors shaping fertility decisions and routes to parenthood, including surrogacy, adoption, fertility anxiety and egg freezing.	We will focus on fertility intentions, including how many (more) children cohort members intend to have (CHPLAN), the number they would ideally like (NCHPLAN), and when they would like to have a/another child (ACHPLAN). We will also ask about reasons for not wanting (more)

Topic	Suggestion	Feedback
		children (REASONNOCH) and reasons for not currently trying to have children (REASONCH) with newly developed response categories. This expands on the approach used in Next Steps by capturing why some cohort members do not want children, rather than only asking those who want children but are not currently trying about their reasons. More detailed questions on routes to parenthood, such as surrogacy, adoption and egg freezing and fertility anxiety will not be included given the available questionnaire time and sensitivity.
Fertility	Retain questions on pregnancy and infertility.	We will retain detailed information on pregnancy history, including whether cohort members have ever been pregnant or fathered a pregnancy, number of pregnancies, whether each pregnancy was planned, time taken to conceive, use of fertility treatment and pregnancy outcomes.

Topic	Suggestion	Feedback
Children and parenting	Include DNA sampling for children.	MCS has collected DNA samples from cohort members and their parents. We do not have funding to extend this to collecting DNA from the children of cohort members at present.
Children and parenting	Improve coverage of parenting, particularly for fathers, non-resident parents and step-parents.	The child questionnaire will cover resident non-biological children and non-resident biological children as well as resident biological children. The questions asked will vary according to the child's circumstances, as some are only relevant to biological children and others only to children living with the cohort member. Data linkage will remain restricted to resident biological children because of consent considerations.
Children and parenting	Ask whether parents provide childcare support.	We will collect the type, hours and cost of childcare (CINTRO), including informal care provided by grandparents.

Topic	Suggestion	Feedback
Children and parenting	Include questions on infant feeding.	We will retain questions on breastfeeding (MBFEV, MBFEA, MBFED, MBFEW, MBFEM, MBFEY). Given space constraints, breastfeeding was considered the most important aspect of infant feeding to retain, because of its relevance to the experiences and health of both the child and the cohort member, as well as its value for longitudinal research.
Children and parenting	Consider including the ASQ and SDQ, while assessing questionnaire length and comparability across children of different ages.	We will include the ASQ Communication subscale and the SDQ, providing established measures of children's communication development and social and emotional difficulties. The age-appropriate ASQ Communication subscale will be administered where this information was not collected at age 23. It will not be repeated for children assessed at age 23, as evidence suggests that there is relatively little change over time in whether children are identified as having communication difficulties. The SDQ will provide a consistent measure of social and emotional difficulties across the relevant age range.

Topic	Suggestion	Feedback
Children and parenting	Consider whether to ask detailed questions about one child or the same questions about all children.	Most child-specific questions will continue to be asked about all children of the cohort member, rather than collecting more detailed information about one selected child. This preserves information about the full family context, allows comparisons between siblings, and avoids losing potentially important variation between children within the same family. We therefore prioritised breadth across children over greater depth for a single child.
Children and parenting	Capture depression and anxiety among new parents and their implications for parents and children.	We will collect information on depression and anxiety during and after pregnancy (PNMH), alongside mental health measures for all cohort members and resident partners.
Children and parenting	Include questions on parental leave.	We will collect information on parental leave for both the cohort member and their partner, including whether they were in paid work before the birth (WORKSTOP, PWORKSTOP), the type of leave taken (LEAVETYPE, PLEAVETYPE), whether they are still on leave (LEAVECONT,

Topic	Suggestion	Feedback
		PLEAVECONT), and the length of leave in months, weeks or days (LEAVE2BM, LEAVE2BW, LEAVE2BD, PLEAVE2BM, PLEAVE2BW, PLEAVE2BD). This will support analysis of how parents share leave and how this relates to employment, finances, fertility decisions and child outcomes.
Children and parenting	Include questions on childhood vaccination and vaccine hesitancy.	These questions will not be included. Given the limited space available in the child questionnaire, priority was given to topics with greater longitudinal value. There may also be opportunities to capture childhood vaccination through data linkage and could be asked in future sweeps.
Children and parenting	Include questions on child discipline, particularly physical punishment.	We will collect information on a range of approaches to discipline, including physical punishment (DIIG, DISM, DIPP, DISH, DIBN, DITR, DITE, DIBR, DIDS, DIES). Some items are comparable with questions asked previously in MCS.

Topic	Suggestion	Feedback
Parents	Capture the quality of relationships with parents, including support, closeness and loss of contact.	We will retain measures of closeness to mothers and fathers (RLQM, RLMQO, RLQM01, RLQM02, RLQF, RLQFO, RLQF02), providing longitudinal information on these important relationships.
Parents	Consider a supplementary questionnaire for parents, given that more cohort members are living with their parents for longer.	A survey of parents has recently been undertaken. At present there is no budget for a further parent survey.
Parents	Capture whether cohort members have returned to or remain in the parental home and their reasons for doing so.	The household grid will identify cohort members currently living with their parents. We will also collect information on their experience of living independently, including whether they have ever lived away from their parents for at least a month (PARM), their age when they first moved out (PARMA), the total time they have spent living away from their parents since age 16 (PARLO), and the number of different addresses they have lived at away from their parents (PARSA). For those currently

Topic	Suggestion	Feedback
		living with their parents, we will also ask why they are still living at home (PAHO).
Parents	Capture the intergenerational transmission of parenting practices and the influence of grandparents.	We will collect information on parenting practices that can be compared with cohort members' own childhood experiences, including reading and playing with children, breastfeeding and approaches to discipline. This will allow researchers to examine continuity and change in parenting practices across generations.
Parents	Collect retrospective information on parents' key life-course events before the study began.	Additional retrospective information on parents' experiences before MCS began will not be collected. As there are no plans for a parent survey at this sweep, this information would need to be reported retrospectively by cohort members about their parents, which could be difficult for them to recall or know accurately.

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Other family	Capture the quality of relationships with other household and family members, including children and in-laws.	Detailed relationship-quality measures will focus primarily on partners (RELSAT1) and parents (RLQM, RLQMO2, RLQF, RLQFO2). Wider sources of support will also be captured through the social provisions measures (SAFE, TRSS, NCLS) and availability of financial support (MONY).
Other family	Collect information on siblings to examine differences within families.	Additional detailed information on siblings will not be collected. Capturing sibling relationships and experiences adequately would require substantial questionnaire space, particularly where cohort members have several siblings, and was therefore not considered practical within the available questionnaire time. Priority was given to information about cohort members' current family circumstances and relationships.
Friendships and social support	Include a brief measure of closeness to friends as an indicator of social connection.	Rather than adding a separate single-item measure of closeness to friends, we will retain the social provisions measures (SAFF, TRSS,

Topic	Suggestion	Feedback
		NCLS), providing longitudinal and cross-study comparability. Availability of financial support will also be captured (MONY).
Caregiving	Capture whether cohort members provide unpaid care, to whom and for how many hours.	We will retain questions on unpaid caring (CARE, CRWO, CRHR), covering whether cohort members provide care, whom they care for and the number of hours provided. This maintains longitudinal coverage of an important policy-relevant experience.
Housing	Capture the full range of homelessness and housing insecurity, including sofa surfing, drawing on the ETHOS typology.	We will retain detailed measures of homelessness and housing insecurity (EVRHOML, NUMHOML, TOPERHOM, FRSHOM, HOMWITHPAR, WHYHOML). This is highly relevant at this life stage and to understanding subsequent life-course trajectories. Some new questions have been added from Next Steps on circumstances during homelessness (WHRHOML, PERHOMM, PERHOMY) and proposed (PERHOMENDM, PERHOMENDY).

Topic	Suggestion	Feedback
Housing	Capture housing instability, including number of moves and wanting to move but being unable to do so.	We will collect information on housing stability and transitions, including when cohort members moved to their current address, their history of living independently, and reasons for currently living with their parents (PAHO). For those who do not currently own their home, we will ask whether they expect to buy a home in the UK (SRBUY), how long they think it will be before they buy (SRLONG), and, if they do not expect to buy, their reasons for not wanting or being able to do so (SRREA). These include affordability, job security, concerns about debt and maintenance costs, and preferences for the flexibility of renting.
Housing	Retain questions on housing conditions.	We will retain measures of accommodation type (ACCOM), tenure (TENURE), number of rooms (NUMROOMS) and damp (DAMP). We have added a new question on housing satisfaction (HOMSAT).

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Housing	Collect more information on neighbourhood context and perceived neighbourhood quality.	We will include questions on feelings of belonging to the neighbourhood (neighbhbelong), how often cohort members talk to their neighbours (neighbhtalk), and how satisfied cohort members are with their neighbourhood (neighbhsatis). Much wider information about neighbourhood characteristics can be obtained through geographical linkage, so we have prioritised a small number of questions capturing cohort members' subjective experience and social connection to their neighbourhood, which cannot be derived from linked data.
Housing	Capture housing costs and their relationship with debt.	We will collect rent payments (RENT), monthly mortgage payments (MMOP), whether cohort members receive help from parents, other family members or others with rent or mortgage costs (HOMPHLP), and, for those living with parents, whether they pay rent or board (BOARD) and the amount paid (BOARDA). We will also ask about debts (Theme 2).

Topic	Suggestion	Feedback
Expectations of home ownership	Capture whether cohort members expect to buy a home and, if so, when.	Using new questions from the English Housing Survey, we will ask whether cohort members who do not currently own their home think they will eventually buy one (SRBUY), how long they expect it to be before they do so (SRLONG), and, where they do not expect to buy, the reasons why (SRREA).
Domestic Violence	Capture domestic violence and coercive control, including victimisation and perpetration, recent and past exposure, while considering participant burden and survey safeguards.	We will collect information on cohort members' experiences of domestic abuse by a partner or ex-partner, covering physical violence (DVIOLEV, DVIOL) and emotional abuse, coercive or controlling behaviour (EVIOLEV, EVIOL). Questions will capture both lifetime experience and experience in the last 12 months, building on information collected at age 23. Given the sensitivity of the topic, these questions will be asked in self-completion, responses are voluntary, and cohort members can skip any questions they prefer not to answer.

Topic	Suggestion	Feedback
		We decided not to capture perpetration of dv and coercive control due to the sensitivity of question; safeguarding and ethical issues it presents; and participant burden. However, we will ask questions on participation in some crimes/ risky behaviour e.g. vandalism, threats etc. which may pick up on aspects of violence more generally.
Domestic Violence	Ask which behaviours relating to domestic violence, coercion and gender roles are considered acceptable.	We will not include questions on attitudes towards the acceptability of behaviours relating to domestic violence, coercive control and gender roles. Given the available questionnaire time, priority was given to measuring cohort members' experiences of domestic abuse and coercive or controlling behaviour, including both lifetime and recent experiences.
Life events	Capture major positive and negative life events and stressors, while avoiding an unduly negative survey experience.	A separate life-events battery will not be included. Many important events, including changes in employment and housing, pregnancies and some bereavements, are captured elsewhere in the questionnaire, so a

Topic	Suggestion	Feedback
		separate battery would create duplication and add to questionnaire length.
Expectations of home ownership	Capture whether cohort members expect to buy a home and, if so, when.	Using new questions from the English Housing Survey, we will ask whether cohort members who do not currently own their home think they will eventually buy one (SRBUY), how long they expect it to be before they do so (SRLONG), and, where they do not expect to buy, the reasons why (SRREA).

Theme 2: Labour market experiences, economic circumstances, education and training

Topic	Suggestion	Feedback
Occupation	Retain detailed occupation data, including for self-employed and gig-economy workers, because it is unavailable in administrative data.	We will collect detailed occupational information for cohort members' current jobs, including job title, main activities and industry (JTITLE, JOBDO, FIRM), allowing SOC and SIC coding. We will also collect type of organisation (ORG), managerial responsibilities (MAN), employer size (EMPS), and detailed information on self-employment (SEMPS, SEMPS2, SENEMP). The activity history will collect full occupational details for the first job after leaving full-time education (JTITLEF, JDOF, FIRMDOF) and, where necessary, the job held at age 23 (JTITLEP, JDOP, FIRMDOP). This provides detailed occupational information at important points in cohort members' employment trajectories.
Occupational histories	Balance detailed current-job data with employment histories, including unemployment,	We will collect an activity history covering the period from first leaving full-time education to age 27 (ACTHIST). This will identify periods of employment, self-employment, unpaid or voluntary work, unemployment, education,

Topic	Suggestion	Feedback
	education, career breaks and moves associated with jobs.	apprenticeships, government employment or training schemes, sickness or disability, and looking after the home or family, together with the timing of each spell and reasons relevant employment spells ended. Detailed occupational information will be collected for the first job after leaving full-time education, the job held at age 23 where this is not already available, and the current job.
Paths to employment	Capture routes into work, especially first jobs; number of job applications and AI use in the application process; earlier NEET trajectories; and parental advice and professional networks.	We will ask how cohort members found their current or most recent employee job (ADVICE), including through personal contacts such as family and friends, professional networks and social media. Those currently looking for work will be asked about the methods they are using in their job search (ADVICEB). Earlier periods of unemployment and other economic activities will be identifiable through the longitudinal MCS data and the new activity history (ACTHIST). We will not ask about the number of job applications made, given the difficulty of recalling this accurately, or about AI use in individual applications, where practices are evolving rapidly.

Topic	Suggestion	Feedback
Careers advice	Capture ongoing use of careers advice and services, recognising differences across the devolved nations.	We will ask how cohort members found their current or most recent job (ADVICE) and, for those currently looking for work, the methods they are using in their job search (ADVICEB). Response options include Jobcentre services, university or college services, recruitment agencies, personal contacts, social media and professional networking. Using generic categories rather than named services makes the questions applicable across the devolved nations and supports comparison between different routes into employment.
Unpaid and voluntary work	Capture unpaid and voluntary work, alongside caring.	Unpaid and voluntary work will be identified within current economic activity (ACTIVITY) and the activity history (ACTHIST). For those currently undertaking unpaid or voluntary work, we will collect detailed information about the work, including job title, activities and organisation, alongside relevant working-hours and job-quality measures. This allows unpaid and voluntary work to be considered alongside other forms of employment. Unpaid caring is captured separately (CARE, CRWO, CRHR; Theme 1).

Topic	Suggestion	Feedback
Unpaid work for family businesses	Capture unpaid work in family businesses.	We will not introduce a separate question identifying unpaid work specifically within a family business. Unpaid or voluntary work will be captured within current economic activity and the activity history, but identifying the subset undertaken for family businesses was not prioritised given the expected numbers.
Armed forces	Identify current and former Armed Forces members through a separate question.	We will not include a separate question on current or former Armed Forces service. Current employment information includes detailed job title, activities and industry (JTITLE, JOBDO, FIRM), and type of organisation (ORG), which includes the Armed Forces as a response category. However, this will not identify all former Armed Forces personnel. Given the available questionnaire time, a separate measure of service history was not prioritised.
Furlough	Capture whether cohort members were furloughed during 2020–21.	We will not collect retrospective information on furlough during 2020–21. This was not prioritised at age 27 given the time elapsed since the furlough scheme and the need to prioritise current economic circumstances and employment trajectories with greater relevance to this life stage. The COVID-19 web survey

Topic	Suggestion	Feedback
		of the MCS included questions on economic activity at three sweeps throughout 2020-2021 for those who participated. These measures captured whether they were: 'Employed but on paid leave (including furlough)'.
Job quality	Capture multidimensional job quality, including underemployment, gig work, stress, bullying, discrimination, shift work, flexibility, hours, progression, skills match, pensions, remote work, health and safety, and autonomy.	Job quality is a priority at age 27, given its policy relevance and potential implications for later employment trajectories. We will therefore collect a broad range of measures, drawing where possible on questions used previously in MCS and in Next Steps, BCS70, NCDS and the European Working Conditions Survey. These cover working hours and overtime (SEHRS, CHOURS1, OTIMEANY, CHOURS3, CHOURS4), shift and night work (SHIFTWK, SHIFTWKNM, SHIFTWKFRQ, SHIFTWKFRQP), autonomy over working hours (HRSAUTON), zero-hours contracts (ZEROWK), workplace and home working (WRKPLCE, WRKPLCESE, WRKPROP), job permanency (PERMEMP), job satisfaction (JOBSATIS), job security (LOSEJOB), career prospects, skills development and managerial support (JOBATT), autonomy over tasks (WTASK), skills match (WSKILL), work-related stress (WKSTRESS), workplace discrimination (WDISCR), negative workplace behaviours including bullying and harassment (WOTHBEH), and whether work places health or safety at risk

Topic	Suggestion	Feedback
		(WHLTH). We will also collect whether the job requires particular qualifications or training (SPECQUAL, QUALOTHER) and whether cohort members needed their highest qualification to obtain their current or most recent job (QUALHELP).
Attitudes to work	Capture attitudes to work, including willingness to take any job, for comparison with age 17.	A separate battery on general attitudes to work will not be included. Priority was given to measures of cohort members' current employment experiences and job quality, including job satisfaction (JOBSATIS), job security (LOSEJOB), career prospects and development (JOBATT), skills match (WSKILL), and reasons for not looking for work (RNOT). We acknowledge that this will not allow direct comparison with the broader attitudes-to-work questions asked at age 17.
AI in the workplace	Capture workplace AI skills and use through high-level questions that remain relevant as technology changes.	Specific questions on AI use and training in the workplace will not be included in the age 27 main survey because MCS and Next Steps cohort members have recently been asked detailed questions on workplace AI in a separate web survey, including frequency and types of use and expected impacts. The Age 27

Topic	Suggestion	Feedback
		Sweep will instead include broader questions about the perceived impact of AI on society and on cohort members' own lives (AIIMPACT, AIIMPACT2; Theme 4).
Modes of communication at work	Capture workplace communication modes and their relationship to preferred working styles and perceived job quality.	We will not collect detailed information on modes of communication at work. Communication practices vary substantially across occupations and working environments and would require multiple questions to capture adequately. Given the available questionnaire time, priority was given to more general measures of job quality, including working arrangements and home working (WRKPLCE, WRKPLCESE, WRKPROP), autonomy over working hours and tasks (HRSAUTON, WTASK), managerial support (JOBATT), job satisfaction (JOBSATIS), and wider workplace experiences, including work-related stress, discrimination and negative workplace behaviours (WKSTRESS, WDISCR, WOTHBEH).
Neurodiversity and disability in the workplace	Capture whether disabled and neurodivergent cohort members can access workplace support.	We will not include a direct measure of access to disability- or neurodiversity-related workplace adjustments or support. We will, however, collect detailed information on disability and neurodiversity, including neurodivergent conditions (NEUROD, NEURODO), diagnostic status (NEURODAG), age at

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		diagnosis (NEUROAGE), medication use (NEUROMED_NEW), functional limitations (NEURODIMP), autistic traits (CATI6A–CATI6F) and ADHD traits (ASRS DSM-5 Scale, ASRS17), alongside a broad range of measures of job quality. This will allow researchers to compare employment experiences and job quality between cohort members with and without disabilities and neurodivergent conditions. We will also collect whether cohort members have experienced workplace discrimination linked to disability (WDISCR).
Childcare and carers	Capture how parents balance employment and childcare, including for children with special educational needs, and whether unpaid care leads to later employment.	Childcare will be covered in the child module, including the type, hours and cost of childcare and use of informal care (Theme 1). Unpaid caring for relatives or others will also be captured, including whom cohort members care for and the number of hours provided (CARE, CRWO, CRHR). Employment questions include autonomy over working hours (HRSAUTON), while the activity history (ACTHIST) will allow researchers to examine how periods of caring relate to subsequent employment trajectories. We will not collect a separate detailed measure of how parents of children with special educational needs combine childcare and employment.

Topic	Suggestion	Feedback
Parental leave	Capture parental-leave provision as an aspect of job quality and whether parents took leave, including its duration.	Rather than asking all cohort members about hypothetical parental-leave provision, we will collect detailed information about leave actually taken in relation to children. This will support analysis of how parents share leave and how leave relates to subsequent employment and family trajectories. This will include whether the cohort member and their partner were in paid work before the birth (WORKSTOP, PWORKSTOP), the type of leave taken (LEAVETYPE, PLEAVETYPE), whether they are still on leave (LEAVECONT, PLEAVECONT), and the duration of leave (LEAVE2BM, LEAVE2BW, LEAVE2BD and corresponding partner variables).
Trade Union membership	Collect cohort members' and parents' trade union membership to examine intergenerational influence.	Questions on trade union membership will not be included. Collecting parents' membership through cohort-member report may be affected by limited knowledge or recall, while collecting membership for cohort members was not prioritised given competing demands for questionnaire time and the breadth of employment and job-quality measures being collected.

Topic	Suggestion	Feedback
Education	Continue collecting educational history, including precise higher-education institutions attended.	We will continue to update cohort members' educational histories because of their importance for understanding subsequent employment and life-course trajectories. We will collect all types of academic, vocational and professional qualifications obtained since the last interview (NEWQUAL, ACAQ2, VOCQ). Detailed information will be collected for the highest qualification obtained since the previous interview, including the number of qualifications where relevant, institution attended, subject, grade and date achieved. We will also identify academic and vocational qualifications currently being studied (QNOW, VCQC). This maintains longitudinal coverage while limiting respondent burden.
Interrupted education	Capture interruptions to study that cannot be fully identified through UCAS data.	We will not repeat detailed questions on interruptions to study. This was captured at age 23, and at age 27 priority was given to updating qualifications obtained since the previous interview and qualifications currently being studied (NEWQUAL, ACAQ2, VOCQ, QNOW, VCQC), alongside the wider activity history (ACTHIST), which will identify periods spent in education.

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Training	Capture workplace training, including AI training, and cohort members' wider training and lifelong learning.	We will not include detailed questions on workplace training or AI-specific training. AI use in the workplace has recently been covered in a separate MCS and Next Steps web survey. Within the Age 27 Sweep, the job-quality battery will ask whether the current job allows cohort members to learn and develop new skills (JOBATT), while the education module will capture academic, vocational and professional qualifications gained since the previous interview (NEWQUAL, ACAQ2, VOCQ) and qualifications currently being studied (QNOW, VCQC). This will provide broad information on skills development and formal learning.
Skills	Include relevant Skills Builder Universal Framework items to assess self-identified skills against labour-market demands.	Items from the Skills Builder Universal Framework will not be included. Capturing the framework adequately would require substantial questionnaire time, and priority was given to shorter measures with stronger longitudinal or cross-study comparability. We will nevertheless collect information relevant to skills in the workplace, including whether cohort members' existing skills match their duties (WSKILL), whether their job enables them to learn and

Topic	Suggestion	Feedback
		develop new skills (JOBATT), and whether particular qualifications or training are required for their job (SPECQUAL, QUALOTHER).
Digital literacy	Capture digital access and digital literacy, drawing on established frameworks and surveys such as the Minimum Digital Living Standard, Digital Skills Indicator, DigComp and Ofcom measures, potentially focusing on specific skills such as evaluating online information, online banking or accessing digital services.	We will not include a dedicated measure of digital access or digital literacy. The frameworks proposed cover a broad range of dimensions and would require substantial questionnaire space to implement adequately, while selecting a small number of items would provide only partial coverage of these multidimensional concepts. Given the available questionnaire time, these measures were therefore not prioritised.
Education value and debt	Capture whether education was worth its cost, amounts paid and progress repaying educational debt.	We will not include a direct subjective measure of whether cohort members consider their education to have been worth its cost. The survey will, however, provide information for examining relationships between education and subsequent outcomes, including qualifications obtained, whether the highest qualification was needed for the current or most recent job (QUALHELP), whether skills match current job requirements (WSKILL), educational debt (DBTU1, DBTUT, DBTU3), and current earnings. Together with the longitudinal

Topic	Suggestion	Feedback
		record of education and employment, these measures will support analysis of the economic returns to education, although they will not capture cohort members' overall subjective assessment of its value.
Educational debt	Capture the amount of educational debt accrued and whether repayment has begun.	We will retain questions on educational debt. We will ask whether cohort members have incurred debt for tuition fees or other costs associated with studying (DBTU1), the total amount of educational debt (DBTUT), and whom the debt is or was owed to, including government/student loans, banks, employers and family members (DBTU3). These questions were also asked at age 23, enabling change in educational debt to be examined over time.
Future aspirations	Include an open-ended question about aspirations for life at age 40, comparable to earlier NCDS aspiration questions.	We will not include an open-ended question about aspirations for life at age 40. Given the available questionnaire time, priority was given to more specific measures of future plans and expectations that can be analysed consistently across cohort members, including fertility intentions, housing expectations and employment-related measures.

Topic	Suggestion	Feedback
Income from work	Retain survey measures of earnings alongside HMRC-linked data.	We will continue to collect earnings directly in the survey rather than relying solely on HMRC-linked data, as linked information is not available for all cohort members and survey measurement maintains coverage across the cohort. For employees and apprentices, we will collect gross pay and the period covered (GROA, GROP, GROO), together with last and usual take-home pay (NETA, NETP, PUSL, USLA, USLP), using unfolding brackets where exact amounts cannot be provided. Self-employed income will be captured separately (SEPA and associated questions), as will income from second and other jobs.
Income – household	Capture both household and individual income, given the household basis of many benefits.	We will collect both household and individual income. Cohort members will report gross and take-home earnings from their own employment, with separate questions for self-employment, second jobs and other paid work. We will also collect an estimate of total take-home household income from earnings, benefits and other regular sources (TOTINP, TOTINA and associated unfolding questions). Where a cohabiting partner completes the partner questionnaire, information on their pay will also be collected. This allows

Topic	Suggestion	Feedback
		researchers to examine both individual economic circumstances and resources available at household level.
Pay periods and flexible pay	Capture volatile income and changing or flexible pay periods.	Cohort members will be able to report gross and take-home earnings using the pay period that applies to them, including weekly, monthly, annual and other periods (GROP, GROO, NETP, NETO). We will also ask whether their most recent take-home pay was usual (PUSL) and, where it was not, collect their usual take-home pay and its period (USLA, USLP, USLO). This accommodates variation in pay periods and differences between most recent and usual earnings, although it will not provide a detailed history of income volatility.
Income – other	Capture income from online sales platforms and side hustles.	We will collect income from a range of paid work outside the main job. Cohort members will be asked about second jobs (REIN), hours and income from a second job (HOSJ, SJUA and associated variables), and whether they receive income from other regular jobs, odd jobs or casual work (OCIN), including hours worked and take-home earnings in the previous calendar month (HOWK, EASE). These questions will capture many forms of side work, although income

Topic	Suggestion	Feedback
		from occasional online sales that do not constitute paid work will not be separately identified.
Income in kind	Capture income received in kind.	Income received in kind will not be collected separately. Measuring non-cash remuneration consistently across different forms of employment would require additional detailed questions, and within the available questionnaire time priority was given to monetary earnings and other sources of household income.
Income from benefits	Retain benefit receipt, including Child Benefit, rather than relying solely on linked data; consider effects of changing Child Benefit rules.	We will continue to collect benefit receipt directly rather than relying solely on administrative linkage. Cohort members will be asked whether they or their partner receive Universal Credit (UNCR) and about receipt of other benefits and payments (BENT), including Child Benefit, disability-related benefits, Housing Benefit and Carer's Allowance. As per the MCS Age 23 Sweep, individual benefit amounts will not be collected separately; instead, benefits are included within the measure of total household take-home income (TOTINP, TOTINA and associated questions).

Topic	Suggestion	Feedback
Pensions	Capture pension participation and contributions, including whether financial pressures or insecure forms of work may affect pension saving.	We will collect information on pension participation given its relevance to financial circumstances at this life stage and its potential longitudinal importance. Questions will cover whether cohort members are members of a pension scheme (WRK15A), whether they or their employer are currently contributing (CUREMPEN), whether the pension is employer-based or personal (WRK15B), and, for relevant employees who are not contributing, whether they have opted out of a workplace pension (PENAUTO). These questions draw on Next Steps and NCDS, supporting cross-cohort comparison.
Cost of living pressures / Material Deprivation	Capture pressures meeting basic needs, money worries and ability to manage unexpected expenses.	We will retain a range of measures capturing financial pressure and ability to meet everyday costs. These include how well cohort members are managing financially (MAFI), whether they can pay regular bills without cutting back on essentials (HHMD1), put money aside for unexpected expenses (HHMD2), keep their home adequately warm (HHMD5), and whether they regularly have money worries at the end of the month (INDMD1). We will also ask whether they have received financial help from a family member or relative towards

Topic	Suggestion	Feedback
		living expenses in the past month and, if so, how much (HPLE, HLEM). These measures were included at age 23, supporting longitudinal comparison.
Financial literacy	Include measures of financial literacy.	The financial-literacy questions asked at age 23 will not be repeated at age 27. Given the available questionnaire time, repeating these measures was considered a lower priority than updating cohort members' current economic circumstances, including earnings, household income, pensions, debt, savings and financial difficulties. We will consider repeating the financial literacy questions in future sweeps.
Sources of financial information	Capture sources of financial information, including AI, influencers, government, banks and professionals.	We recognise the importance of understanding where cohort members obtain information and advice, particularly given the growing role of social media and AI. A new set of questions will collect sources of health information and advice, including social media and AI. Given the available questionnaire time, we have not extended this approach to financial information, instead prioritising direct measures of income, debt, savings and investments, pensions and financial difficulties.

Topic	Suggestion	Feedback
Intergenerational transfers of money	Capture whether parents or parental equivalents could provide financial help and whether they have done so.	We will collect several aspects of intergenerational financial support. Cohort members will be asked whether there is someone they could turn to for financial help if needed (MONY), whether parents, other family members or others help with rent or mortgage costs (HOMPHLP), and whether they have received money from a family member or relative towards living expenses in the past month and the amount received (HPLE, HLEM). Sources of funds used to purchase property (FUND) and sources of educational debt (DBTU3) will provide further information on financial support from parents and other family members. These measures capture both availability and actual receipt of financial support.
Social Mobility	Capture information which allows for the continued study of social mobility.	MCS's longitudinal design will support analysis of social mobility by linking information already collected on childhood socioeconomic circumstances and family background with updated information on education, occupation, employment trajectories and income at age 27. The new sweep will update qualifications, collect an activity history from first leaving full-time education (ACTHIST), detailed occupational information for key jobs, and individual and household income. This will allow researchers to examine changes in

Topic	Suggestion	Feedback
		socioeconomic circumstances both across generations and over cohort members' own life courses.
Data linkage	Consider the role of administrative data linkage in capturing Theme 2 content.	We will continue to pursue administrative data linkage alongside information collected directly in the survey. At age 27, we will seek consent for linkage to HMRC, DWP, education and Student Loans Company (SLC) records from cohort members who have not previously provided consent. Linked data have the potential to provide additional longitudinal information on areas such as earnings, employment, benefits, education and student finance, complementing the information collected directly from cohort members. Survey measures will continue to be collected where they provide information not available through linkage or are important for longitudinal comparability.

Theme 3: Physical health, mental health and cognitive function

Topic	Suggestion	Feedback
Overall health	Consider the SF-12 to measure physical and mental health-related quality of life.	We will not include the full SF-12. We already collect measures of physical and mental health with strong longitudinal value, including self-rated general health (CGHE), long-standing physical or mental health conditions (CLSI), the areas affected by these conditions (CLSM), and their impact on day-to-day activities (CLSL, CLSP). We will add one additional item from the SF-12 which measures the extent to which bodily pain interferes with normal work and activities (PAININT4WKS), addressing an aspect of physical functioning not previously covered in detail. Mental health and wellbeing are captured separately through established measures.
Disability	Retain disability measures and clarify how disability measures relate to neurodiversity.	We will retain the established questions on long-standing physical or mental health conditions (CLSI), the areas affected by these conditions (CLSM), whether they reduce the ability to carry out day-to-day activities

Topic	Suggestion	Feedback
		(CLSL), and the duration of activity limitation (CLSP). This maintains longitudinal comparability while providing a consistent measure of disability. Neurodiversity will additionally be covered through a new, more detailed set of questions. These will identify diagnosed and suspected neurodivergent conditions, including dyslexia, dyscalculia, dyspraxia, ADHD, autism and tic conditions (NEUROD, NEURODO), distinguish formal diagnosis, awaiting diagnosis and not seeking diagnosis (NEURODAG), and collect age at diagnosis (NEUROAGE) and medication use (NEUROMED_NEW). We will also include established measures of autistic and ADHD traits, using six items from the Comprehensive Autistic Trait Inventory (CATI6A–CATI6F) and items from the Adult ADHD Self-Report Scale (ASRS DSM-5 Scale, ASRS17), alongside a measure of functional impact (NEURODIMP). This will allow neurodivergent conditions and traits to be examined separately and alongside wider measures of disability.

Topic	Suggestion	Feedback
Blood pressure	Collect systolic and diastolic blood pressure to study early cardiovascular risk and its environmental, behavioural and genetic determinants.	Blood pressure will not be measured at age 27. The mixed-mode design means that most cohort members will complete the survey without an interviewer, and reliable measurement would require suitable equipment and a standardised measurement protocol. We are aware of a contactless blood pressure and pulse measurement using smartphone cameras and will explore the feasibility of inclusion in future sweeps and integration into the proposed MCS Study App. Biomedical data collection is not funded as part of this sweep. We have therefore prioritised health information that can be collected consistently across modes.
Body measures	Retain body measurements, including height, weight and body fat.	We will continue to collect self-reported height and weight from all cohort members (HEIGHTUNIT, HTMETRES, HTCMS, HTFEET, HTINCHES; WEIGHTUNIT, WTKILOS, WTSTONE, WTPOUNDS), allowing BMI to be derived and change in body size to be examined longitudinally.

Topic	Suggestion	Feedback
		The mixed-mode design means that interviewer-measured anthropometry will not be possible.
Weight control and body image	Capture weight, body image, eating disorders and weight goals alongside use of weight-loss medication.	We will retain self-reported height and weight and cohort members' perception of their weight (WEGT) and add a measure of whether they are trying to lose weight, gain weight, maintain their weight or make no change (CHANGEWT). We will also ask whether cohort members currently or previously used weight-loss medication (MEDSWEIGHT) and, where relevant, whether it was prescribed by a healthcare professional (MEDSWEIGHTPRES). These measures will allow objective and subjective aspects of weight to be considered alongside weight-control behaviour. Eating disorder measures were included at age 23 but will not be repeated at age 27. We will consider repeating in future sweeps.

Topic	Suggestion	Feedback
Menstrual health	Capture menstrual and gynaecological health, including symptoms, diagnoses, impacts and biomarkers.	We will expand measurement of menstrual and gynaecological health at age 27. Where this information is not already known, we will establish whether cohort members have ever had a period and age at first period (PEREV, AGMN). We will then ask whether they have experienced menstrual or gynaecological problems (GYNAEPROB), their impact on day-to-day activities during the past 12 months (GYNEFFECT), and whether medication has been used to manage these problems (GYNMED).
Sexual health	Capture sexual activity, STI testing and diagnoses at this life stage.	We will retain questions on sexual health at age 27, including methods of contraception or protection currently used (CNTR), whether cohort members have ever been tested for an STI (STIE) and whether they have ever received an STI diagnosis (STEV). A broader set of questions on sexual activity and sexual history will not be included as this is a specialist set of questions that may be better suited to studies such as the National Survey of Sexual Attitudes and Lifestyles.

Topic	Suggestion	Feedback
Pregnancy	Retain measures of smoking, alcohol and drug use during pregnancy.	We will continue to collect information on smoking (MMaHcig01), alcohol consumption (MMaHalc04), vaping (MMaHvape) and illegal or recreational drug use (MMaHdrugs) during pregnancy, reflecting its importance for both cohort members' health and child outcomes and its value for longitudinal research.
Access to services	Capture use of, and unmet need for, health and treatment services, including different routes to accessing care and consequences of delays.	Access to healthcare will be covered in detail at age 27 because it is policy relevant and difficult to capture fully through administrative data. We will ask which health and treatment services cohort members have used during the past 12 months (HSERV, HSERVO), whether any services were paid for privately and which services these were (SERFUND, SERPRIVT), and whether there were services they needed but could not access or where delays had a negative impact (NOSERV, NOSERVT). For each affected service, we will also collect what happened subsequently, including whether an appointment has now been obtained or whether the cohort member is still waiting (NOSERVREAS).

Topic	Suggestion	Feedback
Service use	Capture mental-health service use alongside wider health service use.	Mental-health service use will be captured both within the general health-service questions and through dedicated mental-health questions. Mental-health or counselling services are included within service use (HSERV), private provision (SERFUND, SERPRIVT) and unmet need or delays (NOSERV, NOSERVT, NOSERVREAS). We will additionally ask whether cohort members sought help for a mental, nervous or emotional problem in the past 12 months (MHTR), whether they received help (MHHP), and whether they are currently receiving medication or counselling or therapy (MHTN).
Access to services	Capture private health insurance as a potential route around difficulties accessing healthcare.	We will not include a separate question on private health insurance. Priority was given to measuring actual use of privately funded healthcare, which is more directly relevant to the consultation concern about alternative routes to care. Cohort members who have used health services will be asked whether any were paid for privately and which services these were (SERFUND, SERPRIVT).

Topic	Suggestion	Feedback
Access to services	Capture private health testing and its influence on health decisions and behaviours.	We will not include a separate measure of private health testing. Capturing the wide range of tests available, how they were obtained and their subsequent influence on behaviour would require a more detailed set of questions than could be accommodated. We will, however, identify privately paid healthcare use (SERFUND, SERPRIVT), and the new health-information questions will provide wider evidence on the sources cohort members use for health information and advice (HLTHINFSO, HLTHINFTR).
Oral health	Include oral-health measures to address evidence gaps around dental health and its wider social and wellbeing consequences.	Although oral health is an important dimension of health and wellbeing, we will not prioritise dedicated dental health questions at age 27. Given significant pressures on questionnaire space, priority has been given to measures with strong longitudinal continuity and/or particular relevance to the transition to adulthood. The added analytical value of a small number of self-reported dental measures is currently unclear, while more comprehensive or objective assessment would require greater

Topic	Suggestion	Feedback
		survey resource. We will consider including oral health measures at a later sweep.
Health data linkage	Extend health data linkage, including exploring linkage to GP extraction data, while recognising limitations of administrative data.	Health data linkage will continue to complement information collected directly in the survey. We will continue to seek relevant linkage consent from cohort members where consent has not previously been provided. We will also investigate the feasibility of incorporating GP extraction data, including whether this is covered by existing consent arrangements or would require additional consent. Linked data cannot capture all aspects of health, particularly subjective health, behaviours and experiences of accessing care, so these will continue to be collected directly.
Long covid	Do not prioritise further measurement of Long COVID.	We will not include specific questions on Long COVID at age 27. Although Long COVID remains an important health condition, a dedicated measure was not prioritised given significant pressures on

Topic	Suggestion	Feedback
		questionnaire space. Instead, priority was given to measures with strong longitudinal continuity, including long-standing health conditions and their impact on day-to-day activities (CLSL, CLSP). These measures will allow some of the health and functional impacts associated with Long COVID to be captured, although they will not identify Long COVID specifically.
Medication usage	Capture medication use, including prescribed and non-prescribed medication, particularly for weight loss, contraception, anxiety/depression and ADHD.	We will take a targeted rather than comprehensive approach to medication use. Collecting all medications reliably would require detailed information on drug names, indications and dosage and would add substantially to questionnaire length. We have instead prioritised medication use in areas of particular relevance at this life stage and highlighted through the consultation. This includes current and previous weight-loss medication (MEDSWEIGHT) and whether it was prescribed (MEDSWEIGHTPRES), medication used for menstrual or gynaecological problems (GYNMED), medication for neurodivergent conditions (NEUROMED), current medication for mental, nervous or emotional

Topic	Suggestion	Feedback
		problems (MHTN), and contraceptive methods including the contraceptive pill (CNTR).
Health information	Capture use of, and trust in, different sources of physical and mental health information, including AI, social media, healthcare professionals and health websites, and examine self-diagnosis.	We will introduce a new set of questions on health information and advice, reflecting the changing ways in which people access health information. We will ask how often cohort members use a wide range of sources (HLTHINFSO), including healthcare professionals, NHS and government websites, health charities, research organisations, search engines, social media and influencers, online communities, health apps, AI tools and chatbots, commercial websites, news media, family and friends. We will also measure trust in selected sources (HLTHINFTR), including healthcare professionals, official health services, social media and AI. This will allow researchers to examine both engagement with different information sources and how far those sources are trusted. The questions will not directly measure self-diagnosis.

Topic	Suggestion	Feedback
Health behaviours	Capture cohort members' perceptions of what constitutes a healthy lifestyle, alongside their actual health behaviours.	We will prioritise measurement of cohort members' actual health behaviours rather than adding a separate measure of what they believe constitutes a healthy lifestyle. The questionnaire will capture behaviours across physical activity, sedentary behaviour, diet, smoking and vaping, alcohol, drugs and sleep. This provides longitudinally comparable measures that can be related directly to subsequent health outcomes.
Health behaviours	Retain measures of diet and nutrition.	We will retain a brief set of dietary indicators from age 23, covering frequency of eating breakfast (BRKN) and whether cohort members eat at least two portions of fruit (FRUT) and vegetables (VEGI) per day. Comprehensive dietary assessment would require substantially more questionnaire time, so we have prioritised a small set of repeat measures that provide longitudinal continuity.

Topic	Suggestion	Feedback
Health behaviours	Measure physical activity and sedentary behaviour separately.	We will continue to measure physical activity and sedentary behaviour separately. Physical activity will be captured through the number of days in a typical week on which cohort members undertake at least 30 minutes of exercise sufficient to raise their heart rate and make them sweat (EXERCISEH). Sedentary behaviour will separately capture typical weekday time spent sitting while using screens (SEDENTA) and sitting during non-screen activities (SEDENTB). These measures were collected at age 23, providing longitudinal comparability while distinguishing between activity and sedentary time.
Screen time	Capture screen use given links with sedentary behaviour, problematic internet use and potential health effects.	Screen-related behaviour will be captured in two complementary ways. We will retain the measure of typical weekday time spent sitting while using a screen for work, study, television, gaming, messaging, social media or other online activities (SEDENTA). We will additionally include the five-item Compulsive Internet Use Scale (CIUS5) to capture potentially problematic internet use. Together these distinguish time

Topic	Suggestion	Feedback
		spent in screen-based sedentary activity from problematic patterns of internet use.
Health behaviours	Retain subjective sleep measures and consider objective measurement such as actigraphy.	We will retain a multidimensional set of subjective sleep measures from age 23, reflecting the importance of sleep for health and wellbeing and providing longitudinal comparability. These cover time taken to fall asleep (SLLN), average nightly sleep duration (SLEEP2), waking during the night and having difficulty returning to sleep (SLTR), and overall sleep quality (SQLT). We do not currently have funding to conduct objective measurements.
Health behaviours	Capture time spent indoors and outdoors as a health behaviour.	We will not include a separate measure of time spent indoors and outdoors. Given the available questionnaire time, we prioritised established measures of physical activity (EXERCISEH) and sedentary behaviour (SEDENTA, SEDENTB), which have longitudinal comparability within MCS.

Topic	Suggestion	Feedback
Time use	Use time-use diaries to capture detailed behavioural patterns relevant to health.	Detailed time-use diaries will not form part of the age 27 main survey. Although they could provide valuable information across a range of health behaviours, they would create substantial additional respondent burden alongside an already extensive questionnaire. More intensive time-use data collection may instead be considered for collection through the MCS app between main sweeps, where it could potentially be collected separately from the main questionnaire.
Addiction – substances	Retain detailed smoking, vaping, alcohol and drug-use measures, and separate lifetime drug use from past-year frequency.	We will retain detailed measures of smoking, vaping, alcohol and drug use because these remain important at this life stage and provide substantial longitudinal value. Smoking will cover current status and, for daily smokers, number of cigarettes smoked (SMOKING, NOFCIGS), while vaping is captured separately (ECIGUSE). Alcohol consumption will continue to be measured using the AUDIT-C items covering frequency, typical quantity and heavier drinking occasions (ALDR, AUDIT2, AUDIT3). We will also revise the drug questions so that lifetime

Topic	Suggestion	Feedback
		and recent use are measured separately: cohort members will first report whether they have ever used each listed drug (DRUGEVER_GRID), followed by frequency of use during the past year for each drug ever used (DRUGFREQ).
Addiction - behaviours	Capture potentially addictive or problematic behaviours, particularly gambling and problematic internet/social-media use.	Potentially addictive behaviours are covered across several parts of the survey. Theme 3 will retain detailed measures of smoking, vaping, alcohol and drug use. Theme 4 will capture gambling behaviour, including measures based on the Problem Gambling Severity Index (expanding to the full nine-item PGSI at age 27, from the three items included at age 23), and problematic internet use using the five-item Compulsive Internet Use Scale (CIUS5). Together these provide longitudinal coverage of substance use while extending measurement to important behavioural addictions.

Topic	Suggestion	Feedback
Discrimination and health	Capture discrimination across life domains to examine its impacts on health and inequalities.	We will include measures of discrimination elsewhere in the questionnaire, allowing experiences of discrimination to be related to physical health, mental health and wider inequalities. Workplace discrimination is also captured within Theme 2 (WDISCR). This means discrimination can be examined as a potential determinant of health rather than being treated solely as a workplace experience.
Care	Capture both provision and receipt of unpaid care.	Unpaid caregiving will be retained including whether cohort members provide care, whom they care for and hours of care provided (CARE, CRWO, CRHR). We will not introduce a separate measure of receipt of informal care at this sweep. Priority was given to caregiving, which is particularly relevant to emerging responsibilities at this life stage.
Mental health measures	Use the full PHQ and GAD rather than the two-item measures.	We will retain the two-item PHQ-2 and GAD-2 rather than the full PHQ-9 and GAD-7. The shorter scales provide established measures of depressive and anxiety symptoms while using substantially less

Topic	Suggestion	Feedback
		questionnaire time, allowing space for broader coverage of mental health and wellbeing. The relevant items cover nervousness or anxiety and uncontrollable worrying (GAD1, GAD2) and loss of interest or pleasure and depressed mood or hopelessness (PHQ1, PHQ2).
Mental health measures	Strengthen measurement of mental health and wellbeing with GHQ, self-esteem and broader psychological-wellbeing measures.	We will not add the GHQ. Mental health is already covered through several complementary measures, and questionnaire time was therefore prioritised towards maintaining longitudinal measures while expanding coverage of areas identified as particularly important for this sweep, including neurodiversity. Psychological distress will continue to be captured through the Kessler measure (PHDE, PHHO, PHRF, PHEE, PHWO, PHNE), while positive mental wellbeing will be measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (WWOP, WWUS, WWRE, WWDE, WWTH, WWCL, WWMN), alongside overall life satisfaction (SATN).

Topic	Suggestion	Feedback
Positive mental health	Include strengths-based measures of positive mental health as well as measures of distress and disorder.	We will retain the Short Warwick-Edinburgh Mental Wellbeing Scale, providing a strengths-based measure of positive mental wellbeing alongside measures of psychological distress. Its seven items capture optimism, feeling useful, relaxation, coping with problems, thinking clearly, feeling close to others and autonomy in decision-making (WWOP, WWUS, WWRE, WWDE, WWTH, WWCL, WWMN). We will also retain overall life satisfaction (SATN). Together these ensure that mental health measurement covers positive functioning as well as symptoms and difficulties, while maintaining longitudinal comparability with age 23.
Resilience measures	Include measures of resilience and flexibility.	We will not include a measure of GRIT at age 27. GRIT was collected at age 23 as a measure of perseverance and persistence, but given pressures on questionnaire time it has not been prioritised for this sweep. It may be repeated at a future sweep, allowing change over time to be examined.

Topic	Suggestion	Feedback
Constructions of mental health	Capture cohort members' beliefs about the causes and drivers of mental-health problems.	We will not include questions asking cohort members to identify what they believe causes mental-health problems. Given the extensive mental-health content at age 27, priority was given to established measures of cohort members' own mental health and wellbeing, treatment and service use, self-harm, loneliness and neurodiversity.
Mental Health Stigma	Capture experienced and internalised mental-health stigma and its effects on help-seeking and employment.	We will not include a dedicated mental-health stigma scale. Stigma is multidimensional, encompassing both perceived attitudes of others and internalised stigma, and would require several questions to measure meaningfully. Within the available questionnaire time, priority was given to direct measures of mental health, help-seeking and treatment (MHTR, MHHP, MHTN), which will allow inequalities in access to support to be examined.

Topic	Suggestion	Feedback
Functioning	Include the Work and Social Adjustment Scale to measure functional impairment across work and social life.	We will not include the full Work and Social Adjustment Scale. Functional impact will instead be captured in several parts of the questionnaire. For long-standing conditions, we ask whether health reduces cohort members' ability to carry out day-to-day activities and for how long (CLSL, CLSP). The new menstrual and gynaecological health questions similarly capture impact on daily activities (GYNEFFECT), and bodily pain is assessed in terms of interference with normal work, including work outside the home and housework (PAININT4WKS). Given this existing coverage and the available questionnaire time, this additional scale was not prioritised.
Personality disorders	Include a brief screener for personality dysfunction and its comorbidity with mental health and risk-taking behaviours.	We will not include a personality-dysfunction screener at this sweep. The consultation identified a wide range of priorities for mental health, and the questionnaire time available was prioritised towards substantially expanding measures of neurodiversity, alongside retaining

Topic	Suggestion	Feedback
		longitudinal measures of psychological distress, wellbeing, self-harm and service use.
Perinatal mental health	Capture perinatal mental health for mothers and fathers, including depression, PTSD and psychosis and possible links with fertility intentions.	We will introduce specific questions on mental health during and following pregnancy because of its potential implications for cohort members, partners and children. These will collect depression and anxiety during and after pregnancy (PNMH) for both mothers and fathers, alongside broader mental-health measures administered to cohort members, including psychological distress, wellbeing and, where applicable, depression and anxiety measures. Partner mental health will also be captured through the partner questionnaire. Fertility intentions will be collected separately, including intended and ideal number of children (CHPLAN, NCHPLAN) and preferred timing (ACHPLAN), allowing perinatal mental health to be examined alongside future fertility plans.

Topic	Suggestion	Feedback
		PTSD and psychosis will not be measured separately but an open text response will be offered where people can specify any 'Other' metal health condition (PNMH). A new question has been added on perinatal physical health too (PNPH).
Eating disorders	Include validated measures of eating-disorder symptoms alongside other measures of serious mental-health difficulties.	We will not include a validated eating-disorder symptom scale at age 27. Eating disorders were covered in greater depth at age 23 using five items from the Eating Disorder Examination Questionnaire Shortened (EDE-QS), and we will consider repeating more detailed measures in future sweeps. At age 27, we will nevertheless retain information relevant to weight and body image, including self-reported height and weight, perception of own weight (WEGT), and whether cohort members are trying to lose, gain or maintain their weight (CHANGEWT), alongside new questions on weight-loss medication (MEDSWEIGHT, MEDSWEIGHTPRES).

Topic	Suggestion	Feedback
Body dysmorphia	Capture body dysmorphia and the relationship between body image, social media and behaviour.	We will not include a specific measure of body dysmorphia or the influence of social media on body image at age 27. Body dysmorphic concerns were measured at age 23 using a three-item shortened version of the Dysmorphic Concern Questionnaire (DCQ), and we will consider repeating more detailed measures in future sweeps. At age 27, we will retain cohort members' perceptions of their own weight (WEGT) and add information on whether they are trying to lose, gain or maintain their weight (CHANGEWT), alongside new questions on weight-loss medication (MEDSWEIGHT, MEDSWEIGHTPRES). These measures provide relevant information on weight perceptions and behaviours but should not be treated as measures of body dysmorphia.
Self harm	Retain measures of self-harm and suicidal behaviour.	We will retain detailed measures of self-harm and suicidal behaviour. Cohort members will be asked about different forms of self-harm during the past year, including cutting or stabbing, burning, bruising or pinching, overdose and other forms (SHCU, SHBU, SHBR, SHOD, SHPU,

Topic	Suggestion	Feedback
		SHRM, SHRZ). We will also retain measures of whether cohort members have ever deliberately hurt themselves in an attempt to end their life (SUIC), the number of times this has occurred (SUNO), and whether it has occurred in the past 12 months (SUYR). These continue measures collected at age 23.
Loneliness	Continue measures of loneliness.	We will repeat the four loneliness items used at age 23, covering lack of companionship (LNLY1), feeling left out (LNLY2), feeling isolated from others (LNLY3) and feeling lonely (LNLY4). This maintains longitudinal measurement of an important dimension of social wellbeing at this life stage.
Loneliness	Examine interactions between loneliness and AI, including whether AI is used as a substitute for friendship.	As noted above we will retain the four loneliness measures (LNLY1-LNLY4) but will not ask directly whether AI is being used as a substitute for friendship. Broader attitudes towards AI will be captured elsewhere in the survey.

Topic	Suggestion	Feedback
Loneliness	Capture frequency of face-to-face interaction and social thinning and their relationship with mental health.	We will not include a direct count of face-to-face interactions. Social connection will instead be captured through the four loneliness measures (LNLY1-LNLY4), together with the wider social-support measures included under Theme 1 (SAFF, TRSS, NCLS and MONY). These measures can be examined alongside the detailed measures of mental health and wellbeing collected at age 27, allowing researchers to explore relationships between social connection, loneliness, social support and mental health.
Neurodiversity	Capture neurodivergent conditions, formal diagnosis and self-identification, medication and traits, with particular interest in ADHD, autism, dyslexia, dyspraxia and dyscalculia.	We will introduce substantially expanded measurement of neurodiversity at age 27, reflecting the strong consultation interest and its relevance across education, employment, health and family life. Cohort members will be asked whether they have, or think they may have, dyslexia, dyscalculia, dyspraxia, ADHD, autism, tic conditions or another neurodivergent condition, irrespective of formal diagnosis (NEUROD, NEURODO). For each reported condition we will distinguish

Topic	Suggestion	Feedback
		formal diagnosis, awaiting diagnosis and not seeking diagnosis (NEURODAG), collect age at diagnosis where applicable (NEUROAGE), and ask about medication use (NEUROMED_NEW) and functional impact (NEURODIMP). We will also include established trait measures: six items from the Comprehensive Autistic Trait Inventory (CATI; CATI6A-CATI6F) to measure autistic traits, and items from the Adult ADHD Self-Report Scale (ASRSDSM-5 Scale, ASRS17) to measure ADHD traits, alongside a planned question on functional impact. This will allow diagnosed and undiagnosed neurodivergence, traits and functional consequences to be considered separately.
Cognition	Prioritise fluid cognitive function and repeat core measures such as working memory, executive function and processing speed across sweeps.	We will repeat the Backward Digit Span assessment from age 23. This provides a brief measure of working memory and executive function and, by repeating the same task, allows longitudinal change between ages 23 and 27 to be examined. Cohort members will additionally be asked to rate how well they believe they performed on the task

Topic	Suggestion	Feedback
		(SRPBDS), allowing objective task performance to be considered alongside self-perceived performance.
Cognitions	Include measures of working memory and task switching, including their relevance to new parents and as a benchmark for later life.	Working memory will be measured through the repeated Backward Digit Span assessment, providing an important longitudinal measure between ages 23 and 27 and a potential baseline for studying subsequent cognitive change. A separate task-switching assessment will not be included given the time available for cognitive testing.
Cognition	Introduce new measures of fluid reasoning.	We will not introduce a new fluid-reasoning assessment at age 27. Cognitive testing requires a substantial amount of questionnaire time, and priority was given to repeating Backward Digit Span because this provides a direct longitudinal comparison with age 23.

Topic	Suggestion	Feedback
Cognition	Consider Sea Hero Quest to measure spatial navigation and planning.	Sea Hero Quest will not be included at age 27. Implementing it would require a separate task outside the core questionnaire and would create additional participation demands alongside plans for the MCS app.
Cognition	Assess critical evaluation of online information, potentially through a fact-checking exercise.	We will not include a separate fact-checking or source-evaluation cognitive task. We were not able to identify an appropriate task which could be completed within the time available. The new health-information questions will provide *some* information about cohort members' use of and trust in sources including official websites, social media and AI (HLTHINFSO, HLTHINFTR).
Cognition	Capture soft skills such as teamwork and communication.	We will not include a dedicated scale measuring soft skills such as teamwork and communication. We were not able to identify any brief well-established measures suitable for inclusion in a general-purpose longitudinal survey.

Topic	Suggestion	Feedback
Risk preference	Repeat a measure of risk preference to examine change between ages 23 and 27.	We have not prioritised including a risk-preference question at age 27. A single general self-report measure may not adequately represent risk-taking across different domains, such as financial, health or social risk. We have instead given priority to repeat measures of specific risky behaviours.
Positive mental health	Ask what experiences have made the biggest positive difference to cohort members by age 27.	We will not include a separate open-ended question asking what has made the biggest positive difference to cohort members by age 27. While this could provide useful insights, responses could span a very wide range of experiences. Priority was therefore given to established measures of positive wellbeing and life satisfaction, alongside detailed information across the survey on relationships, family, employment, housing and other life domains, allowing researchers to examine the factors associated with positive wellbeing.

Topic	Suggestion	Feedback
Life satisfaction	Include a single measure of overall life satisfaction.	We will retain the single measure of overall life satisfaction under Theme 3 (SATN), providing a concise measure of subjective wellbeing with longitudinal value.
Alexithymia	Include a measure of alexithymia within the expanded neurodiversity content.	We will not include a dedicated alexithymia scale. Theme 3 substantially expands neurodiversity measurement, with priority given to ADHD and autistic traits using established measures alongside diagnosed and suspected neurodivergent conditions. Cohort members can report other neurodivergent conditions (NEURODO), but this should not be treated as a measure of alexithymia. More detailed measurement may be considered in a future sweep.

Theme 4: Identity, participation, values and aspirations

Topic	Suggestion	Feedback
Sex and gender identity	Capture gender identity separately from sex at birth	We asked about gender identity at 23 and will repeat this at 27 (GNID). As we already have a measure of sex at birth, we do not need to repeat this question.
Sexuality	Capture changes in how cohort members describe their sexual identity, including identities beyond established response categories.	We will continue to collect sexual identity using the established MCS measure (SXID), covering completely or mainly heterosexual/straight, bisexual, mainly or completely gay or lesbian, and an open "other" response (SXIO). Retaining the measure supports longitudinal comparability. The open response also allows identities not represented by the fixed categories to be reported.
Homophobia	Enable analysis of health, social and workplace inequalities among LGBTQ+ cohort	The questionnaire will support analysis of health, social and employment inequalities by sexual and gender identity (SXID, GNID). We will also introduce detailed measures of discrimination using the Major

Topic	Suggestion	Feedback
	members, including experiences of stigma and discrimination.	Experiences of Discrimination measure (MED), covering experiences in education, employment, housing, policing, healthcare and services, followed by the reported grounds for discrimination (MEDGRO), including gender and sexual orientation. This will allow experiences of discrimination among LGBTQ+ cohort members to be examined alongside health, employment and other outcomes.
National identity	Retain national identity, particularly because of its relevance in the devolved nations.	National identity will not be asked at age 27. It has been collected at earlier sweeps, providing longitudinal information on cohort members' identities, and we will consider repeating it at future sweeps.
Welsh, Scots and Gaelic language usage	Capture use of Welsh, Scots and Gaelic languages.	We will continue to collect Welsh-language use among cohort members living in Wales, including how often Welsh is spoken with friends (LANW) and whether Welsh, English or a mixture is used with friends on social-networking and messaging services (WESM). We will not add equivalent

Topic	Suggestion	Feedback
		questions on Scots or Gaelic at this sweep. Welsh-language measurement has an established longitudinal history in MCS.
Religion and religious activities	Capture religious identity and participation at each sweep because affiliation and activity can change over time.	We will not repeat religious identity or religious participation at age 27. Religious identity has been collected at previous MCS sweeps, and we recognise that affiliation and participation can change over time. Given competing priorities and the available questionnaire time, these measures were rested at this sweep, but we will consider repeating them in future sweeps.
Class identity	Capture subjective social-class identity alongside standard socioeconomic classifications.	We will not include a separate measure of subjective social-class identity. Instead, the survey will continue to collect detailed current and historical occupation information that can be coded to SOC and SIC and combined with longitudinal information on parental occupation and socioeconomic circumstances. This provides consistent measures for

Topic	Suggestion	Feedback
		analysing social position and mobility, although it will not capture cohort members' own class identity.
Discrimination	Capture experiences and grounds of discrimination because of their relevance to work, health and inequalities.	We will introduce a detailed measure of discrimination because of its relevance across health, employment, housing and wider inequalities. The Major Experiences of Discrimination measure (MED) asks about discrimination in education, employment, housing, policing, healthcare and service provision. Cohort members reporting discrimination will also be asked about its grounds (MEDGRO), including age, gender, race, ethnicity or nationality, religion, height or weight, appearance, physical disability, sexual orientation and other reasons. These questions can be linked to the wide range of health, socioeconomic and social outcomes collected elsewhere in the survey.
Social, cultural and community	Capture bonding and bridging social capital and participation in social, cultural,	We will retain selected measures of social and community connection, including frequency of spending time with friends outside work or

Topic	Suggestion	Feedback
engagement and social capital	community, religious, political, trade-union and voluntary activities.	education (SPFD). We will also introduce new questions on feelings of belonging to the local neighbourhood (neighbhbelong),frequency of talking to neighbours (neighbhtalk) and satisfaction with neighbourhood (neighbhsatis). Information on unpaid and voluntary work will also be collected. Together, these provide measures of social connection and participation, although we will not repeat the fuller participation battery used at age 17 or separately identify participation in religious, political or trade-union activities.
Reading	Capture reading habits over the life course and reading with cohort members' own children.	We will repeat the age-23 measure of reading or listening to books for enjoyment (RJOY), providing longitudinal information on reading frequency. Reading with cohort members' own children will be collected separately in the child module, allowing adult reading habits to be considered alongside reading activities within families.

Topic	Suggestion	Feedback
Loneliness and social isolation	Capture social isolation and loneliness, including possible links with home working and reduced shared social experiences.	We will continue to collect the four established loneliness measures (LNLY1-LNLY4), alongside measures of social support and connection (SAFF, TRSS, NCLS, MONY). We will also collect home-working arrangements (WRKPLCE, WRKPLCESE, WRKPROP). These data will allow researchers to explore relationships between home working, social connection, loneliness and mental health, although we will not include a separate direct measure of social isolation.
Sources of Joy	Include an open-ended question on sources of joy and inspiration.	We will not include a separate open-ended question on sources of joy and inspiration. While such a question could provide useful qualitative insights, responses could span a very wide range of experiences. Priority was given to established measures of positive wellbeing and life satisfaction, alongside detailed information across the survey on relationships, family, employment, housing and social participation, allowing researchers to examine factors associated with positive wellbeing.

Topic	Suggestion	Feedback
Later life	Capture expectations, aspirations and uncertainty about later life, including whether cohort members expect to achieve key milestones by ages 30 or 40 and an open-ended aspirations question.	We will not include a broad open-ended question on aspirations for later life or a set of questions asking whether particular milestones will be achieved by ages 30 or 40. Instead, future plans and expectations are measured in specific domains where they are particularly salient at age 27, including fertility intentions and expectations of home ownership (SRBUY, SRLONG, SRREA). Further aspiration will be considered again at future sweeps or as supplementary between-sweep content.
Attitudes and beliefs	Capture attitudes and values across multiple domains, drawing on CRONOS/European Social Survey measures covering areas such as the environment, social justice, digital life, health, the economy and governance.	We will not include the full set of attitudinal measures proposed across the CRONOS/European Social Survey domains. Given the available questionnaire time, we have prioritised selected contemporary attitudes of particular relevance at age 27, including environmental attitudes (ATTENS, ATTENPO) and perceptions of the impact of AI on society and cohort members' own lives (AIIMPACT, AIIMPACT2).

Topic	Suggestion	Feedback
Locus of control and meritocratic beliefs	Include locus-of-control and meritocratic-belief measures comparable with Next Steps for cross-cohort analysis.	We will include four locus-of-control items used in Next Steps (LOCUS0A-LOCUS0D), covering personal responsibility for success, perceived control over one's life, the role of luck, and the relationship between effort and success. Their use in Next Steps will support cross-cohort comparison, and the items also provide some information about beliefs in meritocracy.
Political attitudes	Capture political behaviour and attitudes, including views of devolved government and political polarisation.	We will not include a wider set of political-attitudes or political-polarisation questions at age 27. Political attitudes and behaviour were measured at age 23, providing a recent point of comparison, and we will consider repeating these measures at future sweeps to examine change over time.

Topic	Suggestion	Feedback
Attitudes to migration	Include measures of attitudes towards migration.	We will not include measures of attitudes towards migration at age 27-though we will consider for future sweeps.
AI	Capture attitudes towards AI, including perceived impacts, risks and benefits, trust, literacy and use across different areas of life.	AI was covered in detail in the recent MCS web survey, so the age 27 main survey will include a smaller set of repeat measures rather than duplicating that content. We will ask cohort members about the expected impact of AI on society over the next five years (AIIMPACT) and on their own life (AIIMPACT2), repeating questions from the web survey.
Trust in institutions	Capture trust in institutions and health practitioners and examine its relationship with health, socioeconomic circumstances, education, attitudes and service use.	We will not include a broad measure of trust in institutions. We have, however, introduced questions on sources of health information and advice and trust in those sources. HLTHINFSO captures frequency of using sources including healthcare professionals, NHS and government websites, research organisations, social media and AI, while HLTHINFTR measures trust in selected sources. These questions will allow trust in

Topic	Suggestion	Feedback
		health information sources to be examined alongside health, socioeconomic circumstances and service use.
Overclaiming	Capture self-perceptions of performance, potentially using the Overclaiming Technique and a self-rating after cognitive testing.	We will not include the more extensive Overclaiming Technique at age 27 because of the questionnaire time it would require. We will, however, ask cohort members to rate how well they think they performed on the Backward Digit Span cognitive task (SRPBDS). This will allow self-perceived performance to be compared with actual task performance using a concise measure.
Smartphone and social media usage	Explore smartphone-based or donated digital data as a more objective measure of smartphone and social-media use.	We are interested in the potential for the MCS app to support more objective measurement of digital behaviour, including smartphone or donated digital data, but the specific approach has not yet been finalised. In the main survey we will retain self-reported time spent on social networking or messaging (SOME), perceived social-media addiction (SOCM), feeling more connected and happier online than in

Topic	Suggestion	Feedback
		real life (SOCH). We will also add the five-item Compulsive Internet Use Scale (CIUS-5a-CIUS-5e). This provides both behavioural and subjective measures while options for supplementary app-based collection are explored.
Gambling	Prioritise gambling measures to examine whether earlier gambling develops into problematic gambling in adulthood.	Gambling has been prioritised because of its policy relevance and longitudinal value. At age 23, three items from the Problem Gambling Severity Index (PGSI) were included; at age 27, we will expand this to the full nine-item PGSI for both cohort members and partners. The full PGSI will cover betting more than they can afford to lose (GMBL), needing to gamble with larger amounts (GMLA), trying to win back losses (GMWB), borrowing or selling to fund gambling (GMSB), feeling that gambling may be a problem (GAPR), health problems (GMHP), criticism from others (GMCR), financial problems (GAMP) and guilt (GMGL). This will provide a more comprehensive measure of problematic gambling at age 27 and allow it to be examined in relation to cohort members' earlier gambling

Topic	Suggestion	Feedback
		histories and, where partner data are available, alongside partners' gambling.
Fear of crime	Capture feelings of safety and fear of crime, online and offline, alongside experiences of victimisation.	We will prioritise recent experiences of victimisation rather than add a separate fear-of-crime scale. We will repeat MCS measures of physical violence (VICA), being hit with or threatened using a weapon (VICC), online victimisation involving pictures or rumours (VICP), unwelcome sexual approaches (VICF), and sexual assault (VICS), all covering the past 12 months. We will also introduce a new measure of satisfaction with the local area/neighbourhood (neighbhsatis), providing additional information about cohort members' perceptions of the places in which they live.
Offending behaviour	Retain police and criminal-justice contact, distinguish lifetime from past-year	We will continue to collect contact with the police and criminal-justice system, distinguishing lifetime experience from the past 12 months. This includes being stopped and questioned by police (POLS, POLS12),

Topic	Suggestion	Feedback
	experiences, and consider offence seriousness and links with ADHD.	receiving a formal warning or caution (CAUT, CAUT12), arrest (ARES, ARES12), and appearing in court because of an alleged crime (CORT, CORT12), together with whether the cohort member was found guilty (GLTY). Knife or weapon carrying will also be captured (KNIFE, KNIF). We will not collect detailed offence seriousness because of disclosure risk. New measures on neurodiversity will allow associations between ADHD and these outcomes to be examined.
Gender roles and domestic violence	Capture attitudes to gender roles and domestic violence, including victimisation and perpetration.	We will not include questions on attitudes to gender roles at age 27. We will, however, collect information on cohort members' experiences of domestic abuse by a partner or ex-partner, covering physical violence (DVIOLEV, DVIOL) and emotional abuse, coercive or controlling behaviour (EVIOLEV, EVIOL), including both lifetime and recent experiences. We will not ask directly about perpetration at this sweep, given the sensitivity of doing so within the cohort study and the need to minimise potential impacts on continued participation.

Topic	Suggestion	Feedback
Reflections on historical events	Include an open-ended question on cohort members' reflections on historical events.	We will not include a separate open-ended question on reflections on historical events. While this could provide valuable qualitative insights, the consultation did not identify particular historical events or experiences that should be prioritised, and the potential scope is very broad. It would therefore be difficult for a single open-ended question to capture cohort members' experiences and their significance adequately.

Appendix 1: Consultation event prioritisation exercise results

This appendix presents results from the prioritisation exercises conducted at the regional consultation events and the London consultation event, followed by topic preferences reported by MCS study members in the 2026 web survey. The London results are presented separately because the topic categories differed from those used at the regional events.

Figure A1. Theme 1: topics selected as MOST important at the regional consultation events.

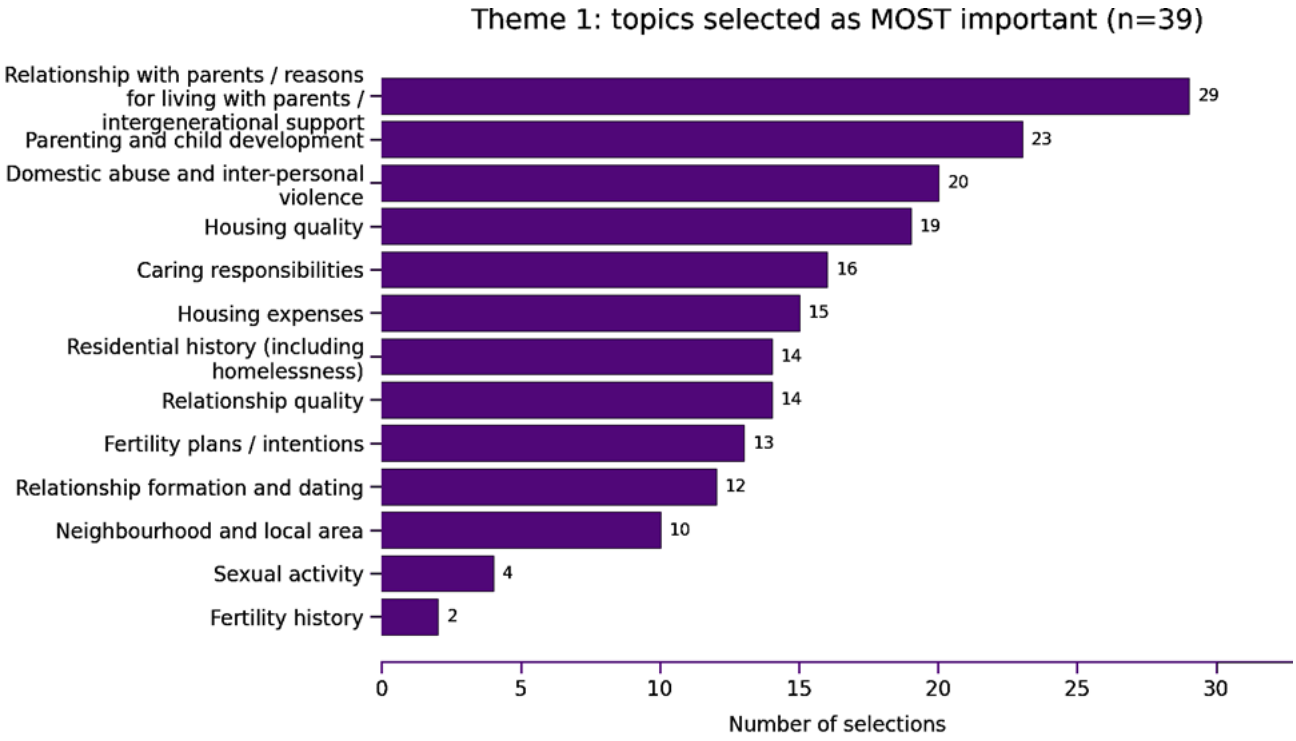


Figure A2. Theme 1: topics selected as LEAST important at the regional consultation events.

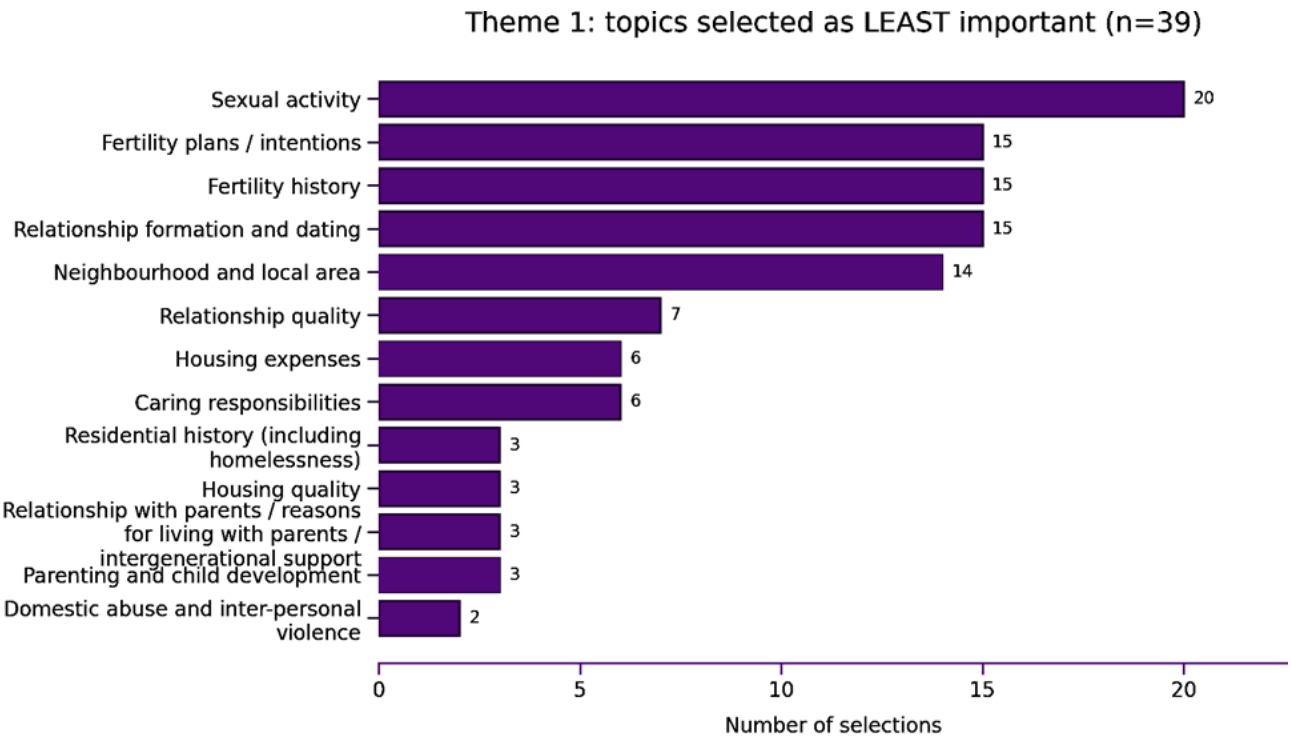


Figure A3. Theme 1: topics selected as MOST important at the London event.

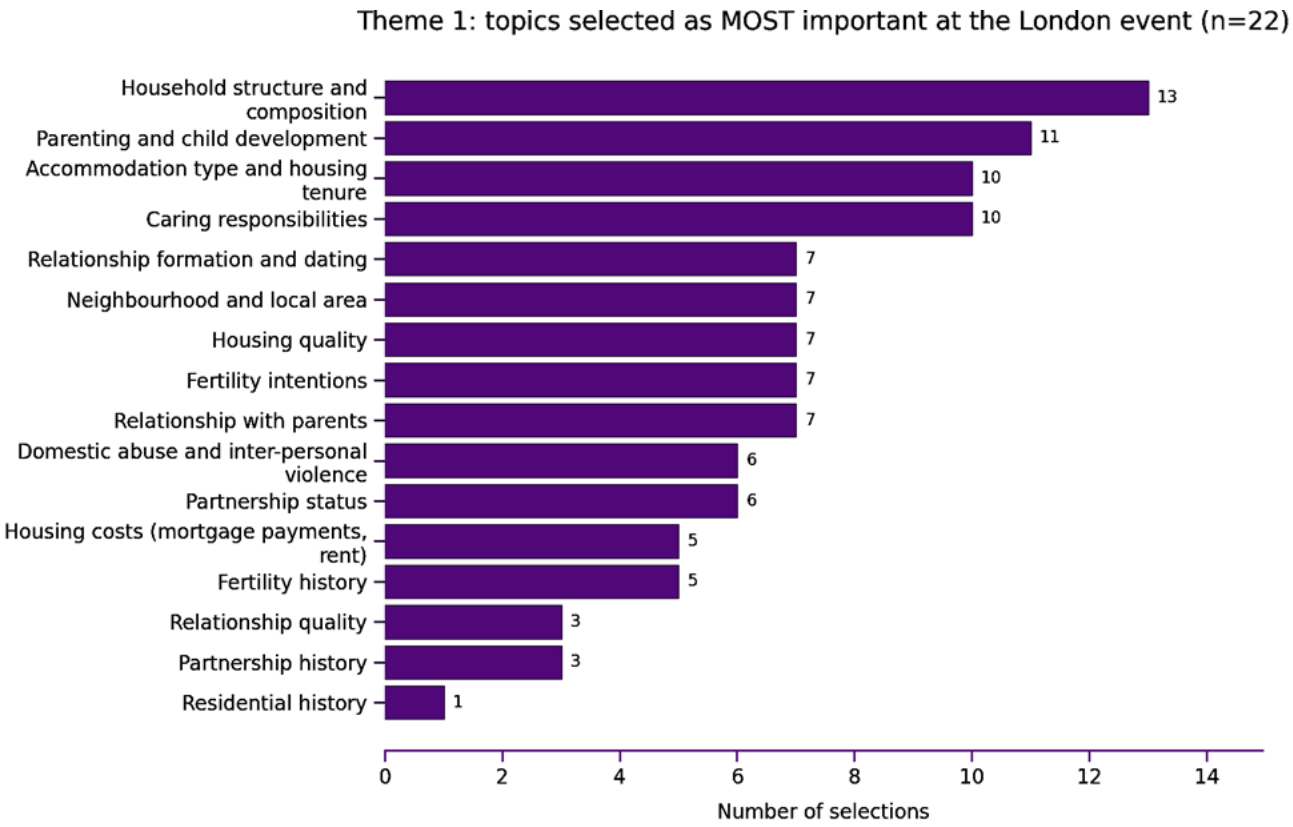


Figure A4. Theme 1: topics selected as LEAST important at the London event.

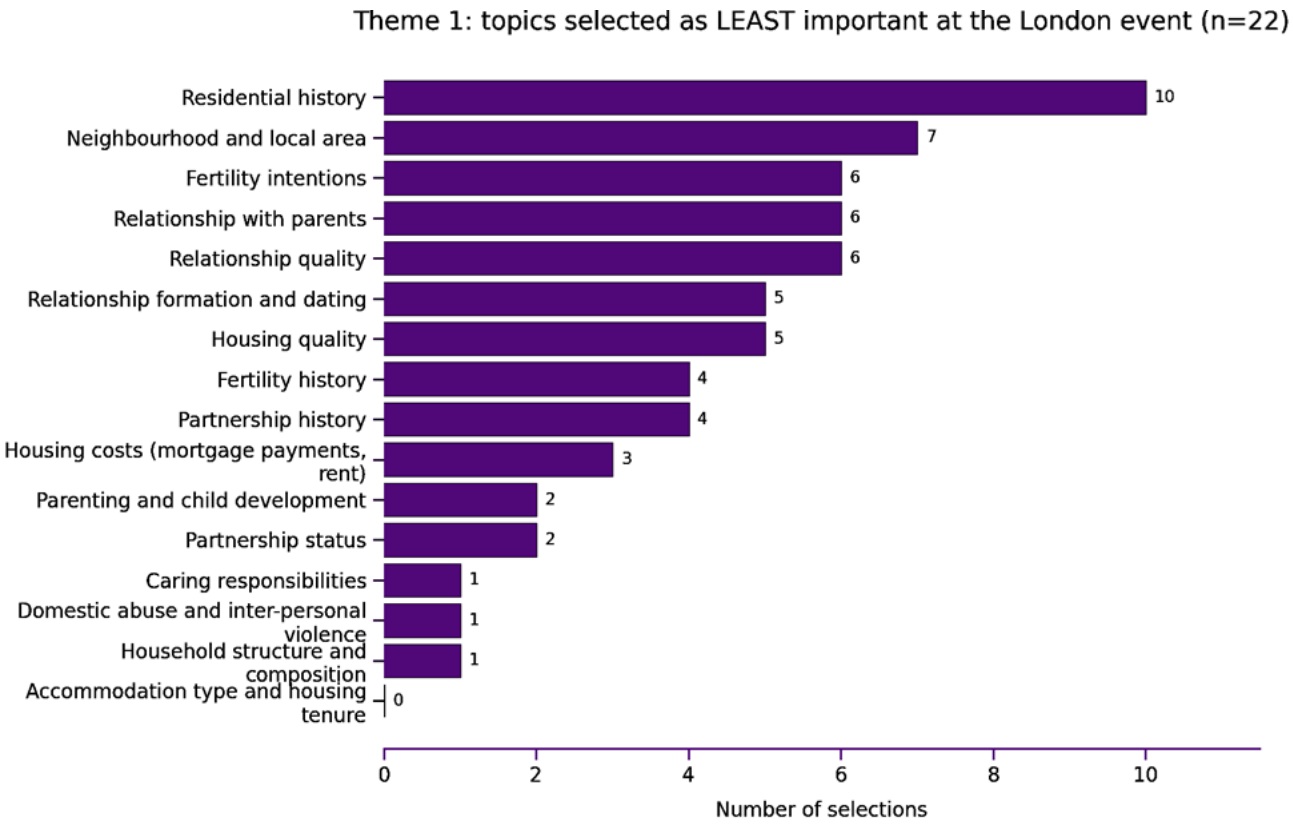


Figure A5. Theme 1b: parenting topics selected as MOST important at the London event.

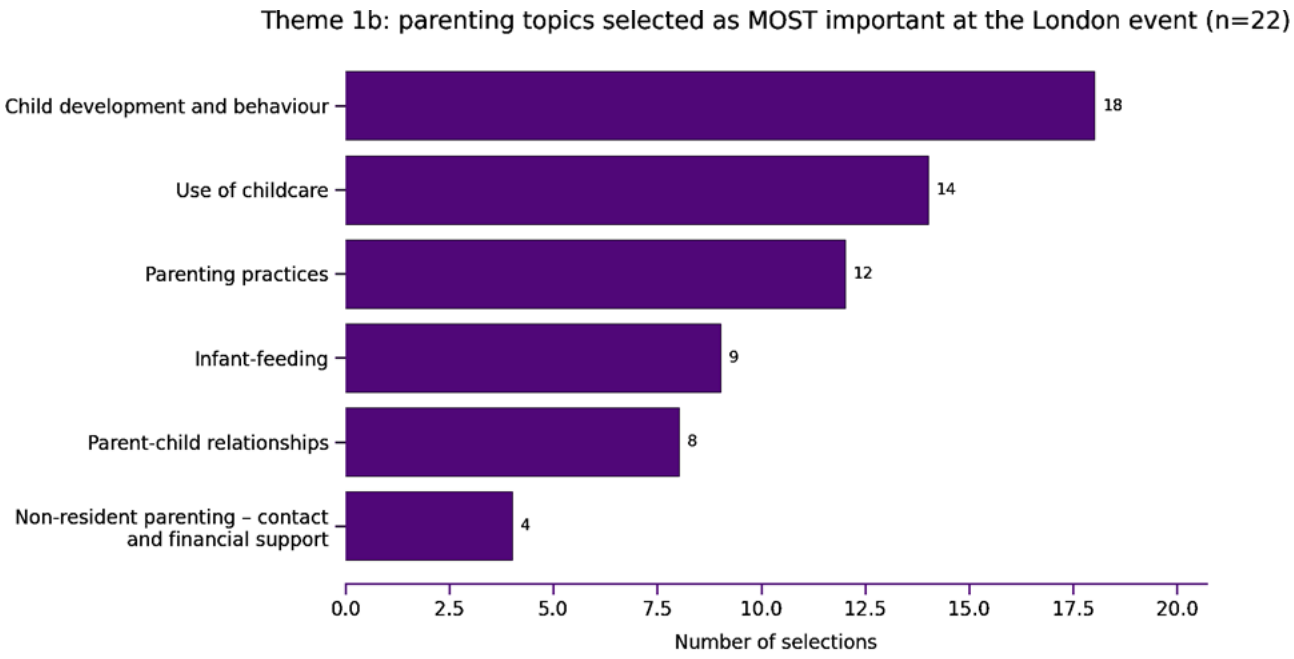


Figure A6. Theme 2: topics selected as MOST important at the regional consultation events.

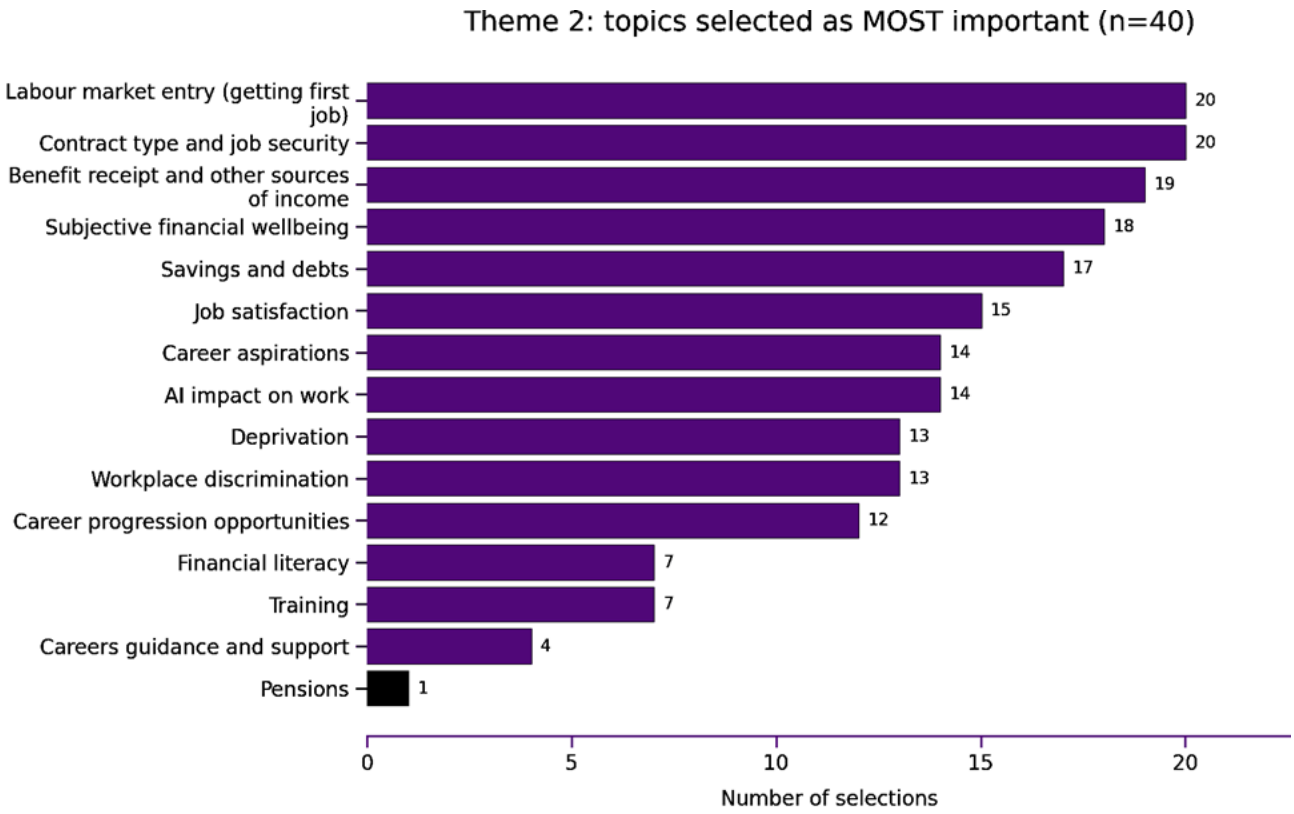


Figure A7. Theme 2: topics selected as LEAST important at the regional consultation events.

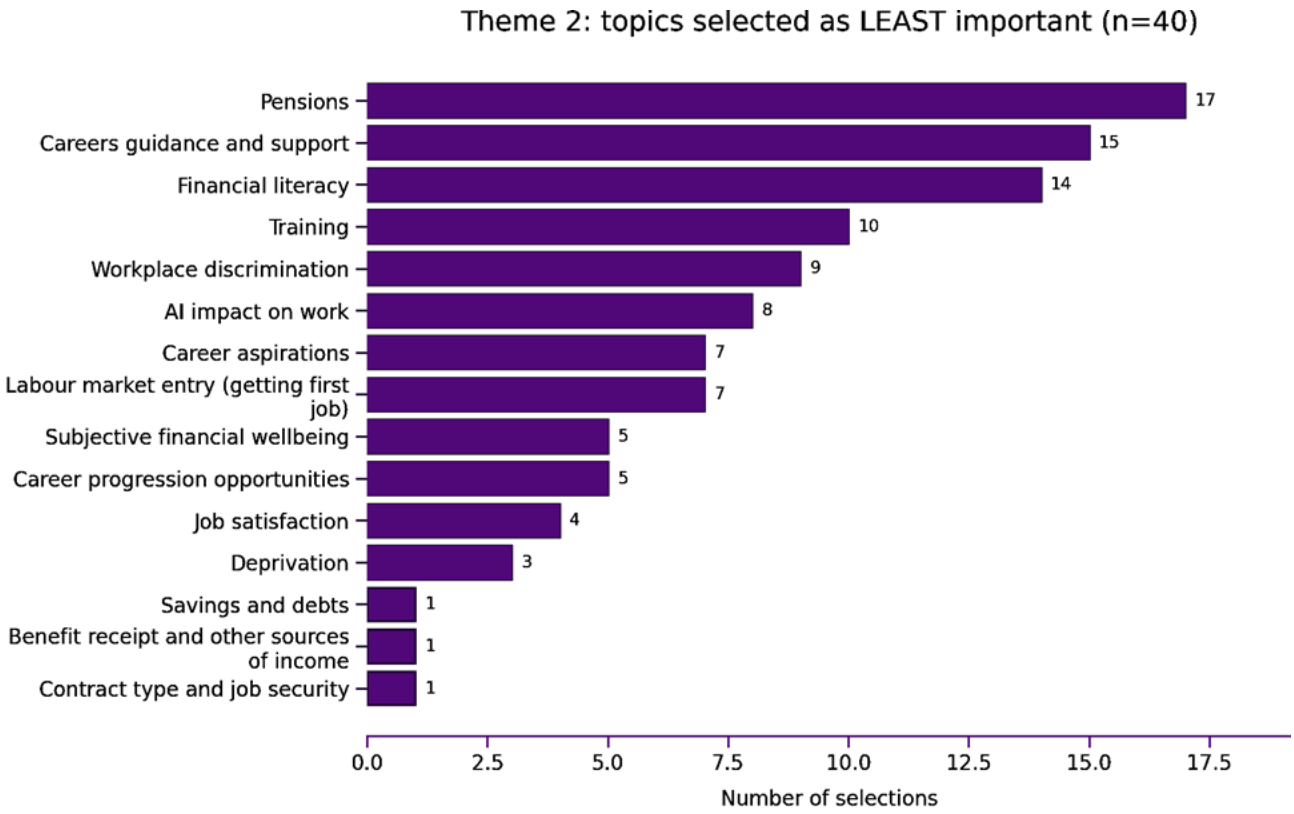


Figure A8. Theme 2: topics selected as MOST important at the London event.

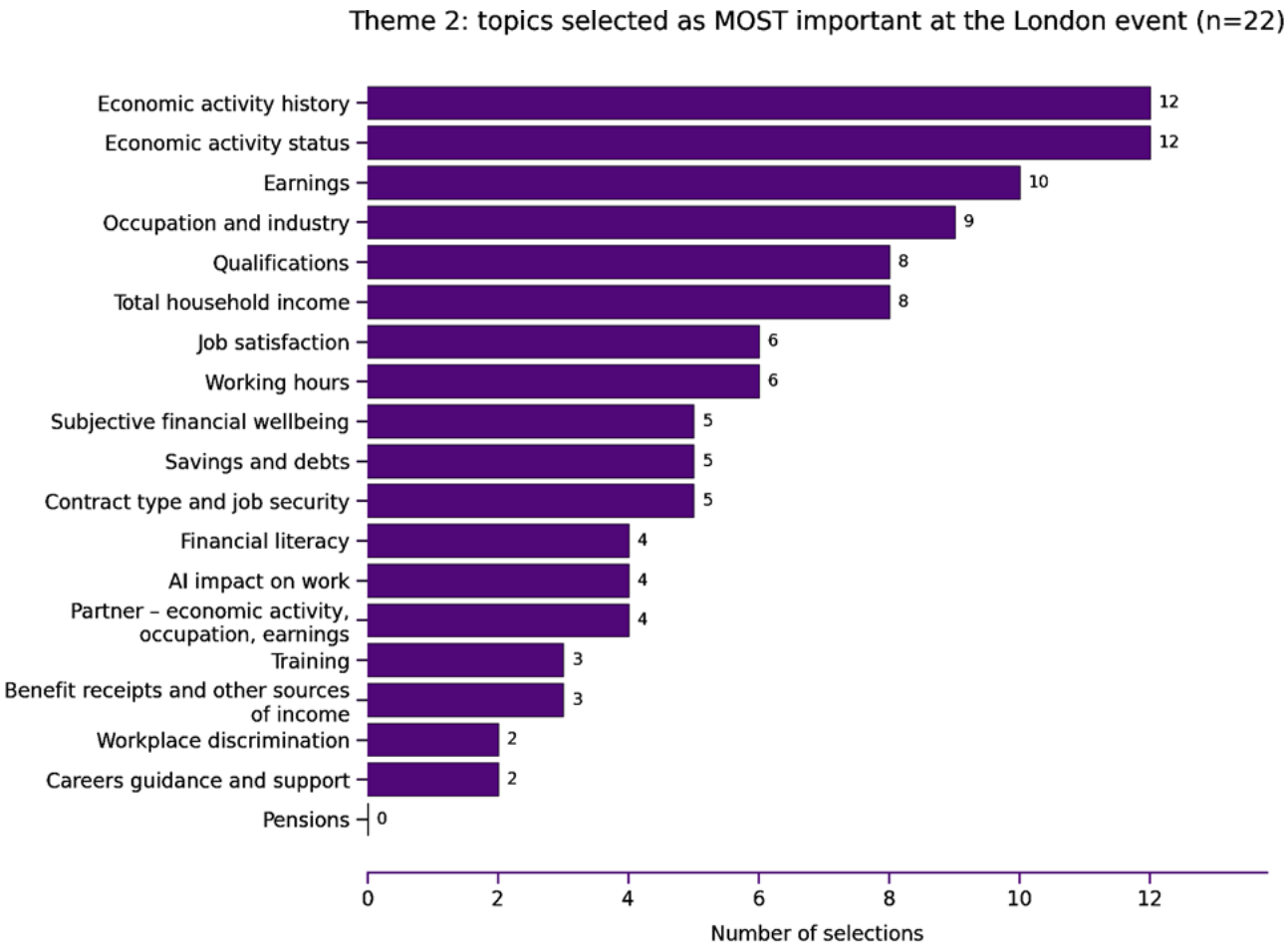


Figure A9. Theme 2: topics selected as LEAST important at the London event.

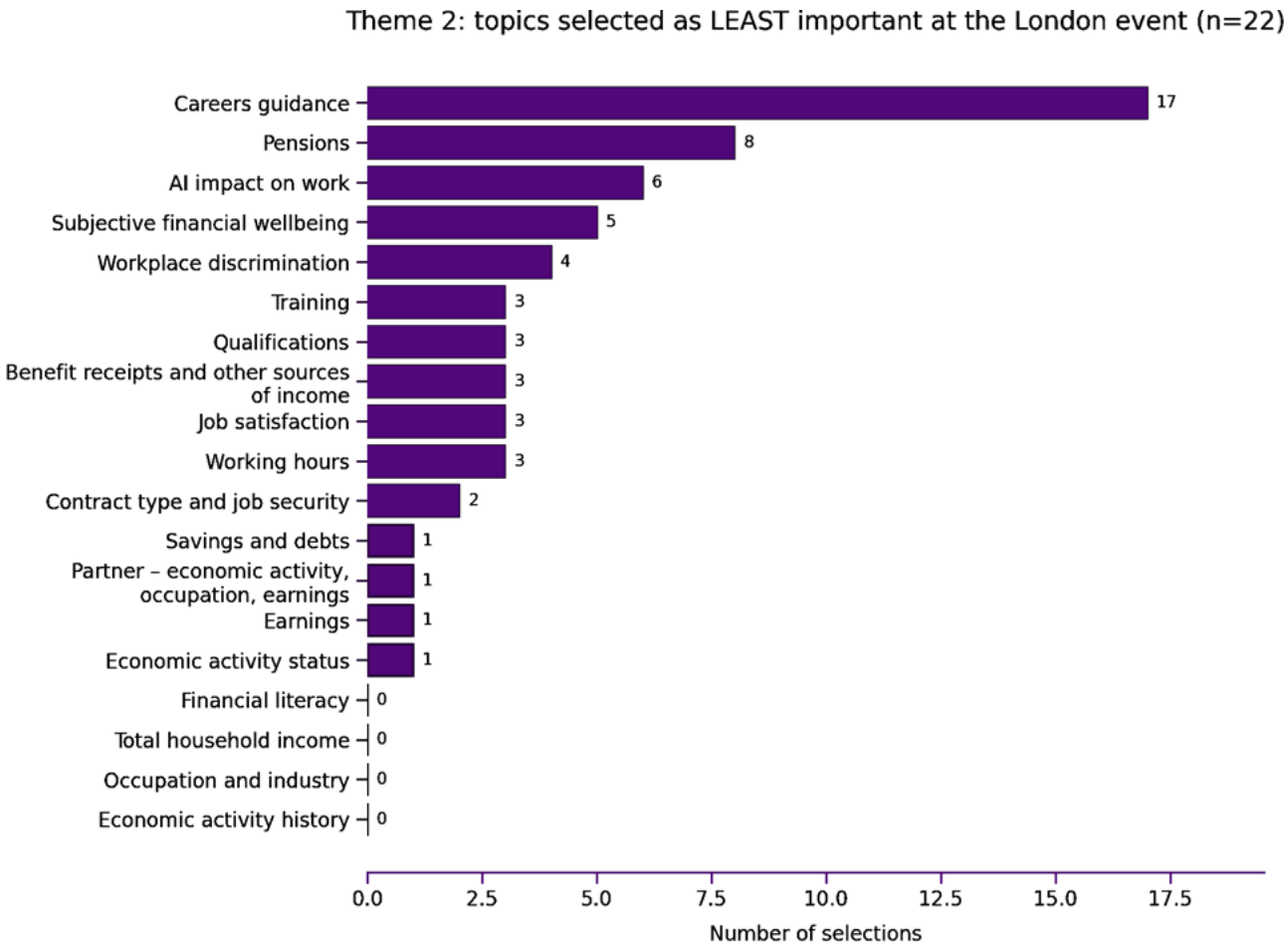


Figure A10. Theme 3: topics selected as MOST important at the regional consultation events.

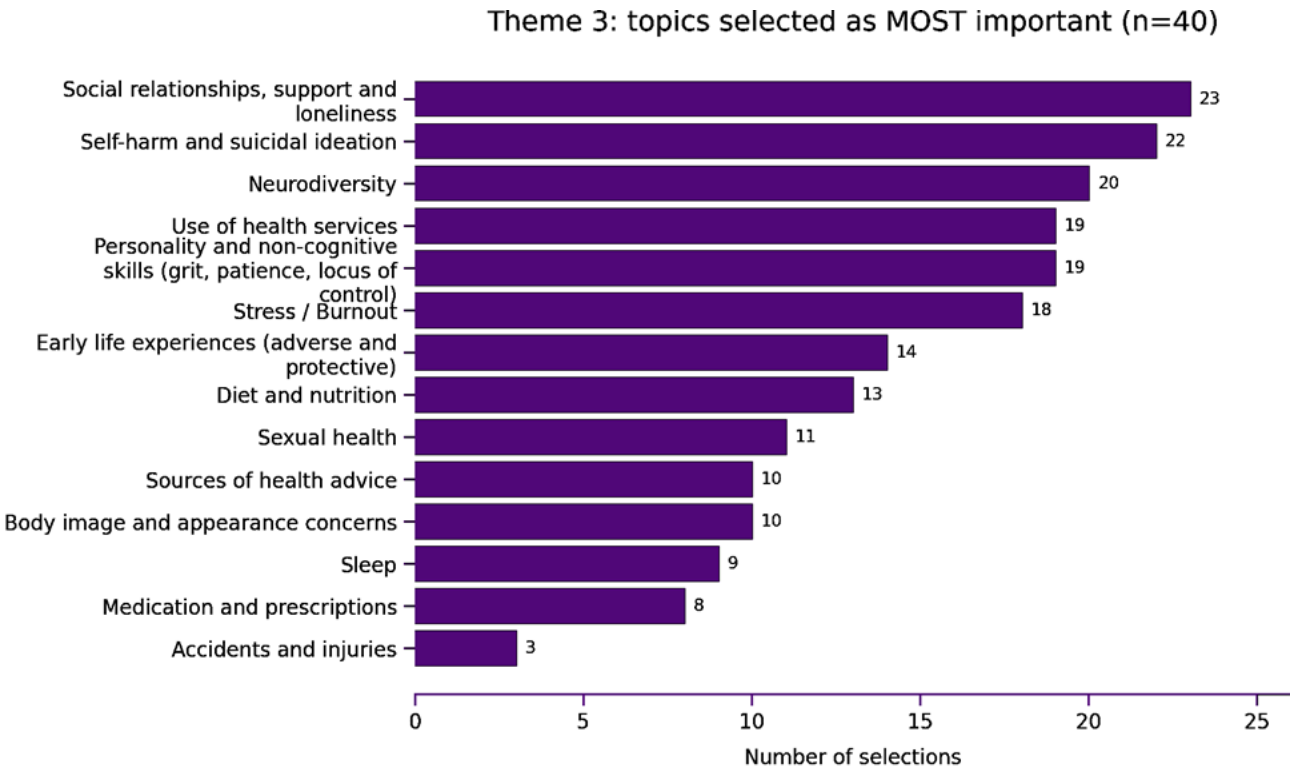


Figure A11. Theme 3: topics selected as LEAST important at the regional consultation events.

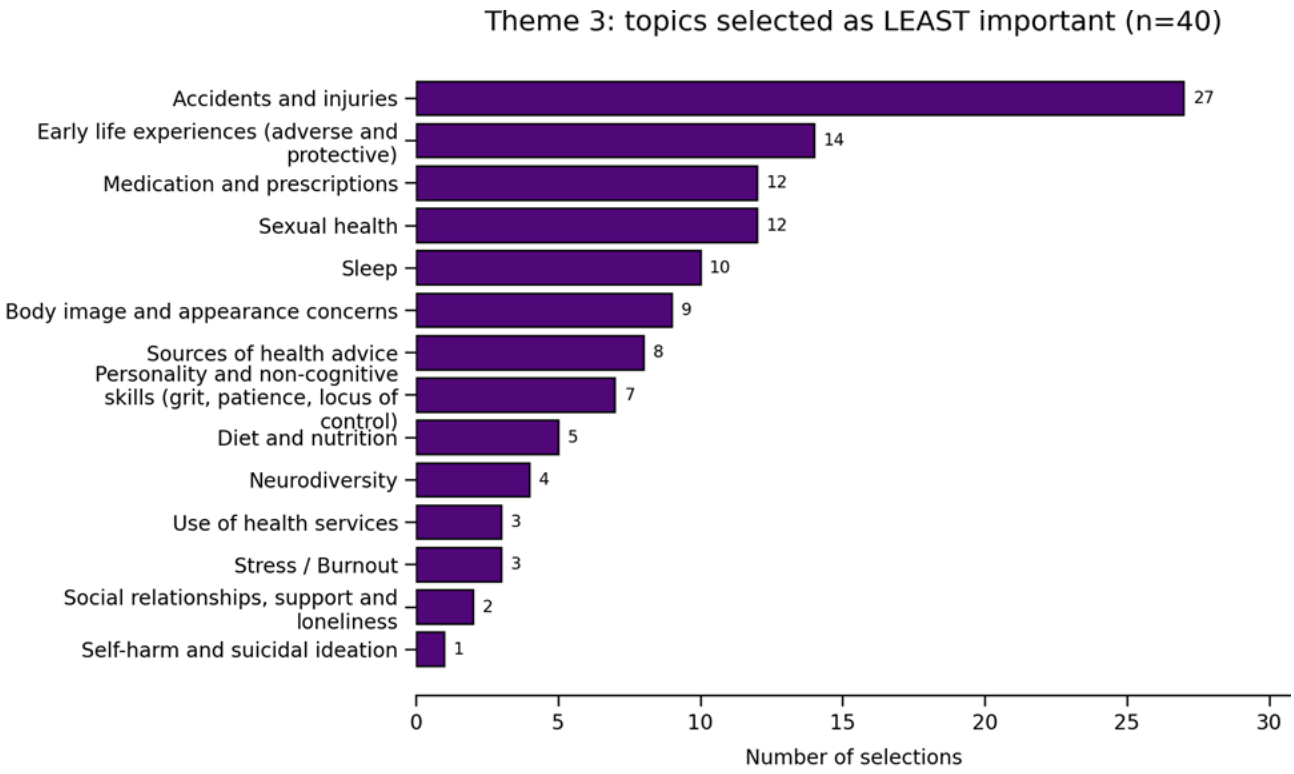


Figure A12. Theme 3: topics selected as MOST important at the London event.

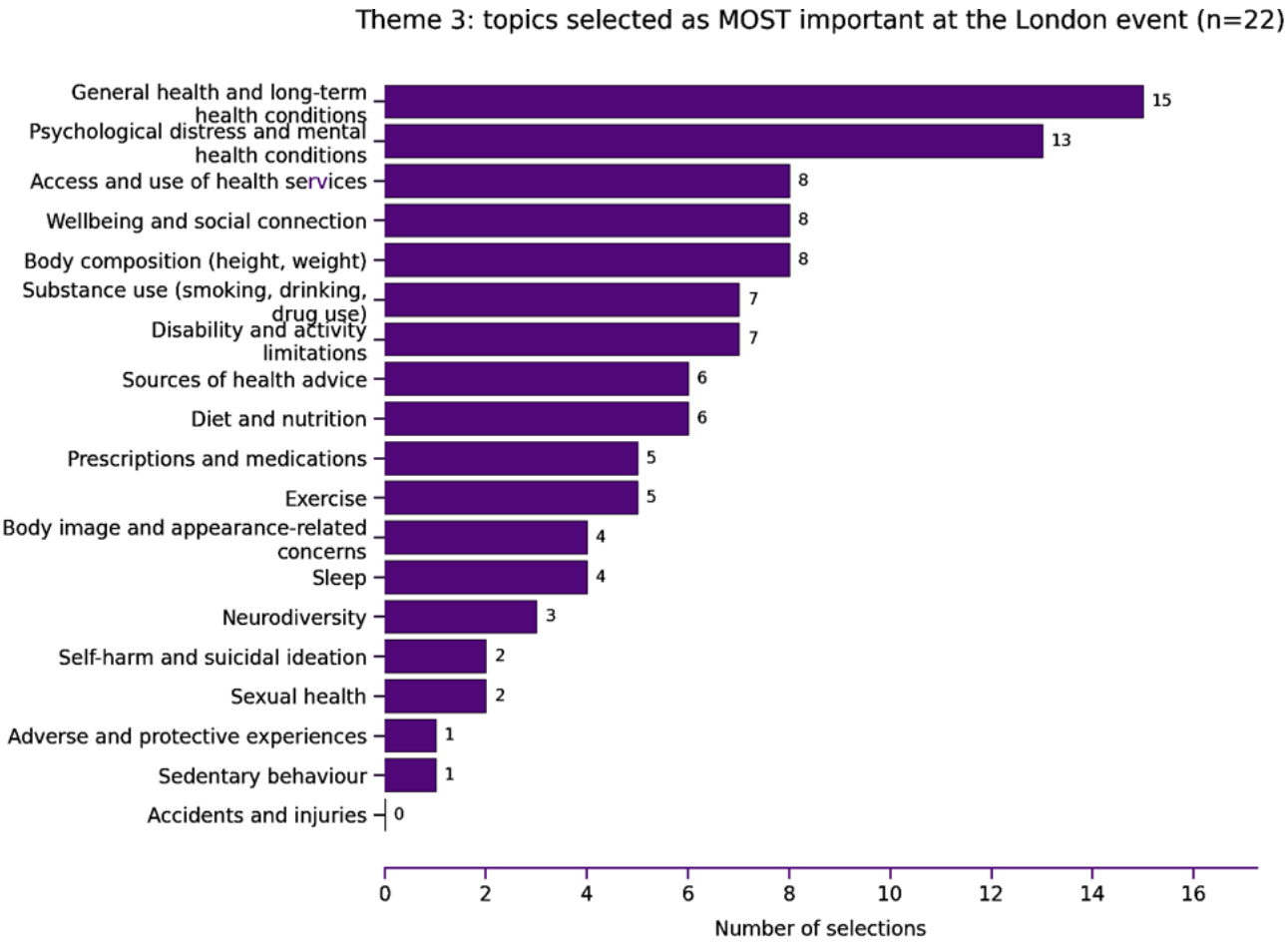


Figure A13. Theme 3: topics selected as LEAST important at the London event.

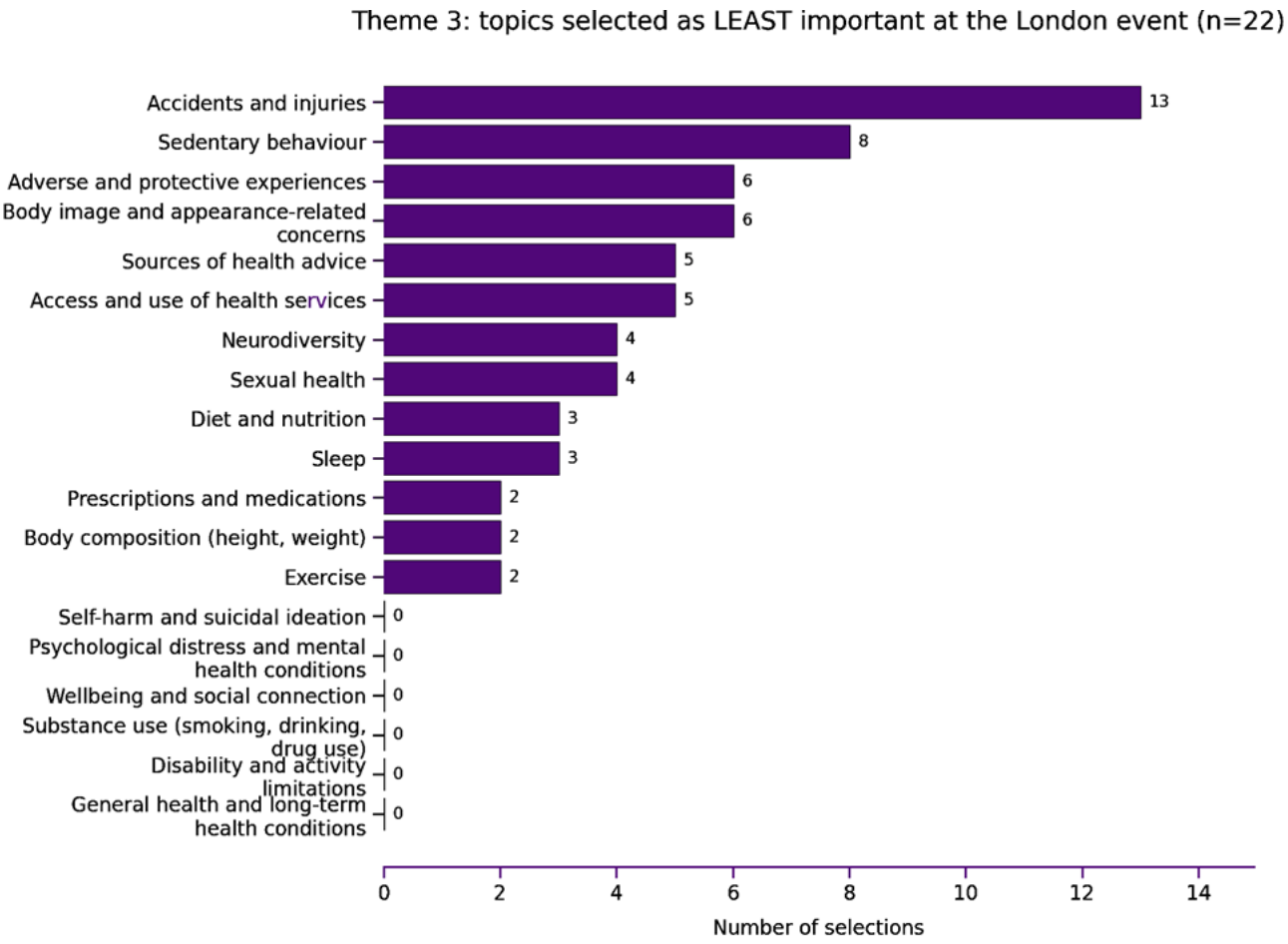


Figure A14. Theme 4: topics selected as MOST important at the regional consultation events.

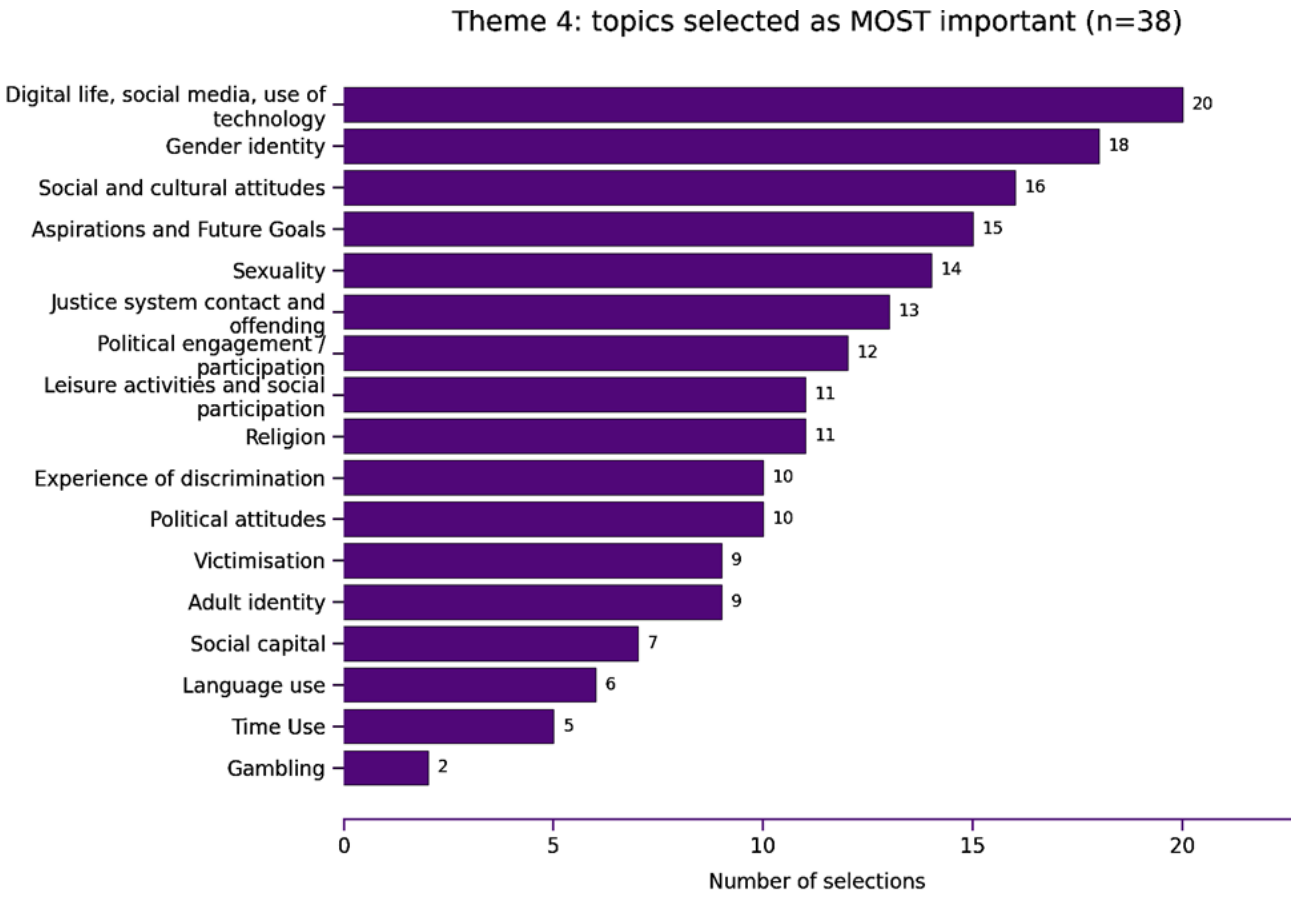


Figure A15. Theme 4: topics selected as LEAST important at the regional consultation events.

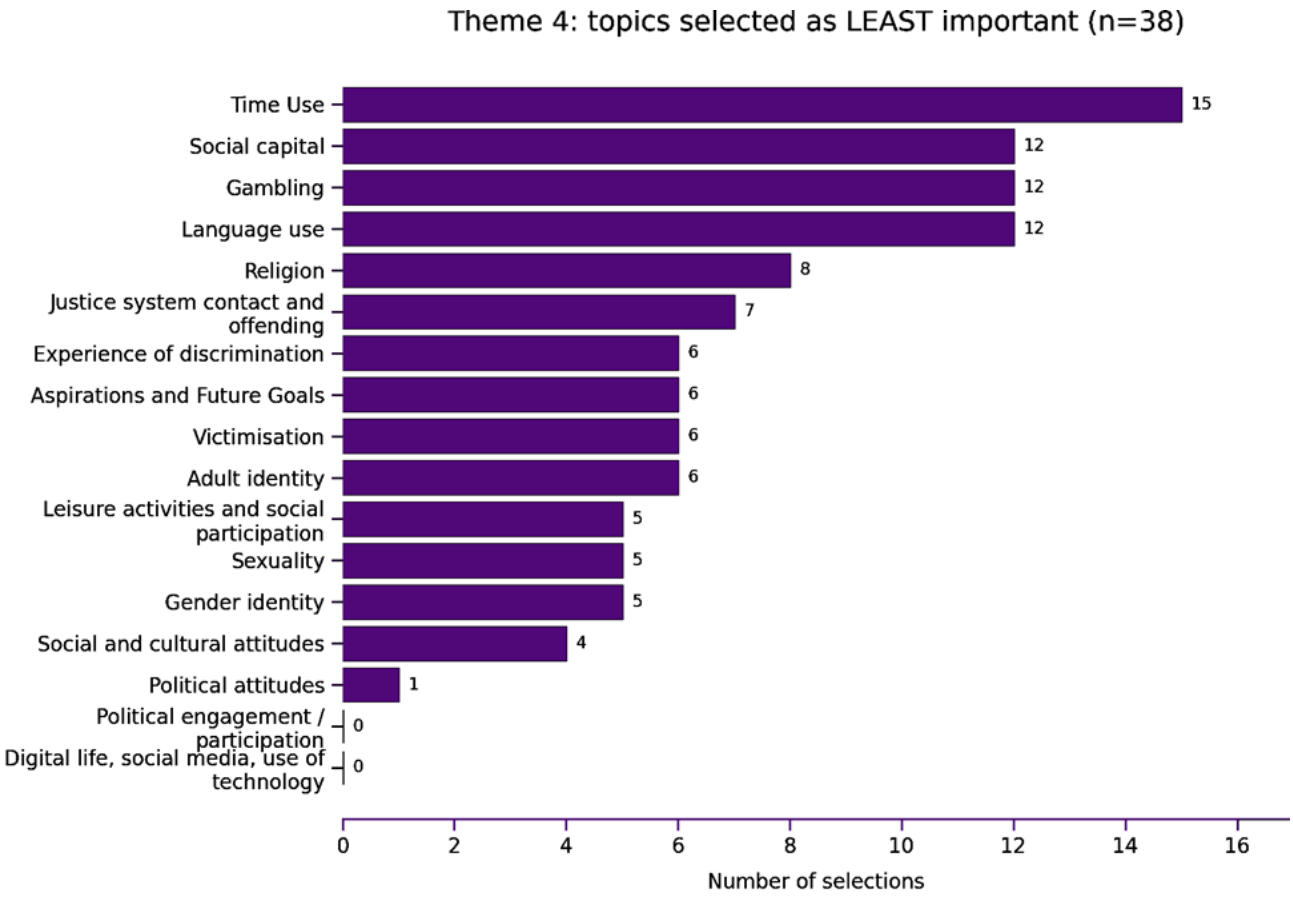


Figure A16. Theme 4: topics selected as MOST important at the London event.

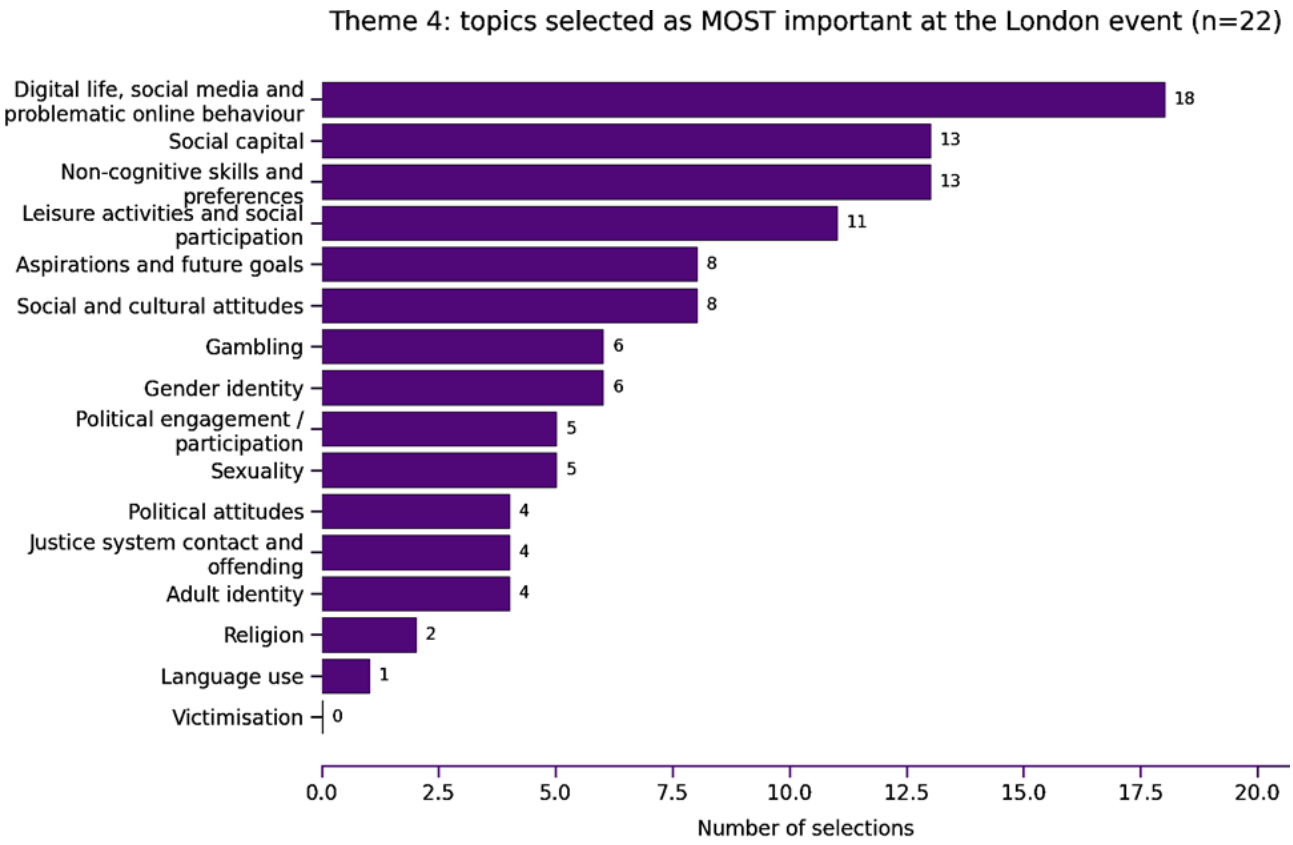
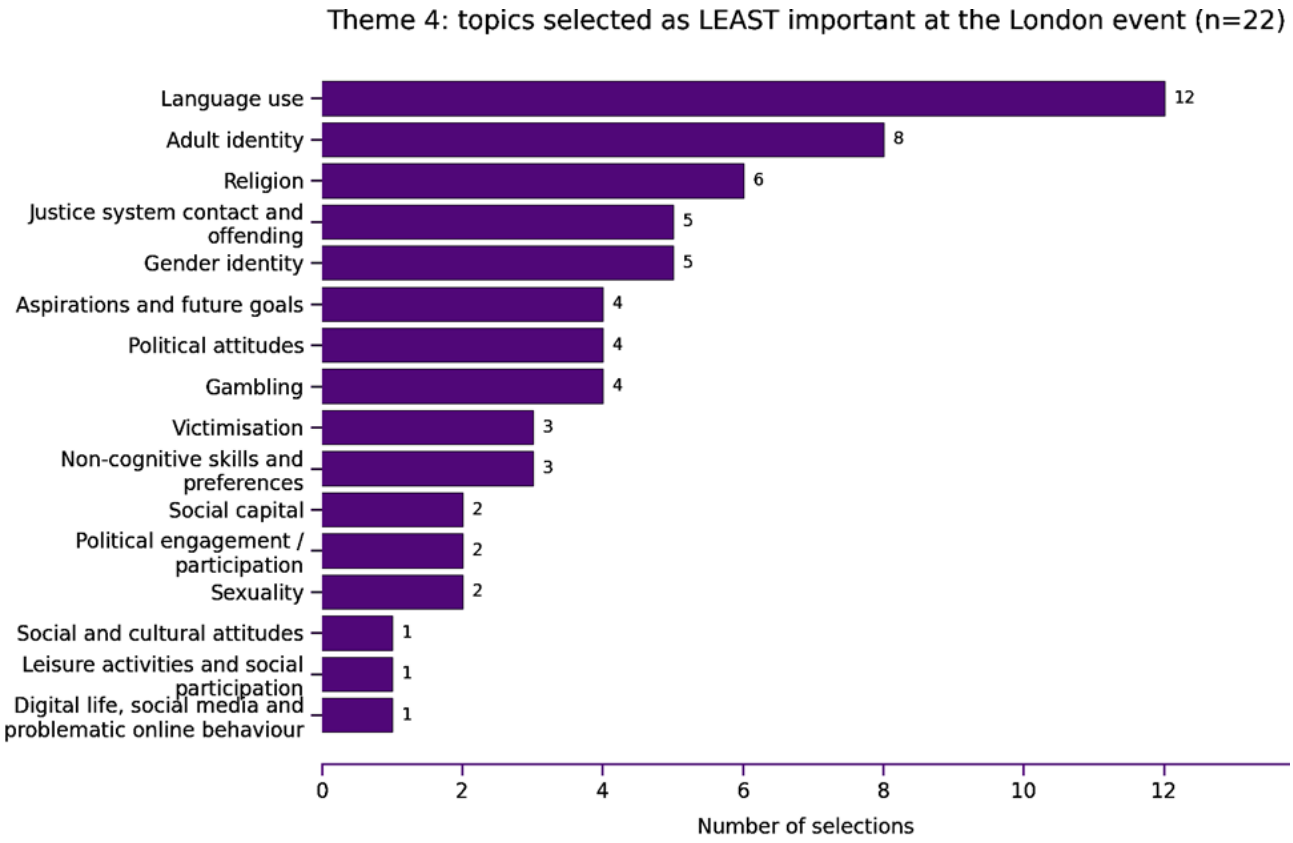


Figure A17. Theme 4: topics selected as LEAST important at the London event.



Appendix 2: MCS study member topic preferences

In the 2026 MCS web survey, 5,221 study members selected up to five topics from a closed list. A further 1,236 provided an open-ended response. The open-ended responses were manually coded; both the detailed coding and a version combining related categories are shown below.

Figure A18. Closed-ended topic preferences among MCS study members.

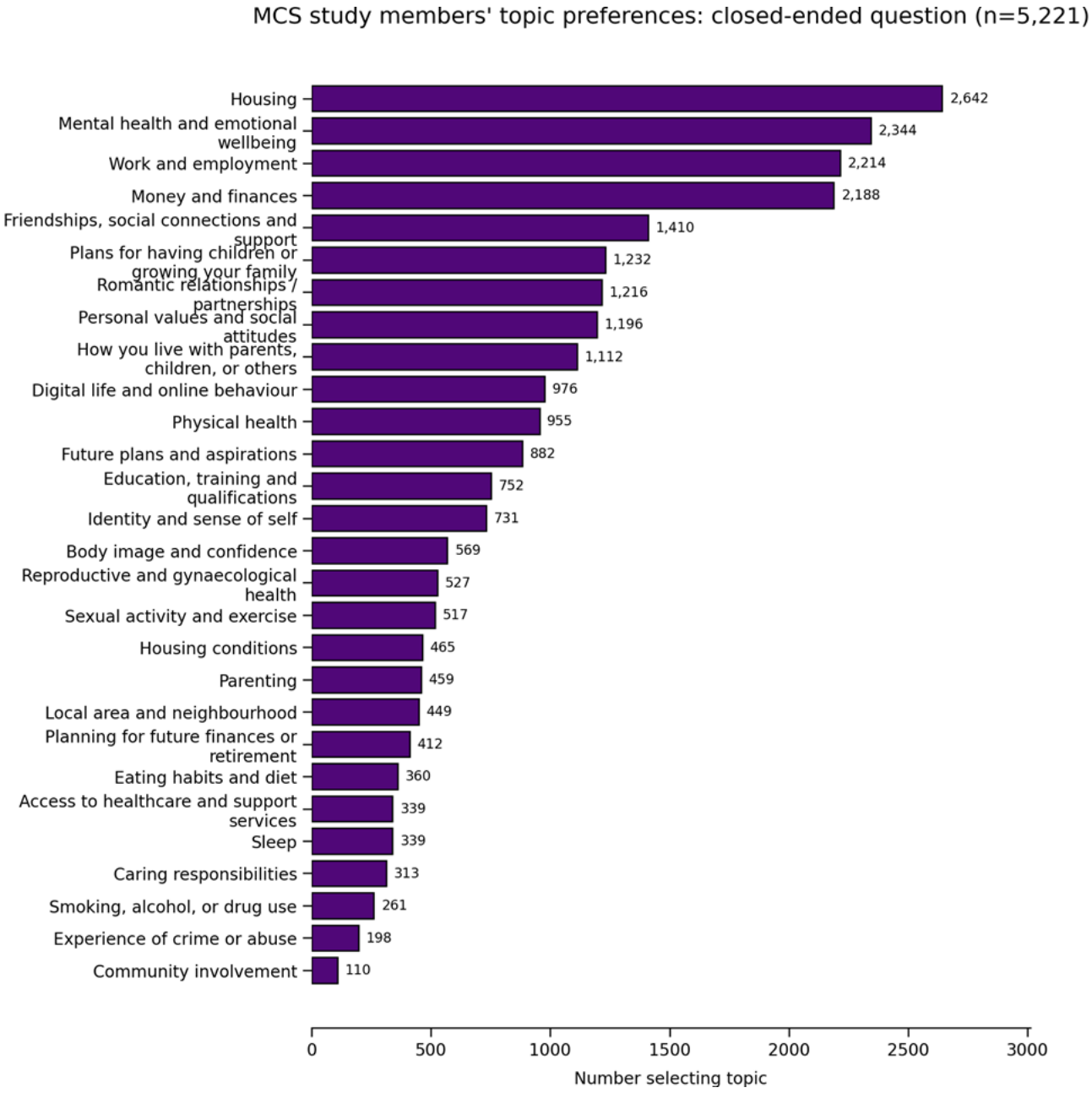


Figure A19. Open-ended topic preferences - coded

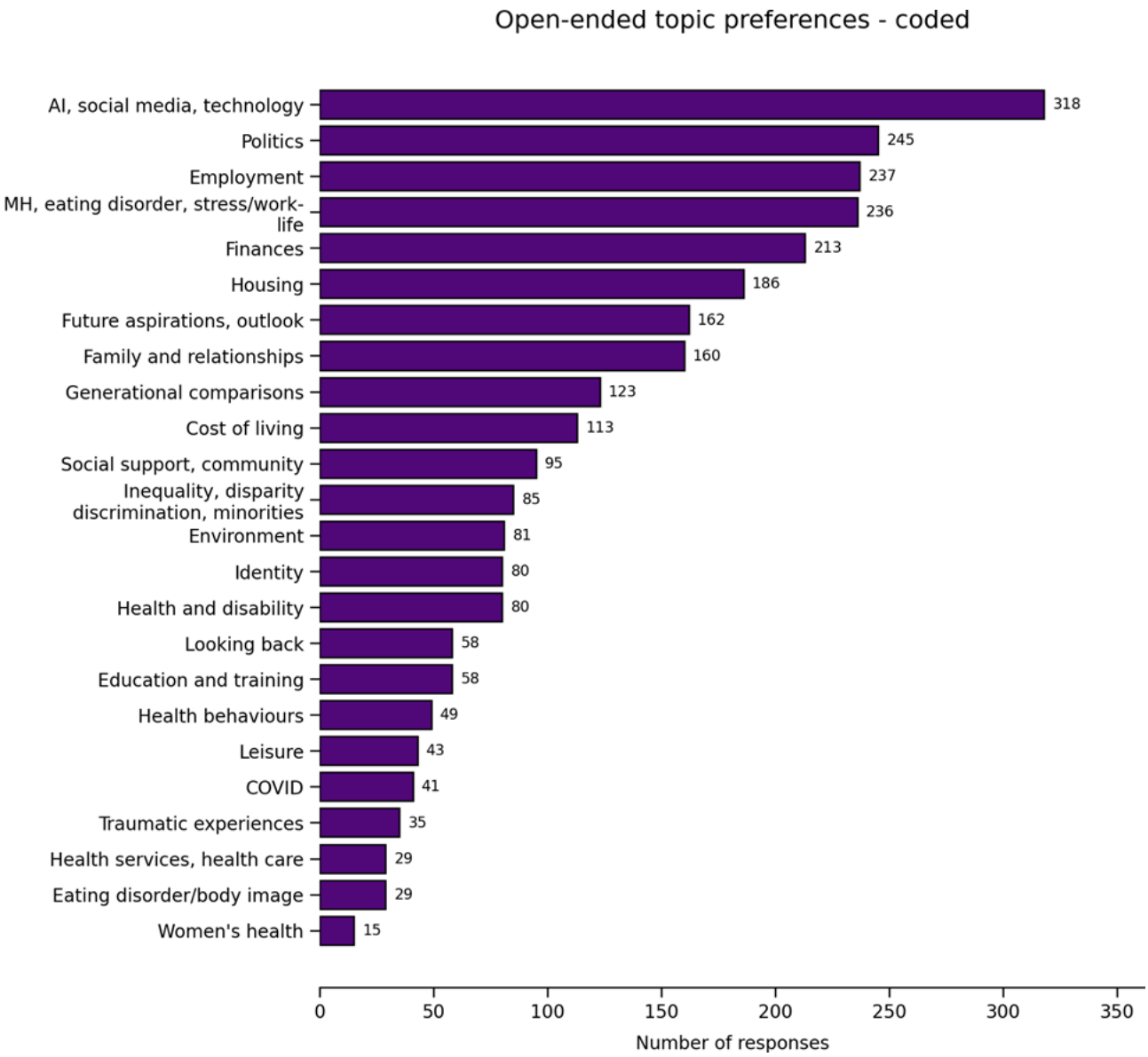


Figure A20. Closed-ended topic preferences among MCS study members.

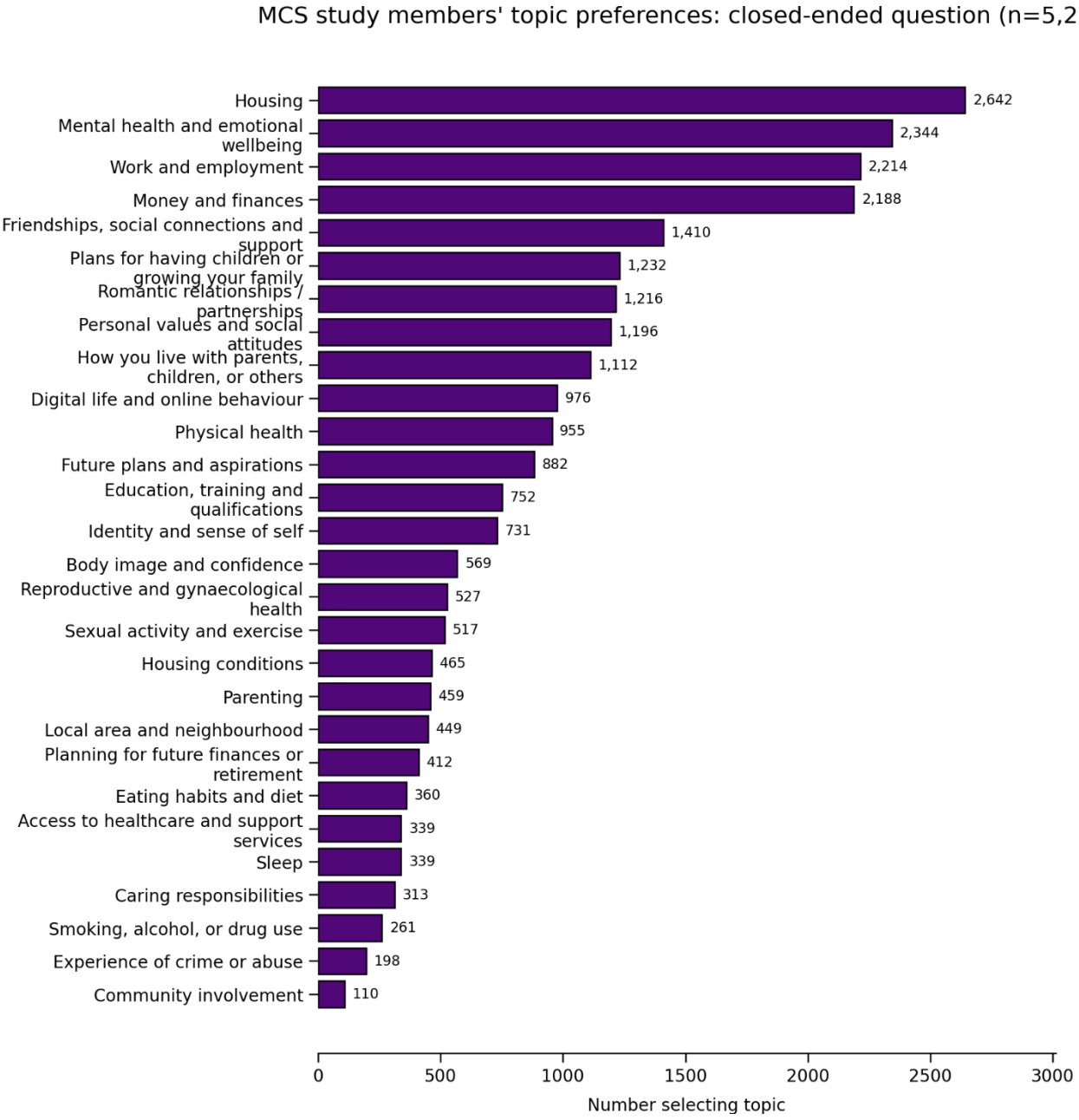


Figure A21. Open-ended topic preferences - coded

