

**Millennium Cohort Study
Seventh Sweep (MCS7)
Age 17 Survey**

Young Person Self-completion Questionnaire

January 2020

**CENTRE FOR
LONGITUDINAL
STUDIES**



**Economic
and Social
Research Council**

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Interviewer introduction

INFOSCREENCASIINT

{DISPLAY TO ALL}

START OF YOUNG PERSON CASI QUESTIONNAIRE FOR {TEXTFILL: Cohort member's name}

YYCON

{ASK ALL}

YOUNG PERSON QUESTIONNAIRE: YOUNG PERSON CONSENT REMINDER:

INTERVIEWER: CHECK YOUNG PERSON HAS RECEIVED INFORMATION BOOKLET USED:

“WHAT WOULD WE LIKE YOU TO DO? - INFORMATION FOR STUDY MEMBERS”

HAS HAD A CHANCE TO READ IT AND YOU HAVE ANSWERED ANY QUESTIONS THEY HAVE

INTERVIEWER READ OUT: I'd like you to answer some questions on my tablet about your life. You can stop at any time. It is not a test so there are no right or wrong answers. If you don't want to answer a question that's ok, you can skip it. It usually takes about 15 minutes.

INTERVIEWER READ OUT: Are you ok to answer some questions about your life?

READ OUT IF ASKED: If you would like to read the Child of the New Century Privacy Policy, you can access it in the Privacy and Data Protection FAQs on the [www.childnc.net](https://childnc.net) website (<https://childnc.net/faqs/#privacy-and-data-protection>).

1 Yes, consent given

2 No, consent not given

{IF VERBAL CONSENT NOT GIVEN (YYCON = 2) GO TO END OF THE INTERVIEW}

YPWLSH

{IF VERBAL CONSENT GIVEN: YYCON = 1 AND IN WALES HHQ.COUNTRY=WALES}

INTERVIEWER READ OUT: Would you like to complete this questionnaire on the tablet in English or would you prefer a Welsh version on paper?

1 English

2 Welsh paper version

{IF WELSH PREFERRED (YPWLSH = 2) GO TO INFOSCREENCASIWLSH}

YPSICINT1

{IF VERBAL CONSENT GIVEN: YYCON = 1}

INTERVIEWER PROTOCOLS / INSTRUCTIONS ABOUT SETTING UP SELF-COMPLETION

INTERVIEWER: EXPLAIN AS NECESSARY:

- FIND SOMEWHERE PRIVATE TO COMPLETE
- COMPLETION TAKES C. 15 MINUTES, IDEALLY IN ONE SITTING
- RESPONSES ARE COMPLETELY CONFIDENTIAL
- ASK YOU FOR HELP IF NEEDED

REMOVEKEYBOARDCHECK

INTERVIEWER: DETACH THE KEYBOARD, GO TO NEXT SCREEN AND PASS THE TABLET TO THE RESPONDENT.

PLEASE BE CAREFUL NOT TO TOUCH THE SCREEN WHEN DOING THIS.

YPSICINT2

{IF VERBAL CONSENT GIVEN: YYCON = 1}

We would like you to answer some questions yourself about different things in your life. The questions take about 15 minutes to complete. We hope that you find them interesting and enjoy answering them.

It is not a test so **there are no right or wrong answers.** We just want to find out about your life and what you think. If you don't want to answer a question that's ok. You can skip it and move to the next one. If you make a mistake or change your mind you can go back and change your answer.

No-one in your family or the interviewer will see your answers and you will not be asked to type your name into the questionnaire. Some questions are about things that not all young people your age will have done. That's ok – we're just as interested in what people haven't done as well as what they have. It's important that you answer honestly.

Some of the questions are about things that are personal so **please make sure you fill in the questionnaire on your own.** Remember no-one in your family or the interviewer will see your answers and there is a 'hide' button in the top right corner of the screen: press 'hide the screen' if you want to blank the screen to keep it private.

If you have any queries about how to use the tablet please ask the interviewer.

Family Module

COMO

{{(FROM FEED FORWARD) ASK IF GFMOTD= <> 2) AND (ASK IF NATURAL MOTHER DOES NOT LIVE WITH YP (FROM HH GRID (PREB)))}

Do you have any contact now with your natural mother?

- 1 Yes
- 2 No
- 3 No – she has died

SEMA

{ASK IF HAS CONTACT WITH ABSENT NATURAL MOTHER: COMO = 1}

How often do you see your natural mother?

- 1 Every day
- 2 5-6 times a week
- 3 3-4 times a week
- 4 Once or twice a week
- 5 Less often but at least once a month
- 6 Less often than once a month
- 7 In holiday times only
- 8 Never

PHMA

{ASK IF HAS CONTACT WITH ABSENT NATURAL MOTHER: COMO = 1}

How often do you communicate with your natural mother – by phone, text message, email, Skype or through social media like Facebook?

- 1 Every day
- 2 5-6 times a week
- 3 3-4 times a week
- 4 Once or twice a week
- 5 Less often but at least once a month
- 6 Less often than once a month
- 7 Never

COFA

{{(FROM FEED FORWARD) ASK IF GFFATD = <> 2) AND (ASK IF NATURAL FATHER DOES NOT LIVE WITH YP: FROM HH GRID (PREB)))}

Do you have any contact now with your natural father?

- 1 Yes
- 2 No
- 3 No – he has died

SEFA**{ASK IF HAS CONTACT WITH ABSENT NATURAL FATHER: COFA = 1}**

How often do you see your natural father?

- 1 Every day
- 2 5-6 times a week
- 3 3-4 times a week
- 4 Once or twice a week
- 5 Less often but at least once a month
- 6 Less often than once a month
- 7 In holiday times only
- 8 Never

PHPA**{ASK IF HAS CONTACT WITH ABSENT NATURAL FATHER: COFA = 1}**

How often do you communicate with your natural father – by phone, text message, email, Skype or through social media like Facebook?

- 1 Every day
- 2 5-6 times a week
- 3 3-4 times a week
- 4 Once or twice a week
- 5 Less often but at least once a month
- 6 Less often than once a month
- 7 Never

RLQM**{ASK IF HAS ANY RESIDENT MOTHER: FROM HH GRID (PREB)}**

The next few questions are about your relationship with your resident parents.

Overall, how close would you say you are to your mother?

- 1 Not very close
- 2 Fairly close
- 3 Very close
- 4 Extremely close

RLQF**{ASK IF HAS ANY RESIDENT FATHER: FROM HH GRID (PREB)}**

Overall, how close would you say you are to your father?

- 1 Not very close
- 2 Fairly close
- 3 Very close
- 4 Extremely close

TAIM

{ASK IF HAS ANY RESIDENT PARENTS: IF LIVING WITH MOTHER OR FATHER, FROM HH GRID (PREB)}

How often do you talk to your {IF lives with both resident parents from hhold grid (PREB) TEXTFILL: "parents"; IF only lives with mother from hhold grid (PREB) TEXTFILL: "mother"; IF only lives with father from hhold grid (PREB) TEXTFILL: "father"} about things that are important to you?

- 1 Every day or almost every day
- 2 Several times a week
- 3 Once or twice a week
- 4 Once or twice a month
- 5 Less often than once a month
- 6 Not at all

Young Person SDQ Module

SDQA-SDQY

{ASK ALL}

For each question in this section, please select whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all the questions as best you can even if you are not absolutely certain or the question seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Please select one answer on every row.

GRID ROWS

SDQA I try to be nice to other people. I care about their feelings

SDQB I am restless, I cannot stay still for long

SDQC I get a lot of headaches, stomach-aches or sickness

SDQD I usually share with others (food, games, pens etc.)

SDQE I get very angry and often lose my temper

SDQF I am usually on my own. I generally play alone or keep to myself

SDQG I usually do as I am told

SDQH I worry a lot

SDQI I am helpful if someone is hurt, upset or feeling ill

SDQJ I am constantly fidgeting or squirming

SDQK I have one good friend or more

SDQL I fight a lot. I can make other people do what I want

SDQM I am often unhappy, down-hearted or tearful

SDQN Other people my age generally like me

SDQO I am easily distracted, I find it difficult to concentrate

SDQP I am nervous in new situations. I easily lose confidence

SDQQ I am kind to younger children

SDQR I am often accused of lying or cheating

SDQS Other children or young people pick on me or bully me

SDQT I often volunteer to help others (parents, teachers, children)

SDQU I think before I do things

SDQVI I take things that are not mine from home, school or elsewhere

SDQW I get on better with adults than with people my own age

SDQX I have many fears, I am easily scared

SDQY I finish the work I'm doing. My attention is good

GRID COLS

1 Not True

2 Somewhat True

3 Certainly True

Personality, Health & Wellbeing Module

** OCEAN

BIGA-BIGO

{ASK ALL, ASK AS A GRID}

The following questions are about how you see yourself as a person. Choose the number which best describes how you see yourself.

GRID ROWS

BIGA I see myself as someone who is sometimes rude to others

BIGB I see myself as someone who does a thorough job

BIGC I see myself as someone who is talkative

BIGD I see myself as someone who worries a lot

BIGE I see myself as someone who is original, comes up with new ideas

BIGF I see myself as someone who has a forgiving nature

BIGG I see myself as someone who tends to be lazy

BIGH I see myself as someone who is outgoing, sociable

BIGI I see myself as someone who gets nervous easily

BIGJ I see myself as someone who values artistic, aesthetic experiences

BIGK I see myself as someone who is considerate and kind to almost everyone

BIGL I see myself as someone who does things efficiently

BIGM I see myself as someone who is reserved

BIGN I see myself as someone who is relaxed, handles stress well

BIGO I see myself as someone who has an active imagination

GRID COLS

1 Does not apply to me at all

2

3

4

5

6

7 Applies to me perfectly

** PUBERTY

PUMN

{ASK IF AND COHORT MEMBER IS FEMALE (FROM HH GRID: (BSEX) OR IF BSEX=3 FEMALE TEXTFILL (FEEDFORWARD BIRTH SEX)) AND

{IF DID NOT REPORT HAVING STARTED PERIOD AT LAST SURVEY (GFPUMN<>1}}

Have you started your periods?

1 Yes

2 No

AGMN

{ASK IF PUMN=1 OR ASK IF HAD REPORTED HAVING STARTED PERIOD AT LAST SURVEY BUT DID NOT GIVE AGE STARTED (IF GFPUMN = 1 AND GFAGMN <> RESPONSE)}

How old were you when you had your first period?

Please enter your age in years

AGE IN YEARS

NUMERIC

RANGE 7-18

**** KESSLER**

PHDE

{ASK ALL}

The next few questions are about how you have felt over the last 30 days.

During the last 30 days, about how often did you feel so depressed that nothing could cheer you up?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

PHHO

{ASK ALL}

During the last 30 days, about how often did you feel hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

PHRF

{ASK ALL}

During the last 30 days, about how often did you feel restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time

5 None of the time

PHEE

{ASK ALL}

During the last 30 days, about how often did you feel that everything was an effort?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

PHWO

{ASK ALL}

During the last 30 days, about how often did you feel worthless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

PHNE

{ASK ALL}

During the last 30 days, about how often did you feel nervous?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

**** SHORT WEMWEBS GRID**

WWOP-WWMN

{ASK ALL, ASK AS A GRID, LAYOUT: KEEP ON ONE PAGE}

Below are some statements about feelings and thoughts.

Please select the answer that best describes your experience of each over the last two weeks.

Please select one answer on every row.

GRID ROWS

WWOP I've been feeling optimistic about the future

WWUS I've been feeling useful

WWRE I've been feeling relaxed

WWDE I've been dealing with problems well

WWTH I've been thinking clearly

WWCL I've been feeling close to other people

WWMN I've been able to make up my own mind about things

GRID COLS

1 None of the time

2 Rarely

3 Some of the time

4 Often

5 All of the time

**** ROSENBERG GRID**

SATI-GDSF

{ASK ALL, ASK AS GRID LAYOUT: KEEP ON ONE PAGE}

How much do you agree or disagree with the following statements about you?

Please select one answer on every row.

GRID ROWS

SATI On the whole, I am satisfied with myself

GDQL I feel I have a number of good qualities

DOWL I am able to do things as well as most other people

VALU I am a person of value

GDSF I feel good about myself

GRID COLS

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

**** DEPRESSION & ANXIETY**

DEAN

{ASK ALL}

Has a doctor ever told you that you suffer from depression or serious anxiety?

1 Yes

2 No

DAGE

{ASK IF HAS SUFFERED FROM DEPRESSION OR SERIOUS ANXIETY: DEAN = 1}

At what age were you first diagnosed with depression or serious anxiety?

AGE IN YEARS

NUMERIC

RANGE: 5-18

TRDE

{ASK IF HAS SUFFERED FROM DEPRESSION OR SERIOUS ANXIETY: DEAN = 1}

Are you currently being treated for depression or serious anxiety?

1 Yes

2 No

TRDV

{ASK IF IS NOT CURRENTLY BEING TREATED FOR DEPRESSION OR SERIOUS ANXIETY: TRDE = 2}

Have you ever received treatment for depression or serious anxiety?

1 Yes

2 No

**** SELF HARM GRID**

SHCU-SHRM

{ASK ALL, ASK AS GRID LAYOUT: KEEP ON ONE PAGE}

During the last year, have you hurt yourself on purpose in any of the following ways?

Please select one answer on every row

GRID ROWS

SHCU Cut or stabbed yourself

SHBU Burned yourself

SHBR Bruised or pinched yourself

SHOD Taken an overdose of tablets

SHPU Pulled out your hair

SHRM Hurt yourself some other way (please write in the box on the next screen)

{VARIABLE SHRZ 200}

GRID COLS

1 Yes

2 No

SHRZ

{ASK IF HAS HURT SELF IN OTHER WAY: SHRM = 1}

How did you hurt yourself?

STRING

{ALLOW DK/REF}

SUIC

{ASK ALL}

Have you ever hurt yourself on purpose in an attempt to end your life?

1 Yes

2 No

Relationships, Sex & Pregnancy Module

** RELATIONSHIPS

BGFR

{ASK IF DOES NOT HAVE A COHABITING PARTNER/SPOUSE IN HHOLD FROM HH GRID (PREB)}

Have you got a {IF FEMALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 FEMALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'boyfriend or a girlfriend', IF MALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 MALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'girlfriend or a boyfriend'}?

- 1 Yes
- 2 No

SXEV

{ASK ALL}

Have you ever had sexual intercourse with someone?

- 1 Yes
- 2 No

SXAG

{ASK IF HAS HAD SEX: SXEV = 1}

How old were you when you first had sexual intercourse, including with someone of the same sex as you?

ENTER AGE

NUMERIC
RANGE: 0-18

COND-OTCO

{ASK IF HAS HAD SEX: SXEV = 1}

Do you or any partner regularly use any of these forms of contraception or protection when having sex together?

Please select one answer on every row

GRID ROWS

COND Condom

PILL The Pill

IMPL Implant

INJC Injection

EMCO Emergency Contraception (e.g. morning after pill, emergency IUD/coil)

OTCO Some other form of contraception

GRID COLS

- 1 Yes
- 2 No

SFEV

{ASK IF HAS HAD SEX: SXEV = 1}

Have you and any partner ever had sex together without using contraception or protection?
Please do not include any times when you might have been trying for a baby.

1 Yes

2 No

STIE

{ASK IF HAS HAD SEX: SXEV = 1}

Have you ever been tested for a sexually transmitted infection or STI?

1 Yes

2 No

STEV

{ASK IF HAD SEX AND BEEN TESTED FOR AN STI: (SXEV = 1 and STIE=1)}

Have you been diagnosed with a sexually transmitted infection (such as Chlamydia, gonorrhoea or genital warts)?

1 Yes

2 No

**** PREGNANCY**

PGMK

{ASK IF HAS HAD SEX: SXEV = 1}

Have you **{IF FEMALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 FEMALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'ever been pregnant', IF MALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 MALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'ever made someone pregnant'}**?

1 Yes

2 No

PREG

{ASK IF-HAVE EVER BEEN OR MADE SOMEONE PREGNANT: PGMK=1}

How many times have **{IF FEMALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 (FEMALE TEXTFILL FEEDFORWARD BIRTH SEX): 'you ever been pregnant', IF MALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 (MALE TEXTFILL FEEDFORWARD BIRTH SEX): 'you ever made someone pregnant'}**?

ENTER NUMBER:

NUMERIC

RANGE: 1-20

LOOP PRGR FOR EACH PREGNANCY AT PREG

PRGR

{ASK IF HAVE EVER BEEN OR MADE SOMEONE PREGNANT: PGMK =1}

At the time of **{IF PREG=1 TEXTFILL: 'the pregnancy'; IF PREG>1 TEXTFILL: 'the first of these pregnancies', the second of the pregnancies' etc}** would you say, you were...

1 ...**{IF FEMALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 FEMALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'Actively trying to become pregnant', IF MALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 MALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'Actively trying to get someone pregnant'}**

2 **{IF FEMALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 FEMALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'Not trying to become pregnant but not trying to avoid it either', IF MALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 MALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'Not trying to get someone pregnant but not trying to avoid it either'}**

3 **{IF FEMALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 FEMALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'Actively trying to avoid becoming pregnant', IF MALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 MALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'Actively trying to avoid getting someone pregnant'}**?

END LOOP

LOOP PGOC-PGOB FOR EACH PREGNANCY AT PREG

PGOC

{ASK IF EVER PREGNANT: PGMK = 1}

If you don't mind, please tell us what was the outcome of {IF PREG=1 TEXTFILL: 'the pregnancy'; IF PREG=>1 TEXTFILL: 'the first of these pregnancies', the second of these pregnancies', etc.}

1 {IF FEMALE (HH GRID BSEX) **OR IF BSEX=3 FEMALE TEXTFILL (FEEDFORWARD BIRTH SEX)** TEXTFILL: 'You are', IF MALE (HH GRID BSEX) **OR IF BSEX=3 MALE TEXTFILL (FEEDFORWARD BIRTH SEX)** TEXTFILL: 'The other person'} is currently pregnant

2 Miscarriage

3 Termination of an unwanted pregnancy

4 Termination for medical reasons

5 Baby stillborn

6 Baby born alive

PGOE

{ASK IF PREGNANCY ENDED: PGOC=2-5}

If you don't mind, please tell us {IF PREG=1 AND PGOC=2-5 AND FEMALE (HH GRID BSEX) **OR IF BSEX=3 FEMALE TEXTFILL (FEEDFORWARD BIRTH SEX)** TEXTFILL: 'when did your pregnancy end'; IF PREG=1 AND PGOC=2-5 AND MALE (HH GRID BSEX) **OR IF BSEX=3 MALE TEXTFILL (FEEDFORWARD BIRTH SEX)** TEXTFILL: 'when did the pregnancy end'; IF PREG=>1 AND PGOC=2-5 TEXTFILL: 'when did the first of these pregnancies end', the second of these pregnancies end', etc.}?

ENTER YEAR:

NUMERIC

RANGE: 2011-2019

PGOB

{ASK IF BABY BORN: PGOC=6}

Please tell us {IF PREG=1 AND PGOC=6 TEXTFILL: 'when was your baby born'; IF PREG=>1 AND PGOC=6 TEXTFILL: 'when was your first baby born'; 'when was your second baby born', etc.}?

PGOM

ENTER MONTH:

RANGE 1-12

PGOY

ENTER YEAR:

RANGE: 2011-2019

NUMERIC

END LOOP

Risky Behaviours Module

**** SMOKING**

SMOK

{ASK ALL}

Please read the following statements carefully and decide which ONE best describes you. Do not include electronic cigarettes (e-cigarettes).

- 1 I have never smoked cigarettes
- 2 I have only ever tried smoking cigarettes once
- 3 I used to smoke sometimes but I never smoke a cigarette now
- 4 I sometimes smoke cigarettes now but I don't smoke as many as one a week
- 5 I usually smoke between one and six cigarettes a week
- 6 I usually smoke more than six cigarettes a week

AGSM

{ASK IF HAS EVER SMOKED: SMOK = 2-6}

How old were you when you first tried smoking a cigarette, even if it was only a puff or two?
Please enter the age you were when you first tried a cigarette

I was __ years old

NUMERIC

RANGE: 0-18

VAPE

{ASK ALL}

Please read the following statements carefully and decide which ONE best describes you.

- 1 I have never tried an e-cigarette or vaping device
- 2 I have only ever tried an e-cigarette or vaping device once
- 3 I used to use an e-cigarette or vaping device sometimes but I never use an e-cigarette or vaping device now
- 4 I sometimes use an e-cigarette or vaping device now but I don't use an e-cigarette or vaping device as often as one a week
- 5 I usually use an e-cigarette or vaping device between one and six times a week
- 6 I usually use an e-cigarette or vaping device more than six times a week

****ALCOHOL**

ALCD

{ASK ALL}

Have you ever had an alcoholic drink? That is more than a few sips.

A drink is half a pint of lager, beer or cider, one alcopop, a small glass of wine, or a measure of spirits.

1 Yes

2 No

ALAG

{ASK IF HAS EVER HAD AN ALCOHOLIC DRINK: ALCD = 1}

How old were you when you first had an alcoholic drink?

Please enter the age you were when you first had an alcoholic drink

I was __ years old

NUMERIC

RANGE: 0-18

ALCN

{ASK IF HAS EVER HAD AN ALCOHOLIC DRINK: ALCD = 1}

How many times have you had an alcoholic drink in the last 12 months?

If you have had more than one alcoholic drink at a time, count this as one time.

1 Never

2 1-2 times

3 3-5 times

4 6-9 times

5 10-19 times

6 20-39 times

7 40 or more times

ALNF

{ASK IF HAD DRINK IN PAST 12 MONTHS: ALCN = 2-7}

How many times have you had an alcoholic drink in the last 4 weeks?

If you have had more than one alcoholic drink at a time, count this as one time.

1 Never

2 1-2 times

3 3-5 times

4 6-9 times

5 10-19 times

6 20-39 times

7 40 or more times

ALFV

{ASK IF HAS EVER HAD AN ALCOHOLIC DRINK: ALCD = 1}

Have you ever had five or more alcoholic drinks at a time? A drink is half a pint of lager, beer or cider, one alcopop, a small glass of wine, or a measure of spirits.

- 1 Yes
- 2 No

AGFV

{ASK IF HAS EVER HAD >5 DRINKS: ALFV = 1}

How old were you when you first had five or more alcoholic drinks at a time?
Please enter the age you were when you first had five or more alcoholic drinks

I was ___ years old

NUMERIC
RANGE: 0-18

ALFN

{ASK IF HAS EVER HAD >5 DRINKS: ALFV = 1}

How many times have you had five or more alcoholic drinks at a time in the last 12 months?

- 1 Never
- 2 1-2 times
- 3 3-5 times
- 4 6-9 times
- 5 10 or more times

**** DRUG GRID**

DRUA-DRUK

{ASK ALL, ASK AS GRID}

The next few questions are about drugs, not including cigarettes and alcohol or prescribed medication.

Have you ever taken any of the following?

Please select one answer on every row.

GRID ROWS

DRUA Cannabis (also called Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed)

DRUB Cocaine powder (also called Coke, Charlie, 'C', Snow, Percy, Toot)

DRUC Acid or LSD (also called Acid, Trips, Dots, Flash, Smilies)

DRUD Ecstasy (also called 'E', MDMA, Molly, Mitsubishis, Rolex's, Dolphins, XTC)

- DRUE** Heroin (also called Brown, Smack, Skag, Horse, Gear, 'H')
- DRUF** Crack (also called Rocks, Stones, Freebase, Wash)
- DRUL** Speed or Amphetamines, (also called Whizz, Sulphate, Billy)
- DRUH** Methamphetamine (also called Crystal meth, dexies, chalk, and ice)
- DRUS** Semeron (also called Sem)
- DRUI** Ketamine (also called Green, 'K', super K)
- DRUJ** Mephedrone (also called Meow Meow, M-Cat, Bubble, Charge, Drone, 4MMC)
- DRUK** Psychoactive substances (such as salvia, spice, trance, schrooms)

GRID COLS

- 1 Yes
- 2 No

DRAN

{ASK IF HAS TAKEN CANNABIS: DRUA = 1}

In the past year how many times have you taken cannabis?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRBN

{ASK IF HAS TAKEN COCAINE: DRUB = 1}

In the past year how many times have you taken cocaine?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRCN

{ASK IF HAS TAKEN ACID: DRUC = 1}

In the past year how many times have you taken acid or LSD?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRDN**{ASK IF HAS TAKEN ECSTASY: DRUD = 1}**

In the past year how many times have you taken ecstasy?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DREN**{ASK IF HAS TAKEN HEROIN: DRUE = 1}**

In the past year how many times have you taken heroin?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRFN**{ASK IF HAS TAKEN CRACK: DRUF = 1}**

In the past year how many times have you taken crack?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRGN**{ASK IF HAS TAKEN SPEED: DRUL = 1}**

In the past year how many times have you taken speed or amphetamines?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRHN**{ASK IF HAS TAKEN METH: DRUH = 1}**

In the past year how many times have you taken Methamphetamine?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRSN**{ASK IF HAS TAKEN SEMERON: DRUS = 1}**

In the past year how many times have you taken Semeron?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRIN**{ASK IF HAS TAKEN KETAMINE: DRUI = 1}**

In the past year how many times have you taken Ketamine?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRJN**{ASK IF HAS TAKEN MEPHEDRONE: DRUJ = 1}**

In the past year how many times have you taken Mephedrone?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

DRKN

{ASK IF HAS TAKEN PSYCHOACTIVE SUBSTANCE: DRUK = 1}

In the past year how many times have you taken psychoactive substances?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

****VICTIMISATION GRID**

VICG-VICS

{ASK ALL, ASK AS GRID}

In the past 12 months has anyone done any of these things to you?

Please select one answer on every row.

GRID ROWS

VICG Insulted you, called you names, threatened or shouted at you in a public place, at school, college or anywhere else?

VICB Spread gossip about you, ignored you or you've experienced other emotional abuse?

VICA Been physically violent towards you, e.g. pushed, shoved, hit, slapped or punched you?

VICC Hit you with or used a weapon against you?

VICE Stolen something from you e.g. a mobile phone, money etc.?

VICH Harassed or bothered you via mobile phone or email?

VICP Sent pictures of you or rumours about you via phone, email social media or online?

VICF Made an unwelcome sexual approach to you?

VICS Assaulted you sexually?

GRID COLS

- 1 Yes
- 2 No

VIRA-VIAP

{ASK IF VICG = 1 OR VICA = 1 OR VICB = 1 OR VICC = 1 OR VICE = 1 OR VICH = 1 OR VICP = 1 OR VICF = 1 OR VICS=1, ASK AS A GRID}

Do you think any of the things you have experienced were motivated by the following?

Please select Yes or No for each row

GRID ROWS

VIRA Racism

WISE Sexism

VISO Sexual orientation

VIAG Ageism

VIDI Disability discrimination

VIAP Your appearance

GRID COLS

1 Yes

2 No

****RISKY BEHAVIOURS GRID**

STOL-VIRS

{ASK ALL, ASK AS A GRID}

In the last 12 months have you done any of the following things?

Please select one answer on every row.

GRID ROWS

STOL Taken something from a shop without paying for it?

SPRY Written things or spray painted on a building, fence or train or anywhere else where you shouldn't have?

DAMG Deliberately damaged something in a public place that didn't belong to you, for example by burning, smashing or breaking things like cars, bus shelters and rubbish bins?

ROBH Gone into someone's home without their permission because you wanted to steal or damage something?

JYRD Stolen a vehicle that didn't belong to you?

FIRE Deliberately set fire to something that you shouldn't have?

CRED Used someone else's credit/debit card or bank account details, to buy things, or obtain money, without the owner's permission?

HACK Accessed, or hacked into, someone else's internet-enabled device (e.g. computer, tablet, mobile phone, games console), e-mail or social networking account without their permission?

VIRS Used the internet to send viruses, spyware or other harmful software/malware, to deliberately damage or infect other computers?

GRID COLS

1 Yes

2 No

STON

{IF HAS SHOPLIFTED SOMETHING: STOL = 1}

How many times have you {TEXTFILL: **STOL**} in the past year?

ENTER NUMBER:

NUMERIC

RANGE: 0-300

SPRN

{IF HAS SPRAY PAINTED: SPRY = 1}

How many times have you {TEXTFILL: **SPRY**} in the past year?

ENTER NUMBER:

NUMERIC

RANGE: 0-300

DAMN

{IF HAS DAMAGED SOMETHING: DAMG = 1}

How many times have you {TEXTFILL: **DAMG**} in the past year?

ENTER NUMBER:

NUMERIC

RANGE: 0-300

ROBN

{IF STOLEN SOMETHING FROM A HOME: ROBH = 1}

How many times have you {TEXTFILL: **ROBH**} in the past year?

ENTER NUMBER:

NUMERIC

RANGE: 0-300

JYRN

{IF STOLEN A VEHICLE: JYRD = 1}

How many times have you {TEXTFILL: **JYRD**} in the past year?

ENTER NUMBER:

NUMERIC

RANGE: 0-300

FIRN

{IF HAS SET FIRE TO SOMETHING: FIRE = 1}

How many times have you {TEXTFILL: **FIRE**} in the past year?

ENTER NUMBER:

RANGE: 0-300

NUMERIC

CRDN

{IF HAS USED CREDIT CARD WIHTOUT PERMISSION: CRED = 1}

How many times have you {TEXTFILL: **CRED**} in the past year?

ENTER NUMBER:

NUMERIC

RANGE: 0-300

HAKN

{IF HAS HACKED: HACK = 1}

How many times have you {TEXTFILL: **HACK**} in the past year?

ENTER NUMBER:

NUMERIC

RANGE: 0-300

VIRN

{IF HAS SENT COMPUTER VIRUS: VIRS = 1}

How many times have you {TEXTFILL: **VIRS**} in the past year?

ENTER NUMBER:

NUMERIC

RANGE: 0-300

FRWT

{ASK IF HAS SET A FIRE: FIRE = 1}

The last time you deliberately set fire to something you shouldn't have, what did you set on fire?

- 1 Car or other road vehicle
- 2 My house
- 3 Someone else's house
- 4 An outbuilding or shed
- 5 Other building
- 6 Loose rubbish, a rubbish bin or skip
- 7 Chemicals or solvents (e.g. paint, petrol, oil)
- 8 Trees, grass, crops or leaves
- 9 Other [Please write in on the next screen] {VARIABLE: **FRWO**}

****ANTI SOCIAL BEHAVIOUR GRID**

HITT-SEXA

{ASK ALL, ASK AS GRID}

In the last 12 months have you done any of the following things?

Please select one answer on each row

GRID ROWS

HITT Pushed or shoved/hit/slapped/punched someone?

WEPN Hit someone with or used a weapon?

STLN Stolen something from someone. e.g. a mobile phone, money etc.?

HRSD Harassed or bothered someone via mobile phone or email?

RMRS Sent pictures or spread rumours about someone via phone, email, social media or online?

SEXA Made an unwelcome sexual approach or assaulted someone sexually?

GRID COLS

1 Yes

2 No

Identity Module

SXID

{ASK ALL}

Which of the following options best describes how you currently think of yourself?

- 1 Completely heterosexual / straight
- 2 Mainly heterosexual / straight
- 3 Bisexual
- 4 Mainly gay or lesbian
- 5 Completely gay or lesbian
- 6 Other

-
- 7 Don't know
 - 8 Prefer not to say

GBID

{ASK ALL}

Which of the following were you described as at birth?

- 1 Male
- 2 Female
- 3 Intersex

-
- 4 I prefer not to say

GNID

{ASK ALL}

Which of the following describes how you think of yourself?

Please select one answer

- 1 Male
- 2 Female
- 3 In another way [Please write in the box below] **{VARIABLE: GNIO}**

-
- 4 Prefer not to say

SXAT

{ASK ALL}

{MALE AND FEMALE TEXTFILLS FROM GNID, MALE (GNID=1) FEMALE (GNID=2) OR IF GNID=3 OR GNID=4 TEXTFILL FROM BIRTH SEX (FED FORWARD)}

I have felt sexually attracted...

1 ...only to {IF MALE TEXTFILL: 'females', IF FEMALE TEXTFILL: 'males'} never to {IF MALE TEXTFILL: 'males', IF FEMALE TEXTFILL: 'females'}

2 More often to {IF MALE TEXTFILL: 'females', IF FEMALE TEXTFILL: 'males'}, and at least once to a {IF MALE TEXTFILL: 'male', IF FEMALE TEXTFILL: 'female'}

3 About equally often to {IF MALE TEXTFILL: 'females', IF FEMALE TEXTFILL: 'males'} and to {IF MALE TEXTFILL: 'males', IF FEMALE TEXTFILL: 'females'}

4 More often to {IF MALE TEXTFILL: 'males', IF FEMALE TEXTFILL: 'females'}, and at least once to a {IF MALE TEXTFILL: 'female', IF FEMALE TEXTFILL: 'male'}

5 Only ever to {IF MALE TEXTFILL: 'males', IF FEMALE TEXTFILL: 'females'}, never to {IF MALE TEXTFILL: 'females', IF FEMALE TEXTFILL: 'males'}

6 I have never felt sexually attracted to anyone at all

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