

# Childhood self-completion questionnaire

LIFE IN YOUR EARLY 60s

**This questionnaire asks you to think back to your childhood and answer questions about your health, education, and family life as a child.**

We are interested in how you remember your circumstances in early life, and will use your answers to compare your recollections now to the information that you, or your parents and teachers, provided when you were a child.

You will first be asked questions about when you were 7, 11 and 16, which is when the NCDS childhood surveys took place. You will then be asked questions about the whole of your childhood, from when you were born up to and including age 16.

You may find some questions easier to answer than others. That is fine! We are interested to

find out which kinds of information people remember easily and which are more difficult to remember.

This questionnaire should take about 30 minutes to complete. We hope that you will find it interesting. Looking back to your childhood may bring happy memories to some, but we are aware it may recall sad or distressing events to others. As always, your participation is voluntary and you can skip over any questions that you would prefer not to answer. Your answers are extremely important to us.

## INTERVIEWER TO ENTER

BATCH 2012-2016

Interviewer ID number

|                      |                      |                      |                      |           |
|----------------------|----------------------|----------------------|----------------------|-----------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2017-2020 |
|----------------------|----------------------|----------------------|----------------------|-----------|

Participant reference number

|                      |                      |                      |                      |                      |                      |                      |                      |     |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | CKL |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|

2001-2008

2009

Card

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

2010-2011

Participant first name

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

2024-2043

Participant gender

|                      |                      |      |
|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | 2021 |
|----------------------|----------------------|------|

1 2

Participant date of birth

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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2022-2023

SPARE 2044-2049

HOW TO FILL IN THE QUESTIONNAIRE

Please complete the questionnaire using **BLACK** or **BLUE INK**.

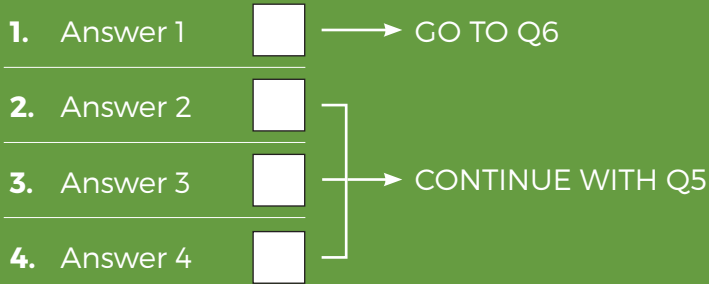
The questionnaire will be read by a scanner, so please mark your answers by putting a cross in the appropriate box **X**

Sometimes you will be asked to write in a box like this: **24** **Answer**

Please keep your answer within the boxes.

If you make a mistake or change your mind, please completely fill the box to show the mistake and then cross the correct answer.

Sometimes you will find instructions telling you which questions to answer next like this:



Please follow these instructions carefully so that you answer the questions that apply to you.

Some of the things we ask about may be more difficult to remember than others. We would like you to try to be as accurate as possible, but if you cannot remember the exact answer, please give us your best estimate. You may skip any questions that you prefer not to answer.

HOW TO RETURN THE QUESTIONNAIRE

When you have completed the questionnaire please seal it inside the envelope provided and post it back to us. If you are taking part in the nurse visit, you could alternatively give it to the nurse.

Your responses will be treated in the strictest confidence. They will be combined with other information you have provided to the survey over the years, and will be made available to researchers.

ANY QUESTIONS?

If you have any questions about this questionnaire, or about the National Child Development Study, please contact us: by email at **ncds@natcen.ac.uk** or on Freephone **0800 652 4574**.

STARTING SCHOOL

1 Did you attend a nursery school or class, part-time or full time, before you started school? Please do not include day nursery or playgroup attendance.

Yes ☐ 1

No ☐ 2

2050

2 How old were you when you first started school?

WRITE AGE IN BOX

2051-2052

AGE 7

THIS SET OF QUESTIONS ASKS ABOUT THE TIME WHEN YOU WERE 7. THAT IS IN 1965.

Please take a moment to think about this time. You may find that making a few notes below could help you to better remember this period of your life. We will not use this information for our research.

When you were 7...

| ...Where did you live?<br>(e.g. your street, your town) | ...What school did you go to?<br>(e.g. name of your school) | ...What important things happened?<br>(e.g. my sister was born) |
|---|---|---|
| <input type="text"/>                                    | <input type="text"/>  | <input type="text"/>  |
| <input type="text"/>                                    | <input type="text"/>  | <input type="text"/>  |
| <input type="text"/>                                    | <input type="text"/>  | <input type="text"/>  |
| <input type="text"/>                                    | <input type="text"/>  | <input type="text"/>  |

Some of the questions we ask about refer to your mother and father. We are aware that not all families are alike and you may have not lived with both of your biological parents. If this was your experience, please answer these questions in relation to any other mother or father figure you may have had. If you did not have a mother or father figure there are boxes on each question for you to record this.

MATHS AND READING

5 On a scale of 0 to 10 where 0 means lowest ability and 10 means highest ability, how would you rate your ability in maths and reading when you were 7, compared to other children in Britain of the same age?

CROSS (X) ONE BOX ON EACH ROW

|            |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                 |
|------------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
|            | Lowest ability | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | Highest ability |
| a) Maths   |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2063-2064       |
| b) Reading |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2065-2066       |

SPARE 2067-2069

ACTIVITIES WITH YOUR PARENTS

3 How often did your mother do the following activities with you when you were 7?

CROSS (X) ONE BOX ON EACH ROW

|  |                               |                          |                          |                          |      |
|--|-------------------------------|--------------------------|--------------------------|--------------------------|------|
|  | Every day or almost every day | At least every week      | Occasion-ally            | Never, or hardly ever    |      |
|  | 1                             | 2                        | 3                        | 4                        |      |
| a) My mother read to me or read with me                                | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2054 |
| b) My mother spent time playing with me                                | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2055 |
| c) My mother took me on educational trips (e.g. libraries and museums) | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2056 |
| d) My mother helped me with my school work                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2057 |
| -----  |                               |                          |                          |                          |      |
| No mother/mother figure  | <input type="checkbox"/>      |                          |                          |                          | 2053 |

4 How often did your father do the following activities with you when you were 7?

CROSS (X) ONE BOX ON EACH ROW

|  |                               |                          |                          |                          |      |
|--|-------------------------------|--------------------------|--------------------------|--------------------------|------|
|  | Every day or almost every day | At least every week      | Occasion-ally            | Never, or hardly ever    |      |
|  | 1                             | 2                        | 3                        | 4                        |      |
| a) My father read to me or read with me                                | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2059 |
| b) My father spent time playing with me                                | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2060 |
| c) My father took me on educational trips (e.g. libraries and museums) | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2061 |
| d) My father helped me with my school work                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2062 |
| -----  |                               |                          |                          |                          |      |
| No father/father figure  | <input type="checkbox"/>      |                          |                          |                          | 2058 |

AGE 11

THE NEXT SET OF QUESTIONS ASKS ABOUT THE TIME WHEN YOU WERE 11. THAT IS IN 1969.

Please take a moment to think about this time. You may find that making a few notes below could help you to better remember this period of your life. We will not use this information for our research.

When you were 11...

...Where did you live?

(e.g. your street, your town)

...What school did you go to?

(e.g. name of your school)

...What important things happened?

(e.g. my sister was born)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

WHERE YOU LIVED

6 What type of accommodation did you and your family live in when you were 11?

CROSS (X) ONE BOX

Whole house ☐ 1

2070

Flat / maisonette (self-contained) ☐ 2

Rooms (e.g. occupying room(s) in a shared house or flat) ☐ 3

Other ☐ 4

7 Which of the following best describes the accommodation that you and your family lived in when you were 11?

CROSS (X) ONE BOX

Owned by your household ☐ 1

2071

Rented from Council or Housing Association ☐ 2

Privately rented ☐ 3

Other ☐ 4

8 Including yourself, how many people normally lived in your household when you were 11? Please exclude any children or others who only lived at home for short periods such as school holidays.

WRITE NUMBER OF PEOPLE IN BOX

2072-2073

9 Who lived with you when you were 11?

CROSS (X) ALL THAT APPLY

Biological mother ☐ 01

Adopted, step, foster, or half brother(s) or sister(s) ☐ 06

Biological father ☐ 02

Grandparent(s) ☐ 07

Adoptive, step, or foster mother ☐ 03

Other relative(s) ☐ 08

Adoptive, step, or foster father ☐ 04

Other non-relative(s) ☐ 09

2074-2091

Biological brother(s) or sister(s) ☐ 05

10 How many rooms did your accommodation have when you were 11? Please exclude bathrooms, kitchens or sculleries unless they were used as a living room.

WRITE NUMBER OF ROOMS IN BOX

2092-2093

11 Did the accommodation that you and your family lived in when you were 11 have the following facilities?

CROSS (X) ONE BOX ON EACH ROW

Yes

No

1

2

a) Bathroom

☐☐

2094

b) Outdoor Lavatory

☐☐

2095

c) Indoor Lavatory

☐☐

2096

d) Hot water supply

☐☐

2097

e) Cooking facilities

☐☐

2098

12 About how many books were there in the place you lived in when you were 11? Please do not count magazines, newspapers, or your school books.

CROSS (X) ONE BOX

- None or very few  
(0-10 books) ☐ 1
- Enough to fill one shelf  
(11-25 books) ☐ 2
- Enough to fill one bookcase  
(26-100 books) ☐ 3
- Enough to fill two bookcases  
(101-200 books) ☐ 4
- Enough to fill three or more bookcases  
(more than 200 books) ☐ 5

2099

WHAT YOUR PARENTS DID

13 Which of the following best describes what your mother was doing when you were 11?

CROSS (X) ONE BOX

- Employed ☐ 1
- Self-employed ☐ 2
- Unemployed ☐ 3
- Sick or disabled ☐ 4
- Looking after home/family (e.g. housewife) ☐ 5
- Retired ☐ 6
- Something else ☐ 7
- No mother/mother figure ☐ 1
- CONTINUE WITH Q14
- GO TO Q19
- GO TO Q20

2101

2100

14 What was your mother's job when you were 11?

WRITE JOB IN BOX

15 What did she mainly do in this job? Please describe what the job involved.

WRITE DESCRIPTION IN BOX

16 What did the firm or organisation she worked for mainly make or do (at the place where she worked)? Please describe fully.

WRITE DESCRIPTION IN BOX

17 Did she have formal responsibility for supervising the work of others?

- Yes ☐
- No ☐

18 Did she require any special qualifications or training to do this job? If so please describe.

WRITE QUALIFICATIONS OR TRAINING IN BOX

19 At what age did your mother leave full time education? If she left and later returned to become a full-time student, please write the age when she first left full-time education. If you do not know or cannot remember the exact age, please give your best estimate.

WRITE AGE IN BOX

2102-2103

20 Which of the following best describes what your father was doing when you were 11?

CROSS (X) ONE BOX

|                           |                          |   |                   |
|---------------------------|--------------------------|---|-------------------|
| Employed                  | <input type="checkbox"/> | 1 | CONTINUE WITH Q21 |
| Self-employed             | <input type="checkbox"/> | 2 |                   |
| Unemployed                | <input type="checkbox"/> | 3 | GO TO Q26         |
| Sick or disabled          | <input type="checkbox"/> | 4 |                   |
| Looking after home/family | <input type="checkbox"/> | 5 |                   |
| Retired                   | <input type="checkbox"/> | 6 |                   |
| Something else            | <input type="checkbox"/> | 7 |                   |

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No father/father figure ☐ 1 → GO TO Q27

2105

21 What was your father's job when you were 11?

WRITE JOB IN BOX

22 What did he mainly do in this job? Please describe what the job involved.

WRITE DESCRIPTION IN BOX

23 What did the firm or organisation he worked for mainly make or do (at the place where he worked)? Please describe fully.

WRITE DESCRIPTION IN BOX

24 Did he have formal responsibility for supervising the work of others?

Yes ☐

No ☐

25 Did he require any special qualifications or training to do this job? If so please describe.

WRITE QUALIFICATIONS OR TRAINING IN BOX

26 At what age did your father leave full-time education? If he left and later returned to become a full-time student, please write the age when he first left full-time education. If you do not know the exact age, please give your best estimate.

WRITE AGE IN BOX

2106-2107

SPARE 2108-2119

MATHS AND READING

27 On a scale of 0 to 10 where 0 means lowest ability and 10 means highest ability, how would you rate your ability in maths and reading when you were 11, compared to other children in Britain of the same age?

CROSS (X) ONE BOX ON EACH ROW

|            |                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                 |
|------------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
|            | Lowest ability | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | Highest ability |
| a) Maths   |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| b) Reading |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |

2120-2121

2122-2123

SPARE 2124

# AGE 16

THE NEXT SET OF QUESTIONS ASKS ABOUT THE TIME WHEN YOU WERE 16. THAT IS IN 1974.

Please take a moment to think about this time. You may find that making a few notes below could help you to better remember this period of your life. We will not use this information for our research.

When you were 16...

...Where did you live?

(e.g. your street, your town)

...What school did you go to?

(e.g. name of your school)

...What important things happened?

(e.g. my sister was born)

## YOUR FAMILY

28 How often, in a normal week, did you have a meal together with your family when you were 16?

CROSS (X) ONE BOX

Every day ☐ 1

Most days ☐ 2

Once or twice a week ☐ 3

Not at all ☐ 4

29 On a scale of 0 to 10, where 0 means the lowest income family in Britain, and 10 means the highest income family in Britain, where would you place your family when you were 16?

CROSS (X) ONE BOX

Lowest income family

Highest income family

0

1

2

3

4

5

6

7

8

9

10

## SMOKING, DRINKING AND DRUGS

30 How old were you when you first smoked a cigarette, other than a puff or two? Please write the age in the box below. If you cannot remember the exact age, please give your best estimate.

WRITE AGE IN BOX

CONTINUE WITH Q31

I never smoked a cigarette, other than a puff or two

GO TO Q32

31 How many cigarettes did you usually smoke per week when you were 16? Please note that 1 pack contains 20 cigarettes.

CROSS (X) ONE BOX

None (did not smoke at 16) ☐ 01

Less than 1 a week ☐ 02

1 to 9 a week ☐ 03

10 to 19 a week ☐ 04

20 to 29 a week ☐ 05

30 to 39 a week ☐ 06

40 to 49 a week ☐ 07

50 to 59 a week ☐ 08

60 or more a week ☐ 09

32 Did your mother smoke at least one cigarette a day when you were 16?

Yes ☐ 1

No ☐ 2

No mother/mother figure ☐ 1

33 Did your father smoke at least one cigarette a day when you were 16?

Yes ☐ 1

2136

No ☐ 2

No father/father figure ☐ 1

2135

34 How old were you when you had your first drink of alcohol, other than a few sips? If you cannot remember the exact age, please give your best estimate.

WRITE AGE IN BOX

CONTINUE WITH Q35

2138-2139

I have never had a drink of alcohol, other than a few sips

☐

1

GO TO Q37

2137

35 How often did you have a drink of alcohol when you were 16?

CROSS (X) ONE BOX

Never (did not drink at 16) ☐ 1

GO TO Q37

2140

Less than monthly ☐ 2

Monthly ☐ 3

Weekly ☐ 4

Daily or almost daily ☐ 5

CONTINUE WITH Q36

36 How many units of alcohol did you drink in a typical week when you were 16? By a unit of alcohol, we mean half a pint of beer, a small glass of wine or a single measure of spirits and liqueur.

CROSS (X) ONE BOX

Did not drink in a typical week - 0 ☐ 0

2141

1 ☐ 1

2 ☐ 2

3 ☐ 3

4 ☐ 4

5 or more ☐ 5

37 By the age of 16, had you ever taken the following drugs?

CROSS (X) ONE BOX ON EACH ROW

Yes  
1

No  
2

a) Cannabis (also known as marijuana)

☐☐

2142

b) Other drugs like speed, cocaine, LSD or Heroin

☐☐

2143

SPARE 2144

## HEIGHT AND WEIGHT

38 How tall were you when you were 16? If you cannot remember your exact height, please give your best estimate.

WRITE HEIGHT IN FEET AND INCHES,  
OR IN METERS AND CENTIMETRES

|      |           |    |      |           |
|------|-----------|----|------|-----------|
| ft   | in        | OR | m    | cm        |
| 2145 | 2146-2147 |    | 2148 | 2148-2150 |

If you prefer not to answer GO TO Q41

39 Is the height that you recorded your exact height when you were 16, or were you rounding or approximating?

CROSS (X) ONE BOX

Exact

☐

1

GO TO Q41

2151

Rounded or approximated

☐

2

CONTINUE WITH Q40

40 What was the minimum and the maximum height you had in mind when you recorded your height?

Minimum height

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| 2152                 | 2153-2154            |

Maximum height

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| 2155                 | 2156-2157            |

41 On a scale of 0 to 10 where 0 means very short and 10 means very tall, how would you describe your height when you were 16 compared to other children of your age and sex?

CROSS (X) ONE BOX

Very short

Very tall

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2158-2159

SPARE 2160



**42** How much did you weigh when you were 16? If you were pregnant, please write how much you weighed before your pregnancy. If you cannot remember the exact weight, please give your best estimate.

WRITE WEIGHT IN STONES AND POUNDS OR KILOGRAMS

st

lb

OR

kg

2161-2162

2163-2164

2165-2169

If you prefer not to answer → GO TO Q45

**43** Is the weight that you recorded your exact weight when you were 16, or were you rounding or approximating?

CROSS (X) ONE BOX

Exact ☐ <sub>1</sub> → GO TO Q45

Rounded or approximated ☐ <sub>2</sub> → CONTINUE WITH Q44

2170

**44** What was the minimum and the maximum weight you had in mind when you recorded your weight?

Minimum weight

Maximum weight

2171-2175

2176-2180

**45** On a scale of 0 to 10 where 0 means very underweight and 10 means very overweight, how would you describe your weight when you were 16 compared to other children of your age and sex?

Very underweight

CROSS (X) ONE BOX

Very overweight

0

1

2

3

4

5

6

7

8

9

10

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☐

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☐

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☐

2181-2182

## MATHS AND READING

**46** On a scale of 0 to 10 where 0 means lowest ability and 10 means highest ability, how would you rate your ability in maths and reading when you were 16, compared to other children in Britain of the same age?

CROSS (X) ONE BOX ON EACH ROW

Lowest ability

Highest ability

0

1

2

3

4

5

6

7

8

9

10

a) Maths

☐

☐

☐

☐

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☐

☐

☐

☐

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☐

2183-2184

b) Reading

☐☐☐☐☐☐☐☐☐☐☐

2185-2186

SPARE 2187

## YOUR EDUCATION

**47** How interested were your mother and father in your education when you were 16?

CROSS (X) ONE BOX ON EACH ROW

Over-concerned

Very interested

Showed some interest

Showed little or no interest

Can't say

1

2

3

4

5

a) Mother

☐

☐

☐

☐

☐

2189

b) Father

☐☐☐☐☐

2190

No mother/father figure

☐ <sub>1</sub>

2188

**48** Which of the following best describes what your parents wanted you to do when you were 16?

CROSS (X) ONE BOX

Leave school at 16 ☐ <sub>1</sub>

2191

Stay in full-time education until 18 ☐ <sub>2</sub>

Continue some form of full-time education beyond 18 ☐ <sub>3</sub>

Uncertain ☐ <sub>4</sub>

**49** At what age did you finish continuous full-time education at school or college? If you left and later returned to become a full-time student, please write the age when you first left full-time education. If you cannot remember the exact age, please give your best estimate.

WRITE AGE IN BOX

2192-2193

# FEELINGS AND BEHAVIOUR

THE NEXT QUESTIONS ARE ABOUT HOW YOU FELT AND HOW YOU BEHAVED WHEN YOU WERE 7, 11 AND 16.

**50** Some children experience problems with concentration such as not being able to keep their minds on what they are doing, losing interest very quickly in games or work, having trouble finishing what they started or not listening to people speaking to them.

How would you rate your problems with concentration compared to other children of the same age?

PLEASE INDICATE YOUR ANSWER ON THE SCALE FROM 0 TO 10, WHERE 0 MEANS NO PROBLEMS WITH CONCENTRATION AND 10 MEANS SEVERE PROBLEMS WITH CONCENTRATION.

CROSS (X) ONE BOX ON EACH ROW

|           | No problems with concentration |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  | Severe problems with concentration |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |           |
|-----------|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
|           | 0                              | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  | 0                                  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |           |
| a) Age 7  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2194-2195 |
| b) Age 11 | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2196-2197 |
| c) Age 16 | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2198-2199 |

**51** Some children are very restless and fidgety or have difficulty staying seated when they are expected to, or waiting their turn.

How restless and fidgety were you compared to other children of the same age?

PLEASE INDICATE YOUR ANSWER ON THE SCALE FROM 0 TO 10 WHERE 0 MEANS NOT AT ALL RESTLESS OR FIDGETY AND 10 MEANS EXTREMELY RESTLESS AND FIDGETY.

CROSS (X) ONE BOX ON EACH ROW

|           | Not at all restless and fidgety |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  | Extremely restless and fidgety |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |           |
|-----------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
|           | 0                               | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  | 0                              | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |           |
| a) Age 7  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2200-2201 |
| b) Age 11 | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2202-2203 |
| c) Age 16 | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2204-2205 |

**52** Some children have feelings of anxiety or worry.

How anxious or worried were you compared to other children of the same age?

PLEASE INDICATE YOUR ANSWER ON THE SCALE FROM 0 TO 10, WHERE 0 MEANS NOT AT ALL ANXIOUS OR WORRIED AND 10 MEANS EXTREMELY ANXIOUS OR WORRIED.

CROSS (X) ONE BOX ON EACH ROW

|           | Not at all anxious or worried |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  | Extremely anxious or worried |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |           |
|-----------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
|           | 0                             | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  | 0                            | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |           |
| a) Age 7  | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2206-2207 |
| b) Age 11 | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2208-2209 |
| c) Age 16 | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2210-2211 |

**53** Some children can feel very sad, miserable or tearful.

How sad or tearful were you compared to other children of the same age?

PLEASE INDICATE YOUR ANSWER ON THE SCALE FROM 0 TO 10, WHERE 0 MEANS NOT AT ALL SAD OR TEARFUL AND 10 MEANS EXTREMELY SAD OR TEARFUL.

CROSS (X) ONE BOX ON EACH ROW

|           | Not at all sad or tearful |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  | Extremely sad or tearful |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |           |
|-----------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
|           | 0                         | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |           |
| a) Age 7  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2212-2213 |
| b) Age 11 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2214-2215 |
| c) Age 16 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2216-2217 |

**54** Some children have behaviour problems and do things like fighting, stealing, lying, breaking rules, or bullying other children.

How would you rate your behaviour problems compared to other children of the same age?

PLEASE INDICATE YOUR ANSWER ON THE SCALE FROM 0 TO 10, WHERE 0 MEANS NO BEHAVIOUR PROBLEMS AND 10 MEANS SEVERE BEHAVIOUR PROBLEMS.

CROSS (X) ONE BOX ON EACH ROW

|           | No behaviour problems    |                          |                          |                          |                          |                          |                          |                          |                          |                          | Severe behaviour problems |  |  |  |  |  |  |  |  |  |           |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--|--|--|--|--|--|--|--|--|-----------|
|           | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                        |  |  |  |  |  |  |  |  |  |           |
| a) Age 7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |  |  |  |  |  |  |  | 2218-2219 |
| b) Age 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |  |  |  |  |  |  |  | 2220-2221 |
| c) Age 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |  |  |  |  |  |  |  | 2222-2223 |

## BULLYING

THE NEXT QUESTIONS ASK ABOUT YOUR EXPERIENCES OF BEING BULLIED WHEN YOU WERE 7, 11 AND 16.

**55** Some children have experiences of being bullied by other children, either in school or outside of school. How often were you bullied by other children, either in school or outside of school?

CROSS (X) ONE BOX ON EACH ROW

|           | Frequently<br>1          | Sometimes<br>2           | Never<br>3               |      |
|-----------|--------------------------|--------------------------|--------------------------|------|
| a) Age 7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2224 |
| b) Age 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2225 |
| c) Age 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2226 |

## CHILDHOOD OVERALL

THE FOLLOWING QUESTIONS ASK ABOUT YOUR CHILDHOOD AS A WHOLE. THAT IS FROM WHEN YOU WERE BORN UP TO AND INCLUDING AGE 16.

### RELATIONSHIP WITH YOUR PARENTS

**56** For each statement below, please mark the number that best describes the relationship you had with your mother during your childhood. The closer your mark is to a statement the more strongly you agree with it.

CROSS (X) ONE BOX ON EACH ROW

|  | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |   |           |      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|-----------|------|
| a) I did not feel close to my mother at all        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I felt very close to my mother            | 2228-2229 |      |
| b) I did not argue with my mother at all           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I argued with my mother very often        | 2230-2231 |      |
| c) I did not get on well with my mother at all     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I got on very well with my mother         | 2232-2233 |      |
| d) My mother was not responsive to my needs at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My mother was very responsive to my needs | 2234-2235 |      |
| e) My mother never neglected me                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My mother always neglected me             | 2236-2237 |      |
| f) My mother was not strict at all                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My mother was very strict                 | 2238-2239 |      |
| No mother/mother figure <input type="checkbox"/> 1 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |           | 2227 |

57 For each statement below, please mark the number that best describes the relationship you had with your father during your childhood. The closer your mark is to a statement the more strongly you agree with it.

CROSS (X) ONE BOX ON EACH ROW

0 1 2 3 4 5 6 7 8 9 10

a) I did not feel close to my father at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ I felt very close to my father 2241-2242

b) I did not argue with my father at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ I argued with my father very often 2243-2244

c) I did not get on well with my father at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ I got on very well with my father 2245-2246

d) My father was not responsive to my needs at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ My father was very responsive to my needs 2247-2248

e) My father never neglected me ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ My father always neglected me 2249-2250

f) My father was not strict at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ My father was very strict 2251-2252

No father/father figure ☐ 1 2240

## YOUR FAMILY'S FINANCIAL SITUATION

58 Thinking about the whole of your childhood...

CROSS (X) ONE BOX ON EACH ROW

a) Was there a time of several months or more, when your father had no job? Yes ☐ No ☐ No father/father figure ☐ 2253

b) Was your family ever seriously troubled by financial hardship? ☐ ☐ 2254

c) Did you or any of your siblings receive free school meals at school? By free school meal we mean a meal that was provided by the school that your parents did not have to pay for. ☐ ☐ 2255

## YOUR PARENTS' AND SIBLINGS' HEALTH

59 During your childhood, did your mother ever suffer from chronic physical or mental ill-health or disability?

CROSS (X) ONE BOX

Yes ☐ 1 → CONTINUE WITH Q60  
No ☐ 2  
No mother/mother figure ☐ 1 → GO TO Q61

60 Please write the name of the conditions she had in the boxes below. If she had more than 3 conditions please list those which were most severe.

| NAME OR DESCRIPTION OF CONDITION |  |
|----------------------------------|--|
| CONDITION 1                      |  |
| CONDITION 2                      |  |
| CONDITION 3                      |  |

61 During your childhood, did your father ever suffer from chronic physical or mental ill-health or disability?

CROSS (X) ONE BOX

Yes ☐ 1 → CONTINUE WITH Q62  
No ☐ 2  
No father/father figure ☐ 1 → GO TO Q63

62 Please write the name of the conditions he had in the boxes below. If he had more than 3 conditions please list those which were most severe.

|             | NAME OR DESCRIPTION OF CONDITION |
|-------------|----------------------------------|
| CONDITION 1 |                                  |
| CONDITION 2 |                                  |
| CONDITION 3 |                                  |

63 During your childhood, did any of your brothers or sisters ever suffer from chronic physical or mental ill-health or disability?

CROSS (X) ONE BOX

Yes ☐ 1

No ☐ 2

-----  
No brothers/sisters ☐ 1

YOUR OWN HEALTH

64 During your childhood, how would you rate your health overall?

CROSS (X) ONE BOX

Excellent ☐ 1

Very good ☐ 2

Good ☐ 3

Fair ☐ 4

Poor ☐ 5

Health varied a great deal ☐ 6

65 Did you ever miss school for one month or more because of a health condition?

Yes ☐ 1

No ☐ 2

66 During your childhood, how many times, in total, were you admitted to hospital for at least one night?

CROSS (X) ONE BOX

0 ☐ 0 → GO TO Q68

1 ☐ 1

2 ☐ 2

3 ☐ 3

4 or more ☐ 4

CONTINUE WITH Q67

67 During your childhood, were you ever in hospital for one month or more?

Yes ☐ 1

No ☐ 2

**68 During your childhood, did you ever have any of the following health conditions? For each condition you had, please record how old you were when you first had it, and if it lasted or reoccurred over a period of at least a year.**

|   | Whether had condition                       | Age first had condition (years)               | Whether condition lasted or reoccurred for at least a year |
|---|---|---|--|
| <b>a) Infectious disease</b><br>(e.g. measles, whooping cough, chicken pox, mumps, scarlet fever, TB, etc.) | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|   | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|   |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|   |   |   |  |
| <b>b) Broken bones, fractures</b>   | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|   | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|   |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|   |   |   |  |
| <b>c) Asthma</b>  | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|   | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|   |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|   |   |   |  |
| <b>d) Hay fever or allergic rhinitis</b>  | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|   | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|   |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|   |   |   |  |
| <b>e) Respiratory problems other than asthma</b><br>(e.g. bronchitis, pneumonia)                            | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|   | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|   |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|   |   |   |  |
| <b>f) Chronic ear problems</b>  | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|   | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|   |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|   |   |   |  |
| <b>g) Severe headaches or migraines</b>   | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|   | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|   |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|   |   |   |  |

|  | Whether had condition                       | Age first had condition (years)               | Whether condition lasted or reoccurred for at least a year |
|--|---|---|--|
| <b>h) Epilepsy, fits or seizures</b>   | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|  | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|  |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|  |   |   |  |
| <b>i) Emotional, nervous, or psychiatric problem</b>   | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|  | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|  |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|  |   |   |  |
| <b>j) Appendicitis</b>   | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   |  |
|  | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  |  |
|  |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|  |   |   |  |
| <b>k) Childhood diabetes or high blood sugar</b>   | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   |  |
|  | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  |  |
|  |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|  |   |   |  |
| <b>l) Heart trouble</b>  | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   |  |
|  | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  |  |
|  |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|  |   |   |  |
| <b>m) Cancer or malignant tumour</b><br>(including blood cancers – e.g. leukaemia, lymphoma; excluding minor skin cancers) | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   |  |
|  | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  |  |
|  |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|  |   |   |  |
| <b>n) Other serious health condition (please specify)</b><br>If more than 1, please record the most severe                 | Yes <input type="checkbox"/> <sub>1</sub> → | 0 – 7 <input type="checkbox"/> <sub>1</sub>   | Yes <input type="checkbox"/> <sub>1</sub>                  |
|  | No <input type="checkbox"/> <sub>2</sub>    | 8 – 11 <input type="checkbox"/> <sub>2</sub>  | No <input type="checkbox"/> <sub>2</sub>                   |
|  |   | 12 – 16 <input type="checkbox"/> <sub>3</sub> |  |
|  |   |   |  |
|  |   |   |  |

69 During your childhood, did you ever have any longstanding illness, disability or infirmity that limited your activities in any way compared with children of your own age?

Yes ☐1 → CONTINUE WITH Q70

No ☐2 → GO TO Q71

2360

SPARE 2361-2399

70 Please write the name of the conditions you had in the boxes below and record how old you were when you first had each. If you had more than 3 conditions please list those which were most severe.

|             | NAME OR DESCRIPTION OF CONDITION | Age first had condition          |
|-------------|----------------------------------|----------------------------------|
| CONDITION 1 |                                  | 0 - 7 <input type="checkbox"/>   |
|             |                                  | 8 - 11 <input type="checkbox"/>  |
|             |                                  | 12 - 16 <input type="checkbox"/> |
| CONDITION 2 |                                  | 0 - 7 <input type="checkbox"/>   |
|             |                                  | 8 - 11 <input type="checkbox"/>  |
|             |                                  | 12 - 16 <input type="checkbox"/> |
| CONDITION 3 |                                  | 0 - 7 <input type="checkbox"/>   |
|             |                                  | 8 - 11 <input type="checkbox"/>  |
|             |                                  | 12 - 16 <input type="checkbox"/> |

71 During your childhood, were you ever affected by any of the following problems, even if they were not diagnosed at the time? For each problem you had, please record whether your school provided any special educational or additional support for it.

Please note that some of these problems may have not been known with these terms at the time.

|  | Whether had problem  | Whether school provided any special educational or additional support for it |
|--|--|--|
| a) Dyslexia  | Yes <input type="checkbox"/> 1 →<br>No <input type="checkbox"/> 2 2400 | Yes <input type="checkbox"/> 1<br>No <input type="checkbox"/> 2 2401         |
| b) Dyscalculia   | Yes <input type="checkbox"/> 1 →<br>No <input type="checkbox"/> 2 2402 | Yes <input type="checkbox"/> 1<br>No <input type="checkbox"/> 2 2403         |
| c) Dyspraxia   | Yes <input type="checkbox"/> 1 →<br>No <input type="checkbox"/> 2 2404 | Yes <input type="checkbox"/> 1<br>No <input type="checkbox"/> 2 2405         |
| d) Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD, ADHD)          | Yes <input type="checkbox"/> 1 →<br>No <input type="checkbox"/> 2 2406 | Yes <input type="checkbox"/> 1<br>No <input type="checkbox"/> 2 2407         |
| e) Autism Spectrum Disorder (including Asperger's syndrome)                                    | Yes <input type="checkbox"/> 1 →<br>No <input type="checkbox"/> 2 2408 | Yes <input type="checkbox"/> 1<br>No <input type="checkbox"/> 2 2409         |
| f) Other learning difficulty (please specify)<br>If more than 1, please record the most severe | Yes <input type="checkbox"/> 1 →<br>No <input type="checkbox"/> 2 2410 | Yes <input type="checkbox"/> 1<br>No <input type="checkbox"/> 2 2411         |

2412

SPARE 2413-2429



**72** During your childhood, did you ever have any of the following problems, even if they were not diagnosed at the time? For each problem you had, please record whether your school provided any special educational or additional support for it.

|   | Whether<br>had<br>problem                                |  | Whether school provided<br>any special educational or<br>additional support for it |
|---|--|--|--|
| a) A problem with speech or language            | Yes <input type="checkbox"/> <sub>1</sub> →              |  | Yes <input type="checkbox"/> <sub>1</sub>  |
|   | No <input type="checkbox"/> <sub>2</sub> <sub>2430</sub> |  | No <input type="checkbox"/> <sub>2</sub> <sub>2431</sub>                           |
| b) A problem with sight                         | Yes <input type="checkbox"/> <sub>1</sub> →              |  | Yes <input type="checkbox"/> <sub>1</sub>  |
|   | No <input type="checkbox"/> <sub>2</sub> <sub>2432</sub> |  | No <input type="checkbox"/> <sub>2</sub> <sub>2433</sub>                           |
| c) A problem with hearing                       | Yes <input type="checkbox"/> <sub>1</sub> →              |  | Yes <input type="checkbox"/> <sub>1</sub>  |
|   | No <input type="checkbox"/> <sub>2</sub> <sub>2434</sub> |  | No <input type="checkbox"/> <sub>2</sub> <sub>2435</sub>                           |
| d) A problem with balance or motor coordination | Yes <input type="checkbox"/> <sub>1</sub> →              |  | Yes <input type="checkbox"/> <sub>1</sub>  |
|   | No <input type="checkbox"/> <sub>2</sub> <sub>2436</sub> |  | No <input type="checkbox"/> <sub>2</sub> <sub>2437</sub>                           |

WOMEN ONLY

THIS QUESTION IS FOR WOMEN ONLY. IF YOU ARE MALE PLEASE GO TO Q74.

**73** How old were you when you had your first menstrual period? Please write the age in the box below. If you cannot remember the exact age, please give your best estimate.

WRITE AGE IN BOX

2439-2440

Never had a period ☐<sub>1</sub>

2438

SPECIFIC EVENTS

**74** Thinking about your childhood as a whole, did you experience any of the following by other children, either in school or outside of school?

CROSS (X) ONE BOX ON EACH ROW

|   | Yes<br>1                 | No<br>2                  |      |
|---|--------------------------|--------------------------|------|
| a) Experienced name calling, being the butt of jokes or other verbal abuse      | <input type="checkbox"/> | <input type="checkbox"/> | 2441 |
| b) Had gossip spread about you, been left out, ignored or other emotional abuse | <input type="checkbox"/> | <input type="checkbox"/> | 2442 |
| c) Been punched, kicked, assaulted or other physical abuse                      | <input type="checkbox"/> | <input type="checkbox"/> | 2443 |
| d) Had things stolen from you   | <input type="checkbox"/> | <input type="checkbox"/> | 2444 |
| e) Any other type of abuse or bullying  | <input type="checkbox"/> | <input type="checkbox"/> | 2445 |

**75** During your childhood...

CROSS (X) ONE BOX ON EACH ROW

|   | Yes<br>1                 | No<br>2                  |      |
|---|--------------------------|--------------------------|------|
| a) Did you ever live in a children's home?                                    | <input type="checkbox"/> | <input type="checkbox"/> | 2446 |
| b) Did you ever live with a foster family or in a foster home?                | <input type="checkbox"/> | <input type="checkbox"/> | 2447 |
| c) Did you ever have contact with the Police or were you ever taken to Court? | <input type="checkbox"/> | <input type="checkbox"/> | 2448 |
| d) Were your grandparent(s) ever your primary caregivers?                     | <input type="checkbox"/> | <input type="checkbox"/> | 2449 |
| e) Did your parents separate or divorce?                                      | <input type="checkbox"/> | <input type="checkbox"/> | 2450 |
| f) Did one or both of your parents die?                                       | <input type="checkbox"/> | <input type="checkbox"/> | 2451 |
| g) Did one or more of your siblings die?                                      | <input type="checkbox"/> | <input type="checkbox"/> | 2452 |
| h) Were you ever separated from your mother for 6 months or longer?           | <input type="checkbox"/> | <input type="checkbox"/> | 2453 |
| i) Were you ever separated from your father for 6 months or longer?           | <input type="checkbox"/> | <input type="checkbox"/> | 2454 |



## LEAVING HOME

- 76** How old were you when you first moved out of your parents' home for at least a month? Please include going to University and living away from your parents' home during term-time as moving out of your parents' home.

WRITE AGE IN BOX

|  |
|--|
|  |
|--|

2456-2457

Never left parents to live on own

2455

## YOUR CHILDHOOD IN A NUTSHELL

- 77** Thinking about your childhood, from the time you were born up to and including age sixteen, please tell us in a few words about what your life was like. You may wish to write about your family life, your friendships, your schooling, the neighbourhoods you grew up in, or anything else that you feel is important.

[illegible]

2458

SPARE 2459-2999

# THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

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PLEASE SEAL IT INSIDE THE ENVELOPE  
PROVIDED AND POST IT BACK TO US. IF YOU  
ARE TAKING PART IN THE NURSE VISIT, YOU  
COULD ALTERNATIVELY GIVE IT TO THE NURSE.

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