Introduction

This questionnaire is for completion by the parent, or person taking the parental role, of the original cohort participant, born between 1990 and 1993.

The data you provide will be available to researchers across the world and will help with answering important questions on human development, behaviour, health and disease.

Confidentiality: Please remember that your answers to all these questions are confidential and will be processed using a unique ID number. All your personal details will be removed by Children of the 90s staff and researchers will not be able to link your answers back to you. Your data will only be shared with approved researchers for research that has been approved by Children of the 90s.

Answering the questions: Some questions may seem very similar to each other. This is because the combination of answers gives a clearer picture than one single answer. There may be questions that seem a bit strange or don't apply to you because they are about specific feelings or problems. We would be very grateful if you answered all the questions but we understand if there are some that you prefer not to answer or are unable to answer. Please just leave these questions blank. There are no right or wrong answers.

Help with completing the questionnaire: If you need help to complete this questionnaire, please contact us (details on the back page) and we will make the necessary arrangements. If you do not wish to complete this questionnaire, please leave it blank and return it to us in the prepaid envelope provided. We will then know not to send you any reminders.

Helplines: If you are affected by any of the issues raised in this questionnaire, there are a number of organisations listed on the helplines page at the back of this booklet.

Prize draw: Whether you return your questionnaire complete or incomplete, we will also enter you into a prize draw to win one of three iPad tablets. To be entered into the prize draw we must have received your questionnaire by 5pm on Tuesday 19th May 2020. If you win, we will contact you within two weeks using the contact details on our database. You can update these online at:
childrenofthe90s.ac.uk/update-your-details
Alternatively, you can contact us using the details at the back of this questionnaire. You will receive your prize up to six weeks after the draw has been held.

Shopping voucher thank you: Thank you for taking the time to complete this questionnaire. To say thanks for taking part, we'll send you a £10 voucher which you can spend online or on the high street.

This year we have changed the way in which we process the vouchers sent out for completing your questionnaire. If you would like to receive a thank-you voucher please make sure that you check the box on page 28 of this questionnaire.

46275

Filling in the Questionnaire

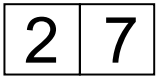
Please use a **black** pen. To answer questions simply put a **cross** (not a tick) in the circle/box which is most accurate in your opinion, like this:

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

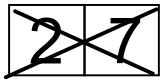
then cross the correct circle/box.

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

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



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



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

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

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

Contents

Section A: About You

This section is about your current employment, education and housing. We know that you may have answered questions like this in the past. We are asking again in case anything has changed. Please complete this section even if nothing has changed.

Please cross through circles like this: ⊗

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

		Yes	No
a.	In full-time paid work (30 or more hours a week)	1 ○	0 ○
b.	In part-time paid work (less than 30 hours a week)	1 ○	0 ○
c.	In irregular or occasional work	1 ○	0 ○
d.	Retired	1 ○	0 ○
e.	Unemployed and looking for work	1 ○	0 ○
f.	Unable to work through sickness/disability	1 ○	0 ○
g.	In full-time education	1 ○	0 ○
h.	In part-time education	1 ○	0 ○
i.	Doing voluntary work	1 ○	0 ○
j.	Self-employed	1 ○	0 ○
k.	A full/part-time carer	1 ○	0 ○
l.	Other work or education activity (please describe)	1 ○	0 ○

<u>If you are not engaged in any form of paid work</u>, please go to question A6 on the next page.

A2) In your job, do you have any formal responsibilities for supervising the work of other employees? *Do not include supervising children (e.g. teacher).*

Yes 1 ○ No 0 ○

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

1 – 9 1 ○ 10 – 24 2 ○

25 – 499 3 ○ 500 or more 4 ○

46275

Please cross through circles like this: ⊗

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

On own/with business partner, but no employees 1 ○

With employees 2 ○

A5) a. What is your current job title?
If you have more than one job, please think about your main job.

b. What is the business/industry you work in?

A6) Who do you currently live with?
Please cross all that apply.

On my own a ☐

With child/children b ☐

With partner c ☐

With parents d ☐

With friends/housemates e ☐

With family f ☐

Other situation (please cross and describe) g ☐

A7) Is your home:

Being bought/mortgaged 1 ○

Owned (with no mortgage to pay) 2 ○

Rented from council/housing association 3 ○

Rented from private landlord 4 ○

Other (please cross and describe) 5 ○

46275

Section B: Your Health

The following questions ask about health issues that you might have experienced. If any of these questions raise concerns regarding your health, please talk to your GP.

B1) Have you **ever** been told that you have had any of the following conditions? *Please select yes or no for each condition and, **if yes**, give the year of the **most recent** diagnosis.*

		Yes	No	**If yes:** Year of **most recent** diagnosis (YYYY)
a.	Heart attack (coronary thrombosis or myocardial infarction)	1 ○	0 ○	
b.	Angina	1 ○	0 ○	
c.	Other heart trouble	1 ○	0 ○	
d.	Aortic aneurysm	1 ○	0 ○	
e.	Narrowing or hardening of the arteries in the leg (including claudication)	1 ○	0 ○	
f.	High blood pressure	1 ○	0 ○	
g.	High cholesterol	1 ○	0 ○	
h.	Pulmonary embolism (PE)	1 ○	0 ○	
i.	Deep vein thrombosis (DVT)	1 ○	0 ○	

B2) Have you **ever** been told by a doctor that you have had a stroke?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question B3 below**

a. Please give the year of the most recent stroke YYYY

b. Did the symptoms last **more than 24 hours**?

Yes 1 ○ No 0 ○

c. Have you made a complete recovery from your stroke?

Yes 1 ○ No 0 ○

B3) Have you **ever** been told by a doctor that you have cancer?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question B4 on the next page**

Please tell us about this/these cancer(s) below, starting with the **most recent**.

a. What type of cancer?

What was the year of diagnosis? YYYY

b. What type of cancer?

What was the year of diagnosis? YYYY

c. What type of cancer?

What was the year of diagnosis? YYYY

Please use the space provided on page 26 to tell us about any other cancer(s) and the year(s) of diagnosis, stating clearly that you are answering question B3.

46275

B4) Have you **ever** been told by a doctor that you have arthritis?

Yes 1 ○ No 0 ○ → **If no, please go to question B5 below**

a. What year was it diagnosed? YYYY | | | | |

b. Please give the type of arthritis, if known. *Please cross all that apply.*

Osteoarthritis 1 ☐ Rheumatoid arthritis 2 ☐

Other (please specify) 3 ☐

B5) Have you had a fall in the **last 12 months**?

Yes 1 ○ No 0 ○ → **If no, please go to question B6 below**

a. How many times have you fallen? | | | times

b. Did you seek medical attention?

Yes 1 ○ No 0 ○

B6) Have you **ever** had a fracture (broken a bone)?

Yes 1 ○ No 0 ○ → **If no, please go to question B7 below**

a. What did you fracture?

B7) Have you **ever** been told by a doctor that you have osteoporosis?

Yes 1 ○ No 0 ○

B8) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes 1 ○ No 0 ○ Unable to walk 9 ○

B9) Do you get short of breath walking with other people of your own age on level ground?

Yes 1 ○ No 0 ○ Unable to walk 9 ○

B10) In the **past twelve months**, have you at any time been awoken at night by an attack of shortness of breath?

Yes 1 ○ No 0 ○

B11) Have you **ever** been told by a doctor that you have chronic bronchitis or emphysema (COPD)?

Yes 1 ○ No 0 ○

B12) Have you **ever** been told by a doctor that you have asthma?

Yes 1 ○ No 0 ○

B13) Have you **ever** been told by a doctor that you have diabetes?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to section C on the next page**

a. What year was this first diagnosed? YYYY ☐☐☐☐

b. How is your diabetes controlled?
Please select all that apply.

Diet 1 ☐ Tablets 2 ☐

Insulin 3 ☐ Other (please specify below) 4 ☐

46275

This question is for males only.
If you are female, please go to section C on the next page.

B14) Have you **ever** had a PSA (Prostate-Specific Antigen) test? This is a blood test to find out if you might have early prostate cancer.

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to section C on the next page**

If you have had more than one, please tell us about the **latest** one. If you are not sure, please give us your best guess.

When was this? Month MM ☐☐ Year YYYY ☐☐☐☐

a. Please cross this box if you guessed the date: Guess 1 ☐

b. Where did you have the test?

GP/local health centre 1 ○ Hospital 2 ○

Other place (please specify) 3 ○ ☐

c. Why did you have the test?
Please select all that apply.

Part of hospital management 1 ☐ GP ordered it 2 ☐

I requested screening 3 ☐ Private insurance check-up 4 ☐

Going abroad 5 ☐ Family member was diagnosed with prostate cancer 6 ☐

Other (please specify) 7 ☐ Don't know 9 ☐

☐

46275

Section C: Your Faith and Beliefs

We would like to ask you some questions on your faith and belief, and how you practise them. We welcome involvement in Children of the 90s from all faiths and none. It is many years since we last asked you questions like these. By asking these questions again we will be able to look into what influences people's beliefs and any links with health and wellbeing; and how this might change for people in different circumstances.

		Yes	Not sure	No
C1)	Do you believe in God or in some divine power?	1 ○	2 ○	0 ○
C2)	Do you feel that God (or some divine power) has helped you at any time?	1 ○	2 ○	0 ○
C3)	Would you appeal to God (or some divine power) for help if you were in trouble?	1 ○	2 ○	0 ○
C4)	Do you 'pray' even if not in trouble?	1 ○	2 ○	0 ○

C5) What sort of faith/belief would you say you have?
Please cross one answer only.

Church of England 1 ○ Roman Catholic 2 ○

Jehovah's Witness 3 ○ Methodist 4 ○

Baptist/Evangelical 5 ○

Other Christian (e.g. Christian Science, Mormon, Presbyterian, Evangelical, Orthodox) (Please specify) 6 ○

Jewish 7 ○ Buddhist 8 ○

Sikh 9 ○ Hindu 10 ○

Muslim 11 ○ Rastafarian 12 ○

None 13 ○

Other (e.g. New Age, Taoist, Spiritualist) (Please specify) 14 ○

C6) How long have you had this particular faith/belief (including none)?

All my life 1 ○ More than 5 years 2 ○

3-5 years 3 ○ 1-2 years 4 ○

Less than a year 5 ○

46275

C7) Were you brought up in this faith (including none)?

Yes, this faith 1 ○ No 0 ○

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

C8) Did you bring your child(ren) up in your current faith/belief (including none)?

Yes, this faith 1 ○ No 0 ○

If no, What faith did you bring your children up in, if any?

C9) How often do you attend church/temple/mosque or other religious meetings?

At least once a week 1 ○ At least once a month 2 ○

At least once a year 3 ○ Occasionally 4 ○

Not at all 0 ○

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

		Yes	No	Not applicable
a.	Leaders of your religious group (e.g. priests, rabbis, imams)	1 ○	0 ○	9 ○
b.	Other members of your religious group	1 ○	0 ○	9 ○
c.	Leaders of other religious groups	1 ○	0 ○	
d.	Members of other religious groups (Please specify)	1 ○	0 ○	

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

More than once a day 1 ○ Daily 2 ○

Two or more times/week 3 ○ Once a week 4 ○

A few times a month 5 ○ Rarely or never 6 ○

46275

C12) How often do you listen to/watch religious programming on the radio/ television/social media?

Daily	1 ○	Several times per week	2 ○
Several times per month	3 ○	Occasionally	4 ○
Never	5 ○		

C13) How often do you read religious related texts or publications (e.g. the Bible, the Koran, prayer book, Watchtower, The War Cry, The Friend, Spirituality & Health, Catholic Digest)?

Daily	1 ○	Several times per week	2 ○
Several times per month	3 ○	Occasionally	4 ○
Never	5 ○		

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

		Definitely true of me	Tends to be true	Unsure	Tends not to be true	Definitely not true	Not applic-able
C14)	In my life, I experience the Presence of the Divine (e.g. God)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
C15)	My religious beliefs are what really lie behind my whole approach to life	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
C16)	I try hard to carry my religion over into all other dealings in life	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

		Strongly agree	Mildly agree	Not sure	Mildly disagree	Strongly disagree	Not applicable
C17)	I attend a place of wor-ship because it helps me to make friends	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
C18)	I pray mainly to gain relief and protection	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

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

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question C20 below**

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

b. Please describe the experience, if you wish:

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

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question C21 below**

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

b. Please describe, if you wish:

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

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question C22 below**

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

b. Please describe, if you wish:

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

Very religious 1 ○ Moderately religious 2 ○

Slightly religious 3 ○ Not religious at all 4 ○

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

Very spiritual 1 ○ Moderately spiritual 2 ○

Slightly spiritual 3 ○ Not spiritual at all 4 ○

C24) How important to you is religion or spirituality?

Highly important 1 ○ Moderately important 2 ○

Slightly important 3 ○ Not important at all 4 ○

Section D: Your Feelings

This section asks you about your feelings and the way you behave. You may have answered similar questions before, but you might be feeling differently now. We would be very grateful if you would try to answer all of the questions but we understand if there are questions that you either prefer not to answer or are unable to answer.

Your feelings **in the past week**:

D1) I have been able to laugh and see the funny side of things

- As much as I always could 1 ○
- Not quite so much now 2 ○
- Definitely not so much now 3 ○
- Not at all 4 ○

D2) I have looked forward with enjoyment to things

- As much as I ever did 1 ○
- Rather less than I used to 2 ○
- Definitely less than I used to 3 ○
- Hardly at all 4 ○

D3) I have blamed myself unnecessarily when things went wrong

- Yes, most of the time 1 ○
- Yes, some of the time 2 ○
- Not very often 3 ○
- No never 4 ○

D4) I have been anxious or worried for no good reason

- No, not at all 1 ○
- Hardly ever 2 ○
- Yes, sometimes 3 ○
- Yes, often 4 ○

Please cross through circles like this: ⊗

Your feelings **in the past week**:

D5) I have felt scared or panicky for no very good reason

- Yes, quite a lot 1 ○
- Yes, sometimes 2 ○
- No, not much 3 ○
- No, not at all 4 ○

D6) Things have been getting on top of me

- Yes, most of the time 1 ○
- Yes, sometimes 2 ○
- No, hardly ever 3 ○
- No, not at all 4 ○

D7) I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time 1 ○
- Yes, sometimes 2 ○
- Not very often 3 ○
- No, not at all 4 ○

D8) I have felt sad or miserable

- Yes, most of the time 1 ○
- Yes, quite often 2 ○
- Not very often 3 ○
- No, not at all 4 ○

D9) I have been so unhappy that I have been crying

- Yes, most of the time 1 ○
- Yes, quite often 2 ○
- Only occasionally 3 ○
- No, never 4 ○

Your feelings **in the past week**:

D10) The thought of harming myself has occurred to me

- Yes, quite often 1 ○
- Sometimes 2 ○
- Hardly ever 3 ○
- Never 4 ○

D11)

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

Section E: Reproductive Health

This section is for study mothers only.
If you are a study father, please go section F on page 23.

In this section we will be asking questions about your reproductive health. We know this is a sensitive subject, but it is important to ask about it now because we are interested in all aspects of your health and how it might be changing for study mums at different stages of their lives.

E1) What forms of contraception are you using now?
Please select **all** that you have used in the **past 3 months**.
Cross one option on each line.

		Yes	No
a.	Withdrawal	1 ○	0 ○
b.	The pill	1 ○	0 ○
c.	Intrauterine device (coil, no hormones)	1 ○	0 ○
d.	Intrauterine device (coil, with hormones, such as a mirena coil)	1 ○	0 ○
e.	Condom/sheath	1 ○	0 ○
f.	Calendar/rhythm method	1 ○	0 ○
g.	Diaphragm/cap	1 ○	0 ○
h.	Spermicide	1 ○	0 ○
i.	Contraceptive injection (such as Depo-Provera)	1 ○	0 ○
j.	Contraceptive implant (such as Implanon)	1 ○	0 ○
k.	I have been sterilised	1 ○	0 ○
l.	My partner has been sterilised	1 ○	0 ○
m.	I am no longer fertile	1 ○	0 ○
n.	None	1 ○	0 ○
o.	Other (please specify)	1 ○	0 ○

E2) Have you ever had any of the following operations?
For each operation, cross the yes or no option.
***If <u>yes</u>**, please give the date of the operation. If you cannot remember the month and year give your age at the time of the operation.*

a. Removal of uterus (womb) **and <u>both</u>** ovaries (hysterectomy and bilateral oophorectomy) — Yes 1 ○ No 0 ○

If <u>yes</u>: Month and year of operation — MM / YYYY

OR Age when operation occurred — years old

b. Removal of uterus (womb) **and <u>one</u>** ovary (hysterectomy and oophorectomy) — Yes 1 ○ No 0 ○

If <u>yes</u>: Month and year of operation — MM / YYYY

OR Age when operation occurred — years old

c. Removal of uterus (womb) **<u>only</u>** (hysterectomy) — Yes 1 ○ No 0 ○

If <u>yes</u>: Month and year of operation — MM / YYYY

OR Age when operation occurred — years old

d. Removal of **<u>both</u>** ovaries **only** (bilateral oophorectomy) — Yes 1 ○ No 0 ○

If <u>yes</u>: Month and year of operation — MM / YYYY

OR Age when operation occurred — years old

e. Removal of **<u>one</u>** ovary **only** (oophorectomy) — Yes 1 ○ No 0 ○

If <u>yes</u>: Month and year of operation — MM / YYYY

OR Age when operation occurred — years old

E3) In the **last 12 months** have you had a period or menstrual bleeding?

Yes 1 ○ No 0 ○

If <u>yes</u>, please go to part c of this question, below

a. **If <u>no</u>**, were your periods stopped by:
Please select all that apply.

Surgery	1 ☐	Chemotherapy or radiation therapy	2 ☐
Pregnancy or breastfeeding	3 ☐	Menopause	4 ☐
Contraception	5 ☐	Other reason (please specify)	6 ☐

b. Have you **ever** experienced hot flushes and/or night sweats?

Never 1 ○ Rarely 2 ○ Sometimes 3 ○ Often 4 ○

Now please turn to the next page

c. In the **last 3 months** have you had a period or menstrual bleeding?

Yes 1 ○ No 0 ○

d. When was your **last** period?
Include current period if bleeding now.

MM / YYYY

OR, if you cannot remember the month and year, please give your age at the time: ☐☐ years old

e. In the **last 12 months**, have you experienced hot flushes and/or night sweats?

Never 1 ○ Rarely 2 ○ Sometimes 3 ○ Often 4 ○

46275

These questions are for everybody. If you are still having periods tell us about the most recent changes. If your periods have stopped, tell us about the changes before your last period.

Please describe your most recent periods:

E4) How many days does/did bleeding usually last? ☐☐ days

E5) Have you **ever** had hormone replacement therapy (HRT)?

Yes 1 ○ No 0 ○ → **If no, please go to question E6 below**

a. When did you **first** start HRT? What year? YYYY ☐☐☐☐

OR, if you cannot remember the year, please give your age at the time: ☐☐ years old

b. Are you **currently** on HRT?

Yes 1 ○ No 0 ○

If yes, please go to question E6 below

c. When did you stop? What year? YYYY ☐☐☐☐

OR, if you cannot remember the year, please give your age at the time: ☐☐ years old

E6) While many women experience morning sickness when they are pregnant there are differences in how severe morning sickness is. Thinking about the pregnancy where you had the **worst** morning sickness, did you:
Please select all that apply.

Speak to a doctor or nurse about it	1 ☐
Get admitted to hospital	2 ☐
Require medication to control it	3 ☐
Terminate the pregnancy	4 ☐
Lose weight	5 ☐
Not applicable	9 ☐

We would like to ask some questions about traumatic experiences you may have experienced in your life. Some of them can be related to your experiences in pregnancy and birth and others can be related to assault or other kind of events. These questions will allow researchers to explore the influences on post-traumatic stress disorder (PTSD).

E7) Some experiences in life can be frightening, horrible or traumatic. Have you **ever** had an experience like that?
Please select all that apply.

No 0 ☐ → **If <u>no</u>, please go to section F on the next page**

Yes, related to pregnancy (conception, pregnancy, birth or postpartum complications) 1 ☐

Yes, related to an assault or another kind of event 2 ☐

E8) Did any of the following often happen afterwards for **at least one month**?
Please select all that apply on each line.

		No	Yes, related to pregnancy	Yes, related to another event
a.	Had nightmares about the experience/s or thought about the experience/s when you did not want to?	0 ☐	1 ☐	2 ☐
b.	Tried hard not to think about the experience/s or went out of your way to avoid situations that reminded you of the experience/s?	0 ☐	1 ☐	2 ☐
c.	Been constantly on guard, watchful, or easily startled?	0 ☐	1 ☐	2 ☐
d.	Felt numb or detached from people, activities, or your surroundings?	0 ☐	1 ☐	2 ☐
e.	Felt guilty or unable to stop blaming yourself or others for the experience/s or any problems the experience/s may have caused?	0 ☐	1 ☐	2 ☐

Section F: Shaping the Future

We are currently planning the next few years of Children of the 90s and would be very interested in hearing your thoughts about our future activities. Please be aware that your responses to these questions are anonymous and will not change how we contact you about future data collections. If you have any questions about your involvement, please contact us. Our contact details can be found at the back of this booklet.

F1) What data collection activities would you consider taking part in, in the future? *Please select all that apply.*

Questionnaires	1 ☐
Clinic visits in Bristol	2 ☐
Clinic visits outside Bristol	3 ☐
Remote data collection using e.g. smartphones or wearable devices such as activity monitors	4 ☐

If you <u>wouldn't</u> consider filling in questionnaires please go to question F2 on the next page

a i. What type of questionnaires would you prefer?

One large questionnaire every year or two	1 ○
Shorter questionnaires more regularly (e.g. a section at a time)	2 ○

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

I already complete online	2 ○
Yes	1 ○
No	0 ○
Don't know	9 ○

F2) What would make visiting a clinic difficult for you?
Please select all that apply.

I don't enjoy them	1 ☐	Too busy	2 ☐
Childcare issues	3 ☐	Caring responsibilities	4 ☐
Too far to travel	5 ☐	Difficulties with travelling	6 ☐
Previous clinic visits have taken too long	7 ☐	Nothing	0 ☐
Other (please specify)	8 ☐		

F3) What could we do to make visiting a clinic easier?
Please select all that apply.

Flexible appointments (e.g. weekends, evenings)	1 ☐	Help with childcare	2 ☐
Contribution to travel costs	3 ☐	Nothing	0 ☐
Other (please specify)	4 ☐		

46275

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

Benefits to society and/or future generations	1 ☐	Scientific interest	2 ☐
I've always done it	3 ☐	Family expectations	4 ☐
Other (please specify)	5 ☐		

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

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question F6 on the next page**

a. What are these other research projects about?
Please select all that apply.

Physical Health	1 ☐	Mental health	2 ☐
Psychological (such as IQ tests, memory etc)	3 ☐	Other (please specify)	4 ☐

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

Yes	1 ○
No, I would complete anyway	2 ○
No, I prefer not to enter prize draws	3 ○
I didn't know there was a prize draw	4 ○

Section G: Completing the Questionnaire

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

DD / MM / YYYY: | | | / | | | / | 1 | 9 | | |

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

DD / MM / YYYY: | | | / | | | / | 2 | 0 | | |

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

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

childrenofthe90s.ac.uk/update-your-details

Extra space for answering questions

Please clearly indicate the question number(s) your answer applies to.

46275

Parents' Questionnaire

Version 1 09/01/2020

Questionnaire Number

If you'd like to add a comment, please do so in the box below.
Please cross this box if you would like us to reply: ☐

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

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

Children of the 90s will send your thank you voucher within 4 weeks of receiving this questionnaire. Vouchers will be sent on our behalf by One4all Gift Cards. If you **don't** wish to receive your thank you voucher, please cross this box.

No Voucher ☐

To be entered into the prize draw we must have received your questionnaire by 5pm on Tuesday, 19th May 2020. If you win, we will contact you within two weeks using the contact details on our database. You can update these online at childrenofthe90s.ac.uk/update-your-details. You will receive your prize up to six weeks after the draw has been held.

If you **don't** wish to be entered into the prize draw, please cross this box.

No Prize Draw ☐

46275