

Manchester Language Study ESRC follow-up interview -
*SLI and adulthood: Identifying pathways to resilience / maladjustment
in personal, social and societal functioning*

Participant version

Study number

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Gender

☐ Male (1) ☐ Female (2)

Date of Birth

d	d		m	m		y	y	y	y
		/			/				

Date of start of interview

d	d		m	m		y	y	y	y
		/			/				

Date of completion of interview

d	d		m	m		y	y	y	y
		/			/				

Age at completion of interview in MONTHS

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 months

Personal Domain

1. Music

Q1 .1 Do you like music?

☐ Yes (1) [GO TO Q1.2] ☐ No (2) [GO TO Q1.6]

Q1 .2 If Yes, what is your favourite type of music? (tick one only)

☐ Rock (1) ☐ Pop (2) ☐ R&B(3)
☐ Folk (4) ☐ Dance (5) ☐ Rap (6)
☐ Acoustic (7) ☐ Classical (8) ☐ Other (specify) (9)
☐ NA - does not like music (-7)

Other (specify) (musicq1_2other_23)

Q1 .3 Do you prefer vocal or instrumental music? (tick one only)

☐ Vocal (1) ☐ Instrumental (2) ☐ No preference (3)
☐ NA - does not like music (-7)

Q1 .4 What or who is your favourite band or artist?

Q1 .5 How often do you attend concerts or festivals? (tick one only)

☐ Never/Rarely (1) ☐ Several times a year (3) ☐ Several times a month (5)
☐ Once a year or less (2) ☐ About once a month (4) ☐ N/A - does not like music (-7)

Q1 .6 Do you sing informally? (e.g., in the shower, or when doing tasks around the house)

☐ Yes (1) ☐ No (2)



Q1 .8 Do you currently play an instrument (including ones you are learning to play)?

☐ Yes (1) ☐ No (2) [GO TO Q1.10]

☐ Yes (1) ☐ No (2) ☐ N/A - not playing an instrument (-7)

☐ Never/Rarely (1) ☐ Several times a year (3) ☐ Several times a month (5)

☐ Once a year or less (2) ☐ About once a month (4)

☐ Yes (1) ☐ No (2)

<input type="checkbox"/> MP3 (eg iPod) (1)	<input type="checkbox"/> DVD player (6)
<input type="checkbox"/> iPhone (2)	<input type="checkbox"/> Radio (7)
<input type="checkbox"/> Mobile phone (but not iPhone) (3)	<input type="checkbox"/> TV (8)
<input type="checkbox"/> Computer (4)	<input type="checkbox"/> Other (specify) (9)
<input type="checkbox"/> CD player (5)	<input type="checkbox"/> NA - doesn't listen to music (-7)

[illegible]

Q1 .13 What is your favorite way to listen to music? (tick one only)

☐ MP3 (eg iPod) (1)

☐ DVD player (6)

☐ iPhone (2)

☐ Radio (7)

☐ Mobile phone (but not iPhone) (3)

☐ TV (8)

☐ Computer (4)

☐ Other (specify) (9)

☐ CD player (5)

☐ N/A - doesn't listen to music (-7)

Other (specify) (musicq1_13other_23)



2. General Health

Q2 .1 Please describe any concerns or worries that you may have about your health:

Q2 .2 How is your health in general? [SHOWCARD]

- ☐ Very good (1)
 ☐ Good (2)
 ☐ Fair (3)
 ☐ Bad (4)
 ☐ Very bad (5)
- ☐ Rather not say (-8)

Q2 .3 Please think back over the past 12 months about how your physical health has been.
Compared to people of your own age, would you say on the whole it has been...

[SHOWCARD]

- ☐ Very poor (1)
 ☐ Poor (2)
 ☐ Fair (3)
 ☐ Good (4)
 ☐ Excellent (5)
- ☐ Rather not say (-8)

Q2 .4 Please think back over the past 12 months about how your emotional health has been.
Compared to people of your own age, would you say on the whole it has been...

[SHOWCARD]

- ☐ Very poor (1)
 ☐ Poor (2)
 ☐ Fair (3)
 ☐ Good (4)
 ☐ Excellent (5)
- ☐ Rather not say (-8)

Q2 .5 Does your health limit the type of work you can do?

- ☐ Yes (1)
 ☐ No (2)
 ☐ Rather not say (-8)

Q2 .6 Does your health limit the amount of work you can do?

- ☐ Yes (1)
 ☐ No (2)
 ☐ Rather not say (-8)



Q2.7 In the last year, approximately how many times have you talked to, or visited a GP about your own health? (Do not include any visits to a hospital).

- ☐ None (1)
 ☐ 1 to 2 (2)
 ☐ 3 to 5 (3)
- ☐ 6 to 10 (4)
 ☐ More than 10 (5)
 ☐ Don't know (6)
- ☐ Rather not say (-8)

Q2.8 In the last year, approximately how many times have you been to a hospital or clinic as an out-patient or day-patient?

(Include drop in clinic, but do not include visits to accident & emergency)

- ☐ None (1)
 ☐ 1 to 2 (2)
 ☐ 3 to 5 (3)
- ☐ 6 to 10 (4)
 ☐ More than 10 (5)
 ☐ Don't know (6)
- ☐ Rather not say (-8)

Q2.9 In the last year, have you had any kind of accident as a result of which you saw a doctor or went to hospital?

- ☐ Yes (1)
 ☐ No (2) [GO TO Q2.11]
 ☐ Rather not say (-8) [GO TO Q2.11]

Q2.10 If Yes, have you had one accident or more than one?

- 1 2 3 4 or more
- ☐
 ☐
 ☐
 ☐
- N/A - no accidents (-7)
- ☐

Q2.11 In the last year, have you been in hospital or clinic as an in-patient?

- ☐ Yes (1)
 ☐ No (2)
 ☐ Rather not say (-8)

Q2.12 Do you find anything difficult about going to the doctor or seeing medical staff?

- ☐ Yes (1)
 ☐ No (2) [GO TO 2.14]
 ☐ N/A - Have never been to see a doctor or spoken to medical staff (-7) [GO TO 2.14]



Q2 .13 If yes, what is it that you find difficult? (tick ALL that apply)

- ☐ Choose and book system (1)
- ☐ Remembering the appointment (2)
- ☐ Getting there (3)
- ☐ Explaining your symptoms (4)
- ☐ Understanding what the doctor/
medical staff say (5)
- ☐ Understanding the written information
once you are there (6)
- ☐ Other (specify) (7)
- ☐ N/A - Nothing difficult (-7)

Other (specify) (healthq2_13other_23)

Q2 .14 Do you consider yourself to be a disabled person?

(Note: can be physical or mental disability - aiming to examine whether language-related or not)

- ☐ Yes (1) ☐ No (2) ☐ Rather not say (-8)

Describe disability (healthq2_14dis_23)



3. Alcohol use

Q3 .1 Do you currently drink alcohol?

☐ Yes? (1)

☐ No? (2) [GO TO SECTION 4 ON VALUES]

☐ Rather not say (-8)
[GO TO SECTION 4 ON VALUES]

Q3 .2 How old were you when you started drinking alcohol? (Record age in years)

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☐ Rather not say (-8)

☐ N/A - Does not drink alcohol (-7)

(alcohq3_2na_23)

Q3 .3 On average, how often do you have a drink containing alcohol?

☐ Only a few times a year (1)

☐ About once a month (2)

☐ Once a fortnight (3)

☐ One or two days per week (4)

☐ Three or four days per week (5)

☐ Five or six days per week (6)

☐ Every day (7)

☐ Rather not say (-8)

☐ N/A - Does not drink alcohol (-7)

Q3 .4 In the past 6 months, on how many days were you drunk? (RA - identify month and work forwards)

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☐ Can't remember (-9)

☐ Rather not say (-8)

☐ N/A - Does not drink alcohol (-7)

(alcohq3_4na_23)



Q3 .5 Do you think the amount of alcohol you drink is?

- ☐ About right (1) ☐ Rather not say (-8)
- ☐ Too much (2) ☐ N/A - Does not drink alcohol (-7)
- ☐ Not enough (3)

Q3 .6 When you drink alcohol, is it: (tick ALL that apply)

- ☐ On your own (1) ☐ With friends (2) ☐ With family (3) ☐ With strangers (4)
- ☐ N/A - Does not drink alcohol (-7)

Q3 .7 Which is your preference? (tick one only)

- ☐ On your own (1) ☐ With friends (2) ☐ With family (3) ☐ With strangers (4)
- ☐ N/A - Does not drink alcohol (-7)



Imagine you are going on a drinking session, how many of the following alcoholic drinks do you typically consume?

Q3 .8 Number of Pints of Lager/Beer/Cider consumed

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Q3 .9 Number of Bottles of Lager/Beer consumed

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Q3 .10 Number of Alcopops Bottles consumed

--	--

Q3 .11 Number of Bottles of Wine (750ml) consumed

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Q3 .12 Number of Glasses of Wine (standard) consumed

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Q3 .13 Number of Single measures of Spirits (including single shots) consumed

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4. Values**BHPS**

On a scale from 1 to 5, how important are the following to you (where 1 equals not important at all and 5 equals very important)?

Q4 .1 Your health

Not important at all

1
☐

2
☐

3
☐

4
☐

Very important

5
☐

Q4 .2 Having a lot of money (e.g. to buy cars, holidays, clothes etc)

Not important at all

1
☐

2
☐

3
☐

4
☐

Very important

5
☐

Q4 .3 Having children

Not important at all

1
☐

2
☐

3
☐

4
☐

Very important

5
☐

Q4 .4 Having a fulfilling job

Not important at all

1
☐

2
☐

3
☐

4
☐

Very important

5
☐

Q4 .5 Being independent

Not important at all

1
☐

2
☐

3
☐

4
☐

Very important

5
☐

Q4 .6 Owning your own home

Not important at all

1
☐

2
☐

3
☐

4
☐

Very important

5
☐

Q4 .7 Having a good marriage or partnership

Not important at all

1
☐

2
☐

3
☐

4
☐

Very important

5
☐



Q4 .8 Having good friends

Not important at all

Very important

1
☐

2
☐

3
☐

4
☐

5
☐

Q4 .9 Being respected by other people my age

Not important at all

Very important

1
☐

2
☐

3
☐

4
☐

5
☐

Q4 .10 Becoming famous

Not important at all

Very important

1
☐

2
☐

3
☐

4
☐

5
☐



5. Drug Use**Q5 .1 Do you use drugs other than those required for medical reasons?**☐ Yes (1)☐ No (2)
[GO TO SECTION 6 ON MEANING OF LIFE]☐ Rather not say (-8)
[GO TO SECTION 6 ON MEANING OF LIFE]**Q5 .2 How old were you when you started taking drugs?** (Record age in years)

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☐ Rather not say (-8)☐ N/A - Does not take drugs (-7)

(drugsq5_2na_23)

Q5 .3 In the past 6 months, on how many days did you use drugs for non-medical purposes?
(RA - include marijuana, cocaine, etc., but not alcohol and nicotine. Identify month and work forwards)

Record number of days

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☐ Can't remember (-9)☐ Rather not say (-8)☐ N/A - Does not take drugs (-7)

(drugsq5_3na_23)

Q5 .4 Who do you take them with? (tick ALL that apply)☐ On your own (1)☐ With friends (2)☐ With family (3)☐ With strangers (4)☐ Rather not say (-8)☐ N/A - Does not take
drugs (-7)**Q5 .5 Which is your preference?** (tick one only)☐ On your own (1)☐ With friends (2)☐ With family (3)☐ With strangers (4)☐ Rather not say (-8)☐ N/A - Does not take
drugs (-7)

6. Meaning of life**ONS Happiness Survey**

[SHOWCARD]

Q6 .1 Overall, how satisfied are you with your life nowadays?

Not satisfied											Satisfied
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"/>	

Q6 .2 Overall, how happy did you feel yesterday?

Not happy										Happy
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"/>

Q6 .3 Overall, how anxious did you feel yesterday?

Not anxious										Anxious
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"/>

Q6 .4 Overall, to what extent do you feel the things you do in your life are worthwhile?

Not worthwhile										Worthwhile
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"/>



The Satisfaction with Life Scale

Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

The 7-point scale is:

1 =Strongly Disagree

2 = Disagree

3 = Slightly Disagree

4 = Neither agree nor disagree

5 =Slightly Agree

6 = Agree

7 =Strongly Agree

[SHOWCARD]

Q6 .5 In most ways my life is close to my ideal

1 (Strongly DISAGREE) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 (Strongly AGREE) ☐

Q6 .6 The conditions of my life are excellent

1 (Strongly DISAGREE) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 (Strongly AGREE) ☐

Q6 .7 I am satisfied with my life

1 (Strongly DISAGREE) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 (Strongly AGREE) ☐

Q6 .8 So far I have got the important things I want in life

1 (Strongly DISAGREE) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 (Strongly AGREE) ☐

Q6 .9 If I could live my life over, I would change almost nothing

1 (Strongly DISAGREE) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 (Strongly AGREE) ☐



7. Smoking**Q7 .1 Do you currently smoke cigarettes/use tobacco products (e.g. cigars, pipes)?**

- ☐ Yes (1) [GO TO Q7.4] ☐ No (2) [GO TO Q7.2] ☐ Rather not say (-8)
[GO TO SECTION 8 ON LEISURE]

Q7 .2 If no, have you ever smoked cigarettes/ use tobacco products in the past?

- ☐ Yes (1) [GO TO Q7.3] ☐ No (2) [GO TO SECTION 8
ON LEISURE] ☐ N/A - current smoker (-7)

Q 7 .3 When did you give up smoking? (Please insert the number of **MONTHS** since quitting)

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Months

[GO TO Q7.4]

Q7 .4 How old were you when you started smoking? [ASK ALL CURRENT AND PAST SMOKERS]

(Record age in years)

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- ☐ Rather not say (-8) (smokeq7_4na_23)

[GO TO SECTION 8 ON LEISURE for those who DO NOT CURRENTLY SMOKE]

Q7 .5 How many days a week do you smoke [ASK ALL CURRENT SMOKERS]

- ☐ Less than one day per week (1)
☐ One or two days per week (2)
☐ Three or four days per week (3)
☐ Five or six days per week (4)
☐ Every day (5)
☐ Rather not say (-8)
☐ N/A - doesn't smoke (-7)

Q7 .6 On days that you smoke, how many on average do you smoke?

(Record number per day)

--	--



8. Leisure

How frequently do you ...?

Q8 .1 Play sport, go to the gym, walk, or swim (leisureq8_1_23)

Never or almost never	Once a year or less	Several times a year	At least once a month	At least once a week
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Who usually organises it? (tick one only) (leisureq8_1org_23)

<input type="checkbox"/> Yourself (1)	<input type="checkbox"/> Family (2)	<input type="checkbox"/> Partner (3)	<input type="checkbox"/> Friends (4)
<input type="checkbox"/> Other (specify) (5)	<input type="checkbox"/> N/A (-7)		

Other (specify) (leisureq8_1other_23)

Q8 .2 Attend leisure activity groups such as evening classes, keep fit, yoga etc. (leisureq8_2_23)

Never or almost never	Once a year or less	Several times a year	At least once a month	At least once a week
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Who usually organises it? (tick one only) (leisureq8_2org_23)

<input type="checkbox"/> Yourself (1)	<input type="checkbox"/> Family (2)	<input type="checkbox"/> Partner (3)	<input type="checkbox"/> Friends (4)
<input type="checkbox"/> Other (specify) (5)	<input type="checkbox"/> N/A (-7)		

Other (specify) (leisureq8_2other_23)



Q8 .3 Go to watch live sport (leisureq8_3_23)Never or
almost never1
☐Once a year
or less2
☐Several times
a year3
☐At least once
a month4
☐At least once
a week5
☐**Who usually organises it?** (tick one only) (leisureq8_3org_23)☐ Yourself (1)☐ Family (2)☐ Partner (3)☐ Friends (4)☐ Other (specify) (5)☐ N/A (-7)**Other (specify)** (leisureq8_3other_23)

Q8 .4 Go to the cinema (leisureq8_4_23)Never or
almost never1
☐Once a year
or less2
☐Several times
a year3
☐At least once
a month4
☐At least once
a week5
☐**Who usually organises it?** (tick one only) (leisureq8_4org_23)☐ Yourself (1)☐ Family (2)☐ Partner (3)☐ Friends (4)☐ Other (specify) (5)☐ N/A (-7)**Other (specify)** (leisureq8_4other_23)



Q8 .5 Go to a concert, theatre, or other live performance (leisureq8_5_23)

Never or almost never	Once a year or less	Several times a year	At least once a month	At least once a week
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Who usually organises it? (tick one only) (leisureq8_5org_23)

<input type="checkbox"/> Yourself (1)	<input type="checkbox"/> Family (2)	<input type="checkbox"/> Partner (3)	<input type="checkbox"/> Friends (4)
<input type="checkbox"/> Other (specify) (5)	<input type="checkbox"/> N/A (-7)		

Other (specify) (leisureq8_5other_23)

Q8 .6 Have a meal in a restaurant, cafe or pub (leisureq8_6_23)

Never or almost never	Once a year or less	Several times a year	At least once a month	At least once a week
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Who usually organises it? (tick one only) (leisureq8_6org_23)

<input type="checkbox"/> Yourself (1)	<input type="checkbox"/> Family (2)	<input type="checkbox"/> Partner (3)	<input type="checkbox"/> Friends (4)
<input type="checkbox"/> Other (specify) (5)	<input type="checkbox"/> N/A (-7)		

Other (specify) (leisureq8_6other_23)



Q8.7 Go for a drink at a pub or club (leisureq8_7_23)

Never or almost never	Once a year or less	Several times a year	At least once a month	At least once a week
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Who usually organises it? (tick one only) (leisureq8_7org_23)

<input type="checkbox"/> Yourself (1)	<input type="checkbox"/> Family (2)	<input type="checkbox"/> Partner (3)	<input type="checkbox"/> Friends (4)
<input type="checkbox"/> Other (specify) (5)	<input type="checkbox"/> N/A (-7)		

Other (specify) (leisureq8_7other_23)

Q8.8 Work in the garden (leisureq8_8_23)

Never or almost never	Once a year or less	Several times a year	At least once a month	At least once a week
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Who usually organises it? (tick one only) (leisureq8_8org_23)

<input type="checkbox"/> Yourself (1)	<input type="checkbox"/> Family (2)	<input type="checkbox"/> Partner (3)	<input type="checkbox"/> Friends (4)
<input type="checkbox"/> Other (specify) (5)	<input type="checkbox"/> N/A (-7)		

Other (specify) (leisureq8_8other_23)



Q8 .9 Do DIY, home maintenance, or car repairs (leisureq8_9_23)

Never or almost never	Once a year or less	Several times a year	At least once a month	At least once a week
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Who usually organises it? (tick one only) (leisureq8_9org_23)

<input type="checkbox"/> Yourself (1)	<input type="checkbox"/> Family (2)	<input type="checkbox"/> Partner (3)	<input type="checkbox"/> Friends (4)
<input type="checkbox"/> Other (specify) (5)	<input type="checkbox"/> N/A (-7)		

Other (specify) (leisureq8_9other_23)

Q8 .10 Attend meetings for local groups/voluntary organisations (leisureq8_10_23)

Never or almost never	Once a year or less	Several times a year	At least once a month	At least once a week
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Who usually organises it? (tick one only) (leisureq8_10org_23)

<input type="checkbox"/> Yourself (1)	<input type="checkbox"/> Family (2)	<input type="checkbox"/> Partner (3)	<input type="checkbox"/> Friends (4)
<input type="checkbox"/> Other (specify) (5)	<input type="checkbox"/> N/A (-7)		

Other (specify) (leisureq8_10other_23)



Q8 .11 Do unpaid voluntary work (leisureq8_11_23)

At least once
a week

5

Who usually organises it? (tick one only) (leisureq8_11org_23)

☐ Friends (4)

☐ N/A (-7)

Other (specify) (leisureq8_11other_23)

Q8 .12 Other (please specify) (Proble for other leisure activities)

For each leisure activity, as with previous questions, record frequency (1 Never or almost never - 5 At least once a week), and who usually organises it.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Q8 .13 Do you go out...? (tick one only)

- ☐ Mainly on own (1) ☐ Mainly with friends (2) ☐ Half with family/friends, half on own (3)
- ☐ Mostly with family (4)

Q8 .14 Do you prefer to do exercise...? (tick one only)

- ☐ In company (1) [GO TO Q8.16]
- ☐ On your own (2) [GO TO Q8.16]
- ☐ Both equally (3) [GO TO Q8.16]
- ☐ N/A - does not exercise (-7) [GO TO Q8.15]

Q8 .15 If you don't exercise, why not?

[GO TO SECTION 9 ON DIET]

Q8 .16 Do you prefer playing...? (tick one only)

- ☐ Team sports e.g. football, rugby, cricket (1)
- ☐ 2-person sports e.g. snooker, tennis, squash (2)
- ☐ Individual sports e.g. running, swimming (3)
- ☐ N/A - does not exercise (-7)



9. Diet**Q9 .1 What height are you?** (in cm)

--	--	--

 cm
Q9 .2 What weight are you? (in kg)

--	--	--

 kg

[Height and weight in any measure - whichever they know.
Weight fully clothed with shoes.]

☐ Rather not say (-8) (dietq9_2na_23)
Q9 .3 Do you usually eat breakfast?
☐ Yes (1) ☐ No (2)
Q9 .4 How many portions of fruit and vegetables do you eat a day?

None (0)	1	2	3	4	5	6 or more (6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 .5 How easy or hard do you find it to understand traffic light labels in supermarkets which show you if the food has high, medium or low amounts of fat, sugar and salt?

[SHOWCARD]

☐ Very Hard (1) ☐ Hard (2) ☐ Neither Hard
nor Easy (3) ☐ Easy (4) ☐ Very Easy (5)

☐ I wasn't aware
of this system
(-7)
Q9 .6 How easy or hard do you find it to work out how many calories or how much fat a serving of food has from the information on the packaging?

[SHOWCARD]

☐ Very Hard (1) ☐ Hard (2) ☐ Neither Hard
nor Easy (3) ☐ Easy (4) ☐ Very Easy (5)

☐ I don't look at
the packaging
(-7)


Q9 .7 Do you think you have a healthy diet overall?

[SHOWCARD]

Very Unhealthy

1
☐

2
☐

3
☐

4
☐

Very Healthy

5
☐

Q9 .8 Do you have any food or drink allergies? Is there anything that makes you feel unwell or different to usual or affects your mood?

☐ Yes (1) [GO TO Q9.9]

☐ No (2) [GO TO Q9.10]

Q9 .9 What is it and how does it affect you?

Q9 .10 Is there anything about your diet or food products that you want to tell us about?



10. Emotional Health: Anxiety***Revised Children's Manifest Anxiety Scale - What I Think and Feel*****What has been true for you in the past 3 months?****Q10 .1 I have trouble making up my mind**☐ Yes (1) ☐ No (0)**Q10 .2 I get nervous when things do not go the right way for me**☐ Yes (1) ☐ No (0)**Q10 .3 Others seem to do things more easily than I can**☐ Yes (1) ☐ No (0)**Q10 .4 Often I have trouble getting my breath**☐ Yes (1) ☐ No (0)**Q10 .5 I worry a lot of the time**☐ Yes (1) ☐ No (0)**Q10 .6 I am afraid of a lot of things**☐ Yes (1) ☐ No (0)**Q10 .7 I get upset and angry easily**☐ Yes (1) ☐ No (0)**Q10 .8 I worry about what my parents will say to me**☐ Yes (1) ☐ No (0)**Q10 .9 I feel that others do not like the way I do things**☐ Yes (1) ☐ No (0)**Q10 .10 It is hard for me to get to sleep**☐ Yes (1) ☐ No (0)**Q10 .11 I worry about what other people will think of me**☐ Yes (1) ☐ No (0)**Q10 .12 I feel alone even when there are people with me**☐ Yes (1) ☐ No (0)**Q10 .13 Often I feel like being sick**☐ Yes (1) ☐ No (0)

Q10 .14 My feelings get hurt easily

☐ Yes (1) ☐ No (0)

Q10 .15 My hands feel sweaty

☐ Yes (1) ☐ No (0)

Q10 .16 I am tired a lot

☐ Yes (1) ☐ No (0)

Q10 .17 I worry about what is going to happen

☐ Yes (1) ☐ No (0)

Q10 .18 Other people are happier than I am

☐ Yes (1) ☐ No (0)

Q10 .19 I have bad dreams

☐ Yes (1) ☐ No (0)

Q10 .20 My feelings get hurt easily when I am criticised (found fault with)

☐ Yes (1) ☐ No (0)

Q10 .21 I feel someone will tell me I do things the wrong way

☐ Yes (1) ☐ No (0)

Q10 .22 I wake up frightened

☐ Yes (1) ☐ No (0)

Q10 .23 I worry when I go to bed at night

☐ Yes (1) ☐ No (0)

Q10 .24 It is hard for me to keep my mind on my work

☐ Yes (1) ☐ No (0)

Q10 .25 I wriggle in my seat a lot

☐ Yes (1) ☐ No (0)

Q10 .26 I am nervous

☐ Yes (1) ☐ No (0)

Q10 .27 A lot of people are against me

☐ Yes (1) ☐ No (0)

Q10 .28 I often worry about something bad happening to me

☐ Yes (1) ☐ No (0)



Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY.

0 = NOT AT ALL

1 = MILDLY It did not bother me much

2 = MODERATELY It was very unpleasant but I could stand it

3 = SEVERELY I could barely stand it

[SHOWCARD]

Q10 .29 Numbness or tingling
☐ 0 (Not at all)

☐ 1 (Mildly)

☐ 2 (Moderately)

☐ 3 (Severely)
Q10 .30 Feeling hot
☐ 0 (Not at all)

☐ 1 (Mildly)

☐ 2 (Moderately)

☐ 3 (Severely)
Q10 .31 Wobbliness in legs
☐ 0 (Not at all)

☐ 1 (Mildly)

☐ 2 (Moderately)

☐ 3 (Severely)
Q10 .32 Unable to relax
☐ 0 (Not at all)

☐ 1 (Mildly)

☐ 2 (Moderately)

☐ 3 (Severely)
Q10 .33 Fear of the worst happening
☐ 0 (Not at all)

☐ 1 (Mildly)

☐ 2 (Moderately)

☐ 3 (Severely)
Q10 .34 Dizzy or lightheaded
☐ 0 (Not at all)

☐ 1 (Mildly)

☐ 2 (Moderately)

☐ 3 (Severely)
Q10 .35 Heart pounding or racing
☐ 0 (Not at all)

☐ 1 (Mildly)

☐ 2 (Moderately)

☐ 3 (Severely)
Q10 .36 Unsteady
☐ 0 (Not at all)

☐ 1 (Mildly)

☐ 2 (Moderately)

☐ 3 (Severely)
Q10 .37 Terrified
☐ 0 (Not at all)

☐ 1 (Mildly)

☐ 2 (Moderately)

☐ 3 (Severely)


Q10 .38 Nervous

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .39 Feeling of choking

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .40 Hands trembling

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .41 Shaky

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .42 Fear of losing control

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .43 Difficulty breathing

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .44 Fear of dying

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .45 Scared

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .46 Indigestion of discomfort in abdomen

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .47 Faint

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .48 Face flushed

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)

Q10 .49 Sweating (not due to heat)

☐ 0 (Not at all) ☐ 1 (Mildly) ☐ 2 (Moderately) ☐ 3 (Severely)



11. Emotional Health: Depression***Shortened Moods and Feelings Questionnaire (SMFQ)***

In the last 3 months have you ever felt this way:

[SHOWCARD]

Q11 .1 I felt miserable or unhappy

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .2 I didn't enjoy anything at all

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .3 I felt so tired I just sat around and did nothing

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .4 I was very restless

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .5 I felt that I was no good anymore

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .6 I cried a lot

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .7 I found it hard to think properly or concentrate

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .8 I hated myself

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .9 I thought I was a bad person

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)



Q11 .10 I felt lonely

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .11 I thought nobody loved me

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .12 I thought I could never be as good as the other people

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)

Q11 .13 I thought that I did everything wrong

☐ Not true (0) ☐ Sometimes (1) ☐ True (2)



Beck Depression Inventory - II

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. If several statements in the group seem to apply equally well, select the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

[SHOWCARD]

Q11 .14 Sadness

- ☐ I do not feel sad (0)
- ☐ I feel sad much of the time (1)
- ☐ I am sad all the time (2)
- ☐ I am so sad and unhappy I can't stand it (3)

Q11 .15 Pessimism

- ☐ I am not discouraged about my future (0)
- ☐ I feel more discouraged about my future than I used to be (1)
- ☐ I do not expect things to work out for me (2)
- ☐ I feel my future is hopeless and will only get worse (3)

Q11 .16 Past failure

- ☐ I do not feel like a failure (0)
- ☐ I have failed more than I should have (1)
- ☐ As I look back, I see a lot of failures (2)
- ☐ I feel I am a total failure as a person (3)



Q11 .17 Loss of pleasure

- ☐ I get as much pleasure as I ever did from the things I enjoy (0)
- ☐ I don't enjoy things as much as I used to (1)
- ☐ I get very little pleasure from the things I used to enjoy (2)
- ☐ I can't get any pleasure from the things I used to enjoy (3)

Q11 .18 Guilty feelings

- ☐ I do not feel particularly guilty (0)
- ☐ I feel guilty over many things I have done or should have done (1)
- ☐ I feel quite guilty most of the time (2)
- ☐ I feel guilty all of the time (3)

Q11 .19 Punishment feelings

- ☐ I do not feel I am being punished (0)
- ☐ I feel I may be punished (1)
- ☐ I expect to be punished (2)
- ☐ I feel I am being punished (3)

Q11 .20 Self-dislike

- ☐ I feel the same about myself as ever (0)
- ☐ I have lost confidence in myself (1)
- ☐ I am disappointed in myself (2)
- ☐ I dislike myself (3)

Q11 .21 Self-criticalness

- ☐ I do not criticize or blame myself more than usual (0)
- ☐ I am more critical of myself than I used to be (1)
- ☐ I criticize myself for all of my faults (2)
- ☐ I blame myself for everything bad that happens (3)



Q11 .22 Suicidal thoughts or wishes

- ☐ I do not have any thought of killing myself (0)
- ☐ I have thoughts of killing myself, but I would not carry them out (1)
- ☐ I would like to kill myself (2)
- ☐ I would kill myself if I had the chance (3)

Q11 .23 Crying

- ☐ I do not cry anymore than I used to (0)
- ☐ I cry more than I used to (1)
- ☐ I cry over every little thing (2)
- ☐ I feel like crying, but I can't (3)

Q11 .24 Agitation

- ☐ I am no more restless or wound up than usual (0)
- ☐ I feel more restless or wound up than usual (1)
- ☐ I am so restless or agitated that it's hard to stay still (2)
- ☐ I am so restless or agitated that I have to keep moving or doing something (3)

Q11 .25 Loss of interest

- ☐ I have not lost interest in other people or activities (0)
- ☐ I am less interested in other people or things than before (1)
- ☐ I have lost most of my interest in other people or things (2)
- ☐ It's hard to get interested in anything (3)

Q11 .26 Indecisiveness

- ☐ I make decisions about as well as ever (0)
- ☐ I find it more difficult to make decisions than usual (1)
- ☐ I have much greater difficulty in making decisions than I used to (2)
- ☐ I have trouble making any decisions (3)



Q11 .27 Worthlessness

- ☐ I do not feel I am worthless (0)
- ☐ I don't consider myself as worthwhile and useful as I used to (1)
- ☐ I feel more worthless as compared to other people (2)
- ☐ I feel utterly worthless (3)

Q11 .28 Loss of energy

- ☐ I have as much energy as ever (0)
- ☐ I have less energy than I used to have (1)
- ☐ I do not have enough energy to do very much (2)
- ☐ I do not have enough energy to do anything (3)

Q11 .29 Changes in sleeping pattern

- ☐ I have not experienced any change in my sleeping pattern (0)
- ☐ I sleep somewhat more than usual (1a)
- ☐ I sleep somewhat less than usual (1b)
- ☐ I sleep a lot more than usual (2a)
- ☐ I sleep a lot less than usual (2b)
- ☐ I sleep most of the day (3a)
- ☐ I wake up 1 - 2 hours early and can't get back to sleep (3b)

Q11 .30 Irritability

- ☐ I am no more irritable than usual (0)
- ☐ I am more irritable than usual (1)
- ☐ I am much more irritable than usual (2)
- ☐ I am irritable all of the time (3)



Q11 .31 Changes of Appetite

- ☐ I have not experienced any change in my appetite (0)
- ☐ My appetite is somewhat less than usual (1a)
- ☐ My appetite is somewhat greater than usual (1b)
- ☐ My appetite is much less than before (2a)
- ☐ My appetite is much greater than usual (2b)
- ☐ I have no appetite at all (3a)
- ☐ I crave food all the time (3b)

Q11 .32 Concentration Difficulty

- ☐ I can concentrate as well as ever (0)
- ☐ I can't concentrate as well as usual (1)
- ☐ It is hard to keep my mind on anything for very long (2)
- ☐ I find I can't concentrate on anything (3)

Q11 .33 Tiredness or Fatigue

- ☐ I am no more tired or fatigued than usual (0)
- ☐ I get more tired or fatigued more easily than usual (1)
- ☐ I am too tired or fatigued to do a lot of the things I used to do (2)
- ☐ I am too tired or fatigued to do most of the things I used to do (3)

Q11 .34 Loss of Interest in Sex

- ☐ I have not noticed any recent change in my interest in sex (0)
- ☐ I am less interested in sex than I used to be (1)
- ☐ I am much less interested in sex now (2)
- ☐ I have lost interest in sex completely (3)
- ☐ N/A - Rather not say (-7)



When we last spoke to you, you told us that you had.....

[RA - consult the table for previous qualifications].

Q12 .1 Since then, have you gained any new qualifications?

☐ Yes (1)☐ No (2)

Q12 .2 If yes, what qualifications?

[Update the table of qualifications)

updates the table of qualifications,

RA : 12.3 - 12.13 to be summarised from table after interview

Q12.3 Total number of Entry Level qualifications at time of interview (tick one only)

 \square_0

4

8

□¹²

16

1

5

□9

13

17

 \square^2

6

10

□ 14

18

3

7

11

□ 15

□ 19



Q12 .4 Total number of Level 1 qualifications at time of interview (tick one only)

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19

Q12 .5 Total number of Level 2 qualifications at time of interview (tick one only)

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19

Q12 .6 Total number of Level 3 qualifications at time of interview (tick one only)

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19

Q12 .7 Total number of Level 4 qualifications at time of interview (tick one only)

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19

Q12 .8 Total number of Level 5 qualifications at time of interview (tick one only)

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19



Q12 .9 Total number of Level 6 qualifications at time of interview (tick one only)

- | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 |

Q12 .10 Total number of Level 7 qualifications at time of interview (tick one only)

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

Q12 .11 Total number of Level 8 qualifications at time of interview (tick one only)

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

Q12 .12 Highest academic level achieved (tick one only)

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Entry level (0) | <input type="checkbox"/> Level 1 (1) | <input type="checkbox"/> Level 2 (2) |
| <input type="checkbox"/> Level 3 (3) | <input type="checkbox"/> Level 4 (4) | <input type="checkbox"/> Level 5 (5) |
| <input type="checkbox"/> Level 6 (6) | <input type="checkbox"/> Level 7 (7) | <input type="checkbox"/> Level 8 (8) |
| <input type="checkbox"/> No academic level qualification (9) | | |

Q12 .13 Highest vocational level achieved (tick one only)

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Entry level (0) | <input type="checkbox"/> Level 1 (1) | <input type="checkbox"/> Level 2 (2) |
| <input type="checkbox"/> Level 3 (3) | <input type="checkbox"/> Level 4 (4) | <input type="checkbox"/> Level 5 (5) |
| <input type="checkbox"/> Level 6 (6) | <input type="checkbox"/> Level 7 (7) | <input type="checkbox"/> Level 8 (8) |
| <input type="checkbox"/> No vocational level qualification (9) | | |



13. Education**Q13 .1 Please describe any concerns or worries you may have about your education:**

[Prompt for regrets about leaving, level of qualifications etc.]

Q13 .2 Are you currently in education?☐ Yes (1) [GO TO Q13.5]☐ No (2) [GO TO Q13.3]**Q13 .3 If no, what is your most recent qualification?**

(Prompt for level and subject)

Q 13 .4 When did you achieve this?

[Prompt for year and month if possible. If participant cannot remember, prompt for age]

--	--	--	--

Year

--	--

Month

[GO TO Q13.10]

(educatq13_4ym_23)

--	--

Age

[GO TO Q13.10]

(educatq13_4age_23)



Q13 .5 If yes, are you studying full-time or part-time?

☐ Full-time (1)

☐ Part-time (2)

☐ N/A - Not in education (-7)

Q13 .6 What college/university are you at?

Q13 .7 What qualification are you studying for?

(Prompt for subject and level. Use Table 12.2 to find appropriate Level, eg professional, degrees)

Q 13 .8 When did you start your course?

[Prompt for year and month if possible. If participant cannot remember, prompt for age]

				/		
--	--	--	--	---	--	--

(educatq13_8ym_23)

Year

Month

--	--

(educatq13_8age_23)

Age

Q13 .9 What is the duration of your course? (Record the number of MONTHS)

--	--	--

Months



Educational Support [ASK ALL]

Q13 .10 When studying for your most recent qualification, did/do you receive any additional support from the institution?

- ☐ Yes (1) [GO TO Q13.12]
- ☐ No, felt none needed (2) [GO TO Q13.13]
- ☐ No, felt support needed but did not seek/was not given (3) [GO TO Q13.11]

Q13 .11 Please explain. [ASK THOSE WHO NEEDED INSTITUTIONAL SUPPORT BUT DID NOT SEEK/
WAS NOT GIVEN]

[GO TO Q13.13]

Q13 .12 What type of support did/do you receive? (tick ALL that apply)

- ☐ Extra time in assessments/exams (1)
- ☐ Help with writing (e.g. spelling/grammar) (2)
- ☐ Help with reading (3)
- ☐ Help with computer use (4)
- ☐ Other (specify) (5)
- ☐ N/A - no support (-7)

Other (specify) (edusupq13_12other_23)



Q13 .13 Did/do you receive help from anyone else (not institutional help)? [ASK ALL]

☐ Yes (1) [GO TO Q13.15]

☐ No, felt none needed (2) [GO TO Q13.17]

☐ No, felt support needed but did not seek/was not given (3) [GO TO Q13.14]

Q13 .14 Please explain. [ASK THOSE WHO NEEDED NON-INSTITUTIONAL SUPPORT BUT DID NOT SEEK/
WAS NOT GIVEN]

[GO TO Q13.17]

Q13 .15 If Yes, from whom? (tick ALL that apply)

☐ Partner (1)

☐ Parent (2)

☐ Brother/Sister (3)

☐ Other relatives (4)

☐ Friends (5)

☐ Other (specify) (6)

☐ N/A - No help (-7)

Other (specify) (edusupq13_15other_23)



Q13 .16 If Yes, what type of support? (tick ALL that apply)

- ☐ Help with proof reading (1)
- ☐ Help with writing (eg. spelling/grammar) (2)
- ☐ Help with reading (3)
- ☐ Help with computer use (4)
- ☐ Other (specify) (5)
- ☐ N/A - no support (-7)

Other (specify) (edusupq13_16other_23)

Q13 .17 Do you think you receive/have received enough educational support?

- ☐ Yes (1) ☐ No (2) ☐ N/A - no support needed (-7)

Please explain: (edusupq13_17ex_23)



Q13 .18 Do you think you receive/have received the right type of educational support?

☐ Yes (1)

☐ No (2)

☐ N/A - no support needed (-7)

Please explain: (edusupq13_18ex_23)



Dropping out [ASK ALL]**Q13 .19 Have you ever attended college/university and left without completing your course?**☐ Yes (1) [GO TO Q13.20]☐ No (2) [GO TO Q13.23]**Q13 .20 If yes, what did you study?** (Level and subject, e.g. BA Psychology)

Q13 .21 What were the reasons you dropped out of college/university? (tick ALL that apply)☐ Chose the wrong course (1)☐ Financial reasons (5)☐ Course was too difficult (2)☐ Other (specify) (6)☐ Couldn't make any new friends (3)☐ N/A - Did not drop out (-7)☐ Too far away from family/friends (4)**Other (specify)** (edudropq13_21other_23)

Q13 .22 What was the main reason you dropped out of college/university? (tick one only)☐ Chose the wrong course (1)☐ Financial reasons (5)☐ Course was too difficult (2)☐ Other (specify) (6)☐ Couldn't make any new friends (3)☐ N/A - Did not drop out (-7)☐ Too far away from family/friends (4)**Other (specify)** (edudropq13_22other_23)



Educational experience**Q13 .23 Have you been in education during the past 6 months?**☐ Yes (1) [GO TO Q13.24]☐ No (2) [GO TO SECTION 14 ON SOCIAL DOMAIN]

Circle 0, 1, or 2 to describe your educational experience during the past 6 months:

0 = Not True; 1 = Somewhat or Sometimes True; 2 = Very True or Often True

[SHOWCARD]

Q13 .24 I get along well with other students☐ Not True (0)☐ Somewhat or
Sometimes True (1)☐ Very True or
Often True (2)☐ N/A - Not in education in
the last 6 months, or in distance/e-learning (-7)**Q13 .25 I achieve what I am capable of**☐ Not True (0)☐ Somewhat or
Sometimes True (1)☐ Very True or
Often True (2)☐ N/A - Not in education in
the last 6 months (-7)**Q13 .26 I have trouble finishing assignments**☐ Not True (0)☐ Somewhat or
Sometimes True (1)☐ Very True or
Often True (2)☐ N/A - Not in education in
the last 6 months (-7)**Q13 .27 I am satisfied with my educational situation**☐ Not True (0)☐ Somewhat or
Sometimes True (1)☐ Very True or
Often True (2)☐ N/A - Not in education in
the last 6 months (-7)**Q13 .28 I do things that may cause me to fail**☐ Not True (0)☐ Somewhat or
Sometimes True (1)☐ Very True or
Often True (2)☐ N/A - Not in education in
the last 6 months (-7)

Social Domain

14. Peers and Friendships

Q14 .1 Please describe any concerns or worries that you may have about your relationship with friends/family:

Q14 .2 About how many close friends do you have?

(Do not include family members)

☐ None (0) [GO TO Q14.5] ☐ 1 (1) ☐ 2 or 3 (2) ☐ 4 or more (3)

Q14 .3 About how many times a month do you have contact with any of your close friends?

(Include in-person contacts, phone, letters, e-mail, text)

☐ Less than once (1) ☐ 1 or 2 times (2) ☐ 3 or 4 times (3) ☐ 5 or more times (4)

☐ N/A - Don't have any
close friends (-7)

Q14 .4 How well do you get along with your close friends?

[SHOWCARD]

☐ Not as well as I'd like (1) ☐ Average (2) ☐ Above average (3) ☐ Far above average (4)

☐ N/A - Don't have any
close friends (-7)

Q14 .5 About how many times a month do any friends or family visit you?

☐ Less than once (1) ☐ 1 or 2 times (2) ☐ 3 or 4 times (3) ☐ 5 or more times (4)

Q14 .6 About how many times a month do you visit any friends or family?

☐ Less than once (1) ☐ 1 or 2 times (2) ☐ 3 or 4 times (3) ☐ 5 or more times (4)



Here are a few questions about your friends. Please choose the two people you consider to be your closest friends starting with the first friend. They should NOT include people who live with you but they can include relatives.

1st friend

Q14 .7 Is this person male or female?

☐ Male (1)

☐ Female (2)

Q14 .8 Is this person a relative?

☐ Yes (1)

☐ No (2)

If yes, what relationship to you? (peersq14_8relat_23)

--

Q14 .9 What age is your friend?

--

--

years

Q14 .10 How long have you known him/her?

☐ Less than 1 year (1)

☐ 1-2 years (2)

☐ 3-10 years (3)

☐ 10 years or more (4)

Q14 .11 How often do you see your friend by visiting?

☐ Most days (1)

☐ At least once
a week (2)

☐ At least once
a month (3)

☐ Less often (4)

Q14 .12 How often do you get in touch with your friend by writing (not using computer)?

☐ Most days (1)

☐ At least once
a week (2)

☐ At least once
a month (3)

☐ Less often (4)

Q14 .13 How often do you get in touch with your friend by telephone (phoning or texting)?

☐ Most days (1)

☐ At least once
a week (2)

☐ At least once
a month (3)

☐ Less often (4)



Q14 .14 How often do you get in touch with your friend by computer? (email/IM/Facebook etc)

- ☐ Most days (1) ☐ At least once a week (2) ☐ At least once a month (3) ☐ Less often (4)

Q14 .15 About how many miles away does your friend live?

- ☐ Less than 1 mile (1) ☐ Less than 5 miles (2) ☐ 5-50 miles (3) ☐ Over 50 miles (4)

Q14 .16 How did you meet your friend (if not a relative)?

- ☐ Grew up close by (1)
- ☐ At school/college/university (2)
- ☐ At work (3)
- ☐ Through a friend (4)
- ☐ Social network site (5)
- ☐ Other (specify) (6)
- ☐ Friend is a relative (7)

Other (specify) (peersq14_16other_23)



2nd friend**Q14 .17 Is this person male or female?**☐ Male (1)☐ Female (2)**Q14 .18 Is this person a relative?**☐ Yes (1)☐ No (2)**If yes, what relationship to you?** (peersq14_18relat_23)

Q14 .19 What age is your friend?

--	--

years

Q14 .20 How long have you known him/her?☐ Less than 1 year (1)☐ 1-2 years (2)☐ 3-10 years (3)☐ 10 years or more (4)**Q14 .21 How often do you see your friend by visiting?**☐ Most days (1)☐ At least once
a week (2)☐ At least once
a month (3)☐ Less often (4)**Q14 .22 How often do you get in touch with your friend by writing (not using computer)?**☐ Most days (1)☐ At least once
a week (2)☐ At least once
a month (3)☐ Less often (4)**Q14 .23 How often do you get in touch with your friend by telephone (phoning or texting)?**☐ Most days (1)☐ At least once
a week (2)☐ At least once
a month (3)☐ Less often (4)

Q14 .24 How often do you get in touch with your friend by computer? (email/IM/Facebook etc)

- ☐ Most days (1) ☐ At least once a week (2) ☐ At least once a month (3) ☐ Less often (4)

Q14 .25 About how many miles away does your friend live?

- ☐ Less than 1 mile (1) ☐ Less than 5 miles (2) ☐ 5-50 miles (3) ☐ Over 50 miles (4)

Q14 .26 How did you meet your friend (if not a relative)?

- ☐ Grew up close by (1)
- ☐ At school/college/university (2)
- ☐ At work (3)
- ☐ Through a friend (4)
- ☐ Social network site (5)
- ☐ Other (specify) (6)
- ☐ Friend is a relative (7)

Other (specify) (peersq14_26other_23)



Friendship Difficulties Index based on the Social-Emotional Functioning Interview (SEFI)**Q14 .27 Perception of acquaintances**

How easy do you find it to get on with people?

**E.g., if you were at a party or some other social gathering,
would you try to talk to people you'd not met before? What would you talk about?
Do you have any acquaintances in the neighbourhood that you talk to?
What about in shops or on buses?**

(Probe to establish ease with which subject makes social contacts and whether he/she is unduly inhibited or disinhibited in doing so)

- ☐ 0 = reports normal range of non-intimate social relationships,
able to form social relationships at clubs, social gatherings, in shops, etc.
- ☐ 1 = reports interactions with acquaintances and/or casual social contacts either limited in
scope/number, awkward in quality, or largely
initiated by the other person
- ☐ 2 = little or no making of acquaintances
- ☐ 7 = describes large range of acquaintances with whom interacts
(makes extensive contacts with shopkeepers, bus drivers, librarians, etc.)



Q14 .28 Subject's description of current friendships (taken at face value)

Do you have any particular friends who you see?

(if in residential placement ask: Do you have any friends outside of _____?

Who are they? Do these people ever come to your house or do you usually meet them at the club, centre, etc?)

(Probe to establish whether meets people in specific settings only [e.g., church or social club], or whether meets up in different places and on own initiative.

Also determine whether people viewed as friends are of own age group.

Code perception of friendships, not reality)

- ☐ 0 = describes one or more friends (outside of residence) of roughly own age with whom shares a variety of interests and social activities
- ☐ 1 = describes one or more 'friends' outside of residence with whom he/she meets to share interests (but these rather stereotyped and little spontaneous socializing)
- ☐ 2 = describes acquaintances with whom he/she talks and/or shares activities in arranged social groups but who are not usually met otherwise at their or the subject's own initiative (do not include people seen only on buses, in shops, at the library, or other public places; do include giving list of all classmates or residents in group home, etc.)
- ☐ 3 = describes no particular friends with whom any share activities or describes unrealistic or nonreciprocal relationships as friendships such as volunteers, people in shops or celebrities.



Q14 .29 Subject's concept of friendship

**What is special about friend mentioned above? What does being a friend mean?
What is different about a friend?**

"Shared activities" must be mentioned in the S's attempt to describe what a friend means. Activities described in response to a question such as "what do you like doing together" cannot be counted as indicating S's concept of friendship unless S specifically brings them up in answer to questions about the meaning of friendship or brings up these points spontaneously (with no prompts from E) when initially describing a friend. If S gives a very conventional answer (e.g. "a friend is nice", or "friends are to play with"), E should continue to probe for more specific comments.

- ☐ 0 = some description in terms of shared activities plus shared enjoyment or exchanged confidences or intimacy or exclusiveness of relationship (e.g. "I like being with X; we play football together" or "we have fun together; we tell each other jokes" or "we go to each other's houses; I tell X my secrets").
- ☐ 1 = some description in terms of shared activities or shared enjoyment, etc.
- ☐ 2 = description only in general terms (e.g., "I talk to him when I go to his shop" or "we go to the same school" or "he's nice to me").
- ☐ 3 = no indication of understanding of concept of friendship, though sufficient language skills to give examples of particular friends (real or otherwise).
- ☐ 7 = irrelevant or peripheral comments (e.g. "he's got black hair").



15. Stable Partnerships and Love Relationships**Q15 .1 What is your legal marital partnership status?**

- ☐ Never married and never registered in a same-sex civil partnership (1)
[GO TO Q15.2]
- ☐ Married / In a registered same-sex civil partnership (2)
[GO TO Q15.3]
- ☐ Separated, but still legally married / Separately, but still legally in a same-sex civil partnership (3)
[GO TO Q15.2]
- ☐ Divorced / Formerly in a same-sex civil partnership which is now legally dissolved (4)
[GO TO Q15.2]
- ☐ Widowed / Surviving partner from a same-sex civil partnership (5)
[GO TO Q15.2]

Q15 .2 Are you currently in a relationship?

- ☐ Yes, living with partner (1) [GO TO Q15.3]
- ☐ Yes, but not living together (2) [GO TO Q15.3]
- ☐ No (3) [GO TO Q15.4]
- ☐ NA - currently married / In a registered same-sex civil partnership (-7)

Q15 .3 Please describe any concerns or worries you may have about your relationship with your partner:

[GO TO Q15.5]



Q15 .4 Have you ever had a girlfriend or boyfriend?

☐ Yes (1) ☐ No (2) ☐ N/A (-7)

[GO TO Q15.14]

Q15 .5 If in a relationship ask: How long have you had this relationship with this person?

☐ Less than 6 months (1) **If less than 6 months, prompt for time in months**
(partnerq15_5m_23)

☐ 6 months to 1 year (2)

☐ 1 to 2 years (3)

☐ 2 to 5 years (4)

☐ Longer than 5 years (5)

☐ Don't know/can't remember (-8)

☐ N/A - not in a relationship (-7)

Relationship Quality

Circle 0, 1, or 2 to describe your relationship with your partner during the past 6 months:

[SHOWCARD]

Q15 .6 I get along well with my partner

☐ Not True (0) ☐ Somewhat or Sometimes True (1) ☐ Very True or Often True (2) ☐ N/A - not in a relationship (-7)

Q15 .7 My partner and I have trouble sharing responsibilities

☐ Not True (0) ☐ Somewhat or Sometimes True (1) ☐ Very True or Often True (2) ☐ N/A - not in a relationship (-7)

Q15 .8 I feel satisfied with my partner

☐ Not True (0) ☐ Somewhat or Sometimes True (1) ☐ Very True or Often True (2) ☐ N/A - not in a relationship (-7)

Q15 .9 My partner and I enjoy similar activities

☐ Not True (0) ☐ Somewhat or Sometimes True (1) ☐ Very True or Often True (2) ☐ N/A - not in a relationship (-7)



Q15 .10 My partner and I disagree about living arrangements, such as where we live, or might live

☐ Not True (0)
 ☐ Somewhat or Sometimes True (1)
 ☐ Very True or Often True (2)
 ☐ N/A - not in a relationship (-7)

Q15 .11 I have trouble with my partner's family

☐ Not True (0)
 ☐ Somewhat or Sometimes True (1)
 ☐ Very True or Often True (2)
 ☐ N/A - not in a relationship (-7)

Q15 .12 I like my partner's friends

☐ Not True (0)
 ☐ Somewhat or Sometimes True (1)
 ☐ Very True or Often True (2)
 ☐ N/A - not in a relationship (-7)

Q15 .13 My partner's behaviour annoys me

☐ Not True (0)
 ☐ Somewhat or Sometimes True (1)
 ☐ Very True or Often True (2)
 ☐ N/A - not in a relationship (-7)

Children**Q15 .14 Do you have, or have you ever had/fathered any children?**

Biological children only:

☐ Yes (1) [GO TO Q15.15]
 ☐ No (2) [GO TO Q15.16]

Q15 .15 If yes, how many children have you had/fathered in all?

Q15 .16 Are you/your partner currently expecting a child?

☐ Yes (1)
 ☐ No (2)

Q15 .17 Do you plan to have (more) children in the future (not including any current pregnancy)?

☐ Yes (1)
 ☐ No (2) [GO TO Q15.19]
 ☐ Not sure (3) [GO TO Q15.19]

Q15 .18 If yes, how many children would you like to have?

(For those who already have children, code the total number of children they are planning to have)

☐ Not sure (1)
 (childq15_18ns_23)



Q15 .19 Notes on children

(prompt for step children, partner's children, caring responsibility, children not living with them)



16. Aggression and delinquency***Achenbach ASR***

Below is a list of items that describe people. For each item, please select 0, 1 or 2 to describe yourself over the past 6 months. Please answer all items as well as you can, even if some do not seem to apply to you.

Aggressive behaviour**[SHOWCARD]****Q16 .1 I argue a lot**☐ Not true (0)☐ Somewhat or sometimes true (1)☐ Very true or often true (2)**Q16 .2 I blame others for my problems**☐ Not true (0)☐ Somewhat or sometimes true (1)☐ Very true or often true (2)**Q16 .3 I am mean to others**☐ Not true (0)☐ Somewhat or sometimes true (1)☐ Very true or often true (2)**Q16 .4 I get along badly with my family**☐ Not true (0)☐ Somewhat or sometimes true (1)☐ Very true or often true (2)**Q16 .5 I get in many fights**☐ Not true (0)☐ Somewhat or sometimes true (1)☐ Very true or often true (2)**Q16 .6 My moods swing between elation and depression**☐ Not true (0)☐ Somewhat or sometimes true (1)☐ Very true or often true (2)**Q16 .7 I physically attack people**☐ Not true (0)☐ Somewhat or sometimes true (1)☐ Very true or often true (2)

Q16 .8 I scream or yell a lot

☐ Not true (0)

☐ Somewhat or sometimes true (1)

☐ Very true or often true (2)

Q16 .9 My behaviour is very changeable

☐ Not true (0)

☐ Somewhat or sometimes true (1)

☐ Very true or often true (2)

Q16 .10 I am stubborn, sullen or irritable

☐ Not true (0)

☐ Somewhat or sometimes true (1)

☐ Very true or often true (2)

Q16 .11 My moods or feelings change suddenly

☐ Not true (0)

☐ Somewhat or sometimes true (1)

☐ Very true or often true (2)

Q16 .12 I have a hot temper

☐ Not true (0)

☐ Somewhat or sometimes true (1)

☐ Very true or often true (2)

Q16 .13 I threaten to hurt people

☐ Not true (0)

☐ Somewhat or sometimes true (1)

☐ Very true or often true (2)

Q16 .14 I get upset too easily

☐ Not true (0)

☐ Somewhat or sometimes true (1)

☐ Very true or often true (2)

Q16 .15 I am too impatient

☐ Not true (0)

☐ Somewhat or sometimes true (1)

☐ Very true or often true (2)



Rule-breaking behaviour

[SHOWCARD]

Q16 .16 I use drugs (other than alcohol and nicotine) for nonmedical purposes☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .17 I damage or destroy my things**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .18 I break rules at work or elsewhere**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .19 I don't feel guilty after doing something I shouldn't**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .20 I hang around with people who get in trouble**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .21 I am impulsive or act without thinking**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .22 I lie or cheat**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .23 My behaviour is irresponsible**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .24 I steal**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .25 I drink too much alcohol or get drunk**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)**Q16 .26 I do things that may cause me trouble with the law**☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)

Q16 .27 I fail to pay my debts or meet other financial responsibilities

☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)

Q16 .28 I have trouble managing money or credit cards

☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)

Q16 .29 I have trouble keeping a job

☐ Not true (0) ☐ Somewhat or sometimes true (1) ☐ Very true or often true (2)

Q16 .30 Do you think you get annoyed more easily than other people?

☐ Yes, a lot more easily (1) ☐ No, get less annoyed than other people (4)
☐ Yes, a bit (2) ☐ Don't know (5)
☐ No, about the same (3)



Victimisation**Q16 .31 How much do you get teased or bullied now?**

[SHOWCARD]

- ☐ No more than others (1)
- ☐ A bit more than others (2)
- ☐ Often teased/bullied (3)
- ☐ Teased or bullied all the time (4)

Q16 .32 Have you ever been a victim of crime?

- ☐ Yes (1) ☐ No (2) [GO TO Q16.36]

Q16 .33 Would you mind explaining a bit more?

(RA - prompt for type of crime, when it occurred, number of incidents, whether it was reported, and if not, why not.)

Q16 .34 Have you been a victim of crime in the last 12 months?

- ☐ Yes (1) ☐ No (2) [GO TO Q16.36]

Q16 .35 Would you mind explaining a bit more?



For the next few questions, please think about people you know, as well as strangers.

In the last 12 months, has anyone done any of the following things to you?

Q16 .36 Physically hurt or tried to hurt you

☐ Yes (1) ☐ No (2) ☐ Don't know (3) ☐ Rather not say (-8)

Q16 .37 Pushing / shoving but didn't try to hurt you

☐ Yes (1) ☐ No (2) ☐ Don't know (3) ☐ Rather not say (-8)

Q16 .38 Called you names / swore / insulted you

☐ Yes (1) ☐ No (2) ☐ Don't know (3) ☐ Rather not say (-8)

Q16 .39 Ignored you on purpose / left you out of things

☐ Yes (1) ☐ No (2) ☐ Don't know (3) ☐ Rather not say (-8)

Q16 .40 Threatened to hurt you

☐ Yes (1) ☐ No (2) ☐ Don't know (3) ☐ Rather not say (-8)

Q16 .41 Stole money / other belongings

☐ Yes (1) ☐ No (2) ☐ Don't know (3) ☐ Rather not say (-8)

Q16 .42 Made or tried to make you give them money / other things

☐ Yes (1) ☐ No (2) ☐ Don't know (3) ☐ Rather not say (-8)

Q16 .43 Damaged your belongings

☐ Yes (1) ☐ No (2) ☐ Don't know (3) ☐ Rather not say (-8)

Q16 .44 Threatening / abusive phone calls / text / voice messages

☐ Yes (1) ☐ No (2) ☐ Don't know (3) ☐ Rather not say (-8)

Q16 .45 Other (specify)



Getting into Trouble**Q16 .46 Have you ever been in trouble of any sort?** [tick ALL that apply]

- ☐ With college/University (1)
- ☐ With work (2)
- ☐ With police (3)
- ☐ Barred from a club/pub/bowling alley (4)
- ☐ With other (specify) (5)
- ☐ N/A - not been in trouble (-7) [GO TO Q16.48]
- ☐ Rather not say (-8) [GO TO Q16.48]

With other (specify) (troubleq16_46other_23)

Q16 .47 Please describe the trouble you have been in

(RA: prompt for type of trouble, age this occurred, how many times, the outcome)

Now we have some questions about any contact you may have had with the police or the courts. You can stop answering these questions at any time or tell me that you don't want to answer a certain question.

Q16 .48 Have you ever been told off or told to move on by the police?

- ☐ Yes(1) ☐ No (2) [GO TO Q16.50] ☐ Rather not say (-8) [GO TO Q16.50]

Q16 .49 How about in the last 12 months?

- ☐ Yes(1) ☐ No (2) ☐ Rather not say (-8) ☐ N/A - have never been told off by police (-7)



Q16 .50 Have you ever been stopped and searched, that is asked to empty your pockets or bag, by the police?

☐ Yes(1) ☐ No (2) [GO TO Q16.52] ☐ Rather not say (-8) [GO TO Q16.52]

Q16 .51 How about in the last 12 months?

☐ Yes(1) ☐ No (2) ☐ Rather not say (-8) ☐ N/A - have never been stopped and searched (-7)

Q16 .52 Have you ever been stopped but not searched by the police and asked questions about something you had done?

☐ Yes(1) ☐ No (2) [GO TO Q16.54] ☐ Rather not say (-8) [GO TO Q16.54]

Q16 .53 How about in the last 12 months?

☐ Yes(1) ☐ No (2) ☐ Rather not say (-8) ☐ N/A - have never been stopped but not searched (-7)

Q16 .54 Have you ever been cautioned or given a warning by a police officer?

☐ Yes(1) ☐ No (2) [GO TO Q16.56] ☐ Rather not say (-8) [GO TO Q16.56]

Q16 .55 How about in the last 12 months?

☐ Yes(1) ☐ No (2) ☐ Rather not say (-8) ☐ N/A - have never been cautioned (-7)

Q16 .56 Have you been arrested by the police?

☐ Yes(1) ☐ No (2) [GO TO Q16.58] ☐ Rather not say (-8) [GO TO Q16.58]

Q16 .57 How about in the last 12 months?

☐ Yes(1) ☐ No (2) ☐ Rather not say (-8) ☐ N/A - have never been arrested (-7)

Q16 .58 Have you been found guilty in a court in the last 12 months?

☐ Yes(1) ☐ No (2) [GO TO Q16.61] ☐ Rather not say (-8) [GO TO Q16.61]



Q16 .59 Do you mind telling us what it was for? (tick ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Motoring offence (1) | <input type="checkbox"/> Fraud (7) |
| <input type="checkbox"/> Shoplifting (2) | <input type="checkbox"/> Drug offence (8) |
| <input type="checkbox"/> Assault (3) | <input type="checkbox"/> Other (specify) (9) |
| <input type="checkbox"/> Violence towards another person (4) | <input type="checkbox"/> Rather not say (-8) |
| <input type="checkbox"/> Damage to property (5) | <input type="checkbox"/> N/A - Have not been found guilty in a court in the last 12 months (-7) |
| <input type="checkbox"/> Theft, burglary or robbery (6) | |

Other (specify) (troubleq16_59other_23)

Q16 .60 What was the outcome? (tick ALL that apply)

- ☐ Sentenced to supervision (1)
- ☐ Community service (2)
- ☐ Fine (3)
- ☐ Suspended sentence (4)
- ☐ Prison (5)
- ☐ Points taken/ban (6)
- ☐ Other(specify) (7)
- ☐ Rather not say (-8)
- ☐ N/A- Have not been found guilty in a court in the last 12 months (-7)

Other (specify) (troubleq16_60other_23)



Q16 .61 Have you been found guilty in a court at any other time?

☐ Yes(1) ☐ No (2) [GO TO Q16.64] ☐ Rather not say (-8) [GO TO Q16.64]

Q16 .62 Do you mind telling us what it was for? (tick ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Motoring offence (1) | <input type="checkbox"/> Fraud (7) |
| <input type="checkbox"/> Shoplifting (2) | <input type="checkbox"/> Drug offence (8) |
| <input type="checkbox"/> Assault (3) | <input type="checkbox"/> Other (specify) (9) |
| <input type="checkbox"/> Violence towards another person (4) | <input type="checkbox"/> Rather not say (-8) |
| <input type="checkbox"/> Damage to property (5) | <input type="checkbox"/> N/A - Have not been found guilty in a court at any/any other time (-7) |
| <input type="checkbox"/> Theft, burglary or robbery (6) | |

Other (specify) (troubleq16_62other_23)

Q16 .63 What was the outcome? (tick ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Sentenced to supervision (1) | <input type="checkbox"/> Points taken/ban (6) |
| <input type="checkbox"/> Community service (2) | <input type="checkbox"/> Other(specify) (7) |
| <input type="checkbox"/> Fine (3) | <input type="checkbox"/> Rather not say (-8) |
| <input type="checkbox"/> Suspended sentence (4) | <input type="checkbox"/> N/A - Have not been found guilty in a court at any/any other time (-7) |
| <input type="checkbox"/> Prison (5) | |

Other (specify) (troubleq16_63other_23)



Q16 .64 Further details of any crimes committed

Q16 .65 Now we have a question about your life before you were 18.**Have you ever had any contact with Youth Offending Services?**

(RA - participant might call it 'probation' but we code for under age of 18 years.
Note contact can be for prevention as well as following an offence)

☐ Yes (1)

☐ No (2) [GO TO SECTION 17 ON SOCIETAL ENGAGEMENT]

☐ Rather not say (-8) [GO TO SECTION 17 ON SOCIETAL ENGAGEMENT]

Q16 .66 Do you know why?



Societal Engagement Domain**17 Employment****Q17 .1 How old were you when you left full-time education?**

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☐ N/A - Still in full-time education (-7) (employq17_1na_23)**Q17 .2 How many paid jobs have you had since you left full-time education? (count **paid** employment only)**

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☐ N/A - Still in full-time education (-7) (employq17_2na_23)**Q17 .3 Any comments about number of paid jobs (e.g. lots because of placements, holding down 3 jobs at a time (e.g. different shifts at different pubs, etc.))**

Q17 .4 Please describe any concerns or worries you may have about work:



Q17.5 Which of the following best describes your current situation? (tick one box only)

☐ Unemployed (1) [GO TO Q17.6]

☐ In paid employment (full-time) (2) [GO TO Q17.10]

☐ In paid employment (part-time) (3) [GO TO Q17.10]

☐ Self-employed (4) [GO TO Q17.10]

☐ Full-time student / at school (5) [GO TO Q17.8]

☐ Part-time student with no employment (6) [GO TO Q17.8]

☐ Part-time student with part-time employment (7) [GO TO Q17.10]

☐ Long term sick or disabled (8) [GO TO Q17.8]

☐ Looking after home/family (9) [GO TO Q17.8]

☐ On parental leave (10) [GO TO Q17.8]

☐ On a government training scheme (11) [GO TO Q17.8]

☐ Full-time carer (12) [GO TO Q17.8] Caring for who?
(employq17_5care_23)

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☐ Other (please give details) (13) [GO TO Q17.8]

Other (details) (employq17_5other_23)



If participant is unemployed**Q17 .6 How long have you been unemployed?**

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months

☐ N/A (-7) (employq17_6na_23)
Q17 .7 How likely do you think it is that you will begin paid work in the next 12 months?

- ☐ Very unlikely (1) ☐ Unlikely (2) ☐ Don't know (3) ☐ Likely (4)
- ☐ Very likely (5) ☐ N/A (-7)

[GO TO Q17.9]

For those who answered (5), (6), (8)-(13) in Q17.5**Q17 .8 Have you ever applied or looked for a job?**

- ☐ Yes (1) [GO TO Q17.9] ☐ No (2) [GO TO Q17.64] ☐ N/A (-7)

Q17 .9 Have you ever worked? (tick one only)

[PROMPT FOR WHETHER IT'S PAID OR UNPAID]

- ☐ Yes, have done paid work (1) [GO TO Q17.10]
- ☐ Yes, have done unpaid work (eg voluntary work/placement) (2) [GO TO Q17.10]
- ☐ Yes, have done both paid and unpaid work (3) [GO TO Q17.10]
- ☐ No, have never worked (4)
- ☐ [GO TO Q17.10 IF PARTICIPANT HAS APPLIED/LOOKED FOR A JOB BEFORE.
IF HAS NEVER LOOKED/APPLIED FOR A JOB, GO TO Q17.64]
- ☐ N/A - currently in paid employment (-7)



Experiences in gaining employment

[ASK ALL WHO HAVE EVER WORKED OR HAVE APPLIED OR LOOKED FOR A JOB,
INCLUDING VOLUNTARY WORK]

Q17 .10 Have you ever used a CV to apply for jobs?

☐ Yes (1) ☐ No (2) ☐ N/A - have never worked or applied for a job (-7)

Q17 .11 Have you ever been in an assessment centre when looking for a job?

☐ Yes (1) ☐ No (2) [GO TO Q17.13] ☐ N/A - have never worked or applied for a job (-7)

Q17 .12 If Yes, how difficult or easy do you find the assessment centre(s)?

[SHOWCARD]

Very Hard	Hard	Neither Hard nor Easy	Easy	Very Easy
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - have worked/ applied for a job but have never been to an assessment centre (-8)	N/A - have never worked or applied for a job (-7)			
<input type="checkbox"/>	<input type="checkbox"/>			

Q17 .13 Have you ever attended a face-to-face interview for a job?

☐ Yes (1) ☐ No (2) [GO TO Q17.15] ☐ N/A - have never worked or applied for a job (-7)

Q17 .14 If Yes, how difficult or easy do you find the face-to-face interview(s)?

[SHOWCARD]

Very Hard	Hard	Neither Hard nor Easy	Easy	Very Easy
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - have worked/ applied for a job but have never been to a face-to-face interview (-8)	N/A - have never worked or applied for a job (-7)			
<input type="checkbox"/>	<input type="checkbox"/>			



Q17 .15 Have you ever had a telephone interview for a job?

☐ Yes (1)

[IF PARTICIPANT IS **CURRENTLY IN PAID WORK**
(FULL OR PART-TIME) - GO TO Q17.17;

☐ No (2)

IF HAVE **NEVER** WORKED (NEITHER PAID NOR UNPAID),
GO TO Q17.64

ELSE - GO TO Q17.61]

☐ N/A - have never worked
or applied for a job (-7)

Q17 .16 If Yes, how difficult or easy do you find the telephone interview(s)?

[SHOWCARD]

Very Hard	Hard	Neither Hard nor Easy	Easy	Very Easy
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - have worked/ applied for a job but have never had a telephone interview (-8)	N/A - have never worked or applied for a job (-7)			
<input type="checkbox"/>	<input type="checkbox"/>			

[IF PARTICIPANT IS **CURRENTLY IN PAID WORK** (FULL OR PART-TIME) - GO TO Q17.17;

IF HAVE **NEVER** WORKED (NEITHER PAID NOR UNPAID), GO TO Q17.64

ELSE - GO TO Q17.61]



If participant is employed:[ASK ALL WHO ARE CURRENTLY IN PAID EMPLOYMENT (FT/PT)]**Q17 .17 How many jobs do you currently have?**☐ 1☐ 2☐ 3☐ 4 or more☐ N/A - Not in
paid work (-7)**Q17 .18 What are they?**

Q17 .19 In your MAIN job, are you?☐ An employee (1)☐ Self-employed or freelance without employees (2)☐ Self-employed with employees (3)☐ N/A - Not in paid work (-7)**Q 17 .20 How long have you been in your job?** (Record number of **MONTHS**)

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Months

For example, Primary School Teacher, Car Mechanic, District Nurse, Structural Engineer
[RA: clarify the name of the firm, what the firm does, what duties do they have etc.]

[illegible]

Q17 .22 How did you obtain work with this employer? (tick one only)

- | | |
|--|--|
| <input type="checkbox"/> Online (1) | <input type="checkbox"/> Family connections (7) |
| <input type="checkbox"/> Newspaper (2) | <input type="checkbox"/> Through an agency (8) |
| <input type="checkbox"/> Advert in shop window (3) | <input type="checkbox"/> Work experience / placement (9) |
| <input type="checkbox"/> Jobs fair (4) | <input type="checkbox"/> Other (please specify) (10) |
| <input type="checkbox"/> Job Centre (5) | <input type="checkbox"/> N/A - Not in paid work (-7) |
| <input type="checkbox"/> Word of mouth (6) | |

Other (specify) (employq17_22other_23)

Q17 .23 On a usual working day, do you mainly work:

- ☐ On your own (1)
- ☐ Sometimes on own, sometimes with others (2)
- ☐ Closely with others (3)
- ☐ N/A - Not in paid work (-7)

Q17 .24 How many different people (colleagues or customers) do you come into contact with on a usual working day face-to-face?

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Q17 .25 How many different people (colleagues or customers) do you come into contact with on a usual working day on the phone?

--	--	--

Q17 .26 In your MAIN job, how many hours a week do you usually work?

--	--	--



Q17 .27 What is the income from your MAIN job (£ per annum)?

[RA - be aware might be paid by the hour for work so take info and calculate later]

- | | |
|--|--|
| <input type="checkbox"/> <£5,200 (1) | <input type="checkbox"/> 36,401 - 41,600 (8) |
| <input type="checkbox"/> 5,201 - 10,400 (2) | <input type="checkbox"/> 41,601 - 46,800 (9) |
| <input type="checkbox"/> 10,401 - 15,600 (3) | <input type="checkbox"/> 46,801 - 52,000 (10) |
| <input type="checkbox"/> 15,601 - 20,800 (4) | <input type="checkbox"/> >52,000 (11) |
| <input type="checkbox"/> 20,801 - 26,000 (5) | <input type="checkbox"/> Rather not say (-8) |
| <input type="checkbox"/> 26,001 - 31,200 (6) | <input type="checkbox"/> N/A - Not in paid work (-7) |
| <input type="checkbox"/> 31,201 - 36,400 (7) | |

Q17 .28 What is the TOTAL income from ALL your jobs (including your main job) (£ per annum)?

[RA - be aware might be paid by the hour for work so take info and calculate later]

- | | |
|--|--|
| <input type="checkbox"/> <£5,200 (1) | <input type="checkbox"/> 36,401 - 41,600 (8) |
| <input type="checkbox"/> 5,201 - 10,400 (2) | <input type="checkbox"/> 41,601 - 46,800 (9) |
| <input type="checkbox"/> 10,401 - 15,600 (3) | <input type="checkbox"/> 46,801 - 52,000 (10) |
| <input type="checkbox"/> 15,601 - 20,800 (4) | <input type="checkbox"/> >52,000 (11) |
| <input type="checkbox"/> 20,801 - 26,000 (5) | <input type="checkbox"/> Rather not say (-8) |
| <input type="checkbox"/> 26,001 - 31,200 (6) | <input type="checkbox"/> N/A - Not in paid work (-7) |
| <input type="checkbox"/> 31,201 - 36,400 (7) | |



Q17 .29 Leaving aside your own personal intentions and circumstances, is your job...☐ A permanent job (1) [GO TO Q17.30]☐ Not permanent (2) [GO TO Q17.32]☐ N/A - Not in paid work (-7)**Q17 .30 If your job is permanent, do you think you will have this job in 12 months' time?**☐ Yes (1) [GO TO Q17.33]☐ No (2) [GO TO Q17.31]☐ Not sure (3) [GO TO Q17.31]☐ N/A - job not permanent/not in paid work (-7)**Q17 .31 If you are not sure or do not think you will still have your permanent job in 12 months' time, why is this?**

Q17 .32 In what way is the job not permanent? Is it...☐ Seasonal work (1)☐ Done under contract for a fixed period or for a fixed task (2)☐ Agency temping (3)☐ Casual type work (4)☐ Other (specify) (5)☐ N/A - permanent job/not in paid work (-7)**Other (specify)** (employq17_32other_23)



Q17 .33 Is there anything else you want to tell us about your employment?

Q17 .34 Do you belong to your (current) employer's pension or superannuation scheme?

- | | |
|---|--|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> Employer doesn't run a pension scheme (4) |
| <input type="checkbox"/> No (2) | <input type="checkbox"/> Rather not say (-8) |
| <input type="checkbox"/> Don't know (3) | <input type="checkbox"/> N/A - Not in paid work (-7) |

Q17 .35 Do you have a private personal pension?

- | | | | |
|--|---------------------------------|---|--|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) | <input type="checkbox"/> Don't know (3) | <input type="checkbox"/> Rather not say (-8) |
| <input type="checkbox"/> N/A - Not in paid work (-7) | | | |



Support in Employment

[ASK ALL WHO ARE CURRENTLY IN PAID EMPLOYMENT (FT/PT)]

Q17 .36 Do you receive support from colleagues/superiors in work?☐ Yes (1) [GO TO Q17.37]☐ N/A - lone worker (-6) [GO TO Q17.42]☐ No (2) [GO TO Q17.42]☐ N/A - not in paid work (-7)**Q17 .37 If yes, is this support formal?**☐ Yes (1) [GO TO Q17.38]☐ N/A - no support / not in paid work (-7)☐ No (2) [GO TO Q17.39]**Q17 .38 If Yes, what kind of formal support do you receive? (tick ALL that apply)**☐ Help with computer use (e.g. software) (1)☐ Extra time to complete work (4)☐ Help with reading (2)☐ Other (specify) (5)☐ Help with writing (3)☐ N/A - No support / not in paid work (-7)**Other (specify)** (employq17_38other_23)

Q17 .39 Do you feel you receive informal support, for example, do you have someone/a friend at work who:**(i) Explains things to you?****(ii) Covers for you?****(i) Explain things:** (employq17_39ex_23)☐ Yes (1)☐ No (2)☐ N/A - lone worker / not in paid work (-7)**(ii) Covers for you?** (employq17_39cov_23)☐ Yes (1)☐ No (2)☐ N/A - lone worker / not in paid work (-7)

Q17 .40 What kind of support at work do you find helpful? (tick ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Help with computer use (e.g. software) (1) | <input type="checkbox"/> Having someone to ask (5) |
| <input type="checkbox"/> Help with reading (2) | <input type="checkbox"/> Other support (specify) (6) |
| <input type="checkbox"/> Help with writing (3) | <input type="checkbox"/> N/A - Not in paid work/no support (-7) |
| <input type="checkbox"/> Extra time to complete work (4) | |

Other (specify) (employq17_40other_23)

Q17 .41 What kind of support at work do you find most helpful? (tick one only)

- | | |
|---|---|
| <input type="checkbox"/> Help with computer use (e.g. software) (1) | <input type="checkbox"/> Having someone to ask (5) |
| <input type="checkbox"/> Help with reading (2) | <input type="checkbox"/> Other support (specify) (6) |
| <input type="checkbox"/> Help with writing (3) | <input type="checkbox"/> N/A - Not in paid work/no support (-7) |
| <input type="checkbox"/> Extra time to complete work (4) | |

Other (specify) (employq17_41other_23)



Q17 .42 What kind of support at work would you like to receive that you don't already?

(tick ALL that apply)

☐ Help with computer use (e.g. software) (1) [GO TO Q17.43]☐ Help with reading (2) [GO TO Q17.43]☐ Help with writing (3) [GO TO Q17.43]☐ Extra time to complete work (4) [GO TO Q17.43]☐ Having someone to ask (5) [GO TO Q17.43]☐ Other support (specify) (6) [GO TO Q17.43]☐ N/A - I don't need any support (-6) [GO TO Q17.44]☐ N/A - Not in paid work (-7)**Other (specify)** (employq17_42other_23)

Q17 .43 What would be the most useful support (that you don't receive already)? (tick one only)☐ Help with computer use (e.g. software) (1)☐ Having someone to ask (5)☐ Help with reading (2)☐ Other support (specify) (6)☐ Help with writing (3)☐ N/A - I don't need any support (-6)☐ Extra time to complete work (4)☐ N/A - Not in paid work (-7)**Other (specify)** (employq17_43other_23)



Work experience [ASK ALL WHO ARE CURRENTLY IN PAID EMPLOYMENT (FT/PT)]

Circle 0, 1, or 2 to describe your work experience during the past 6 months:

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

[SHOWCARD]

Q17 .44 I work well with others

☐ Not True (0)

☐ Somewhat or
Sometimes True (1)

☐ Very True or
Often True (2)

☐ N/A - not in
paid work (-7)

Q17 .45 I have trouble getting along with bosses

☐ Not True (0)

☐ Somewhat or
Sometimes True (1)

☐ Very True or
Often True (2)

☐ N/A - not in
paid work (-7)

Q17 .46 I do my work well

☐ Not True (0)

☐ Somewhat or
Sometimes True (1)

☐ Very True or
Often True (2)

☐ N/A - not in
paid work (-7)

Q17 .47 I have trouble finishing my work

☐ Not True (0)

☐ Somewhat or
Sometimes True (1)

☐ Very True or
Often True (2)

☐ N/A - not in
paid work (-7)

Q17 .48 I am satisfied with my work situation

☐ Not True (0)

☐ Somewhat or
Sometimes True (1)

☐ Very True or
Often True (2)

☐ N/A - not in
paid work (-7)

Q17 .49 I do things that may cause me to lose my job

☐ Not True (0)

☐ Somewhat or
Sometimes True (1)

☐ Very True or
Often True (2)

☐ N/A - not in
paid work (-7)

Q17 .50 I stay away from my job even when I'm not off sick or on holiday

☐ Not True (0)

☐ Somewhat or
Sometimes True (1)

☐ Very True or
Often True (2)

☐ N/A - not in
paid work (-7)

Q17 .51 My job is too stressful for me

☐ Not True (0)

☐ Somewhat or
Sometimes True (1)

☐ Very True or
Often True (2)

☐ N/A - not in
paid work (-7)

Q17 .52 I worry too much about work

☐ Not True (0)

☐ Somewhat or
Sometimes True (1)

☐ Very True or
Often True (2)

☐ N/A - not in
paid work (-7)



Job Satisfaction [ASK ALL WHO ARE CURRENTLY IN PAID EMPLOYMENT (FT/PT)]**In your present job, how satisfied are you with ...**

[SHOWCARD]

Q17 .53 The total pay, including any overtime or bonusesCompletely
DissatisfiedNeither Satisfied
nor Dissatisfied

Completely Satisfied

1
☐2
☐3
☐4
☐5
☐6
☐7
☐N/A - not currently in
paid employment (-7)☐**Q17 .54 Your job security**Completely
DissatisfiedNeither Satisfied
nor Dissatisfied

Completely Satisfied

1
☐2
☐3
☐4
☐5
☐6
☐7
☐N/A - not currently in
paid employment (-7)☐**Q17 .55 The actual work itself**Completely
DissatisfiedNeither Satisfied
nor Dissatisfied

Completely Satisfied

1
☐2
☐3
☐4
☐5
☐6
☐7
☐N/A - not currently in
paid employment (-7)☐**Q17 .56 The hours you work**Completely
DissatisfiedNeither Satisfied
nor Dissatisfied

Completely Satisfied

1
☐2
☐3
☐4
☐5
☐6
☐7
☐N/A - not currently in
paid employment (-7)☐

Q17 .57 Your present job overallCompletely
DissatisfiedNeither Satisfied
nor Dissatisfied

Completely Satisfied

1
☐2
☐3
☐4
☐5
☐6
☐7
☐N/A - not currently in
paid employment (-7)☐**Q17 .58 Relationship with colleagues**Completely
DissatisfiedNeither Satisfied
nor Dissatisfied

Completely Satisfied

1
☐2
☐3
☐4
☐5
☐6
☐7
☐N/A - not currently in
paid employment (-7)☐**Relationship with colleagues****Q17 .59 Do you have any difficulties or problems getting on with people at work in your current paid job?**

With other colleagues

☐ Yes (1)☐ No (2)☐ N/A - Not currently in paid employment (-7)

With bosses/superperiors

☐ Yes (1)☐ No (2)☐ N/A - Not currently in paid employment (-7)**Q17 .60 If Yes, what difficulties have you had?**



Q17 .61 Have you had any (other) jobs in the last 12 months? (tick one only)

- ☐ Yes, have done (other) paid work in the last 12 months (1) [GO TO Q17.62]
- ☐ Yes, have done unpaid work in the last 12 months (2) [GO TO Q17.62]
- ☐ Yes, have done both paid and unpaid work in the last 12 months (3) [GO TO Q17.62]
- ☐ No, have not had any other jobs in the last 12 months except my current paid job (4)
[GO TO Q17.64]
- ☐ No, have not worked in the last 12 months (but have worked in the past) (5)
[GO TO Q17.64]
- ☐ N/A - Have never worked (-7)

Q17 .62 If yes, have you any difficulties or problems getting on with people at work in the last 12 months?
(If participant is currently in paid work and has answered Q17.59,
only ask about their other jobs in the last 12 months)

Paid work

With other colleagues (collq17_62pwcoll_23)

- ☐ Yes (1) ☐ No (2) ☐ N/A - No (other) paid work in the last 12 months (-7)

With bosses/superiors (collq17_62pwboss_23)

- ☐ Yes (1) ☐ No (2) ☐ N/A - No (other) paid work in the last 12 months (-7)

Unpaid work

With other colleagues (collq17_62unwcoll_23)

- ☐ Yes (1) ☐ No (2) ☐ N/A - No unpaid work in the last 12 months (-7)

With bosses/superiors (collq17_62unwboss_23)

- ☐ Yes (1) ☐ No (2) ☐ N/A - No unpaid work in the last 12 months (-7)

[IF ANY OF THE ABOVE ANSWER IS 'YES', GO TO Q17.63
IF ALL ANSWERS ARE 'NO', GO TO Q17.64]



Q17 .63 If yes, what difficulties have you had?

Odd jobs [ASK ALL]

Q17 .64 Do you currently earn any money from any odd jobs or from work that you might do from time to time?
Inc baby sitting, mail order agent, pools agent etc.

☐ Yes (1) [GO TO Q17.65]

☐ No (2) [GO TO Q17.66]

Q17 .65 If yes, what is it?

Q17 .66 Have you ever used a guaranteed interview scheme ('2 ticks')?

☐ Yes (1)

☐ No (2)

☐ N/A - have never applied/looked for a job (-7)

Q17 .67 Have you ever asked for special arrangement or support in an interview or assessment centre (e.g. having questions written down / read out twice)?

☐ Yes (1)

☐ No (2)

☐ N/A - have never applied/looked for a job,
or been in an interview/assessment centre (-7)



18. Independence**Q18 .1 Where do you live?**

- ☐ With parents or relatives (1) [GO TO Q18.2]
- ☐ Independently: With friends (2) [GO TO Q18.3]
- ☐ With a partner (3) [GO TO Q18.3]
- ☐ With partner's family (4) [GO TO Q18.3]
- ☐ Independently: On my own (5) [GO TO Q18.3]
- ☐ In a supervised/residential facility (6) [GO TO Q18.3]
- ☐ Other (specify) (7) [GO TO Q18.3]

Other (specify) (indepq18_1other_23)

Q18 .2 Have you ever thought about living on your own?

[ASK THOSE WHO ARE LIVING WITH PARENTS OR RELATIVES]

- ☐ Yes (but have never lived on my own) (1) ☐ Yes, and have lived on my own in the past (2) ☐ No (3) ☐ N/A - living independently (-7)

Q18 .3 Ideally, where would you like to live?

- ☐ With parents or relatives (1)
- ☐ Independently: With friends (2)
- ☐ With a partner (3)
- ☐ With partner's family (4)
- ☐ Independently: On my own (5)
- ☐ In a supervised/residential facility (6)
- ☐ Other (specify) (7)

Other (specify) (indepq18_3other_23)

[IF LIVING WITH PARENTS/RELATIVES, OR IN A SUPERVISED FACILITY, GO TO Q18.6.
ELSE, GO TO Q18.4]



Q18 .4 If living with a partner or independently, do you...?

- ☐ Own your home outright (1) [GO TO Q18.6]
- ☐ Own with a mortgage or loan (2) [GO TO Q18.6]
- ☐ Part own/part rent (shared ownership) (3) [GO TO Q18.6]
- ☐ Rent (with or without housing benefit) (4) [GO TO Q18.5]
- ☐ Live rent free (5) [GO TO Q18.5]
- ☐ N/A - Does not live independently (-7)

Q18 .5 If you rent, who is your landlord?

- ☐ Housing association, housing co-operative, charitable trust, registered social landlord (1)
- ☐ Council (local authority) (2)
- ☐ Private landlord or letting agency (3)
- ☐ Employer of a family member (4)
- ☐ Relative or friend or family member (5)
- ☐ Other (specify) (6)
- ☐ N/A - Does not rent (-7)

Other (specify) (indepq18_5other_23)

--

Q18 .6 Do you use a mobile phone to talk and text?

- | | |
|--|--|
| <input type="checkbox"/> Happy to use but talking only (1) | <input type="checkbox"/> Not happy using phone at all (4) |
| <input type="checkbox"/> Happy to use but texting only (2) | <input type="checkbox"/> N/A - Does not have a mobile phone (-7) |
| <input type="checkbox"/> Happy to talk and text (3) | |

Q18 .7 Do you access the Internet through your mobile phone (eg email, checking train schedules)?

- ☐ Yes (1) ☐ No (2) ☐ N/A - Does not have a mobile phone (-7)



If you were at home alone for the day, would you manage to...?

Q18 .8 Go to a local shop to get some shopping

☐ Yes (1) ☐ No (2)

Q18 .9 Take a phone message for someone else

☐ Yes (1) ☐ No (2)

Q18 .10 Get a meal for yourself

☐ Yes (1) ☐ No (2)

Q18 .11 Remember to keep a doctor's appointment

☐ Yes (1) ☐ No (2)

Q18 .12 What age were you when you first decided, by yourself, when to go out and come home?

(in full years)

☐ Don't know (-9) (indepq18_12dk_23)

Q18 .13 Who mainly organises your life when you are not at work or college? (tick one only)

Yourself (1)

☐

Partner (2)

☐

Parent (3)

☐

Friends (4)

☐

Other (specify) (5)

☐

Other (specify) (indepq18_13other_23)

Q18 .14 When you go out, do you regularly get lifts from your partner/parents?

☐ Yes (1) ☐ No (2)



Commuting To and From Work**Q18 .15 How do you usually travel to work?** (the longest part, by distance, of your usual journey to work)

- ☐ Underground, metro, light rail, tram (1)
- ☐ Train (2)
- ☐ Bus, minibus, or coach (3)
- ☐ Taxi (4)
- ☐ Motorcycle, scooter, or moped (5)
- ☐ Driving a car or van (6)
- ☐ Passenger in a car or van (specify) (7)
- ☐ Bicycle (8)
- ☐ On foot (9)
- ☐ Other (specify) (10)
- ☐ N/A - Work mainly at or from home (-6)
- ☐ N/A - Doesn't work (-7)

If you get a lift, who drives you? (indepq18_15drive_23)

Other (specify) (indepq18_15other_23)



19. Driving behaviour

Q19 .1 Can you drive a car? (Regardless whether they have a driving licence)

☐ Yes (1) [GO TO Q19.2] ☐ No (2) [GO TO Q19.3]

Q 19 .2 How old were you when you started driving?

--	--

[GO TO Q19.4]

Q19 .3 If no, would you like to drive a car?

☐ Yes (1) ☐ No (2) ☐ N/A - can drive a car (-7)

Please explain: (driveq19_3ex_23)

[GO TO Q19.4]

Q19 .4 Do you currently have a driver's licence?

☐ Yes, have a provisional licence (1) [GO TO Q19.5]
☐ Yes, have a full licence (2) [GO TO Q19.6]
☐ No, do not have a full/provisional licence (3) [GO TO Q19.5]

Q19 .5 Are you...?

☐ Currently learning (1) ☐ Not intending to learn (3)
☐ Intending to learn (2) ☐ N/A - already passed (-7)

[IF PARTICIPANT HAS A FULL OR PROVISIONAL LICENCE - GO TO Q19.6
IF NO LICENCE - GO TO SECTION 20 ON FINANCES]



[ASK THOSE WHO HAVE A FULL OR PROVISIONAL LICENCE]

Q19 .6 Have you taken the Theory Test?☐ Yes (1) [GO TO Q19.7]☐ No (2) [GO TO Q19.18]**Q19 .7 If yes, have you passed it?**☐ Yes (1) [GO TO Q19.8]☐ No (2) [GO TO Q19.9]☐ N/A - have not taken the Theory Test (-7)**Q19 .8 If yes, how many times did you take the Theory Test?**☐ 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐ N/A - Have never
taken it or
have not passed (-7)

[GO TO Q19.10]

Q19 .9 If no, how many times have you taken the Theory Test without passing?☐ 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐ N/A - Have never
taken it
or have passed (-7)

[GO TO Q19.10]

Q19 .10 Did you find the Theory Test easy or hard?

[SHOWCARD]

Very Hard

Hard

Neither Hard
nor Easy

Easy

Very Easy

1

2

3

4

5

☐☐☐☐☐

[GO TO Q19.11]

[GO TO Q19.11]

[GO TO Q19.12]

[GO TO Q19.12]

[GO TO Q19.12]

☐ N/A - Have never
taken it (-7)☐

Q19 .11 If found hard or very hard, what was it that was hard about the Theory Test? (tick ALL that apply)

- ☐ Reading the instructions (1)
- ☐ Reading the questions (2)
- ☐ The time limit (3)
- ☐ Using the computer (4)
- ☐ Hazard perception (5)
- ☐ Other (specify) (6)
- ☐ N/A - was not hard (-6)
- ☐ N/A - has never taken the theory test (-7)

Other (specify) (driveq19_11other_23)

Q19 .12 Have you taken the Practical Test?

- ☐ Yes (1) [GO TO Q19.13] ☐ No (2) [GO TO Q19.18]

Q19 .13 If yes, have you passed it?

- ☐ Yes (1) [GO TO Q19.14] ☐ No (2) [GO TO Q19.15] ☐ N/A - have not taken the Practical Test (-7)

Q19 .14 If yes, how many times did you take the Practical Test?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
- ☐ N/A - Have never taken it or have not passed (-7)

[GO TO Q19.16]



Q19 .15 If no, how many times have you taken the Practical Test without passing?

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

☐ N/A - Have never
taken it or
have passed (-7)

[GO TO Q19.16]

Q19 .16 Did you find the Practical Test easy or hard?

[SHOWCARD]

Very Hard	Hard	Neither Hard nor Easy	Easy	Very Easy
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[GO TO Q19.17]	[GO TO Q19.17]	[GO TO Q19.18]	[GO TO Q19.18]	[GO TO Q19.18]

N/A - Have never
taken it (-7)

☐

Q19 .17 If found hard or very hard, what was it that was hard about the Practical Test? (tick ALL that apply)

- ☐ Show me/Tell me questions (1)
- ☐ Understanding directions/instructions given by the examiner (2)
- ☐ Remembering directions/instructions given by the examiner (3)
- ☐ Reading road signs (4)
- ☐ Technical questions (5)
- ☐ Other (specify) (6)
- ☐ N/A - was not hard (-6)
- ☐ N/A - has never taken the practical test (-7)

Other (specify) (driveq19_17other_23)



How many times have you: [FULL/PROVISIONAL LICENCE]**Q19 .18** Had your licence taken away or suspended

--	--

Q19 .19 Driven without a valid licence

--	--

Q19 .20 Been in an accident or crash while you were driving (includes minor bumps)

--	--

Q19 .21 Determined to be at fault in an accident

--	--

Q19 .22 Received a speeding ticket

--	--

Q19 .23 Been cited for failing to stop at a stop signal or sign

--	--

Q19 .24 Been cited for dangerous driving

--	--

Q19 .25 Been cited for driving while intoxicated (drunk or on drugs)

--	--

Q19 .26 Received a parking ticket

--	--

Q19 .27 Driven without insurance

--	--

Q19 .28 Driven without a tax disc

--	--

Q19 .29 Other (specify)

[FULL LICENCE - GO TO Q19.30**PROVISIONAL LICENCE - GO TO SECTION 20 ON FINANCES]**

Q19 .30 Do you use a Sat-Nav? [ASK ALL WHO HAVE A FULL LICENCE ONLY]☐ Yes (1) [GO TO Q19.31]☐ No (2) [GO TO Q19.33]☐ N/A - does not have a full licence (-8)**Q19 .31 If Yes, how hard/easy do you find using a Sat-Nav?**

[SHOWCARD]

Very Hard

Hard

Neither Hard
nor Easy

Easy

Very Easy

1

2

3

4

5

☐☐☐☐☐

[GO TO Q19.32]

[GO TO Q19.32]

[GO TO Q19.33]

[GO TO Q19.33]

[GO TO Q19.33]

N/A - does not
have a
Sat-Nav (-7)☐N/A - does not
have a
full licence (-8)☐**Q19 .32 If hard/very hard, what do you find hard about using a Sat-Nav? (tick ALL that apply)**☐ Understanding the voice (1)☐ Understanding the directions given (2)☐ Looking at the sat-nav while trying to watch the road (multi-tasking) (3)☐ Reading the map on the screen (4)☐ Programming (entering destinations) (5)☐ Other (specify) (6)☐ N/A - not hard (-6)☐ N/A - does not use a Sat Nav (-7)☐ N/A - does not have a full licence (-8)**Other (specify)** (driveq19_32other_23)



How confident are you in your ability to: [ASK ALL WHO HAVE A **FULL** LICENCE ONLY]

1 = not at all confident - 5 = very confident

[SHOWCARD]

Q19 .33 Drive your car

Not at all confident					Very confident
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - does not have a full licence (-7)					
<input type="checkbox"/>					

Q19 .34 Follow road signs

Not at all confident					Very confident
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - does not have a full licence (-7)					
<input type="checkbox"/>					

Q19 .35 Get to your destination without getting lost

Not at all confident					Very confident
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - does not have a full licence (-7)					
<input type="checkbox"/>					

Q19 .36 Drive alone

Not at all confident					Very confident
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - does not have a full licence (-7)					
<input type="checkbox"/>					



Q19 .37 Drive on the motorway

Not at all confident					Very confident
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - does not have a full licence (-7)					
<input type="checkbox"/>					

Q19 .38 Come off at the right motorway junction

Not at all confident					Very confident
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - does not have a full licence (-7)					
<input type="checkbox"/>					

Q19 .39 Drive at night

Not at all confident					Very confident
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - does not have a full licence (-7)					
<input type="checkbox"/>					

Q19 .40 Follow a road map

Not at all confident					Very confident
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - does not have a full licence (-7)					
<input type="checkbox"/>					



20. Finances and Financial Literacy

Q20 .1 Please describe any concerns or worries that you may have about any aspect of your finances:

Access to Finances

Q20 .2 How do you access your financial products most often? (tick one only)

- ☐ Online banking (1)
 ☐ Telephone banking (2)
 ☐ In person (3)
 ☐ Hole in the wall (4)
- ☐ Other (specify) (5)

Other (specify) (finanq20_2other_23)

Money Management

Q20 .3 How well do you feel that you understand money? [SHOWCARD]

- Very poorly (1) Poorly (2) Average (3) Well (4) Very well (5)
- ☐ ☐ ☐ ☐ ☐

Q20 .4 Can you easily add up the cost of several items before you pay for them?

- ☐ Most of the time (1)
 ☐ Sometimes (2)
 ☐ Not often (3)



Q20 .5 Can you work out in advance what change you will get?

- ☐ Most of the time (1) ☐ Sometimes (2) ☐ Not often (3)

Q20 .6 Can you cope with using a different currency if you go abroad?

- ☐ Find it ok (1) ☐ Struggle with this (2) ☐ N/A - never used a different currency (-7)

Q20 .7 Can you easily work out which brand is the best value for money (eg if one brand is '3 for 2')?

- ☐ Most of the time (1) ☐ Sometimes (2) ☐ Not often (3)

Q20 .8 How well do you plan your spending? [SHOWCARD]

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| Not at all | | | | | Very well |
| 1 | 2 | 3 | 4 | 5 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Q20 .9 How well would you say you are managing financially these days?

- ☐ Finding it very difficult (1)
- ☐ Finding it quite difficult (2)
- ☐ Just about getting by (3)
- ☐ Doing alright (4)
- ☐ Living comfortably (5)
- ☐ Don't know (6)

Q20 .10 Do you save any amount of your income for example by putting something away now and then in a bank, building society, or Post office account other than to meet regular bills?
(include share purchase schemes, ISAs, and TESSA accounts)

- ☐ Yes (1) ☐ No (2) ☐ Rather not say (-8)

Q20 .11 Do you have any of the following financial products? (tick ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Mortgage (1) | <input type="checkbox"/> Store cards (6) |
| <input type="checkbox"/> Current account (2) | <input type="checkbox"/> Student loans (7) |
| <input type="checkbox"/> Saving account (including ISAs) (3) | <input type="checkbox"/> Finance deals (e.g. for large purchases such as a car or sofa etc) (8) |
| <input type="checkbox"/> Overdrafts (4) | <input type="checkbox"/> Loans (not including student loan) (9) |
| <input type="checkbox"/> Credit cards (5) | <input type="checkbox"/> Rather not say (-8) |



Q20 .12 If you have a loan(s), where did you get it from? (tick ALL that apply)

- ☐ Bank or Building Society (1)
- ☐ Other financial institutions e.g. ScotCash (2)
- ☐ Friends or family (3)
- ☐ Informal sources e.g. loan sharks (4)
- ☐ Other (specify) (5)
- ☐ Rather not say (-8)
- ☐ N/A - no loans (-7)

Other (specify) (finanq20_12other_23)

Q20 .13 What is your current total debt (not including mortgage or student loan)?

- ☐ No debt (1)
- ☐ < £500 (2)
- ☐ £501 - £1000 (3)
- ☐ £1001 - £1500 (4)
- ☐ £1501 - £2000 (5)
- ☐ £2001 - £2500 (6)
- ☐ £2501 - £3000 (7)
- ☐ £3001 - £3500 (8)
- ☐ £3501 - £4000 (9)
- ☐ £4001 - £4500 (10)
- ☐ £4501 - £5000 (11)
- ☐ >£5000 (12)
- ☐ Rather not say (-8)

Q20 .14 Do you know what the interest rates are on your credit cards and loans?

- ☐ Yes (1) ☐ No (2) ☐ N/A - no debt/friend or family loan (-7)



Q20 .15 Do you know your monthly expenditure?

☐ Yes (1) ☐ No (2)

Q20 .16 Do you budget each month for spending?

☐ Yes (1) ☐ No (2)

Q20 .17 Do you have regular bills to pay?

☐ Yes (1) [GO TO Q20.18] ☐ No (2) [GO TO Q20.22]

Q20 .18 Do you know when these bills need to be paid?

☐ Yes (1) ☐ No (2) ☐ N/A - no regular bills (-7)

Q20 .19 Do you pay on time?

Always (1)	Most of the time (2)	Sometimes (3)	Rarely (4)	Never (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - no regular bills (-7)				
<input type="checkbox"/>				

Q20 .20 Do you know what would happen if you regularly miss payments or pay bills late?

☐ Yes (1) ☐ No (2) ☐ N/A - no regular bills (-7)

Q20 .21 Have you ever had an essential service (gas, electricity, phone) disconnected because you failed to keep up with payments?

☐ Yes (1) ☐ No (2) ☐ N/A - no regular bills (-7)



Accessing Financial Products

Q20 .22 Do you get help or advice from anyone when choosing financial products (savings accounts, credit cards)?

☐ Yes (1) ☐ No (2)

Q20 .23 How do you find financial information/products? (tick ALL that apply)

☐ Ask family (1) ☐ Ask friends (2) ☐ Look online (3) ☐ Ask in a bank (4)
☐ Ask a financial advisor (5) ☐ Other (specify) (6)

Other (specify) (finanq20_23other_23)

Q20 .24 Which is your preference? (tick one only)

☐ Ask family (1) ☐ Ask friends (2) ☐ Look online (3) ☐ Ask in a bank (4)
☐ Ask a financial advisor (5) ☐ Other (specify) (6)

Other (specify) (finanq20_24other_23)



Q20 .25 Which of these methods do you prefer when choosing a financial product? (tick one only)

- ☐ Having good information online (1)
- ☐ Having someone to talk to face-to-face (2)
- ☐ Having someone to talk to on the phone (3)
- ☐ Other (specify) (4)

Other (specify) (finanq20_25other_23)

Q20 .26 What concerns, if any, do you have about choosing financial products? (tick ALL that apply)

- ☐ No one to talk to (professional, not family/friends) (1)
- ☐ Knowing where to find information (2)
- ☐ Understanding the information (3)
- ☐ Comparing products against each other (4)
- ☐ Other (specify) (5)
- ☐ N/A - no concerns (-7)

Other (specify) (finanq20_26other_23)



Support with Finances**Q20 .27 Do you get support with your finances?**

☐ Yes (1) ☐ No (2) [GO TO SECTION 21 ON BENEFITS]

Q20 .28 If Yes, from whom? (tick ALL that apply)

☐ Parent (1) ☐ Partner (2) ☐ Friend (3) ☐ Other (specify) (4)
☐ N/A - no support (-7)

Other (specify) (finanq20_28other_23)

Q20 .29 What type of support do you get? (tick ALL that apply)

☐ Help with paying bills (1)
☐ Help with choosing financial products (2)
☐ Help with applying for financial products (3)
☐ Help with managing money (4)
☐ Help with managing debt (5)
☐ Loans/subs from family or friends (6)
☐ Other (specify) (7)
☐ N/A - no support (-7)

Other (specify) (finanq20_29other_23)



21. Benefits

RA: Emphasise that this information is confidential and we are not interested in eligibility, just how well the system works

Q21 .1 Have you ever claimed any benefits?

☐ Yes (1) ☐ No (2) ☐ Rather not say (-8)

Q21 .2 Are you currently entitled to claim any benefits?

☐ Yes (1) [GO TO Q21.3]

☐ No (2) [IF PARTICIPANT HAS CLAIMED BENEFITS IN THE PAST, GO TO Q21.6;
IF HAS NEVER CLAIMED, GO TO SECTION 22 ON GAMBLING]

☐ Don't know (3) [GO TO Q21.6]

☐ Rather not say (-8) [GO TO Q21.6]

Q21 .3 Are you currently receiving any benefits?

☐ Yes (1) [GO TO Q21.5] ☐ Rather not say (-8) [GO TO Q21.6]

☐ No (2) [GO TO Q21.4] ☐ N/A - not entitled to/
don't know or rather not say
about entitlement (-7)

Q21 .4 If not, why not?

[FOR THOSE WHO ARE CURRENTLY ENTITLED TO CLAIM BENEFITS BUT NOT RECEIVING]

[GO TO Q21.6]



<input type="checkbox"/> Child Benefit (1)	<input type="checkbox"/> Carer's Allowance (9)
<input type="checkbox"/> Jobseekers allowance (2)	<input type="checkbox"/> Maternity Allowance (10)
<input type="checkbox"/> Income support (3)	<input type="checkbox"/> Social Fund (11)
<input type="checkbox"/> Incapacity benefit (4)	<input type="checkbox"/> National Insurance Credit (12)
<input type="checkbox"/> Disability living allowance (5)	<input type="checkbox"/> Tax Credit (Working Tax Credit/ Child Tax Credit) (13)
<input type="checkbox"/> Severe Disablement Allowance (6)	<input type="checkbox"/> Other benefits (please specify) (14)
<input type="checkbox"/> Housing benefit (7)	<input type="checkbox"/> N/A - not claiming benefits (-7)
<input type="checkbox"/> Council Tax Benefit (8)	

[illegible]

Access to benefits**[ASK ONLY THOSE WHO ARE CURRENTLY ON BENEFITS]****Q21 .7 How did you find/who gave you information on benefits?(tick ALL that apply)**☐ Online (1)☐ Family (4)☐ Word of mouth (7)☐ Library (2)☐ Friends (5)☐ Other (specify) (8)☐ Job Centre (3)☐ Citizen's Advice (6)☐ N/A - Not currently on benefits/
Never searched for
information
on benefits (-7)**Other (specify)** (benq21_7other_23)

Q21 .8 Do you find it hard/easy to find information on benefits?

[SHOWCARD]

☐ Very Hard (1) [GO TO Q21.9]☐ Hard (2) [GO TO Q21.9]☐ Neither Hard nor Easy (3) [GO TO Q21.10]☐ Easy (4) [GO TO Q21.10]☐ Very Easy (5) [GO TO Q21.10]☐ N/A - Not currently on benefits/
never searched for information on benefits (-7)

Q21 .9 What do you find difficult about benefit information? (tick ALL that apply)

- ☐ Knowing where to look (1) ☐ Other (Specify) (4)
- ☐ Understanding the information (2) ☐ N/A - Do not find anything difficult (-6)
- ☐ Online sites were difficult to use (3) ☐ N/A - Not currently on benefits/
Never searched for information on benefits (-7)

Other (specify) (benq21_9other_23)

Q21 .10 What do you find most helpful? (tick one only)

- ☐ Online information (1) ☐ Help and information from Citizens' Advice (5)
- ☐ Help and information from library (2) ☐ Word of mouth (6)
- ☐ Help and information from Job Centre (3) ☐ Other (Specify) (7)
- ☐ Help from friends/family (4) ☐ N/A - Not currently on benefits/
never searched for information on benefits (-7)

Other (specify) (benq21_10other_23)



Q21 .11 What concerns, if any, do you have about claiming benefits? (tick ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Knowing what I'm entitled to (1) | <input type="checkbox"/> Stigma (6) |
| <input type="checkbox"/> Knowing where to look (2) | <input type="checkbox"/> Other (Specify) (7) |
| <input type="checkbox"/> Understanding the information (3) | <input type="checkbox"/> No concerns (8) |
| <input type="checkbox"/> Having to talk to someone I don't know (4) | <input type="checkbox"/> N/A - Not currently on benefits (-7) |
| <input type="checkbox"/> Filling in forms (5) | |

Other (specify) (benq21_11other_23)

Q21 .12 What concerns, if any, do you have about benefits?

RA - Prompts: The process; the staff; the forms; support; information available; whether parents support the process; their experience/experience and support etc.



Q22 .1 Do you gamble?

- ☐ Yes (1) [GO TO Q22.2] ☐ No (2) [GO TO SECTION 23 ON CIVIC PARTICIPATION]

Q22 .2 If Yes, on average, how often do you gamble? (tick one only)

- ☐ Only a few times a year (1)
- ☐ About once a month (2)
- ☐ Once a fortnight (3)
- ☐ One or two days per week (4)
- ☐ Three or four days per week (5)
- ☐ Five or six days per week (6)
- ☐ Every day (7)
- ☐ Rather not say (-8)
- ☐ N/A - does not gamble (-7)

Q22 .3 What type of gambling do you do? (tick ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Lottery (1) | <input type="checkbox"/> Casino (7) |
| <input type="checkbox"/> Scratch cards (2) | <input type="checkbox"/> Live betting (8) |
| <input type="checkbox"/> Bingo (3) | <input type="checkbox"/> Online casino (including online poker) (9) |
| <input type="checkbox"/> Online bingo (4) | <input type="checkbox"/> Other (specify) (10) |
| <input type="checkbox"/> Betting shop (5) | <input type="checkbox"/> N/A - does not gamble (-7) |
| <input type="checkbox"/> Online bookmakers (6) | |

Other (specify) (gambleq22_3other_23)

[illegible]

Q22 .4 Which is the one you do most often? (tick one only)

- ☐ Lottery (1)
- ☐ Scratch cards (2)
- ☐ Bingo (3)
- ☐ Online bingo (4)
- ☐ Betting shop (5)
- ☐ Online bookmakers (6)
- ☐ Casino (7)
- ☐ Live betting (8)
- ☐ Online casino (including online poker) (9)
- ☐ Other (specify) (10)
- ☐ N/A - does not gamble (-7)

Other (specify) (gambleq22_4other_23)

[illegible]

Q22 .5 On average, how much do you spend on gambling per week?

- ☐ <£10.00 (1)
- ☐ £10.01-£20.00 (2)
- ☐ £20.01-£30.00 (3)
- ☐ £30.01-£40.00 (4)
- ☐ £40.01-£50.00 (5)
- ☐ >£50.00 (6)
- ☐ N/A - does not gamble (-7)

Q22 .6 Do you have any debts due to gambling?

- ☐ Yes (1) ☐ No (2) ☐ Rather not say (-8) ☐ N/A - does not gamble (-7)



23. Civic Participation**Q23 .1 How interested would you say you are in politics? [SHOWCARD]**

☐ Not at all (1) ☐ Not very (2) ☐ Fairly (3) ☐ Very (4)

Q23 .2 Are you on the electoral register to vote?

☐ Yes (1) ☐ No (2) ☐ Don't know (3)

Q23 .3 Did you vote in the May 2010 UK general election?

☐ Yes (1) ☐ Don't know (4)

☐ No (2) ☐ Rather not say (-8)

☐ Couldn't vote (Not eligible or would like to vote but couldn't) (3)

Q23 .4 Are you registered for postal voting?

☐ Yes (1) ☐ No (2) [GO TO Q23.6]

Q23 .5 If yes, why do you use postal voting rather than go to a polling station?

Q23 .6 Do you intend to vote at the next general election?

☐ Yes (1) ☐ No (2) ☐ Undecided (3) ☐ Rather not say (-8)

Q23 .7 Are you a member of any local, regional, or national clubs or committees?

☐ Yes (1) [GO TO Q23.8] ☐ No (2) [GO TO Q23.9]



Q23 .8 If Yes, which one(s)?

Prompt: Political party, Neighbourhood Watch, Cycling clubs, rambling clubs, bird watching clubs, train spotting clubs, etc.

Q23 .9 Do you volunteer?☐ Yes (1) [GO TO Q23.10]☐ No (2) [GO TO Q23.12]**Q23 .10 If Yes, what for, and what activities do you do?**

Q23 .11 How often do you do this? (Number of days per week/month, and hours)



Q23 .12 Since leaving school, have you taken any adult education classes (as hobbies)?

☐ Yes (1)

☐ No (2) [GO TO Q23.14]

Q23 .13 If Yes, what are they?



Q23 .14 Did you fill in the 2011 Census?

- ☐ Yes, filled in by myself with no help (1)
[GO TO Q23.15]
- ☐ Yes, partly by myself with help from someone else (2)
[GO TO Q23.15]
- ☐ No, someone else filled in the form for me because
I am not expected to do so (e.g. not the head of household) (3)
[GO TO Q23.19]
- ☐ No, someone else filled in the form for me
because I find it difficult to do it myself (4)
[GO TO Q23.17]
- ☐ Can't remember (5) [GO TO Q23.19]

Q23 .15 Did you fill in the Census on paper or online?

- ☐ Paper (1) ☐ Online (2) ☐ N/A - did not fill in Census (-7)

Q23 .16 Did you find it difficult to fill in?

[SHOWCARD]

- | Very Hard | Hard | Neither Hard
nor Easy | Easy | Very Easy |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [GO TO Q23.17] | [GO TO Q23.17] | [GO TO Q23.18] | [GO TO Q23.18] | [GO TO Q23.18] |

N/A - did not fill
in Census (-7)

☐
Q23 .17 If hard/very hard, what did you find difficult? (tick ALL that apply)

- ☐ Reading the text (1) ☐ Other (specify) (5)
- ☐ Layout confusing (2) ☐ N/A - did not find Census difficult (-6)
- ☐ Working out which box to tick (3) ☐ N/A - did not fill in Census (-7)
- ☐ Words difficult to understand (4)

Other (specify) (censusq23_17other_23)



Q23 .18 Did you use the online completion help options or phone the helpline?

- | | |
|--|---|
| <input type="checkbox"/> Yes, online help (1) | <input type="checkbox"/> No (4) |
| <input type="checkbox"/> Yes, phoned the helpline (2) | <input type="checkbox"/> N/A - did not find Census difficult (-6) |
| <input type="checkbox"/> Yes, both online help and phoned the helpline (3) | <input type="checkbox"/> N/A - did not fill in Census (-7) |

Community Integration Measure

Q23 .19 How long have you lived in this community?

(Record number of MONTHS)

--	--	--

Months

[SHOWCARD]

Q23 .20 I feel like part of this community, like I belong here.

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Always
Agree (5) | Sometimes
Agree (4) | Neutral (3) | Sometimes
Disagree (2) | Always
Disagree (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q23 .21 I know my way around this community.

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Always
Agree (5) | Sometimes
Agree (4) | Neutral (3) | Sometimes
Disagree (2) | Always
Disagree (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q23 .22 I know the rules in this community and I can fit in with them.

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Always
Agree (5) | Sometimes
Agree (4) | Neutral (3) | Sometimes
Disagree (2) | Always
Disagree (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q23 .23 I feel I am accepted in this community.

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Always
Agree (5) | Sometimes
Agree (4) | Neutral (3) | Sometimes
Disagree (2) | Always
Disagree (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q23 .24 I can be independent in this community.

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Always
Agree (5) | Sometimes
Agree (4) | Neutral (3) | Sometimes
Disagree (2) | Always
Disagree (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Q23 .25 I like where I'm living now.

Always
Agree (5)
☐

Sometimes
Agree (4)
☐

Neutral (3)
☐

Sometimes
Disagree (2)
☐

Always
Disagree (1)
☐

Q23 .26 There are always people I feel close to in this community.

Always
Agree (5)
☐

Sometimes
Agree (4)
☐

Neutral (3)
☐

Sometimes
Disagree (2)
☐

Always
Disagree (1)
☐

Q23 .27 I know a number of people in this community well enough to say hello and have them say hello back.

Always
Agree (5)
☐

Sometimes
Agree (4)
☐

Neutral (3)
☐

Sometimes
Disagree (2)
☐

Always
Disagree (1)
☐

Q23 .28 There are things that I can do in this community for fun in my free time.

Always
Agree (5)
☐

Sometimes
Agree (4)
☐

Neutral (3)
☐

Sometimes
Disagree (2)
☐

Always
Disagree (1)
☐

Q23 .29 I have something to do in this community during the main part of my day that is useful and productive.

Always
Agree (5)
☐

Sometimes
Agree (4)
☐

Neutral (3)
☐

Sometimes
Disagree (2)
☐

Always
Disagree (1)
☐

Q23 .30 Do you have a pub/cafe that you would regard as your 'local' or 'regular'?

☐ Yes (1)

☐ No (2)

Q23 .31 How frequently do you go for a drink in a local pub/club/cafe?

Never or
almost never (1)
☐

Once a year
or less (2)
☐

Several times
a year (3)
☐

At least once
a month (4)
☐

At least once
a week (5)
☐

Q23 .32 Do you do anything regularly in your community that you have not mentioned, like shopping for someone, or giving someone a lift?

☐ Yes (1)

☐ No (2)



Q23 .33 If yes, please specify:



24. TV and New Media Use

On an average day, how many hours do you...(CODE TO THE NEAREST HALF HOUR)

Q24 .1 Watch TV

During the week

		.	
--	--	---	--

At the weekend

		.	
--	--	---	--

Q24 .2 Watch DVDs

During the week

		.	
--	--	---	--

At the weekend

		.	
--	--	---	--

Q24 .3 Use a computer OFFLINE (except games)
e.g. word-processing (including both at work and at home)

During the week

		.	
--	--	---	--

At the weekend

		.	
--	--	---	--

Q24 .4 Use a computer ONLINE (except games)
e.g. Internet (including both at work and at home)

During the week

		.	
--	--	---	--

At the weekend

		.	
--	--	---	--

Q24 .5 Play video games OFFLINE
(e.g. I-Pad, PC, Xbox 360, PS3, Wii, Xbox Kinect, PSP, Nintendo DS, etc.)

During the week

		.	
--	--	---	--

At the weekend

		.	
--	--	---	--

Q24 .6 Play video games ONLINE alone

During the week

		.	
--	--	---	--

At the weekend

		.	
--	--	---	--

Q24 .7 Play video games ONLINE with others

During the week

		.	
--	--	---	--

At the weekend

		.	
--	--	---	--



Q24 .8 Other media (specify and record number of hours spent)

How important are the following to you?

[SHOWCARD]

Q24 .9 Television

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .10 Computer access

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .11 Listening to the radio

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .12 Internet

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐



Q24 .13 Email access

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .14 Social network sites e.g. Facebook, MySpace etc.

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .15 Twitter

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .16 Having a mobile phone

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .17 Texting

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .18 Phoning

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .19 Smart phone applications

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐

Q24 .20 Video games (computer and non-computer games)

Not at all important

1
☐

2
☐

3
☐

4
☐

Extremely important

5
☐



Computer Use

How often do you use the computer for the following purposes?

For work or college:**Q24 .21 As part of your employment**

Never (1)

☐Once a month
or less (2)☐Several times
a month (3)☐Several times
a week (4)☐

Every day (5)

☐N/A - not
employed (-7)☐**Q24 .22 As part of your college/Uni work**

Never (1)

☐Once a month
or less (2)☐Several times
a month (3)☐Several times
a week (4)☐

Every day (5)

☐N/A - not
in education (-7)☐***In your own time:*****Q24 .23 Browsing/surfing for fun**

Never (1)

☐Once a month
or less (2)☐Several times
a month (3)☐Several times
a week (4)☐

Every day (5)

☐**Q24 .24 Shopping**

Never (1)

☐Once a month
or less (2)☐Several times
a month (3)☐Several times
a week (4)☐

Every day (5)

☐**Q24 .25 Finding information on products/services**

Never (1)

☐Once a month
or less (2)☐Several times
a month (3)☐Several times
a week (4)☐

Every day (5)

☐

Q24 .26 Banking

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .27 Downloading music

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .28 Downloading movies and/or TV shows

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .29 Reading blogs

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .30 Writing blogs

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .31 Social networking (e.g. Facebook)

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .32 Booking hotels/holidays

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .33 Booking bus/trains/flights

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Q24 .34 Communication - not social network sites
(e.g. email, IM, Skype, etc.)**

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .35 Look up health/fitness/dieting information

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .36 Look up sensitive health information e.g. sexual health

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .37 Watching YouTube music clips

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .38 Watching other You Tube clips

Never (1)	Once a month or less (2)	Several times a month (3)	Several times a week (4)	Every day (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q24 .39 When was the last time you used the directgov.co.uk website for information?

- | | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| Never (1) | More than 1
year ago (2) | In the last
year (3) | In the last
month (4) | In the last
week (5) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q24 .40 What did you use it for? (tick ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> N/A - Have never used it (-7) | <input type="checkbox"/> Housing (9) |
| <input type="checkbox"/> Motoring (car tax etc.) (1) | <input type="checkbox"/> Health (10) |
| <input type="checkbox"/> Parenting (2) | <input type="checkbox"/> Environment (11) |
| <input type="checkbox"/> Employment (3) | <input type="checkbox"/> Crime and justice (12) |
| <input type="checkbox"/> Voting (4) | <input type="checkbox"/> Living abroad (13) |
| <input type="checkbox"/> Education and learning (5) | <input type="checkbox"/> Caring for someone (14) |
| <input type="checkbox"/> Financial (6) | <input type="checkbox"/> Travel and transport (15) |
| <input type="checkbox"/> Benefits (7) | <input type="checkbox"/> Other (specify) (16) |
| <input type="checkbox"/> Council tax (8) | |

Other (specify) (computq24_40other_23)



Gaming**Q24 .41 When you play video games, do you play online or offline?**
☐ Online (1) [GO TO Q24.42] ☐ Offline (2) [GO TO Q24.47] ☐ Both (3) [GO TO Q24.42]

☐ N/A - do not play
video games (-7)
[GO TO Q24.52]
Q24 .42 When you play online, do you use a headset to talk/listen?
☐ Yes (1) [GO TO Q24.43] ☐ No (2) [GO TO Q24.47] ☐ N/A - doesn't play
games online (-7)

When you play online and use a headset, how often do you...?
[SHOWCARD]
Q24 .43 Talk to friends

Never 1	2	3	4	Every time 5	N/A - doesn't use a headset or play online (-7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .44 Talk to strangers

Never 1	2	3	4	Every time 5	N/A - doesn't use a headset or play online (-7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .45 Listen to conversations but don't talk

Never 1	2	3	4	Every time 5	N/A - doesn't use a headset or play online (-7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 .46 Other (specify and record frequencies 1-5)



Q24 .47 Can you name one or two of your favourite computer/video games?

Do you like:

Q24 .48 Strategy/Fantasy/Role play/Adventure/Puzzles/Quizzes

(Examples: Command & Conquer; Little Big Planet; CSI; Final Fantasy; Borderlands; Dragon Age)

☐ Yes (1) ☐ No (2) ☐ N/A - do not play video games (-7)

Q24 .49 First-person Shooter/War/Fighting

(Examples: Call of Duty; Medal of Honor; Resident Evil; Red Dead Redemption; Grand Theft Auto; James Bond; Tomb Raider; Street Fighter; Tekken; Dragon Ball)

☐ Yes (1) ☐ No (2) ☐ N/A - do not play video games (-7)

Q24 .50 Sports/Racing/Simulation

(Examples: FIFA; Pro Evolution Soccer; Madden NFL; WWE Wrestling; Tiger Woods 2010; Need for Speed; Colin McCrae; F1 2010; Guitar Hero)

☐ Yes (1) ☐ No (2) ☐ N/A - do not play video games (-7)

Q24 .51 Out of the three, which is your favourite type of video game to play? (tick one only)

☐ Strategy/Fantasy/Role play/Adventure/Puzzles/Quizzes (1)

☐ First-person Shooter/War/Fighting (2)

☐ Sports/Racing/Simulation (3)

☐ N/A - do not play video games (-7)

Q24 .52 I prefer to play video games indoors rather than take part in outdoor activities e.g. sports etc. [ASK ALL]

[SHOWCARD]

Totally Disagree (1)	Disagree (2)	Neither agree or disagree (3)	Agree (4)	Totally Agree (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Social Networking**Q24 .53 Are you on a social networking website (e.g. Facebook)?**☐ Yes (1) [GO TO Q24.54]☐ No (2) [GO TO Q24.55]**Q24 .54 If Yes, how many profiles do you have?**☐ 1☐ 2☐ 3☐ 4☐ 5 or more☐ N/A - not on a
social networking site (-7)

[GO TO Q24.56]

Q24 .55 If No, why not? (tick ALL that apply)☐ None of my friends have one (1)☐ I wouldn't use one/not interested (2)☐ It is too hard to use (3)☐ Reading the pages is too hard (4)☐ Writing on the pages is too hard (5)☐ Privacy concerns (6)☐ Other (Specify) (7)☐ N/A - on a social networking website (-7)**Other (specify)** (snetq24_55other_23)

--

[GO TO Q24.62]

Q24 .56 How often do you log in to your profile page?

Never/Rarely (1)

☐Several times
a month (2)☐Several times
a week (3)☐

Once a day (4)

☐Several times
a day (5)☐N/A - Not on social
networking site (-7)☐

Q24 .57 How often do you visit your friends' profile pages?

Never/Rarely (1)

☐Several times
a month (2)☐Several times
a week (3)☐

Once a day (4)

☐Several times
a day (5)☐N/A - Not on social
networking site (-7)☐**Q24 .58 How often do you read friends' 'status updates' or 'comments boxes'?**

Never/Rarely (1)

☐Several times
a month (2)☐Several times
a week (3)☐

Once a day (4)

☐Several times
a day (5)☐N/A - Not on social
networking site (-7)☐**Q24 .59 How often do you enter your own comments or update your status on your own personal page?**

Never/Rarely (1)

☐Several times
a month (2)☐Several times
a week (3)☐

Once a day (4)

☐Several times
a day (5)☐N/A - Not on social
networking site (-7)☐**Q24 .60 How often do you enter your own comments on your friends' pages?**

Never/Rarely (1)

☐Several times
a month (2)☐Several times
a week (3)☐

Once a day (4)

☐Several times
a day (5)☐N/A - Not on social
networking site (-7)☐**Q24 .61 A lot of people STOP using social network sites because they are unhappy with the comments made about them by other users. How much does that apply to you?**

[SHOWCARD]

Not at all (1)

☐

2

☐

3

☐

4

☐

A lot (5)

☐N/A - Not on social
networking site (-7)☐

Q24 .62 How often do you use Twitter?

Never/Rarely (1)

☐Several times
a month (2)☐Several times
a week (3)☐

Once a day (4)

☐Several times
a day (5)☐

[GO TO Q24.66]

Q24 .63 Do you read Tweets by friends?☐ Yes (1)☐ No (2)☐ N/A - do not use Twitter (-7)**Q24 .64 Do you read Tweets by strangers (e.g. celebrities etc.)?**☐ Yes (1)☐ No (2)☐ N/A - do not use Twitter (-7)**Q24 .65 Do you post your own tweets?**☐ Yes (1)☐ No (2)☐ N/A - do not use Twitter (-7)**Q24 .66 Do you use any online forums/discussion groups/chat rooms?**☐ Yes (1)☐ No (2) [GO TO Q24.69]**Q24 .67 If Yes, which one(s)?**

Q24 .68 How often do you use online forums/discussion groups/chat rooms?

Never/Rarely (1)

☐Several times
a month (2)☐Several times
a week (3)☐

Once a day (4)

☐Several times
a day (5)☐N/A - do not
use (-7)☐

Q24 .69 Do you make new friends through social network/discussion/chat rooms?

☐ Yes (1) ☐ No (2)

Q24 .70 Have you recently used internet dating web sites?

☐ Yes (1) ☐ No (2)

Q24 .71 When meeting new people, do you prefer:

- ☐ Face-to-face (1)
- ☐ Via a social networking (2)
- ☐ No preference (3)
- ☐ Other (specify) (4)

Other (specify) (snetq24_71other_23)



25. Functional Literacy (reading and spelling)

Q25 .1 Please describe any concerns or worries that you may have about any aspect of reading or writing:

[prompt here about way handwriting looks]:

Reading

How often do you read the following? [SHOWCARD]

Q25 .2 Books

☐ Never (1) ☐ Sometimes (2) ☐ Often (3)

Q25 .3 Magazines

☐ Never (1) ☐ Sometimes (2) ☐ Often (3)

Q25 .4 Newspapers

☐ Never (1) ☐ Sometimes (2) ☐ Often (3)

Q25 .5 Information on the internet

☐ Never (1) ☐ Sometimes (2) ☐ Often (3)



Q25 .6 Other (specify and record frequencies)

Do you have any difficulty in reading the following?**Q25 .7 Menus (restaurant, coffee shop, takeaway)**
☐ Yes (1) ☐ No (2)
Q25 .8 Timetables (e.g. bus, train)
☐ Yes (1) ☐ No (2)
Q25 .9 Bills (e.g. phone, gas, electricity, council tax)
☐ Yes (1) ☐ No (2)
Q25 .10 Statements (e.g. bank, building society)
☐ Yes (1) ☐ No (2)
Q25 .11 Forms (e.g. voting, council leaflets)
☐ Yes (1) ☐ No (2)
Q25 .12 Letters in the post
☐ Yes (1) ☐ No (2)
Q25 .13 Emails
☐ Yes (1) ☐ No (2)
Q25 .14 Texts
☐ Yes (1) ☐ No (2)
Q25 .15 Websites
☐ Yes (1) ☐ No (2)
Q25 .16 Reading shopping lists
☐ Yes (1) ☐ No (2)
Q25 .17 Other (specify)



Writing**What about writing, do you have any problems in:****Q25 .18 Writing cheques**☐ Yes (1) ☐ No (2)**Q25 .19 Leaving notes for people**☐ Yes (1) ☐ No (2)**Q25 .20 Taking down a phone message**☐ Yes (1) ☐ No (2)**Q25 .21 Writing a formal letter (e.g. letter of complaint)**☐ Yes (1) ☐ No (2)**Q25 .22 Filling in an application form (e.g. passport, insurance)**☐ Yes (1) ☐ No (2)**Q25 .23 Writing shopping lists**☐ Yes (1) ☐ No (2)**Q25 .24 Writing emails**☐ Yes (1) ☐ No (2)**Q25 .25 Texting**☐ Yes (1) ☐ No (2)**Q25 .26 Other (specify)**



Spelling**Q25 .27 Is there anything you would like to tell us about your spelling?**

[RA - prompt here about using computers rather than handwriting, and using phone to spell check]

Q25 .28 Do you ever avoid writing because some words are difficult to spell?

[SHOWCARD]

Never (1)

☐

Not often (2)

☐

Sometimes (3)

☐

Most of the
time (4)

☐

All of the time (5)

☐**Q25 .29 Do you ever change what you write to avoid having to spell longer or more difficult words
(e.g. using 'good' instead of 'brilliant')?**

[SHOWCARD]

Never (1)

☐

Not often (2)

☐

Sometimes (3)

☐

Most of the
time (4)

☐

All of the time (5)

☐

Q25 .30 Do you think spelling holds you back in life ?

☐ Yes (1)

☐ No (2)

Do you find spelling difficult in the following situations?

(N/A means participant does not complete this activity at all, e.g. does not do social networking. If participant does not do an activity due to spelling difficulty, e.g. Mum writes letters for participants, code as 'Yes'.)

Q25 .31 Filling in applications (e.g. job/passport)

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)

Q25 .32 Updating your CV

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)

Q25 .33 Writing emails

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)

Q25 .34 Texting

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)

Q25 .35 Writing formal letters (e.g. complaint)

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)

Q25 .36 Writing informal letters (e.g. to friends/family)

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)

Q25 .37 Writing on social networking sites like Facebook

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)

Q25 .38 Writing a note

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)

Q25 .39 Writing birthday/Christmas cards

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)

Q25 .40 Applying for a particular job (e.g. applying for manual job rather than office job so you don't need to write)

☐ Yes (1)

☐ No (2)

☐ N/A - does not do activity (-7)



Q25 .41 Other (specify)

Q25 .42 Do you ever ask for help or get help with spelling?

☐ Yes (1)

☐ No (2) [GO TO Q25.41]

Q25 .43 If Yes, who/where from? (e.g. family/friends/neighbours/teacher/dictionary/spell checks)

Q25 .44 Would you say that you have difficulty with spelling?

☐ Yes (1)

☐ No (2)



26. Sociability*Cheek and Buss Sociability Scale*

People of your age have ideas about their own feelings and behaviours.

We are interested if you agree these are characteristic/true of you:

Very Characteristic/True	5
Characteristic/True	4
Neither characteristic nor uncharacteristic	3
Uncharacteristic/Untrue	2
Very uncharacteristic/Untrue	1

[SHOW CARD]

Q26 .1 I like to be with people

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26 .2 I welcome the opportunity to mix socially with people

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26 .3 I prefer working with others rather than alone

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26 .4 I find people more stimulating than anything else

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26 .5 I'd be unhappy if I were prevented from making many social contacts

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



27. Shyness*12-item Revised Cheek and Buss Shyness Scale*

**People of your age have ideas about their own feelings and behaviours.
We are interested if you agree these are characteristic/true of you:**

Very Characteristic/True	5
Characteristic/True	4
Neither characteristic nor uncharacteristic	3
Uncharacteristic/Untrue	2
Very Uncharacteristic/Untrue	1

* Items in italics and with asterisk are reversed scored.

[SHOW CARD]

Q27 .1 I feel tense when I'm with people I don't know well.

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .2 I am socially awkward.

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .3 I do not find it difficult to ask other people for information.*

1 (Very Characteristic/ True)	2	3	4	5 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .4 I am often uncomfortable at parties and other social functions.

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .5 When in a group of people, I have trouble thinking of the right things to talk about.

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .6 It does not take me long to overcome my shyness in new situations. *

1 (Very Characteristic/ True)	2	3	4	5 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q27 .7 It is hard for me to act natural when I am meeting new people.

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .8 I feel nervous when speaking to someone in authority.

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .9 I have no doubts about my social competence. *

1 (Very Characteristic/ True)	2	3	4	5 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .10 I feel inhibited in social situations.

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .11 I am more shy with members of the opposite sex.

5 (Very Characteristic/ True)	4	3	2	1 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 .12 I do not find it hard to talk to strangers. *

1 (Very Characteristic/ True)	2	3	4	5 (Very Uncharacteristic/ Untrue)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



28. Social-emotional Functioning*The Strengths and Difficulties Questionnaire (SDQ)*

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over **the last six months**.

* Items in italics and with asterisk are reversed scored

[SHOWCARD]

Q28 .1 I try to be nice to other people. I care about their feelings

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .2 I am restless, I cannot stay still for long

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .3 I get a lot of headaches, stomach-aches or sickness

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .4 I usually share with others (food, belongings etc.)

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .5 I get very angry and often lose my temper

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .6 I am usually on my own. I generally keep to myself

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .7 I usually do as I am told *

☐ Not True (2) ☐ Somewhat True (1) ☐ Certainly True (0)



Q28 .8 I worry a lot

☐ Not True (0)

☐ Somewhat True (1)

☐ Certainly True (2)

Q28 .9 I am helpful if someone is hurt, upset or feeling ill

☐ Not True (0)

☐ Somewhat True (1)

☐ Certainly True (2)

Q28 .10 I am constantly fidgeting or squirming

☐ Not True (0)

☐ Somewhat True (1)

☐ Certainly True (2)

Q28 .11 I have one good friend or more *

☐ Not True (2)

☐ Somewhat True (1)

☐ Certainly True (0)

Q28 .12 I fight a lot. I can make other people do what I want

☐ Not True (0)

☐ Somewhat True (1)

☐ Certainly True (2)

Q28 .13 I am often unhappy, down-hearted or tearful

☐ Not True (0)

☐ Somewhat True (1)

☐ Certainly True (2)

Q28 .14 Other people my age generally like me *

☐ Not True (2)

☐ Somewhat True (1)

☐ Certainly True (0)

Q28 .15 I am easily distracted, I find it difficult to concentrate

☐ Not True (0)

☐ Somewhat True (1)

☐ Certainly True (2)

Q28 .16 I am nervous in new situations. I easily lose confidence

☐ Not True (0)

☐ Somewhat True (1)

☐ Certainly True (2)

Q28 .17 I am kind to other people

☐ Not True (0)

☐ Somewhat True (1)

☐ Certainly True (2)

Q28 .18 I am often accused of lying or cheating

☐ Not True (0)

☐ Somewhat True (1)

☐ Certainly True (2)



Q28 .19 Other people pick on me or bully me

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .20 I often volunteer to help others

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .21 I think before I do things *

☐ Not True (2) ☐ Somewhat True (1) ☐ Certainly True (0)

Q28 .22 I take things that are not mine

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .23 I get on better with older adults than with people my own age

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .24 I have many fears, I am easily scared

☐ Not True (0) ☐ Somewhat True (1) ☐ Certainly True (2)

Q28 .25 I finish the work I'm doing. My attention is good *

☐ Not True (2) ☐ Somewhat True (1) ☐ Certainly True (0)



29. Self-esteem*Rosenberg Self-esteem Scale*

**People of your age have general feelings about themselves.
We are interested if you agree these are true of you:**

[SHOW CARD]

* Items in italics and with asterisk are reversed scored.

Q29 .1 On the whole, I am satisfied with myself

☐ Strongly agree (1) ☐ Agree (2) ☐ Disagree (3) ☐ Strongly disagree (4)

Q29 .2 *At times I think I am no good at all* *

☐ Strongly agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly disagree (1)

Q29 .3 I feel that I have a number of good qualities

☐ Strongly agree (1) ☐ Agree (2) ☐ Disagree (3) ☐ Strongly disagree (4)

Q29 .4 I am able to do things as well as most people

☐ Strongly agree (1) ☐ Agree (2) ☐ Disagree (3) ☐ Strongly disagree (4)

Q29 .5 *I feel I do not have much to be proud of* *

☐ Strongly agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly disagree (1)

Q29 .6 *I certainly feel useless at times* *

☐ Strongly agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly disagree (1)

Q29 .7 I feel that I'm a person of worth, at least on an equal plane with others

☐ Strongly agree (1) ☐ Agree (2) ☐ Disagree (3) ☐ Strongly disagree (4)

Q29 .8 *I wish I could have more respect for myself* *

☐ Strongly agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly disagree (1)

Q29 .9 *All in all, I am inclined to feel that I am a failure* *

☐ Strongly agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly disagree (1)

Q29 .10 I take a positive attitude toward myself

☐ Strongly agree (1) ☐ Agree (2) ☐ Disagree (3) ☐ Strongly disagree (4)



30. Self-efficacy*The General Self-Efficacy Scale*

[SHOWCARD]

Q30 .1 I can always manage to solve difficult problems if I try hard enough.☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)**Q30 .2 If someone opposes me, I can find the means and ways to get what I want.**☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)**Q30 .3 It is easy for me to stick to my aims and accomplish my goals.**☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)**Q30 .4 I am confident that I could deal efficiently with unexpected events.**☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)**Q30 .5 Thanks to my resourcefulness, I know how to handle unforeseen situations.**☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)**Q30 .6 I can solve most problems if I invest the necessary effort.**☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)**Q30 .7 I can remain calm when facing difficulties because I can rely on my coping abilities.**☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)**Q30 .8 When I am confronted with a problem, I can usually find several solutions.**☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)**Q30 .9 If I am in trouble, I can usually think of a solution.**☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)**Q30 .10 I can usually handle whatever comes my way.**☐ Not at all true (1) ☐ Hardly true (2) ☐ Moderately true (3) ☐ Exactly true (4)

Perceived Social Self-efficacy Scale

Please read each statement carefully. Then decide how much confidence you have that you could perform each of these activities successfully. Mark the appropriate number for your level of confidence.

[SHOWCARD]

Q30 .11 Start a conversation with someone you don't know very well.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .12 Express your opinion to a group of people discussing a subject that is of interest to you.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .13 Work on a school, work, community or other project with people you don't know very well.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .14 Help to make someone you've recently met feel comfortable with your group of friends.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .15 Share with a group of people an interesting experience you once had.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .16 Put yourself in a new and different social situation.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q30 .17 Volunteer to help organize an event.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .18 Ask a group of people who are planning to engage in a social activity (e.g., go to a movie) if you can join them.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .19 Get invited to a party that is being given by a prominent or popular individual.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .20 Volunteer to help lead a group or organization.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .21 Keep your side of the conversation.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .22 Be involved in group activities.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .23 Find someone to spend a weekend afternoon with.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .24 Express your feelings to another person.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q30 .25 Find someone to go to lunch with.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .26 Ask someone out on a date.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .27 Go to a party or social function where you probably won't know anyone.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .28 Ask someone for help when you need it.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .29 Make friends with a member of your peer group.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .30 Join a lunch or dinner table where people are already sitting and talking.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .31 Make friends in a group where everyone else knows each other.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 .32 Ask someone out after s/he was busy the first time you asked.

No confidence at all	Little confidence	Moderate confidence	Much confidence	Complete confidence
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q30 .33 Get a date to a dance that your friends are going to.

No confidence
at all

1
☐

Little
confidence

2
☐

Moderate
confidence

3
☐

Much
confidence

4
☐

Complete
confidence

5
☐

Q30 .34 Call someone you've met and would like to know better.

No confidence
at all

1
☐

Little
confidence

2
☐

Moderate
confidence

3
☐

Much
confidence

4
☐

Complete
confidence

5
☐

Q30 .35 Ask a potential friend out for coffee.

No confidence
at all

1
☐

Little
confidence

2
☐

Moderate
confidence

3
☐

Much
confidence

4
☐

Complete
confidence

5
☐



31 ASD symptomatology*28-item abridged version of the Autism-Spectrum Quotient (AQ-Short)*

* Items in italics and with asterisk are reversed scored.

[SHOWCARD]

Q31 .1 I prefer to do things with others rather than on my own
☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)
Q31 .2 *I prefer to do things the same way over and over again* *
☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)
Q31 .3 Trying to imagine something, I find it easy to create a picture in my mind
☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)
Q31 .4 *I frequently get strongly absorbed in one thing* *
☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)
Q31 .5 *I usually notice car number plates or similar strings of information* *
☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)
Q31 .6 Reading a story, I can easily imagine what the characters might look like
☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)
Q31 .7 *I am fascinated by dates* *
☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)
Q31 .8 I can easily keep track of several different people's conversations
☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)
Q31 .9 I find social situations easy
☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)


Q31 .10 I would rather go to a library than to a party *

☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)

Q31 .11 I find making up stories easy

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)

Q31 .12 I find myself drawn more strongly to people than to things

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)

Q31 .13 I am fascinated by numbers *

☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)

Q31 .14 Reading a story, I find it difficult to work out the character's intentions *

☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)

Q31 .15 I find it hard to make new friends *

☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)

Q31 .16 I notice patterns in things all the time *

☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)

Q31 .17 It does not upset me if my daily routine is disturbed

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)

Q31 .18 I find it easy to do more than one thing at once

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)

Q31 .19 I enjoy doing things spontaneously

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)

Q31 .20 I find it easy to work out what someone is thinking or feeling just by looking at their face

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)



Q31 .21 If there is an interruption, I can switch back very quickly

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)

Q31 .22 I like to collect information about categories of things *

☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)

Q31 .23 I find it difficult to imagine what it would be like to be someone else *

☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)

Q31 .24 I enjoy social occasions

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)

Q31 .25 I find it difficult to work out people's intentions *

☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)

Q31 .26 New situations make me anxious *

☐ Definitely
Agree (4)

☐ Slightly
Agree (3)

☐ Slightly
Disagree (2)

☐ Definitely
Disagree (1)

Q31 .27 I enjoy meeting new people

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)

Q31 .28 I find it easy to play games with children that involve pretending

☐ Definitely
Agree (1)

☐ Slightly
Agree (2)

☐ Slightly
Disagree (3)

☐ Definitely
Disagree (4)



ENVIRONMENTAL FACTORS (E)**32. Interpersonal Support**Based on the *Personal Resource Questionnaire***Q32 .1 If you were to experience a crisis, who would you turn to for help?** (tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_1spe_23)

Q32 .2 Have you had a crisis in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.4]

Q32 .3 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|--|---|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Crisis, but
no help
sought
(7) | <input type="checkbox"/> N/A - no crisis
in the
past 6 months
(-7) | | | | |



Q32 .4 If you were concerned about your relationship with your spouse, partner, or significant other, who would you turn to for help? (tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_4spe_23)

Q32 .5 Have you had any concerns about your relationship with your spouse, partner, or significant other in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.7] ☐ N/A - no spouse /partner (-7)

Q32 .6 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|--|---|---|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Concerns,
but no help
sought
(7) | <input type="checkbox"/> N/A - no
concerns in the
past 6 months
(-7) | <input type="checkbox"/> N/A - no
spouse/
partner
(-8) | | | |



Q32 .7 If you needed help or advice for a problem with a family member who would you turn to for help?
(tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_7spe_23)

Q32 .8 Have you had a problem with a family member in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.10] ☐ N/A - no family (-7)

Q32 .9 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|--|--|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Problems,
but no help
sought
(7) | <input type="checkbox"/> N/A - no problems
with family
members in the
past 6 months
(-7) | <input type="checkbox"/> N/A - no
family
(-8) | | | |



Q32 .10 If you needed help or advice for a problem with a friend who would you turn to for help?
(tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_10spe_23)

Q32 .11 Have you had a problem with a friend in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.13] ☐ N/A - no friends (-7)

Q32 .12 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|--|---|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Problems,
but no help
sought
(7) | <input type="checkbox"/> N/A - no
problems with
friends in the
past 6 months
(-7) | <input type="checkbox"/> N/A - no
friends
(-8) | | | |



Q32 .13 If you were having financial problems, who would you turn to for help? (tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_13spe_23)

Q32 .14 Have you had financial problems in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.16]

Q32 .15 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|--|---|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Problems,
but no help
sought
(7) | <input type="checkbox"/> N/A - no financial
problems in the
past 6 months
(-7) | | | | |



Q32 .16 If you felt lonely, who would you turn to? (tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_16spe_23)

Q32 .17 Have you felt lonely in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.19]

Q32 .18 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|--|--|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Lonely,
but no help
sought
(7) | <input type="checkbox"/> N/A - not
lonely in the
past 6 months
(-7) | | | | |



Q32 .19 If you were sick and not able to carry out your usual activities for a week or so, who would you turn to? (tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_19spe_23)

Q32 .20 During the past six months, have you been sick for a week and not able to carry out your usual activities?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.22]

Q32 .21 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|--|---|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Sick,
but no help
sought
(7) | <input type="checkbox"/> N/A - no
sickness in the
past 6 months
(-7) | | | | |



Q32 .22 If you were upset and frustrated with the conditions of your life, who would you turn to for help?

(tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_22spe_23)

Q32 .23 Have you been upset and frustrated with the conditions of your life in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.25]

Q32 .24 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|---|--|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Upset/frustrated
but no help
sought
(7) | <input type="checkbox"/> N/A - not
upset in the
past 6
months
(-7) | | | | |



Q32 .25 If you were having problems with your work at home or at your place of employment, who would you turn to for help? (tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_25spe_23)

Q32 .26 Have you had problems with your work at home or at your place of employment in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.28] ☐ N/A - no work (-7)

Q32 .27 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|---|---|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Problem,
but no help
sought
(7) | <input type="checkbox"/> N/A - no
problems in the
past 6 months
(-7) | <input type="checkbox"/> N/A - no
work
(-8) | | | |



Q32 .28 If you were having problems with practical matters in dealing with official documents (e.g. reading letters and filling out forms) who would you turn to for help? (tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_28spe_23)

Q32 .29 Have you had problems in dealing with official documentation in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO Q32.31]

Q32 .30 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|---|---|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Problem,
but no help
sought
(7) | <input type="checkbox"/> N/A - no
problems in the
past 6 months
(-7) | | | | |



Q32 .31 If you were having problems with practical matters in paying bills (e.g. writing cheques, organising direct debits) who would you turn to for help? (tick ALL that apply)

- ☐ Parent (1)
- ☐ Spouse, partner or significant other (2)
- ☐ Relative / family member (3)
- ☐ Friend (4)
- ☐ Neighbour or colleague (5)
- ☐ Spiritual advisor (minister, priest etc.) (6)
- ☐ Professional (nurse, counsellor, social worker, employer etc.) (7)
- ☐ Agency / charity (Citizens Advice Bureau, local council etc.) (8)
- ☐ An internet site or resource e.g. web-based forum group (specify) (9)
- ☐ Other (specify) (10)
- ☐ No one (No one available) (11)
- ☐ No one (Prefer to handle it alone) (12)

Other / internet resources (specify) (psupq32_31spe_23)

Q32 .32 Have you had problems in organising paying your bills in the past six months?

- ☐ Yes (1) ☐ No (2) [GO TO SECTION 33 ON ORGANISATIONAL SUPPORT]

Q32 .33 If yes, to what extent do you feel satisfied with the help received? [SHOWCARD]

- | | | | | | |
|---|---|--|---|---|---|
| <input type="checkbox"/> Very
Dissatisfied
(1) | <input type="checkbox"/> Fairly
Dissatisfied
(2) | <input type="checkbox"/> A little
Dissatisfied
(3) | <input type="checkbox"/> A little
Satisfied
(4) | <input type="checkbox"/> Fairly
Satisfied
(5) | <input type="checkbox"/> Very
Satisfied
(6) |
| <input type="checkbox"/> Problem,
but no help
sought
(7) | <input type="checkbox"/> N/A - no
problems in the
past 6 months
(-7) | | | | |



33. Organisational Support

In the last 12 months, how often have you contacted charities or support groups for advice or support?

Q33 .1 Library

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .2 Citizens' Advice

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .3 Health visitor/GP

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .4 Union

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .5 Community centre

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .6 Debt-help organisations

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .7 Samaritans

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q33 .8 Alcohol/Drug charities

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .9 Homeless charities

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .10 Health support groups

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .11 Carer support groups

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .12 Social worker

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .13 Place of religious worship

Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	On most days (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 .14 Other (specify)



Q33 .15 Please describe how these organisations support you and how you made contact with them (e.g. visits, phone, online, letter)



34. Psychometrics scores***TOWRE***

TOWRE Sight Word Efficiency raw score
(towre_swe_rs_23)

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TOWRE Sight Word Efficiency standard score
(towre_swe_ss_23)

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☐ <55 ☐ >113 (towre_swe_ssor_23)

TOWRE Sight Word Efficiency percentile
(towre_swe_pc_23)

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☐ <1 ☐ >99 (towre_swe_pcor_23)

CELF

CELF Recalling Sentences raw score
(celf_recs_rs_23)

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CELF Formulated Sentences raw score
(celf_fs_rs_23)

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CELF Word Classes Receptive raw score
(celf_wcre_rs_23)

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CELF Word Classes Expressive raw score
(celf_wcex_rs_23)

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CELF Understanding Spoken Paragraphs raw score
(celf_usp_rs_23)

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CELF Semantic Relationships raw score
(celf_sr_rs_23)

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WRAT

WRAT Arithmetic raw score
(wrat_ari_rs_23)

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WRAT Arithmetic standard score
(wrat_ari_ss_23)

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☐ <45 (wrat_ari_ssor_23)

WRAT Arithmetic percentile
(wrat_ari_pc_23)

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☐ <0.2 (wrat_ari_pcor_23)

WASI

WASI Block Design raw score
(wasi_bd_rs_23)

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WASI Block Design t score
(wasi_bd_ts_23)

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WASI Block Design scaled score
(wasi_bd_ss_23)

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WASI Matrix Reasoning raw score
(wasi_mr_rs_23)

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WASI Matrix Reasoning t score
(wasi_mr_ts_23)

--	--

WASI Matrix Reasoning scaled score
(wasi_mr_ss_23)

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WASI sum of t scores
(wasi_sumts_23)

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WASI Performance IQ
(wasi_piq_23)

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WASI Performance IQ percentile
(wasi_piipc_23)

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WORDWORD Basic Reading raw score
(word_br_rs_23)

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WORD Spelling raw score
(word_sp_rs_23)

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WORD Reading Comprehension raw score
(word_rc_rs_23)

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WISCWISC Forward Digit Span raw score
(wisc_fords_rs_23)

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WISC Backward Digit Span raw score
(wisc_backds_rs_23)

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WISC Total Digit Span raw score
(wisc_totds_rs_23)

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RivermeadRivermead First and Second Names (N) raw score
(river_12n_rs_23)

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Rivermead First and Second Names (N) scaled score
(river_12n_ss_23)

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Rivermead First and Second Names (N) percentile
(river_12n_pc_23)

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Rivermead Appointments (A) raw score
(river_app_rs_23)

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Rivermead Appointments (A) scaled score
(river_app_ss_23)

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Rivermead Appointments (A) percentile
(river_app_pc_23)

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Rivermead Route Immediate Recall (RI) raw score
(river_rir_rs_23)

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Rivermead Route Immediate Recall (RI) scaled score
(river_rir_ss_23)

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Rivermead Route Immediate Recall (RI) percentile
(river_rir_pc_23)

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Rivermead Route Delayed Recall (RD) raw score
(river_rd_rs_23)

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Rivermead Route Delayed Recall (RD) scaled score
(river_rd_ss_23)

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Rivermead Route Delayed Recall (RD) percentile
(river_rd_pc_23)

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Rivermead Messages Immediate Recall (MI) raw score
(river_mi_rs_23)

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Rivermead Messages Immediate Recall (MI) scaled score
(river_mi_ss_23)

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Rivermead Messages Immediate Recall (MI) percentile
(river_mi_pc_23)

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Rivermead Messages Delayed Recall (MD) raw score
(river_md_rs_23)

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Rivermead Messages Delayed Recall (MD) scaled score
(river_md_ss_23)

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Rivermead Messages Delayed Recall (MD) percentile
(river_md_pc_23)

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