



Twin Report

TEDS-21 Study

Please answer all questions as best you can even if you are unsure or if the question seems repetitive.

Please indicate your answers with a cross

If you make a mistake, shade out and cross the appropriate box, e.g. →

Please remember to complete this questionnaire using BLACK ink only.

Thank you for taking part in this study. Your contribution is very important to us.

Confidentiality

We understand that your thoughts and feelings are private. Please be assured that all responses will remain confidential, and will only be read by the researcher. All responses will be kept in accordance with the Data Protection Act 1998.

Your Personality

In terms of the following personality traits, please rate where you fall on the scale from 1 (high) to 5 (low).

Personality trait	← High	1	2	3	4	5	Low →
Anxiousness	fearful, apprehensive	<input type="checkbox"/>	relaxed, unconcerned, cool				
Angry, hostility	angry, bitter	<input type="checkbox"/>	even-tempered				
Depressiveness	pessimistic, glum	<input type="checkbox"/>	optimistic				
Self-consciousness	timid, embarrassed	<input type="checkbox"/>	self-assured, glib, shameless				
Impulsivity	tempted, urgency	<input type="checkbox"/>	controlled, restrained				
Vulnerability	helpless, fragile	<input type="checkbox"/>	clear-thinking, fearless, unflappable				
Warmth	cordial, affectionate, attached	<input type="checkbox"/>	cold, aloof, indifferent				
Gregariousness	sociable, outgoing	<input type="checkbox"/>	withdrawn, isolated				
Assertiveness	dominant, forceful	<input type="checkbox"/>	unassuming, quiet, resigned				
Activity	vigorous, energetic, active	<input type="checkbox"/>	passive, lethargic				
Excitement-seeking	reckless, daring	<input type="checkbox"/>	cautious, monotonous, dull				
Positive Emotions	high-spirited	<input type="checkbox"/>	placid, anhedonic				
Fantasy	dreamer, unrealistic, imaginative	<input type="checkbox"/>	practical, concrete				
Aesthetics	curious, appreciate art	<input type="checkbox"/>	uninvolved, no artistic interests				
Feelings	self-aware	<input type="checkbox"/>	constricted, unaware, alexythymic				
Actions	unconventional, eccentric	<input type="checkbox"/>	routine, predictable, habitual, stubborn				
Ideas	strange, odd, peculiar, creative	<input type="checkbox"/>	pragmatic, rigid				
Values	permissive, broad-minded	<input type="checkbox"/>	traditional, inflexible, dogmatic, rigid				
Trust	gullible, naïve, trusting	<input type="checkbox"/>	sceptical, cynical, suspicious, paranoid				
Straightforwardness	confiding, honest	<input type="checkbox"/>	cunning, manipulative, deceptive				
Altruism	sacrificial, giving	<input type="checkbox"/>	stingy, selfish, greedy, exploitative				
Compliance	docile, cooperative	<input type="checkbox"/>	oppositional, combative, aggressive				
Modesty	meeek, self-effacing, humble	<input type="checkbox"/>	confident, boastful, arrogant				
Tender-mindedness	soft, empathetic	<input type="checkbox"/>	tough, callous, ruthless				
Competence	perfectionistic, efficient	<input type="checkbox"/>	lax, negligent				

Personality trait	← High	1	2	3	4	5	Low →
Order	ordered, methodical, organised	<input type="checkbox"/>	haphazard, disorganised, sloppy				
Dutifulness	rigid, reliable, dependable	<input type="checkbox"/>	casual, undependable, unethical				
Achievement	workaholic, ambitious	<input type="checkbox"/>	aimless, desultory				
Self-discipline	dogged, devoted	<input type="checkbox"/>	hedonic, negligent				
Deliberation	cautious, ruminative, reflective	<input type="checkbox"/>	hasty, careless, rash				

Please rate the extent to which you match the following statements about your personality.

	Not at all	Slightly	Moderately	Quite	Very much
I am good at resisting temptation	<input type="checkbox"/>				
I have a hard time breaking bad habits	<input type="checkbox"/>				
I am lazy	<input type="checkbox"/>				
I say inappropriate things	<input type="checkbox"/>				
Pleasure and fun sometimes keep me from getting work done	<input type="checkbox"/>				
I have trouble concentrating	<input type="checkbox"/>				

Please rate the extent to which the following statements are characteristic of your personality.

	← Extremely uncharacteristic of me				Extremely characteristic of me →
I only act to satisfy immediate concerns, figuring the future will take care of itself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I generally ignore warnings about possible future problems because I think the problems will be resolved before they reach crisis level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think that sacrificing now is usually unnecessary since future outcomes can be dealt with at a later time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a quality control item, please select 'Extremely uncharacteristic of me'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only act to satisfy immediate concerns, figuring that I will take care of future problems that may occur at a later date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On a scale from 1 (not anxious at all) to 10 (very anxious), how anxious does maths make you?

← Not anxious at all								Very anxious →	
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>									

The following questions are about taking risks.

	Never	Rarely	Sometimes	Often	Very often
How often do you take recreational risks (e.g. skiing, skateboarding, skydiving, cliff-jumping/tombstoning)?	<input type="checkbox"/>				
How often do you take health risks (e.g. smoking, poor diet, high alcohol consumption, binge-drinking)?	<input type="checkbox"/>				
How often do you take career risks (e.g. quitting a job without another to go to)?	<input type="checkbox"/>				
How often do you take financial risks (e.g. gambling, risky investments)?	<input type="checkbox"/>				
How often do you take safety risks (e.g. fast driving, cycling without a helmet, being in a car without a seat belt)?	<input type="checkbox"/>				
How often do you take social risks (e.g. standing for election, publicly challenging a rule or decision)?	<input type="checkbox"/>				

How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Given enough provocation, I may hit another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have to resort to violence to protect my rights, I will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are people who pushed me so far that we came to blows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tell my friends openly when I disagree with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When people annoy me, I may tell them what I think of them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends say that I'm somewhat argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes I fly off the handle for no good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble controlling my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Thoughts and Attitudes

How important are the following for you.

	Not important	Slightly important	Somewhat important	Important	Very important
How important is it for you to have a close relationship?	<input type="checkbox"/>				
How important is it for you to exert influence?	<input type="checkbox"/>				
How important is it for you to have an active social life?	<input type="checkbox"/>				
How important is it for you to give love and affection?	<input type="checkbox"/>				
How important is it for you to have trusting relationships with others?	<input type="checkbox"/>				
How important is it for you to continuously improve yourself?	<input type="checkbox"/>				
How important is it for you to receive recognition?	<input type="checkbox"/>				
How important is it for you to receive love and affection?	<input type="checkbox"/>				
This is a quality control question, please select 'Very important'	<input type="checkbox"/>				
How important is it for you to reach a prestigious position?	<input type="checkbox"/>				

Please rate where you fall on a scale of 1 to 5 on the following descriptions of your thoughts and attitudes.

		1	2	3	4	5	
I feel my personal existence is ...	← Utterly meaningless, without purpose	<input type="checkbox"/>	Purposeful and meaningful →				
In achieving life goals I've ...	← Made no progress whatsoever	<input type="checkbox"/>	Progressed to complete fulfilment →				
As I view the world in relation to my life, the world ...	← Completely confuses me	<input type="checkbox"/>	Fits meaningfully with my life →				
If I should die today, I'd feel that my life has been ...	← Completely worthless	<input type="checkbox"/>	Very worthwhile →				
I have discovered	← No mission or purpose in life	<input type="checkbox"/>	A satisfying life purpose →				

Please rate how strongly you agree or disagree with the following statements about attitudes to the environment, democracy and government.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I would be prepared to pay more for environmentally-friendly products ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The so-called 'environmental crisis' facing humanity has been greatly exaggerated ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The effects of climate change are too far in the future to really worry me ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any changes I make to help the environment need to fit in with my lifestyle ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's not worth me doing things to help the environment if others don't do the same ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's not worth Britain trying to combat climate change, because other countries will just cancel out what we do ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that all citizens have an adequate standard of living ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that government authorities respect and protect the rights of minorities ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that people be given more opportunities to participate in public decision-making ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that governments respect democratic rights whatever the circumstances ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that health care be provided for everyone ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How interested would you say you personally are in politics?

Not at all interested <input type="checkbox"/>	Not very interested <input type="checkbox"/>	Fairly interested <input type="checkbox"/>	Very interested <input type="checkbox"/>
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In politics people sometimes talk of left and right. By left we mean more liberal parties and by right we mean more conservative parties. Where would you place yourself on a scale from 0 to 5, where **0 is completely left** and **5 is completely right**?

← Left						Right →
0	1	2	3	4	5	
<input type="checkbox"/>						

These questions are about your perceptions of genetic influence.

By genetic influence, we mean how differences in people's DNA contribute to differences in characteristics (DNA is the code that gets passed down from your parents and contains the instructions to build every cell in your body!)

Please tick the extent to which you think the following characteristics and disorders are influenced by DNA.

Example: If you think that hair colour is only influenced by DNA differences, you would mark 100%. However if you think that it is mostly influenced by DNA but a bit by the environment, you might select '90%' (meaning 90% influenced by DNA, 10% influenced by the environment). We are interested in your perceptions and there are no right or wrong answers.

How heritable are differences in ...	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Eye colour	<input type="checkbox"/>										
Height	<input type="checkbox"/>										
Weight	<input type="checkbox"/>										
Breast cancer	<input type="checkbox"/>										
Stomach ulcers	<input type="checkbox"/>										
Schizophrenia	<input type="checkbox"/>										
Autism	<input type="checkbox"/>										
Reading disability	<input type="checkbox"/>										
School achievement	<input type="checkbox"/>										
Verbal ability (e.g. vocabulary)	<input type="checkbox"/>										
Remembering faces	<input type="checkbox"/>										
General intelligence (e.g. reasoning)	<input type="checkbox"/>										
Personality	<input type="checkbox"/>										
Spatial ability (e.g. navigation)	<input type="checkbox"/>										

About You

Please rate how true the following statements have been about you **in the last six months**.

In the last six months ...	Not true	Quite true	Very true
I've tried to be nice to other people. I've cared about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been restless, I've not been able to stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have usually shared with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been very angry and often lost my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have usually been on my own. I have generally kept to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've usually done as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've worried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a quality control question, please select 'Very true'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been helpful if someone was hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have constantly been fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've fought a lot. I could make other people do what I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have often been unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age have generally liked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been easily distracted, I've found it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been nervous in new situations. I've easily lost confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been kind to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've often been accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people have picked on me or bullied me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've often volunteered to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've thought before I've done things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've taken things that are not mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have got on better with older adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had many fears, I've been easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've finished the work I have been doing. My attention has been good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state how often you have done the following **in the last 12 months**.

During the last 12 months ...	Never	Once or twice	3 to 6 times	7 to 12 times	13 times or more
How often have you given money to charity?	<input type="checkbox"/>				
How often have you sponsored a friend who was raising money for charity?	<input type="checkbox"/>				
How often have you given money directly to people begging on the street?	<input type="checkbox"/>				
How often have you given unpaid help to a charity, group, club or organisation (outside of your main employment)?	<input type="checkbox"/>				
How often have you given unpaid help to other people (e.g. a friend, neighbour or someone else but not a relative)?	<input type="checkbox"/>				

Please rate how true the following statements have been about you **in the past two weeks**.

In the past two weeks ...	Not true	Quite true	Very true
I felt miserable or unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt so tired I just sat around and did nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was very restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cried a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to think properly or concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hated myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a quality control question, please select 'Very true'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought I could never be as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I give in to peer pressure easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a quality control question, please select 'Disagree'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times, I've broken rules because others have urged me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times, I've done dangerous or foolish things because others dared me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel pressured to do things I wouldn't normally do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've felt pressured to have sex, because a lot of people my own age have already had sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've felt pressured to get drunk at parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times I've felt pressured to do drugs, because others have urged me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about religion.

	Never	A few times a year	A few times a month	Once a week	A few times a week	Once or several times a day
How often do you think about religious issues in relation to your own life?	<input type="checkbox"/>					
How often do you take part in religious services?	<input type="checkbox"/>					
How often do you pray?	<input type="checkbox"/>					
How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?	<input type="checkbox"/>					

To what extent do you believe that God or something divine exists?

Strongly disbelieve	Disbelieve	Neutral	Believe	Strongly believe
<input type="checkbox"/>				

Love and Relationships

We understand that your thoughts and feelings are private. Please be assured that all responses will remain confidential, and will only be read by the researcher. If you find that you prefer not to answer a particular question, please leave it and move on to the next question.

What best describes your relationship status?
(tick one only)

Single	<input type="checkbox"/>
Dating non-exclusively	<input type="checkbox"/>
In exclusive relationship	<input type="checkbox"/>
Living with my partner	<input type="checkbox"/>
Married	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Divorced	<input type="checkbox"/>

Think about the people you are sexually attracted to.
Would you say they are... (tick one only)

Always male	<input type="checkbox"/>
Mostly male, but sometimes female	<input type="checkbox"/>
Equally male and female	<input type="checkbox"/>
Mostly female, but sometimes male	<input type="checkbox"/>
Always female	<input type="checkbox"/>
Little or no sexual attraction	<input type="checkbox"/>
Unsure/I don't know	<input type="checkbox"/>

How long have you been in your current relationship for?
(Skip this question if you are not in a relationship)

0-1 month	1-3 months	4-8 months	9-12 months	More than 12 months
<input type="checkbox"/>				

How many relationships have you been in?

0	1-2	3-5	6-10	More than 10
<input type="checkbox"/>				

How long was your longest relationship?
(Skip this question if you have not been in a relationship)

0-6 months	7-12 months	1-2 years	3-4 years	5 years or more
<input type="checkbox"/>				

How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am happy with my love life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the level of intimacy in my life that I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements about marriage?

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Marriage would provide the highest level of companionship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage usually ends in heartbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage provides shared responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage causes a lot of stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being married would interfere with career goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage provides greater financial security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good communication between partners is one of the keys to having a strong marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My social life would be hampered if I were married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had sexual intercourse?

Yes	No	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please answer the following 5 questions.

If No, skip ahead to the following question about HIV.

1. How old were you when you had sexual intercourse for the first time?

11 or younger	12	13	14	15	16	17 or older
<input type="checkbox"/>						

2. How many people have you had sexual intercourse with?

1 person	2-3 people	4-7 people	8-14 people	15 or more people
<input type="checkbox"/>				

3. When you have sex, how often do you or the other person use a condom?

Never	Not very often	Quite often	Very often	Always
<input type="checkbox"/>				

4. When you have sex, how often do you or the other person use any other type of contraception (other than condoms)?

Never <input type="checkbox"/>	Not very often <input type="checkbox"/>	Quite often <input type="checkbox"/>	Very often <input type="checkbox"/>	Always <input type="checkbox"/>
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5. Have you ever been diagnosed with a sexually transmitted disease?

No <input type="checkbox"/>	Yes, once <input type="checkbox"/>	Yes, 2-3 times <input type="checkbox"/>	Yes, 4-7 times <input type="checkbox"/>	Yes, 8+ times <input type="checkbox"/>
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Please answer this question whether or not you have ever had sexual intercourse.

Have you ever been diagnosed with HIV?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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The following section is about partner violence, sometimes called domestic abuse. We know this is a sensitive subject, but it is important to ask about it, as it is not uncommon. All of your answers are confidential. If you find that you prefer not to answer a particular question, please leave it and move on to the next question.

To what extent do you agree that the following statements describe your experiences with **any past or current partner**? By 'partner', we mean anyone you have ever been out with or had a relationship with, long-term or short-term (including 'one night stands').

(Skip this section if you have never had a partner.)

Your partner (current or past) ...	Strongly disagree		Neither agree nor disagree		Strongly agree	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got very jealous or tried to control your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried to keep you away from your family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes said insulting things or threatened you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were afraid to disagree with your partner (current or past) because you thought they might hurt you or other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushed, hit, kicked, or otherwise physically hurt you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made you feel scared or frightened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are affected by any of the issues raised in this section you may wish to contact the **Women's Aid 24hr national helpline** on 0808 2000 247 or visit their website: www.womensaid.org.uk or alternatively the **Men's Advice Line** on 0808 801 0327 or visit their website: www.mensadviceline.org.uk

Home and Family

The following questions are about your relationship with your twin.

If you do not want to answer questions about your twin, please skip to the next set of questions.

How much do you agree with the following statements about your twin ?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy my relationship with my twin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My twin and I have a lot of fun together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to spend time with my twin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My twin and I do a lot of things together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My twin talks to me about personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions about your relationship with your mother – this does not have to be your biological mother.

If you do not want to answer questions about your mother, please skip to the next set of questions.

How much do you agree with the following statements about your mother ?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
It helps to turn to my mother in times of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually discuss my problems and concerns with my mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk things over with my mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to depend on my mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel comfortable opening up to my mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions about your relationship with your father – this does not have to be your biological father.

If you do not want to answer questions about your father, please skip to the next set of questions.

How much do you agree with the following statements about your father ?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
It helps to turn to my father in times of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually discuss my problems and concerns with my father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk things over with my father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to depend on my father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel comfortable opening up to my father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How strongly do you agree or disagree with the following statements about your neighbourhood?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy living in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would prefer to move to a different area if I could	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of belonging in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like an outsider in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about **the household you spend the majority of your time in**, how true are the following statements?

	Not true	Quite true	Very true
There is a regular routine in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can't hear yourself think in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's chaotic in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyone in the house is usually able to stay on top of things (such as cleaning, washing up, tidying etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is usually a television turned on somewhere in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The atmosphere in the house is calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Health

Do you identify as any of the following? (tick one only)

Vegan (no animal products)	<input type="checkbox"/>
Vegetarian (no meat, no fish)	<input type="checkbox"/>
Pescetarian (no meat, but eat fish and/or shellfish)	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Do you have any food allergies?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, which of the following foods are you allergic to? (tick all that apply)

<input type="checkbox"/> Peanuts	<input type="checkbox"/> Tree nuts	<input type="checkbox"/> Sesame seeds	<input type="checkbox"/> Dairy	<input type="checkbox"/> Shellfish
<input type="checkbox"/> Fish	<input type="checkbox"/> Egg	<input type="checkbox"/> Wheat/gluten	<input type="checkbox"/> Soya	<input type="checkbox"/> Celery
<input type="checkbox"/> Mustard	<input type="checkbox"/> Fruit	<input type="checkbox"/> Lactose	<input type="checkbox"/> Other	

The following questions are about your diet.

How often do you ...	Rarely	1-2 times per week	3-4 times per week	5-6 times per week	Every day
Eat 3 portions of whole grain products in one day? (e.g. brown rice, brown bread)	<input type="checkbox"/>				
Eat 5 portions of fruit and vegetables in one day?	<input type="checkbox"/>				
Eat 3-4 portions of milk and dairy foods or dairy alternatives in one day?	<input type="checkbox"/>				
Eat processed meats/fish? (skip this question if you are vegetarian/vegan)	<input type="checkbox"/>				
Eat 2 portions of protein-rich foods in one day , including fish, white meat, beans/pulses, soya-based products?	<input type="checkbox"/>				
Eat fried foods such as fried chicken, fried fish or chips?	<input type="checkbox"/>				
Eat salted snacks such as crisps, crackers, nachos, etc.?	<input type="checkbox"/>				
Eat unsalted snacks such as nuts, seeds, rice crackers, air-popped popcorn, etc.?	<input type="checkbox"/>				
Use oils such as olive, rapeseed, sunflower, flaxseed, etc.?	<input type="checkbox"/>				
This is a quality control question, please select '3-4 times per week'	<input type="checkbox"/>				
Eat sweets like cake, cookies, pastries, chocolate, ice cream, muffins, etc.?	<input type="checkbox"/>				
Drink 1 can or more of fizzy drinks or fruit drinks made from concentrate in one day?	<input type="checkbox"/>				
Eat processed foods like canned soup, frozen/package meals, chips?	<input type="checkbox"/>				

How many courses of antibiotics have you taken over the past **5 years?**

0	1-4	5-9	10-19	20+
<input type="checkbox"/>				

In general, would you say your health is?

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>				

Compared to one year ago, how would you rate your health in general now?

Much worse now than one year ago	<input type="checkbox"/>
Somewhat worse now than one year ago	<input type="checkbox"/>
About the same	<input type="checkbox"/>
Somewhat better now than one year ago	<input type="checkbox"/>
Much better than one year ago	<input type="checkbox"/>

How strongly do you agree or disagree with these statements about your health?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I seem to get sick a little easier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In a typical week how many over-the-counter painkiller tablets do you take?

0	1-4	5-9	10-19	20+
<input type="checkbox"/>				

Please enter your height and weight in the boxes below, using either metric or imperial units.

	Metric units	OR	Imperial units
How tall are you?	centimetres <input type="text"/> <input type="text"/> <input type="text"/> cm		feet and inches <input type="text"/> ft <input type="text"/> <input type="text"/> in
How much do you weigh?	kilograms <input type="text"/> <input type="text"/> <input type="text"/> kg		stones and pounds <input type="text"/> <input type="text"/> st <input type="text"/> <input type="text"/> lb

The following questions are about admissions to hospital.

	No	Yes, once	Yes, 2-4 times	Yes, 5-7 times	Yes, 8+ times
Have you ever been admitted to hospital	<input type="checkbox"/>				
If Yes ... Have you been admitted to hospital in the last 12 months ?	<input type="checkbox"/>				

How often do you do the following:

	Never	Rarely	Sometimes	Often	Usually	Always
I stuff myself with food	<input type="checkbox"/>					
I think about dieting	<input type="checkbox"/>					
I am terrified of gaining weight	<input type="checkbox"/>					
I am preoccupied with the desire to be thinner	<input type="checkbox"/>					
I think about bingeing (overeating)	<input type="checkbox"/>					
I think my hips are too big	<input type="checkbox"/>					
If I gain a pound, I worry that I will keep gaining	<input type="checkbox"/>					
I have the thought of trying to vomit in order to lose weight	<input type="checkbox"/>					
I think my buttocks are too large	<input type="checkbox"/>					
I eat or drink in secrecy	<input type="checkbox"/>					
Thinking specifically about your height (not your weight) please answer: I feel satisfied with my body height	<input type="checkbox"/>					
I would like to be more muscular	<input type="checkbox"/>					

The following section is about eating disorders. We know this is a sensitive subject, but it is important to ask about it now, as it is not uncommon. By finding out about eating disorders we can try to find ways of helping people.

Have you ever been diagnosed with ...	No	Yes	Prefer not to answer
Anorexia nervosa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia nervosa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Binge eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are affected by any of the issues raised in this section, you may wish to contact **Beat**, an eating disorders charity group on 0808 801 0677 or visit their website: www.b-eat.co.uk

During a typical week, how many minutes on average do you do the following:

	0-15 mins	16-60 mins	61-120 mins (1-2 hours)	121-180 mins (2-3 hours)	181+ mins (3+ hours)
Strenuous exercise (heart beats rapidly - including running/jogging, football, swimming fast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate exercise (including walking fast, hiking, dancing, vigorous yoga)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild exercise (minimal effort - light yoga, bowling)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since the age of 16, have you participated in sport, and if so, what is the highest level at which you competed? (tick one)

I have not participated in sport	<input type="checkbox"/>
I have participated in sport at a social or non-competitive level	<input type="checkbox"/>
I have competed within organised individual sport events (e.g. running)	<input type="checkbox"/>
I have competed in sport at school/club/university level	<input type="checkbox"/>
I have competed in sport at a county level	<input type="checkbox"/>
I have competed in sport at a regional level	<input type="checkbox"/>
I have competed in sport at a national level	<input type="checkbox"/>
I have competed in sport at an international level	<input type="checkbox"/>

The following section is about thoughts of suicide and hurting yourself on purpose, also sometimes referred to as deliberate self-harm. We know this is a sensitive subject, but it is important to ask about it now, as it is not uncommon. By finding out about self-harm we can try to find ways of helping people. If you prefer not to answer any question, please skip it and move on to the next question.

	No	Yes, once or twice	Yes, 3-5 times	Yes, 6-10 times	Yes, more than 10 times
In your lifetime, have you ever thought about killing yourself, even if you would not really do it?	<input type="checkbox"/>				
In your lifetime, have you ever hurt yourself on purpose in any way (e.g. by taking an overdose of pills, or by cutting yourself)?	<input type="checkbox"/>				

If you answered **yes** to the last question (have you ever hurt yourself on purpose), please answer the following 11 questions. Otherwise, skip ahead to the next section about Education, Employment and Training.

	No, never in my lifetime	Yes, once or twice	Yes, 3-5 times	Yes, 6-10 times	Yes, more than 10 times
1. In your lifetime, have you ever hurt yourself on purpose without intending to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In your lifetime, on any of the occasions you have hurt yourself on purpose, have you ever seriously wanted to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How old were you when you first hurt yourself on purpose?

11 or younger	12	13	14	15	16	17	18 or older
<input type="checkbox"/>							

In your lifetime, did you hurt yourself ...	Not at all	Not really	Somewhat	A little bit	Very much
4. Because you wanted to show how desperate you were feeling?	<input type="checkbox"/>				
5. Because you wanted to die?	<input type="checkbox"/>				
6. Because you wanted to punish yourself?	<input type="checkbox"/>				
7. Because you wanted to frighten someone?	<input type="checkbox"/>				
8. Because you wanted to get relief from a terrible state of mind?	<input type="checkbox"/>				

After hurting yourself on purpose, have you ever sought medical help/first aid from ...	No	Yes
9. Your GP (family doctor)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Hospital casualty/ emergency department?	<input type="checkbox"/>	<input type="checkbox"/>
11. Another healthcare professional?	<input type="checkbox"/>	<input type="checkbox"/>

If you are affected by any of the issues raised in this section you may wish to contact the **Samaritans** on 08457 90 90 90 or visit their website: www.samaritans.org

Education, Employment and Training

Who do you live with?
(tick one only)

With a partner	<input type="checkbox"/>
Sharing with strangers	<input type="checkbox"/>
Sharing with friends	<input type="checkbox"/>
On my own	<input type="checkbox"/>
With one or both of my parents	<input type="checkbox"/>

If you answered “with one or both of my parents”, please skip the following question.
What best describes your living situation? (tick one only)

I own a flat/house	<input type="checkbox"/>
Rented accommodation	<input type="checkbox"/>
Student accommodation (halls of residence)	<input type="checkbox"/>
I am travelling/working overseas	<input type="checkbox"/>
Live in a flat/house owned by a family member	<input type="checkbox"/>

What is your **highest** level of qualification? (tick one only)

No qualifications	<input type="checkbox"/>
GCSEs with grades D - G	<input type="checkbox"/>
1 to 4 GCSEs with grades A - C	<input type="checkbox"/>
5 or more GCSEs with grades A - C	<input type="checkbox"/>
1 A-level pass (grades A - E)	<input type="checkbox"/>
2 or more A-level passes (grades A-E), NVQ level 3	<input type="checkbox"/>
Higher National Certificate, Certificate of Higher Education	<input type="checkbox"/>
Foundation degree, Diploma of Higher Education, NVQ level 4	<input type="checkbox"/>
Bachelor's degree or equivalent taken in the UK	<input type="checkbox"/>
Masters degree, PGCE, Postgraduate diploma or certificate, NVQ level 5	<input type="checkbox"/>
Doctoral degree (PhD)	<input type="checkbox"/>
Other qualifications obtained outside the UK	<input type="checkbox"/>
Other not listed	<input type="checkbox"/>

If you have completed an undergraduate degree in the UK (BSc/BA or equivalent), please answer the following two questions. (Skip these two questions if you do not have a degree).

1. What classification did you receive for your undergraduate degree (BSc/BA or equivalent)?

First class (1st) – highest grade	<input type="checkbox"/>
Upper second (2:1)	<input type="checkbox"/>
Lower second (2:2)	<input type="checkbox"/>
Third (3rd)	<input type="checkbox"/>
Pass – lowest grade	<input type="checkbox"/>

2. What best describes the type of course you took at undergraduate (BSc/BA or equivalent) level? (tick one only)

Natural Sciences	<input type="checkbox"/>	Social Sciences	<input type="checkbox"/>	Education	<input type="checkbox"/>
Mathematic and Statistics	<input type="checkbox"/>	Business and Management	<input type="checkbox"/>	Environment and Development	<input type="checkbox"/>
Medicine and Veterinary	<input type="checkbox"/>	Law	<input type="checkbox"/>	Nursing and Therapy	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	Arts	<input type="checkbox"/>	Other vocational	<input type="checkbox"/>
Technology and Design	<input type="checkbox"/>	Humanities	<input type="checkbox"/>	Other not mentioned	<input type="checkbox"/>
Computing and IT	<input type="checkbox"/>	Languages	<input type="checkbox"/>		

Which of the following **best** describes what you are currently doing? (tick one only)

Studying	<input type="checkbox"/>
Working	<input type="checkbox"/>
Apprenticeship or other employment training	<input type="checkbox"/>
Gap year/travelling	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Full time parent	<input type="checkbox"/>

If you are doing an apprenticeship, what best describes the type of apprenticeship you are currently doing? (tick one only; skip question if not doing an apprenticeship)

Creative/media apprenticeship	<input type="checkbox"/>
Business, administrative and accounting	<input type="checkbox"/>
Construction, agriculture and environment	<input type="checkbox"/>
Engineering, IT and telecommunications	<input type="checkbox"/>
Healthcare, social care, animal care and education	<input type="checkbox"/>
Retail and sales, tourism and hospitality, transport and logistics	<input type="checkbox"/>
Sports and leisure	<input type="checkbox"/>
Other	<input type="checkbox"/>

If you are currently working, please answer the following 3 questions.
 If you are not working, skip ahead to the following question.

1. Which of the following best describes the work you do? (tick one only)

Manager, director or senior official	<input type="checkbox"/>
Science, engineering or IT professional	<input type="checkbox"/>
Teacher, lecturer, research or education professional	<input type="checkbox"/>
Qualified professional such as doctor, accountant, solicitor, architect or clergy	<input type="checkbox"/>
Technician	<input type="checkbox"/>
Nurse or qualified therapist	<input type="checkbox"/>
Armed forces, police or protective services	<input type="checkbox"/>
Artistic or literary, design or media, or sports occupation	<input type="checkbox"/>
Business or finance worker	<input type="checkbox"/>
Public services (council worker, social worker, librarian)	<input type="checkbox"/>
Administrator	<input type="checkbox"/>
Secretary, PA, receptionist, clerical work	<input type="checkbox"/>
Agricultural or horticultural trades	<input type="checkbox"/>
Skilled trades or crafts (building, electrical, mechanical, printing, chef, etc.)	<input type="checkbox"/>
Childcare, healthcare or veterinary assistant	<input type="checkbox"/>
Leisure or travel services	<input type="checkbox"/>
Hairdressing, housekeeping and other personal services	<input type="checkbox"/>
Retail, sales and customer services	<input type="checkbox"/>
Factory work or machine operator	<input type="checkbox"/>
Driver or transport operator	<input type="checkbox"/>
Labourer	<input type="checkbox"/>
Postal worker, courier or messenger	<input type="checkbox"/>
Goods handling, porter, shelf-filling, storage	<input type="checkbox"/>
Security guard, attendant, school patrol, traffic warden	<input type="checkbox"/>
Cleaning, laundering, refuse collection	<input type="checkbox"/>
Kitchen worker, bar staff, waiter or waitress	<input type="checkbox"/>
Other	<input type="checkbox"/>

2. Are you working full time?

Yes, full time	<input type="checkbox"/>	No, part time	<input type="checkbox"/>
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3. In an average **month** approximately how much money have you earned through working, after taxes? If you are unsure, please estimate as accurately as possible.

£0 - £500	<input type="checkbox"/>	£1500 - £2000	<input type="checkbox"/>	£3000 - £3500	<input type="checkbox"/>
£500 - £1000	<input type="checkbox"/>	£2000 - £2500	<input type="checkbox"/>	£3500 - £4000	<input type="checkbox"/>
£1000 - £1500	<input type="checkbox"/>	£2500 - £3000	<input type="checkbox"/>	More than £4000	<input type="checkbox"/>

Please answer the following question whether you are working or not.

In an average **month**, approximately how much money do you receive **from sources other than employment**, after taxes? If you are unsure, please estimate as accurately as possible.

£0 - £500	<input type="checkbox"/>	£1500 - £2000	<input type="checkbox"/>	£3000 - £3500	<input type="checkbox"/>
£500 - £1000	<input type="checkbox"/>	£2000 - £2500	<input type="checkbox"/>	£3500 - £4000	<input type="checkbox"/>
£1000 - £1500	<input type="checkbox"/>	£2500 - £3000	<input type="checkbox"/>	More than £4000	<input type="checkbox"/>

If you are studying, what educational level are you **currently** working towards? (tick one only)

If you are not studying, skip this question.

No qualifications	<input type="checkbox"/>
GCSEs with grades D - G	<input type="checkbox"/>
1 to 4 GCSEs with grades A - C	<input type="checkbox"/>
5 or more GCSEs with grades A - C	<input type="checkbox"/>
1 A-level pass (grades A - E)	<input type="checkbox"/>
2 or more A-level passes (grades A-E), NVQ level 3	<input type="checkbox"/>
Higher National Certificate, Certificate of Higher Education	<input type="checkbox"/>
Foundation degree, Diploma of Higher Education, NVQ level 4	<input type="checkbox"/>
Bachelor's degree or equivalent taken in the UK	<input type="checkbox"/>
Masters degree, PGCE, Postgraduate diploma or certificate, NVQ level 5	<input type="checkbox"/>
Doctoral degree (PhD)	<input type="checkbox"/>
Other qualifications obtained outside the UK	<input type="checkbox"/>
Other not listed	<input type="checkbox"/>

If you plan to go back into education, what is the highest educational level you expect to obtain?
 If you do not plan to go back, skip this question.

No qualifications	<input type="checkbox"/>
GCSEs with grades D - G	<input type="checkbox"/>
1 to 4 GCSEs with grades A - C	<input type="checkbox"/>
5 or more GCSEs with grades A - C	<input type="checkbox"/>
1 A-level pass (grades A - E)	<input type="checkbox"/>
2 or more A-level passes (grades A-E), NVQ level 3	<input type="checkbox"/>
Higher National Certificate, Certificate of Higher Education	<input type="checkbox"/>
Foundation degree, Diploma of Higher Education, NVQ level 4	<input type="checkbox"/>
Bachelor's degree or equivalent taken in the UK	<input type="checkbox"/>
Masters degree, PGCE, Postgraduate diploma or certificate, NVQ level 5	<input type="checkbox"/>
Doctoral degree (PhD)	<input type="checkbox"/>
Other qualifications obtained outside the UK	<input type="checkbox"/>
Other not listed	<input type="checkbox"/>

Do you receive any benefits?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, which of the following benefits do you receive? Select all that apply.

Housing Benefit	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>
Jobseekers Allowance	<input type="checkbox"/>
Income Support	<input type="checkbox"/>
Employment and Support Allowance	<input type="checkbox"/>
Carers' Allowance	<input type="checkbox"/>
Personal Independence Payment	<input type="checkbox"/>

Have you ever been or are you currently at university/college?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please answer the following 18 questions about your time at university/college.

If No, please skip ahead to the next section headed Your Finances.

How much of your university/college expenses do/did ...	None	Some	Roughly half	More than half	All or nearly all
1. you meet by yourself (job, savings, etc)?	<input type="checkbox"/>				
2. your parents help with?	<input type="checkbox"/>				
3. your employer help with?	<input type="checkbox"/>				
4. you meet with scholarships or grants?	<input type="checkbox"/>				
5. you meet with loans	<input type="checkbox"/>				
6. you meet with other sources?	<input type="checkbox"/>				

	Not at all	Not really	Undecided	Somewhat	Very much
7. How much do/did you like university/college?	<input type="checkbox"/>				
8. How well do/did you like your course?	<input type="checkbox"/>				

9. If you could start over again, would you go to the same university/college?

No, I would not go to university/college	<input type="checkbox"/>
No, I would look for another university/college	<input type="checkbox"/>
I don't know	<input type="checkbox"/>
Yes, I would probably go to the same university/college	<input type="checkbox"/>
Yes, I would definitely go to the same university/college	<input type="checkbox"/>

10. If you could start over again, would you do the same course?

I would definitely do a different course	<input type="checkbox"/>
I would probably do a different course	<input type="checkbox"/>
I don't know	<input type="checkbox"/>
I would probably do the same course	<input type="checkbox"/>
I would definitely do the same course	<input type="checkbox"/>

11. In thinking about your university/college experience, to what extent do you feel you have developed the ability to get along with different kinds of people?

Not at all	Not really	Undecided	Somewhat	Very much
<input type="checkbox"/>				

In conversations with others (fellow students, family members, co-workers, etc.) that were not directly related to your studies, how often have you talked about ...	Never	Rarely	Some- times	Often	Always
12. Current events in the news?	<input type="checkbox"/>				
13. Social issues such as peace, justice, human rights, equality, race relations?	<input type="checkbox"/>				
14. Different lifestyles, customs, and religions?	<input type="checkbox"/>				
15. The ideas and views of other people such as writers, philosophers, historians?	<input type="checkbox"/>				
16. Social and ethical issues related to science and technology such as energy, pollution, chemicals, genetics, military use?	<input type="checkbox"/>				
17. The economy (employment, wealth, poverty, debt, trade, etc.)?	<input type="checkbox"/>				
18. International relations (human rights, free trade, military activities, political differences, etc.)?	<input type="checkbox"/>				

Your Finances

Please state how strongly you agree or disagree with the following statements about your finances.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I am able to save enough money for holidays or other luxuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I am doing reasonably well financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely need to ask for outside help in meeting my expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can afford to treat myself now and then if I feel like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes struggle to pay my bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you know about the following?

How much do you know about ...	Nothing	A little	Some	A lot	Almost everything
Pension funds?	<input type="checkbox"/>				
Investment accounts?	<input type="checkbox"/>				
Mortgages?	<input type="checkbox"/>				
Bank loans secured on property?	<input type="checkbox"/>				
Unsecured bank loans?	<input type="checkbox"/>				
Credit cards?	<input type="checkbox"/>				
Bank accounts?	<input type="checkbox"/>				
Savings accounts?	<input type="checkbox"/>				
Insurance policies?	<input type="checkbox"/>				
Stocks and shares?	<input type="checkbox"/>				
Bonds?	<input type="checkbox"/>				
Unauthorised overdrafts?	<input type="checkbox"/>				
This is a quality control question, please select 'A lot'	<input type="checkbox"/>				
Prepaid payment cards?	<input type="checkbox"/>				

Please state how strongly you agree or disagree with the following statements about your finances.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I tend to live for today and let tomorrow take care of itself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it more satisfying to spend money than to save it for the long term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I pay my bills on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep a close personal watch on my financial affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set long term financial goals and strive to achieve them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money is there to be spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Online Behaviour

Please state how often you do the following.

How often do you ...	Never	Several times a year	Several times a month	Several times a week	Several times a day	Several times an hour
Send, receive and read e-mails?	<input type="checkbox"/>					
Send and receive text messages or check for text messages?	<input type="checkbox"/>					
Make and receive calls on your mobile phone?	<input type="checkbox"/>					
Check for voice calls?	<input type="checkbox"/>					
Get directions online or use GPS?	<input type="checkbox"/>					
Watch video clips?	<input type="checkbox"/>					
Play games by yourself, with other people in the same room, or with other people online?	<input type="checkbox"/>					
Check your social media account (such as Facebook, Instagram, Twitter, etc)?	<input type="checkbox"/>					
Post status updates or photos?	<input type="checkbox"/>					
Read posts by others?	<input type="checkbox"/>					
Comment or click 'like' on postings, status updates, photos, etc?	<input type="checkbox"/>					

Over the **past 6 months** ...

	Never	Rarely	Sometimes	Often	Very often
Have you felt irritated when the internet is not working?	<input type="checkbox"/>				
This is a quality control question, please select 'Very often'	<input type="checkbox"/>				
Have you experienced feelings of withdrawal from not using the internet?	<input type="checkbox"/>				
Have you prioritised internet use over important, everyday activities?	<input type="checkbox"/>				
Have you lost motivation to do other things that need to get done because of the internet?	<input type="checkbox"/>				
Have you lost sleep due to night time internet use?	<input type="checkbox"/>				
Do you feel you have used the internet excessively?	<input type="checkbox"/>				

Have you ever used internet dating, either online or on an app (such as Tinder, Grindr, Match, Plenty of Fish etc)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If No, how likely are you to ever use online dating?

Extremely likely	<input type="checkbox"/>
Pretty likely	<input type="checkbox"/>
Undecided	<input type="checkbox"/>
Not that likely	<input type="checkbox"/>
Not at all likely	<input type="checkbox"/>

Please state how often the following things have happened to you **in the last 12 months**.

In the last 12 months ...	Not at all	Once	More than once
How often has someone sent you a nasty text (excluding family or partner)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often has someone said something mean about you on a social networking site, such as Facebook or Instagram (excluding family or partner)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often has someone written something spiteful about you in a chat room (excluding family or partner)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often has someone written nasty things to you using instant messenger, such as Facebook Messenger, Whatsapp, Snapchat (excluding family or partner)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Children and Your Twin's Children

TEDS is launching a new study called Children of TEDS (CoTEDS). The aim is to collect data on the development of the TEDS twins' children. In order to invite TEDS twins to join CoTEDS, we are gathering information about which twins have had children. If you have or are expecting children, please answer the questions below. We will also ask about your twin.

1. If **you** have children and you are prepared to give details, please tell us about them below.

Child 1	Full name:	
	Birth date (dd/mm/yyyy):	
	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Does the child live with you:	<input type="checkbox"/> Yes, all the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> No
	If No: On average, how much time do you spend with this child each week?	<input type="checkbox"/> No time <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5+ days
Child 2	Full name:	
	Birth date (dd/mm/yyyy):	
	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Does the child live with you:	<input type="checkbox"/> Yes, all the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> No
	If No: On average, how much time do you spend with this child each week?	<input type="checkbox"/> No time <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5+ days
Child 3	Full name:	
	Birth date (dd/mm/yyyy):	
	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Does the child live with you:	<input type="checkbox"/> Yes, all the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> No
	If No: On average, how much time do you spend with this child each week?	<input type="checkbox"/> No time <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5+ days

2. If **your twin** has children and you are prepared to give details, please tell us about them below.

Child's full name	Child's birth date (dd/mm/yyyy)	Child's gender (M or F)

3. Are you or your partner currently expecting a baby? If yes, and you are prepared to give details, please also tell us the approximate expected due date. Please give the same information about your twin (or his/her partner) if you are happy to do so.

	Yes	No	Expected due date (dd/mm/yyyy)
(a) Are you or your partner pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Is your twin or his/her partner pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	

4. If there is anything that you think we should know before inviting either you or your twin to join CoTEDS, please let us know in the space below.

**Thank you for answering our questions.
We really appreciate your help.**

Don't forget to send back the consent form to let us know about your preferences for a reward voucher!

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