

Dataset coding



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.

TEDS21 Phase 1 Twin Questionnaire: Dataset Coding

This document shows variable names and response value coding for all items in the dataset from the TEDS21 phase 1 twin questionnaire. The layout and ordering of the questions is based on the paper booklet version, but the coding in the dataset is consistent for all equivalent items in the electronic versions (app or web).

Variable names and value codes, plus any explanatory notes, are shown in this red font. The original text of the questionnaire is shown in a black font.

The format and layout of the paper version has been modified in order to accommodate variable names and value codes; for example, font sizes, paragraph spacings and table layouts have been changed, and page numbering has been removed.

In the electronic (app and web) versions, the ordering of sections of questions differed slightly and the wording of introductions was sometimes different. However, the wording of actual questions and responses was the same as in the paper version.

In the raw data, there are differences in value coding for some items between the different versions (paper, web and app). These differences in the raw data are documented elsewhere and are not shown in this document. The coding has been made consistent for all versions in the analysis dataset, as shown here. Furthermore, the coding in the dataset is consistent with conventions used in earlier TEDS datasets, for example yes/no responses are coded 1/0, and not/quite/very true responses are coded 0/1/2.

Many measures are tabulated and have a consistent response value coding for all items, and in these cases the coding is shown in the table heading and not for every single item.

The dataset contains reversed versions of some item variables, for example in the SDQ measure. These reversed versions are not shown here.

For most measures, variable names incorporate item numbering, e.g. ulcsdq01-25 for the 25 SDQ items, with the numbering reflecting the order in which the items appear in the questionnaire. Some measures include a QC item, and this has suffix 'qc' instead of an item number.

In the dataset, all variables from this questionnaire are double entered. The variable names are then given a suffix or '1' or '2' to denote the twin and co-twin respectively. These variable name suffixes are not shown in this document.

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 5	2 4	3 3	4 2	5 1	Low →
Anxiousness	u1cpers01	fearful, apprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	relaxed, unconcerned, cool
Angry, hostility	u1cpers02	angry, bitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	even-tempered
Depressiveness	u1cpers03	pessimistic, glum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	optimistic
Self-consciousness	u1cpers04	timid, embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	self-assured, glib, shameless
Impulsivity	u1cpers05	tempted, urgency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	controlled, restrained
Vulnerability	u1cpers06	helpless, fragile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	clear-thinking, fearless, unflappable
Warmth	u1cpers07	cordial, affectionate, attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cold, aloof, indifferent
Gregariousness	u1cpers08	sociable, outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	withdrawn, isolated
Assertiveness	u1cpers09	dominant, forceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unassuming, quiet, resigned
Activity	u1cpers10	vigorous, energetic, active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	passive, lethargic
Excitement-seeking	u1cpers11	reckless, daring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cautious, monotonous, dull
Positive Emotions	u1cpers12	high-spirited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	placid, anhedonic
Fantasy	u1cpers13	dreamer, unrealistic, imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	practical, concrete
Aesthetics	u1cpers14	curious, appreciate art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	uninvolved, no artistic interests
Feelings	u1cpers15	self-aware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	constricted, unaware, alexythymic
Actions	u1cpers16	unconventional, eccentric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	routine, predictable, habitual, stubborn
Ideas	u1cpers17	strange, odd, peculiar, creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pragmatic, rigid
Values	u1cpers18	permissive, broad-minded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	traditional, inflexible, dogmatic, rigid
Trust	u1cpers19	gullible, naïve, trusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sceptical, cynical, suspicious, paranoid
Straightforwardness	u1cpers20	confiding, honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cunning, manipulative, deceptive
Altruism	u1cpers21	sacrificial, giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stingy, selfish, greedy, exploitative

Personality trait		← High	1 5	2 4	3 3	4 2	5 1	Low →
Compliance	ulcpers22	docile, cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	oppositional, combative, aggressive
Modesty	ulcpers23	meek, self-effacing, humble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	confident, boastful, arrogant
Tender-mindedness	ulcpers24	soft, empathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tough, callous, ruthless
Competence	ulcpers25	perfectionistic, efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lax, negligent
Order	ulcpers26	ordered, methodical, organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	haphazard, disorganised, sloppy
Dutifulness	ulcpers27	rigid, reliable, dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	casual, undependable, unethical
Achievement	ulcpers28	workaholic, ambitious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	aimless, desultory
Self-discipline	ulcpers29	dogged, devoted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hedonic, negligent
Deliberation	ulcpers30	cautious, ruminative, reflective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
		0	1	2	3	4
I am good at resisting temptation	ulcself1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a hard time breaking bad habits	ulcself2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am lazy	ulcself3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I say inappropriate things	ulcself4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleasure and fun sometimes keep me from getting work done	ulcself5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble concentrating	ulcself6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 →	
		1	2	3	4	5
I only act to satisfy immediate concerns, figuring the future will take care of itself	ulcfcon1	<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	ulcfcon2	<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	ulcfcon3	<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'	ulcfconqc	<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	ulcfcon4	<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? **ulcmanx**

← Not anxious at all										Very anxious →
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"/>	

The following questions are about taking risks.

		Never	Rarely	Sometimes	Often	Very often
		0	1	2	3	4
How often do you take recreational risks (e.g. skiing, skateboarding, skydiving, cliff-jumping/tombstoning)?	ulcrsk1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you take health risks (e.g. smoking, poor diet, high alcohol consumption, binge-drinking)?	ulcrsk2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you take career risks (e.g. quitting a job without another to go to)?	ulcrsk3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you take financial risks (e.g. gambling, risky investments)?	ulcrsk4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)?	ulcrsk5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you take social risks (e.g. standing for election, publicly challenging a rule or decision)?	ulcrsk6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements?

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
		1	2	3	4	5
Given enough provocation, I may hit another person	u1cbaq1	<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	u1cbaq2	<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	u1cbaq3	<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	u1cbaq4	<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	u1cbaq5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends say that I'm somewhat argumentative	u1cbaq6	<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	u1cbaq7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble controlling my temper	u1cbaq8	<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
		0	1	2	3	4
How important is it for you to have a close relationship?	u1cgoal1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it for you to exert influence?	u1cgoal2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it for you to have an active social life?	u1cgoal3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it for you to give love and affection?	u1cgoal4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it for you to have trusting relationships with others?	u1cgoal5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it for you to continuously improve yourself?	u1cgoal6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it for you to receive recognition?	u1cgoal7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it for you to receive love and affection?	u1cgoal8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a quality control question, please select 'Very important'	u1cgoalqc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it for you to reach a prestigious position?	u1cgoal9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ...	ulcpil1	← Utterly meaningless, without purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purposeful and meaningful →
In achieving life goals I've ...	ulcpil2	← Made no progress whatsoever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progressed to complete fulfilment →
As I view the world in relation to my life, the world ...	ulcpil3	← Completely confuses me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fits meaningfully with my life →
If I should die today, I'd feel that my life has been ...	ulcpil4	← Completely worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very worthwhile →
I have discovered	ulcpil5	← No mission or purpose in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Dis agree	Neither disagree nor agree	Agree	Strongly agree
		1	2	3	4	5
I would be prepared to pay more for environmentally-friendly products ...	u1cbsae1	<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 ...	u1cbsae2	<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 ...	u1cbsae3	<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 ...	u1cbsae4	<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 ...	u1cbsae5	<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 ...	u1cbsae6	<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 ...	u1cbsag1	<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 ...	u1cbsag2	<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 ...	u1cbsag3	<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	u1cbsag4	<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 ...	u1cbsag5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
		0	1	2
I've tried to be nice to other people. I've cared about their feelings	u1csdq01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been restless, I've not been able to stay still for long	u1csdq02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had a lot of headaches, stomach-aches or sickness	u1csdq03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have usually shared with others	u1csdq04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been very angry and often lost my temper	u1csdq05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have usually been on my own. I have generally kept to myself	u1csdq06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've usually done as I am told	u1csdq07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've worried a lot	u1csdq08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a quality control question, please select 'Very true'	u1csdqqc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been helpful if someone was hurt, upset or feeling ill	u1csdq09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have constantly been fidgeting or squirming	u1csdq10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had one good friend or more	u1csdq11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've fought a lot. I could make other people do what I wanted	u1csdq12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have often been unhappy, down-hearted or tearful	u1csdq13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age have generally liked me	u1csdq14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been easily distracted, I've found it difficult to concentrate	u1csdq15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been nervous in new situations. I've easily lost confidence	u1csdq16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been kind to others	u1csdq17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've often been accused of lying or cheating	u1csdq18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people have picked on me or bullied me	u1csdq19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've often volunteered to help others	u1csdq20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've thought before I've done things	u1csdq21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've taken things that are not mine	u1csdq22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have got on better with older adults than with people my own age	u1csdq23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had many fears, I've been easily scared	u1csdq24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've finished the work I have been doing. My attention has been good	u1csdq25	<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
	0	1	2	3	4
How often have you given money to charity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you sponsored a friend who was raising money for charity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you given money directly to people begging on the street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
	0	1	2
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
	1	2	3	4	5
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
		0	1	2	3	4	5
How often do you think about religious issues in relation to your own life?	ulcrelg1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you take part in religious services?	ulcrelg2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you pray?	ulcrelg3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?	ulcrelg4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do you believe that God or something divine exists? **ulcrelg5**

Strongly disbelieve	Disbelieve	Neutral	Believe	Strongly believe
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) ulcrelst [widowed, separated and divorced all coded with the same value as these responses were very all very rare]	Single	<input type="checkbox"/>	1
	Dating non-exclusively	<input type="checkbox"/>	2
	In exclusive relationship	<input type="checkbox"/>	3
	Living with my partner	<input type="checkbox"/>	4
	Married	<input type="checkbox"/>	5
	Widowed	<input type="checkbox"/>	6
	Separated	<input type="checkbox"/>	6
	Divorced	<input type="checkbox"/>	6

Think about the people you are sexually attracted to. **ulcsexor**

Would you say they are... (tick one only)	Always male	<input type="checkbox"/>	1
	Mostly male, but sometimes female	<input type="checkbox"/>	2
	Equally male and female	<input type="checkbox"/>	3
	Mostly female, but sometimes male	<input type="checkbox"/>	4
	Always female	<input type="checkbox"/>	5
	Little or no sexual attraction	<input type="checkbox"/>	6
	Unsure/I don't know	<input type="checkbox"/>	7

How long have you been in your current relationship for? **ulcrela1**
 (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
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many relationships have you been in? **ulcrela2**

0	1-2	3-5	6-10	More than 10
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long was your longest relationship? **ulcrela3**
 (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
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements?

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
		1	2	3	4	5
I am happy with my love life	ulcrela4	<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	ulcrela5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel loved	ulcrela6	<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
		1	2	3	4	5
Marriage would provide the highest level of companionship	ulcmarr1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage usually ends in heartbreak	ulcmarr2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage provides shared responsibilities	ulcmarr3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage causes a lot of stress	ulcmarr4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being married would interfere with career goals	ulcmarr5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage provides greater financial security	ulcmarr6	<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	ulcmarr7	<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	ulcmarr8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had sexual intercourse? **u1csexb1**

Yes	No	Prefer not to say (recoded to missing)
1	0	
<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? **u1csexb2**
["11 or younger" and "12" both coded as 2="12 or younger" because the first response was very rare]

11 or younger	12	13	14	15	16	17 or older
2	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How many people have you had sexual intercourse with? **u1csexb3**

1 person	2-3 people	4-7 people	8-14 people	15 or more people
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. When you have sex, how often do you or the other person use a condom? **u1csexb4**

Never	Not very often	Quite often	Very often	Always
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)? **u1csexb5**

Never	Not very often	Quite often	Very often	Always
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you ever been diagnosed with a sexually transmitted disease? **u1csexb6**
[The last three responses are all coded as 2="2 times or more" because these responses were very rare]

No	Yes, once	Yes, 2-3 times	Yes, 4-7 times	Yes, 8+ times
0	1	2	2	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer this question whether or not you have ever had sexual intercourse.

Have you ever been diagnosed with HIV? **u1csexb7**

No	Yes	Prefer not to say (recoded to missing)
0	1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Disagree	Neither agree nor disagree	Agree	Strongly agree
		1	2	3	4	5
Got very jealous or tried to control your life	ulcparv1	<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	ulcparv2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes said insulting things or threatened you	ulcparv3	<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	ulcparv4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushed, hit, kicked, or otherwise physically hurt you	ulcparv5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made you feel scared or frightened	ulcparv6	<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
		1	2	3	4	5
I enjoy my relationship with my twin	ulctwnr1	<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	ulctwnr2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to spend time with my twin	ulctwnr3	<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	ulctwnr4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My twin talks to me about personal problems	ulctwnr5	<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	Dis agree	Neither agree nor disagree	Agree	Strongly agree
		1	2	3	4	5
It helps to turn to my mother in times of need	u1cmumr1	<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	u1cmumr2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk things over with my mother	u1cmumr3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to depend on my mother	u1cmumr4	<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	u1cmumr5	<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	Dis agree	Neither agree nor disagree	Agree	Strongly agree
		1	2	3	4	5
It helps to turn to my father in times of need	u1cdadr1	<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	u1cdadr2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk things over with my father	u1cdadr3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to depend on my father	u1cdadr4	<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	u1cdadr5	<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	Dis agree	Neither agree nor disagree	Agree	Strongly agree
		1	2	3	4	5
I enjoy living in my neighbourhood	u1ccomm1	<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	u1ccomm2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of belonging in my neighbourhood	u1ccomm3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like an outsider in my neighbourhood	u1ccomm4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my neighbourhood	u1ccomm5	<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
		0	1	2
There is a regular routine in the morning	ulcchaos1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can't hear yourself think in the house	ulcchaos2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's chaotic in the house	ulcchaos3	<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)	ulcchaos4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is usually a television turned on somewhere in the house	ulcchaos5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The atmosphere in the house is calm	ulcchaos6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Health

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

- Vegan (no animal products) **1**
- Vegetarian (no meat, no fish) **2**
- Pescetarian (no meat, but eat fish and/or shellfish) **3**
- None of the above **0**

Do you have any food allergies? **ulcallg1**

Yes	No
1	0
<input type="checkbox"/>	<input type="checkbox"/>

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

All coded 1=yes if ticked or 0=no if not ticked

<input type="checkbox"/> Peanuts ulcallgpnt	<input type="checkbox"/> Tree nuts ulcallgtnt	<input type="checkbox"/> Sesame seeds ulcallgses	<input type="checkbox"/> Dairy ulcallgdry	<input type="checkbox"/> Shellfish ulcallgshf
<input type="checkbox"/> Fish ulcallgfsh	<input type="checkbox"/> Egg ulcallgegg	<input type="checkbox"/> Wheat/gluten ulcallgwgl	<input type="checkbox"/> Soya ulcallgsoy	<input type="checkbox"/> Celery ulcallgcel
<input type="checkbox"/> Mustard ulcallgmus	<input type="checkbox"/> Fruit ulcallgfrt	<input type="checkbox"/> Lactose ulcallglac	<input type="checkbox"/> Other ulcallgoth	

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
	0	1	2	3	4
Eat 3 portions of whole grain products in one day? (e.g. brown rice, brown bread)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat 5 portions of fruit and vegetables in one day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat 3-4 portions of milk and dairy foods or dairy alternatives in one day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat processed meats/fish? (skip this question if you are vegetarian/vegan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat fried foods such as fried chicken, fried fish or chips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat salted snacks such as crisps, crackers, nachos, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat unsalted snacks such as nuts, seeds, rice crackers, air-popped popcorn, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use oils such as olive, rapeseed, sunflower, flaxseed, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a quality control question, please select '3-4 times per week'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat sweets like cake, cookies, pastries, chocolate, ice cream, muffins, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink 1 can or more of fizzy drinks or fruit drinks made from concentrate in one day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat processed foods like canned soup, frozen/package meals, chips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

0	1-4	5-9	10-19	20+
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In general, would you say your health is? **ulcrand1**

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to one year ago, how would you rate your health in general now? **ulcrand2**

- Much worse now than one year ago **1**
- Somewhat worse now than one year ago **2**
- About the same **3**
- Somewhat better now than one year ago **4**
- Much better than one year ago **5**

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

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
		1	2	3	4	5
I seem to get sick a little easier than other people	ulcrand3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am as healthy as anybody I know	ulcrand4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect my health to get worse	ulcrand5	<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? **ulcpaink**

- 0 **0**
- 1-4 **1**
- 5-9 **2**
- 10-19 **3**
- 20+ **4**

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

Raw data have all been converted to metric units (cm, kg) and rounded to the nearest whole number if necessary.

	Metric units	OR	Imperial units
	centimetres		feet and inches
How tall are you?	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> cm		<input style="width: 30px; height: 20px;" type="text"/> ft <input style="width: 30px; height: 20px;" type="text"/> in
	kilograms		stones and pounds
How much do you weigh?	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> kg		<input style="width: 30px; height: 20px;" type="text"/> st <input style="width: 30px; height: 20px;" 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
		0	1	2	3	4
Have you ever been admitted to hospital	ulchosp1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes ... Have you been admitted to hospital in the last 12 months?	ulchosp2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you do the following:

		Never	Rarely	Some times	Often	Usually	Always
		0	1	2	3	4	5
I stuff myself with food	ulceats01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about dieting	ulceats02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am terrified of gaining weight	ulceats03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am preoccupied with the desire to be thinner	ulceats04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about bingeing (overeating)	ulceats05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think my hips are too big	ulceats06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I gain a pound, I worry that I will keep gaining	ulceats07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the thought of trying to vomit in order to lose weight	ulceats08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think my buttocks are too large	ulceats09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat or drink in secrecy	ulceats10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking specifically about your height (not your weight) please answer: I feel satisfied with my body height	ulceats11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to be more muscular	ulceats12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
	0	1	(recoded to missing)
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)
		1	2	3	4	5
Strenuous exercise (heart beats rapidly - including running/jogging, football, swimming fast)	ulcactv1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate exercise (including walking fast, hiking, dancing, vigorous yoga)?	ulcactv2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild exercise (minimal effort - light yoga, bowling)?	ulcactv3	<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? **ulcath1**

- I have not participated in sport **1**
- I have participated in sport at a social or non-competitive level **2**
- I have competed within organised individual sport events (e.g. running) **3**
- I have competed in sport at school/club/university level **4**
- I have competed in sport at a county level **5**
- I have competed in sport at a regional level **6**
- I have competed in sport at a national level **7**
- I have competed in sport at an international level **8**

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
		0	1	2	3	4
In your lifetime, have you ever thought about killing yourself, even if you would not really do it?	ulcslfh01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)?	ulcslfh02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
		0	1	2	3	4
1. In your lifetime, have you ever hurt yourself on purpose without intending to kill yourself ?	ulcslfh03	<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 ?	ulcslfh04	<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? **ulcslfh05**

11 or younger	12	13	14	15	16	17	18 or older
1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your lifetime, did you hurt yourself ...	Not at all	Not really	Some what	A little bit	Very much
	0	1	2	3	4
4. Because you wanted to show how desperate you were feeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Because you wanted to die?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Because you wanted to punish yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Because you wanted to frighten someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Because you wanted to get relief from a terrible state of mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After hurting yourself on purpose, have you ever sought medical help/first aid from ...	No	Yes
	0	1
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) **ulclivs1**

With a partner	<input type="checkbox"/>	1
Sharing with strangers	<input type="checkbox"/>	2
Sharing with friends	<input type="checkbox"/>	3
On my own	<input type="checkbox"/>	4
With one or both of my parents	<input type="checkbox"/>	5

If you answered “with one or both of my parents”, please skip the following question.
What best describes your living situation? (tick one only) **ulclivs2**

I own a flat/house	<input type="checkbox"/>	1
Rented accommodation	<input type="checkbox"/>	2
Student accommodation (halls of residence)	<input type="checkbox"/>	3
I am travelling/working overseas	<input type="checkbox"/>	4
Live in a flat/house owned by a family member	<input type="checkbox"/>	5

What is your **highest** level of qualification? (tick one only) **ulchqualc**
 (also recoded into ordinal variable **ulchqual** as shown)

		ulchqualc	ulchqual
No qualifications	<input type="checkbox"/>	1	1
GCSEs with grades D - G	<input type="checkbox"/>	2	2
1 to 4 GCSEs with grades A - C	<input type="checkbox"/>	3	3
5 or more GCSEs with grades A - C	<input type="checkbox"/>	4	4
1 A-level pass (grades A - E)	<input type="checkbox"/>	5	5
2 or more A-level passes (grades A-E), NVQ level 3	<input type="checkbox"/>	6	6
Higher National Certificate, Certificate of Higher Education	<input type="checkbox"/>	7	7
Foundation degree, Diploma of Higher Education, NVQ level 4	<input type="checkbox"/>	8	8
Bachelor's degree or equivalent taken in the UK	<input type="checkbox"/>	9	9
Masters degree, PGCE, Postgraduate diploma or certificate, NVQ level 5	<input type="checkbox"/>	10	10
Doctoral degree (PhD)	<input type="checkbox"/>	11	11
Other qualifications obtained outside the UK	<input type="checkbox"/>	12	
Other not listed	<input type="checkbox"/>	13	

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)?

ulcdegr1

First class (1st) – highest grade	<input type="checkbox"/>	5
Upper second (2:1)	<input type="checkbox"/>	4
Lower second (2:2)	<input type="checkbox"/>	3
Third (3rd)	<input type="checkbox"/>	2
Pass – lowest grade	<input type="checkbox"/>	1

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

(tick one only) **ulcdegr2**

(value coding of responses follows the order in which they were presented in the app and web versions)

Natural Sciences	1	<input type="checkbox"/>	Social Sciences	7	<input type="checkbox"/>	Education	12	<input type="checkbox"/>
Mathematic and Statistics	2	<input type="checkbox"/>	Business and Management	13	<input type="checkbox"/>	Environment and Development	14	<input type="checkbox"/>
Medicine and Veterinary	3	<input type="checkbox"/>	Law	11	<input type="checkbox"/>	Nursing and Therapy	15	<input type="checkbox"/>
Engineering	4	<input type="checkbox"/>	Arts	8	<input type="checkbox"/>	Other vocational	16	<input type="checkbox"/>
Technology and Design	5	<input type="checkbox"/>	Humanities	9	<input type="checkbox"/>	Other not mentioned	17	<input type="checkbox"/>
Computing and IT	6	<input type="checkbox"/>	Languages	10	<input type="checkbox"/>			

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

- Studying 1
- Working 2
- Apprenticeship or other employment training 3
- Gap year/travelling 4
- Unemployed 5
- Full time parent 6

The app and web versions included an additional question, "Are you currently doing an apprenticeship?" The dataset variable is **ulcapp** and the responses and value coding are **1=yes 0=no**.

In the data from the paper version, although this question was not included, the variable and its coding have been derived from responses to the previous and next questions.

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) **ulcapptyp**

Creative/media apprenticeship	<input type="checkbox"/>	1
Business, administrative and accounting	<input type="checkbox"/>	2
Construction, agriculture and environment	<input type="checkbox"/>	3
Engineering, IT and telecommunications	<input type="checkbox"/>	4
Healthcare, social care, animal care and education	<input type="checkbox"/>	5
Retail and sales, tourism and hospitality, transport and logistics	<input type="checkbox"/>	6
Sports and leisure	<input type="checkbox"/>	7
Other	<input type="checkbox"/>	8

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)

ulcjobc (response categories), also recoded into variable ulcsoc with ordinal SOC categories as shown.

		ulcjobc	ulcsoc
Manager, director or senior official	<input type="checkbox"/>	1	1
Science, engineering or IT professional	<input type="checkbox"/>	2	2
Teacher, lecturer, research or education professional	<input type="checkbox"/>	3	2
Qualified professional such as doctor, accountant, solicitor, architect or clergy	<input type="checkbox"/>	4	2
Technician	<input type="checkbox"/>	5	3
Nurse or qualified therapist	<input type="checkbox"/>	6	3
Armed forces, police or protective services	<input type="checkbox"/>	7	3
Artistic or literary, design or media, or sports occupation	<input type="checkbox"/>	8	3
Business or finance worker	<input type="checkbox"/>	9	3
Public services (council worker, social worker, librarian)	<input type="checkbox"/>	10	3
Administrator	<input type="checkbox"/>	11	4
Secretary, PA, receptionist, clerical work	<input type="checkbox"/>	12	4
Agricultural or horticultural trades	<input type="checkbox"/>	13	5
Skilled trades or crafts (building, electrical, mechanical, printing, chef, etc.)	<input type="checkbox"/>	14	5
Childcare, healthcare or veterinary assistant	<input type="checkbox"/>	15	6
Leisure or travel services	<input type="checkbox"/>	16	6
Hairdressing, housekeeping and other personal services	<input type="checkbox"/>	17	6
Retail, sales and customer services	<input type="checkbox"/>	18	7
Factory work or machine operator	<input type="checkbox"/>	19	8
Driver or transport operator	<input type="checkbox"/>	20	8
Labourer	<input type="checkbox"/>	21	9
Postal worker, courier or messenger	<input type="checkbox"/>	22	9
Goods handling, porter, shelf-filling, storage	<input type="checkbox"/>	23	9
Security guard, attendant, school patrol, traffic warden	<input type="checkbox"/>	24	9
Cleaning, laundering, refuse collection	<input type="checkbox"/>	25	9
Kitchen worker, bar staff, waiter or waitress	<input type="checkbox"/>	26	9
Other	<input type="checkbox"/>	27	

2. Are you working full time?

ulcjobft

Yes, full time

1

No, part time

0

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.

ulcjobinc

£0 - £500	1	<input type="checkbox"/>	£1500 - £2000	4	<input type="checkbox"/>	£3000 - £3500	7	<input type="checkbox"/>
£500 - £1000	2	<input type="checkbox"/>	£2000 - £2500	5	<input type="checkbox"/>	£3500 - £4000	8	<input type="checkbox"/>
£1000 - £1500	3	<input type="checkbox"/>	£2500 - £3000	6	<input type="checkbox"/>	More than £4000	9	<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. **ulcothinc**

£0 - £500	1	<input type="checkbox"/>	£1500 - £2000	4	<input type="checkbox"/>	£3000 - £3500	7	<input type="checkbox"/>
£500 - £1000	2	<input type="checkbox"/>	£2000 - £2500	5	<input type="checkbox"/>	£3500 - £4000	8	<input type="checkbox"/>
£1000 - £1500	3	<input type="checkbox"/>	£2500 - £3000	6	<input type="checkbox"/>	More than £4000	9	<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.

In these two questions, the 'no qualifications' response was omitted in the app and web versions, so if given in the paper version it was recoded to missing. Response categories (ulccqualc, ulcequalc) are also recoded into ordinal variables ulccqual, ulcequal as shown.

		ulccqualc	ulccqual
No qualifications	<input type="checkbox"/>		
GCSEs with grades D - G	<input type="checkbox"/>	2	2
1 to 4 GCSEs with grades A - C	<input type="checkbox"/>	3	3
5 or more GCSEs with grades A - C	<input type="checkbox"/>	4	4
1 A-level pass (grades A - E)	<input type="checkbox"/>	5	5
2 or more A-level passes (grades A-E), NVQ level 3	<input type="checkbox"/>	6	6
Higher National Certificate, Certificate of Higher Education	<input type="checkbox"/>	7	7
Foundation degree, Diploma of Higher Education, NVQ level 4	<input type="checkbox"/>	8	8
Bachelor's degree or equivalent taken in the UK	<input type="checkbox"/>	9	9
Masters degree, PGCE, Postgraduate diploma or certificate, NVQ level 5	<input type="checkbox"/>	10	10
Doctoral degree (PhD)	<input type="checkbox"/>	11	11
Other qualifications obtained outside the UK	<input type="checkbox"/>	12	
Other not listed	<input type="checkbox"/>	13	

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.

		ulcequalc	ulcequal
No qualifications	<input type="checkbox"/>		
GCSEs with grades D - G	<input type="checkbox"/>	2	2
1 to 4 GCSEs with grades A - C	<input type="checkbox"/>	3	3
5 or more GCSEs with grades A - C	<input type="checkbox"/>	4	4
1 A-level pass (grades A - E)	<input type="checkbox"/>	5	5
2 or more A-level passes (grades A-E), NVQ level 3	<input type="checkbox"/>	6	6
Higher National Certificate, Certificate of Higher Education	<input type="checkbox"/>	7	7
Foundation degree, Diploma of Higher Education, NVQ level 4	<input type="checkbox"/>	8	8
Bachelor's degree or equivalent taken in the UK	<input type="checkbox"/>	9	9
Masters degree, PGCE, Postgraduate diploma or certificate, NVQ level 5	<input type="checkbox"/>	10	10
Doctoral degree (PhD)	<input type="checkbox"/>	11	11
Other qualifications obtained outside the UK	<input type="checkbox"/>	12	
Other not listed	<input type="checkbox"/>	13	

Do you receive any benefits? Yes **1** No **0**
ulcbenf1

If Yes, which of the following benefits do you receive? Select all that apply.
Each coded 1=yes if ticked and 0=no if not.

Housing Benefit	ulcbenfhou	<input type="checkbox"/>
Child Benefit	ulcbenfchb	<input type="checkbox"/>
Child Tax Credit	ulcbenfctc	<input type="checkbox"/>
Working Tax Credit	ulcbenfwtc	<input type="checkbox"/>
Jobseekers Allowance	ulcbenfjob	<input type="checkbox"/>
Income Support	ulcbenfins	<input type="checkbox"/>
Employment and Support Allowance	ulcbenfesa	<input type="checkbox"/>
Carers' Allowance	ulcbenfcar	<input type="checkbox"/>
Personal Independence Payment	ulcbenfpip	<input type="checkbox"/>

Have you ever been or are you currently at university/college? Yes **1** No **0**
ulcstex01

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
		0	1	2	3	4
1. you meet by yourself (job, savings, etc)?	ulcstex02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. your parents help with?	ulcstex03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. your employer help with?	ulcstex04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. you meet with scholarships or grants?	ulcstex05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. you meet with loans	ulcstex06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. you meet with other sources?	ulcstex07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not at all	Not really	Un decided	Some what	Very much
		0	1	2	3	4
7. How much do/did you like university/college?	ulcstex08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How well do/did you like your course?	ulcstex09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ulcstex10

No, I would not go to university/college	<input type="checkbox"/>	0
No, I would look for another university/college	<input type="checkbox"/>	1
I don't know	<input type="checkbox"/>	2
Yes, I would probably go to the same university/college	<input type="checkbox"/>	3
Yes, I would definitely go to the same university/college	<input type="checkbox"/>	4

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

ulcstex11

I would definitely do a different course	<input type="checkbox"/>	0
I would probably do a different course	<input type="checkbox"/>	1
I don't know	<input type="checkbox"/>	2
I would probably do the same course	<input type="checkbox"/>	3
I would definitely do the same course	<input type="checkbox"/>	4

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?

ulcstex12

Not at all	Not really	Undecided	Somewhat	Very much
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
	0	1	2	3	4
12. Current events in the news? ulcstex13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Social issues such as peace, justice, human rights, equality, race relations? ulcstex14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Different lifestyles, customs, and religions? ulcstex15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The ideas and views of other people such as writers, philosophers, historians? ulcstex16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Social and ethical issues related to science and technology such as energy, pollution, chemicals, genetics, military use? ulcstex17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The economy (employment, wealth, poverty, debt, trade, etc.)? ulcstex18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. International relations (human rights, free trade, military activities, political differences, etc.)? ulcstex19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
		1	2	3	4	5
I am able to save enough money for holidays or other luxuries	ulcfina1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I am doing reasonably well financially	ulcfina2	<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	ulcfina3	<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	ulcfina4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes struggle to pay my bills	ulcfina5	<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
		0	1	2	3	4
Pension funds?	ulcfprd01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment accounts?	ulcfprd02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgages?	ulcfprd03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank loans secured on property?	ulcfprd04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsecured bank loans?	ulcfprd05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit cards?	ulcfprd06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank accounts?	ulcfprd07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings accounts?	ulcfprd08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policies?	ulcfprd09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks and shares?	ulcfprd10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds?	ulcfprd11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unauthorised overdrafts?	ulcfprd12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a quality control question, please select 'A lot'	ulcfprdqc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepaid payment cards?	ulcfprd13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

		Never	Rarely	Some times	Often	Very often
		0	1	2	3	4
Have you felt irritated when the internet is not working?	ulcprob1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a quality control question, please select 'Very often'	ulcprobqc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced feelings of withdrawal from not using the internet?	ulcprob2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you prioritised internet use over important, everyday activities?	ulcprob3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost motivation to do other things that need to get done because of the internet?	ulcprob4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost sleep due to night time internet use?	ulcprob5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you have used the internet excessively?	ulcprob6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever used internet dating, either online or on an app (such as Tinder, Grindr, Match, Plenty of Fish etc)? **ulcodat1**

Yes **1** No **0**

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

ulcodat2

Extremely likely	<input type="checkbox"/>	4
Pretty likely	<input type="checkbox"/>	3
Undecided	<input type="checkbox"/>	2
Not that likely	<input type="checkbox"/>	1
Not at all likely	<input type="checkbox"/>	0

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
		0	1	2
How often has someone sent you a nasty text (excluding family or partner)?	ulcobul1	<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)?	ulcobul2	<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)?	ulcobul3	<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)?	ulcobul4	<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.

Most of the data in this section were collected for admin purposes, to build the admin record of twins' children, where they are supplemented by details obtained from other family contacts. These data generally are not suitable for inclusion in the dataset. However, the yes/no flag variables for the twin's and co-twin's children (ulcchild, ulctchild) and their pregnancies (ulcpreg, ulctpreg) are included in the dataset as they may be useful in analysis.

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

The app and web versions begin with the question "Do you have children?" which is recorded in dataset variable ulcchild with coding 1=yes 0=no. The paper version, as shown above, omits this question.

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)

The app and web versions include the question "Does your twin have children?" which is recorded in dataset variable ulctchild with coding 1=yes 0=no. The paper version, as shown above, omits this question.

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 1	No 0	Expected due date (dd/mm/yyyy)
(a) Are you or your partner pregnant? ulcpreg	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Is your twin or his/her partner pregnant? ulctpreg	<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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