

About You

What is your sex? *

This question refers to the sex you were registered at birth. Responses to this question are used to select questionnaire items that may be relevant to your medical history.

- Male
- Female
- Prefer not to answer

What gender do you identify with? *

This is how you feel inside. It may be the same as your sex or different.

- Male
- Female
- Non-binary
- Prefer to self-define
- Don't know
- Prefer not to answer

What country were you born in? *

- Scotland
- England
- Wales
- Northern Ireland
- Republic of Ireland
- Elsewhere
- Don't know

Where in Scotland were you born?

- Aberdeen City
- Aberdeenshire
- Angus
- Argyll & Bute
- Clackmannanshire
- Dumfries & Galloway
- Dundee City
- East Ayrshire
- East Dunbartonshire
- East Lothian
- East Renfrewshire
- Edinburgh City

- Na h-Eilean Siar (Western Isles)
- Falkirk
- Fife
- Glasgow City
- Highland
- Inverclyde
- Midlothian
- Moray
- North Ayrshire
- North Lanarkshire
- Orkney Islands
- Perth & Kinross
- Renfrewshire
- Scottish Borders
- Shetland Islands
- South Ayrshire
- South Lanarkshire
- Stirling
- West Dunbartonshire
- West Lothian
- Don't know

Your Health and Lifestyle

Next, we're going to ask you some questions about your general health.

In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Height and Weight

We would like to know your height. Please select preferred units for entering your height

- Centimetres
- Feet / Inches
- I don't know my height
- Prefer not to say

What is your height in centimetres?

If you are unsure, please put your best estimate.

- Centimetres: _____

What is your height in feet and inches?

Feet: _____

Inches: _____

We would like to know your weight. Please select preferred input for weight.

- Kilograms
- Stones / Pounds
- Pounds only
- I don't know my weight
- Prefer not to say

What is your weight in kilograms?

If you are unsure, please put your best estimate.

- Kilograms: _____

What is your weight in stones and pounds?

If you are unsure, please put your best estimate.

- Stones: _____
- Pounds: _____

What is your weight in pounds?

If you are unsure, please put your best estimate.

- Pounds: _____

About You

Has a doctor, psychologist, or health professional ever told you that you have dyslexia?

- Yes
- No
- Don't know
- Prefer not to answer

Has a doctor, psychologist, or health professional ever told you that you have attention deficit hyperactivity disorder (ADHD)?

- Yes
- No
- Don't know
- Prefer not to answer

Has a doctor, psychologist, or health professional ever told you that you have Autism, Asperger's syndrome or autism spectrum disorder?

- Yes
- No
- Don't know
- Prefer not to answer

In the next section, we're going to ask you some questions about smoking and drinking alcohol. Please answer these questions as honestly as you can.

Your answers are completely confidential. If there is a question you don't want to answer, that's OK. You can skip it and move on to the next one.

We will not share your answers with your family.

Smoking History

How many days (if any) have you smoked cigarettes in your lifetime?

- Never
- 1 – 2 days
- 3 – 5 days
- 6 – 9 days
- 10 – 19 days
- 20 – 29 days
- 30 days or more

How many days (if any) have you smoked cigarettes in the last 30 days?

- Never
- 1 – 2 days
- 3 – 5 days
- 6 – 9 days
- 10 – 19 days
- 20 – 29 days
- 30 days or more

Do you live with anyone who smokes?

- Yes
- No
- Prefer not to answer

How many days (if any) have you smoked electronic cigarettes in your lifetime?

E.g., e-cigarette, vape, e-hookah, shisha pen, e-smoker

- Never
- 1 – 2 days
- 3 – 5 days
- 6 – 9 days
- 10 – 19 days
- 20 – 29 days
- 30 days or more

How many days (if any) have you smoked electronic cigarettes in the last 30 days?

E.g., e-cigarette, vape, e-hookah, shisha pen, e-smoker

- Never
- 1 – 2 days

- 3 – 5 days
- 6 – 9 days
- 10 – 19 days
- 20 – 29 days
- 30 days

What were your reasons for using electronic cigarettes/vaping devices?

Please select all that apply

- To help me quit smoking
- To help me cut down on the number of cigarettes I smoke
- To help me with cravings in situations where I cannot smoke (e.g., travel, indoors)
- Pleasure
- Curiosity
- Friends use them
- To help maintain/lose weight
- I like the flavours
- To perform tricks
- Other reason

Alcohol Consumption

Have you ever drunk alcohol?

Answer yes, even if you have only drunk a small amount.

- Yes
- No
- Prefer not to answer

At present, how often do you drink anything alcoholic, such as beer, wine or spirits?

Try to include even those times when you only drink a small amount?

How often do you drink beer, larger, cider or “alcopops”?

- Every day
- Every week
- Every month
- Rarely
- Never

How often do you drink wine, sparkling wine, or champagne?

- Every day
- Every week
- Every month
- Rarely
- Never

How often do you drink spirits (like whisky, vodka)?

- Every day
- Every week
- Every month
- Rarely
- Never

How often do you drink fortified (strong) wine (like sherry, martini, port, Buckfast, MD 20/20)?

- Every day
- Every week
- Every month

- Rarely
- Never

How often do you drink alcoholic energy drinks (like Dragon Soop)?

- Every day
- Every week
- Every month
- Rarely
- Never

How often do you drink any other drink that contains alcohol?

- Every day
- Every week
- Every month
- Rarely
- Never

Across your lifetime, have you ever had so much alcohol that you were really drunk?

- No, never
- Yes, once
- Yes, 2 – 3 times
- Yes, 4 – 10 times
- Yes, more than 10 times

Sleep

We are going to ask you about how well you sleep.

During the past month, how would you rate your sleep quality overall?

- Very good
- Fairly good
- Fairly bad
- Very bad

Using the statements below, please indicate how often the following things have happened during the past month.

When it's time to go to bed, I want to stay up and do other things

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In general, I am ready for bed at bedtime

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In general, I try to "put off" or delay going to bed

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

When it's time to go to sleep, I have trouble settling down

- Never

- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In general, I need help getting to sleep (for example, I need to listen to music, watch TV, read a book or take medication)

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

After waking up during the night, I have trouble going back to sleep

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

After waking up during the night, I have trouble getting comfortable

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

After waking up during the night, I need help to go back to sleep (for example, I need to watch TV or read)

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In the morning, I wake up and feel ready to get up for the day

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In the morning, I wake up feeling rested and alert

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

Physical activity

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activities can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, walking quickly, cycling, dancing, skateboarding, swimming, football and gymnastics.

Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Outside of school hours, how often do you usually exercise in your free time so much that you get out of breath or sweat?

- Every day
- 4 to 6 times a week
- 2 to 3 times a week
- Once a week
- Once a month
- Less than one a month
- Never

Compared with other people your age, are you:

- Much more active
- More active
- Similar
- Less active
- Much less active

How do you normally travel to school?

Please only tell us how you get to school most days.

If you normally do more than one of these to get to school (e.g., if you walk and then get the bus), you can select more than one.

- Walk

- Cycle
- Scooter/Skate
- Driven
- Bus/public transport
- Taxi
- Other
- Doesn't apply to me

Your Health

We are now going to ask you how you feel about your weight.

If you come to a question you don't want to answer, that's OK. You can select "prefer not to answer" and move on to the next one.

Which of these do you think you are?

- Underweight
- About the right weight
- Slightly overweight
- Very overweight
- Prefer not to answer

Have you ever exercised to lose weight or to avoid gaining weight?

- Yes
- No
- Prefer not to answer

Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?

- Yes
- No
- Prefer not to answer

Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight
- Prefer not to answer

How do you feel about the way you look?

- Very happy
- Fairly happy
- Not very happy
- Not at all happy
- I don't care/looks aren't important to me
- Prefer not to answer

Your body

The next questions are about changes that may be happening to your body. These changes normally happen to different young people at different ages.

If you do not understand a question or do not know the answer, just select "Don't know".

If there's a question you don't want to answer, that's OK. You can select "prefer not to answer" and move on to the next one.

First we'd like to ask you about your growth spurt. By "growth spurt" we mean a rapid increase in your height. Most children have a growth spurt as they approach and during their teens.

How would you describe your growth spurt? Would you say that your growth spurt:

- has not yet begun
- has barely started
- has definitely started
- seems completed
- Prefer not to answer
- Don't know

How about the growth of your body hair? Would you say that your body hair:

"Body hair" means hairs any place other than your head, such as under your arms.

- has not yet begun to grow
- has barely started to grow
- has definitely started to grow
- seems completed
- Prefer not to answer
- Don't know

How about any changes to your skin such as spots? Would you say that your skin:

- has not yet started changing
- has barely started changing
- has definitely started changing
- seems completed
- Prefer not to answer
- Don't know

How about your voice getting deeper? Would you say your voice:

- has not yet started changing
- has barely started changing
- has definitely started changing

- seems completed
- Prefer not to answer
- Don't know

How about the growth of your facial hair? Would you say your facial hair:

By "facial hair" we mean hair on your face, such as on your top lip or chin.

- has not yet started growing
- has barely started growing
- has definitely started growing
- seems completed
- Prefer not to answer
- Don't know

How about the growth of your breasts? Would you say your breasts:

- have not yet started growing
- have barely started growing
- have definitely started growing
- seems completed
- Prefer not to answer
- Don't know

Have you started your periods?

- Yes
- No
- Prefer not to answer
- Don't know

How old were you when you had your first period?

- Age 5
- Age 6
- Age 7
- Age 8
- Age 9
- Age 10
- Age 11
- Age 12
- Age 13
- Age 14
- Age 15

- Prefer not to answer
- Don't know

Wellbeing

We are now going to ask you about how you have been feeling recently.

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

I have felt cheerful and in good spirits

- All of the time
- Most of the time
- More than half of the time
- Less than half of the time
- Some of the time
- At no time

I have felt calm and relaxed

- All of the time
- Most of the time
- More than half of the time
- Less than half of the time
- Some of the time
- At no time

I have felt active and vigorous

- All of the time
- Most of the time
- More than half of the time
- Less than half of the time
- Some of the time
- At no time

I woke up feeling fresh and rested

- All of the time
- Most of the time
- More than half of the time
- Less than half of the time
- Some of the time
- At no time

My daily life has been filled with things that interest me

- All of the time
- Most of the time
- More than half of the time
- Less than half of the time
- Some of the time
- At no time

How often have you felt lonely during the past week?

- None or almost none of the time
- Some of the time
- Most of the time
- All or almost all of the time

How often do other children hurt you or pick on you on purpose?

- Most days
- About once a week
- About once a month
- Every few months
- Less often
- Never

How often do you hurt or pick on other children on purpose?

- Most days
- About once a week
- About once a month
- Every few months
- Less often
- Never

This next question use a scale from 0 to 10. On this scale 0 means 'very unhappy', 5 means 'not happy or unhappy', and 10 means 'very happy'.

- How happy are you with your life as a whole?
- 0 - very unhappy
- 1
- 2
- 3
- 4
- 5 – not happy or unhappy
- 6
- 7

- 8
- 9
- 10 – very happy
- Prefer not to say

Emotions

Below are a number of statements. Please read each statement, and then circle the choice that seems most true for you. Some of the statements may seem the same but they are different in important ways, so be sure to read carefully.

When I want to feel happier, I think about something different.

- Strongly Disagree
- Disagree
- Half and half
- Agree
- Strongly Agree

I keep my feelings to myself

- Strongly Disagree
- Disagree
- Half and half
- Agree
- Strongly Agree

When I want to feel less bad (e.g., sad, angry, or worried), I think about something different.

- Strongly Disagree
- Disagree
- Half and half
- Agree
- Strongly Agree

When I am feeling happy, I am careful not to show it.

- Strongly Disagree
- Disagree
- Half and half
- Agree
- Strongly Agree

When I'm worried about something, I make myself think about it in a way that helps me feel better.

- Strongly Disagree
- Disagree
- Half and half
- Agree

- Strongly Agree

I control my feelings by not showing them.

- Strongly Disagree
- Disagree
- Half and half
- Agree
- Strongly Agree

When I want to feel happier about something, I change the way I'm thinking about it.

- Strongly Disagree
- Disagree
- Half and half
- Agree
- Strongly Agree

I control my feelings about things by changing the way I think about them.

- Strongly Disagree
- Disagree
- Half and half
- Agree
- Strongly Agree

When I'm feeling bad (e.g., sad, angry, or worried), I'm careful not to show it.

- Strongly Disagree
- Disagree
- Half and half
- Agree
- Strongly Agree

When I want to feel less bad (e.g., sad, angry, or worried) about something, I change the way I'm thinking about it.

- Strongly Disagree
- Disagree
- Half and half
- Agree
- Strongly Agree

School

What type of school do you go to?

- Public state school
- Independent/Private school
- Special school (public)
- Special school (private)
- Boarding school (as a boarder)
- Home school
- Don't know

Which year are you in at school?

- P7
- S1
- S2
- S3
- S4
- S5
- S6
- Don't know
- Doesn't apply to me

How do you feel about school at present?

- I like it a lot
- I like it a bit
- I don't like it very much
- I don't like it at all

How pressured (stressed) do you feel by the schoolwork you have to do?

- Not at all
- A little
- Some
- A lot

How often does anyone at home make sure you do your homework?

- Always
- Usually
- Sometimes

- Never or almost never

Life at home

In this section, we want to understand more about your life at home.

Including yourself, how many people live in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20+

What type of accommodation do you live in?

- House or bungalow
- Flat or apartment
- Hostel
- Mobile or caravan
- Sheltered house
- Homeless
- Other
- Don't know

Imagine a ladder with 10 steps. This ladder represents where people stand in society. At the top of the ladder are the people who have the most money, most education, and most respected jobs. At the bottom are those with least money, least education, and least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top, and the lower you are, the closer you are to the people at the very bottom.

Where do you think your family stands on the ladder, relative to other people in Scotland now?

- 10 – Best off
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 – Worst off

More about you

Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more?

- Yes
- No
- Don't know
- Prefer not to answer

Does your condition or illness reduce your ability to carry out day-to-day activities?

- Yes, a lot
- Yes, a little
- No, not at all
- Don't know
- Prefer not to answer

Does this condition or illness affect you in any of the following areas?

Select all that apply, or select None of the above.

- Vision, e.g., blindness or partial sight
- Hearing, e.g., deafness or partial hearing
- Mobility, e.g., walking short distances or climbing stairs
- Dexterity, e.g., lifting or carrying objects, using a keyboard
- Learning, understanding or concentration
- Memory
- Mental health
- A long-term illness, e.g., diabetes, cancer, HIV, heart disease or epilepsy
- Stamina, breathing or fatigue
- Socially or behaviourally, e.g., associated with autism, Asperger's syndrome or attention deficit hyperactivity disorder
- Don't know
- Prefer not to answer
- None of the above

Do you care for, or look after, someone?

For example, because they have a disability, an illness, a drug or alcohol problem, a mental health problem, or problems related to old age.

- Yes
- No
- Prefer not to answer

Who is it that you care for, or look after?

If you care for or look after more than one person, you can select multiple

- Someone you live with
- Someone outside the household

How often do you care for, or look after them?

- Every day
- 5-6 days a week
- 3-4 days a week
- 1-2 days a week
- Less and once a week

What is your ethnic origin?

Please select one option.

- White – Scottish
- White – Other British (English/Welsh/Northern Irish)
- White – Irish
- White – Gypsy or Traveller
- White - Polish
- Any other White background
 - Please describe _____
- Asian, Asian Scottish or Asian British – Indian
- Asian, Asian Scottish or Asian British – Pakistani
- Asian, Asian Scottish or Asian British – Bangladeshi
- Asian, Asian Scottish or Asian British – Chinese
- Any other Asian background
 - Please describe _____
- Black, Black Scottish or Black British - African
- Black, Black Scottish or Black British - Caribbean
- Any other Black/African/Caribbean background
 - Please describe _____
- Arab or Arab British
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Any other Mixed/Multiple ethnic background
 - Please describe _____
- Any other ethnic group
 - Please describe _____
- Prefer not to answer

Did anyone help you to fill in this questionnaire?

This could be a parent, a brother or sister, or anyone else

- Yes
- No

Did anyone sit beside you when you were doing the questionnaire?

This could be a parent, a brother or sister, or anyone else

- Yes
- No

Keeping in touch

Thank you for sharing your information so far.

We will keep in touch with you about the Generation Scotland study by email. We would also like to know if you are happy for us to keep in touch by telephone or text message. This would include invitations to complete questionnaires and to return your saliva sample.

Can we contact you by:

Telephone

- Yes
- No

Text message

- Yes
- No

When making our research projects, we like to involve our volunteers.

We'd like to know whether you'd like to share with us what topics matter to you. We'd also like to know if you want to share your volunteer experience with us.

If you answer yes to the questions below, we may invite you to help us with our studies in the future. If you're invited, you can choose whether or not to take part.

Would you like to be invited to help shape the future of our research?

- Yes
- No

Would you like to be invited to share your experience of being a volunteer?

- Yes
- No

What did you think of the questionnaire?

We'd like to ask you a few questions about how you found completing this questionnaire.

Your answers will be used to improve our questionnaires in the future.

How did you find the length of this questionnaire?

- Too short
- About right
- Too long

How did you find completing this questionnaire?

- Not at all enjoyable
- Quite enjoyable
- Very enjoyable