Twin Report

TEDS-21 Study

Part Two

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.

Relationships

The questions on this page and the next are about the frequency of contact that you have with your parent-figures. Please note that they do not have to be biologically related to you (for example they could be step-parents).

The following 4 questions are about your mother or mother-figure. If you do not want to answer questions about your mother, please skip to the next page.

1. Approximately how close does your mother live to you?

Live together	☐
Walking distance	☐
Under an hour	☐
A few hours' drive away	☐
More than 5 hours' drive away	☐
Lives in a different country	☐
I do not know	☐

If you answered “live together”, then please skip questions 2 to 4.

2. When did you last see your mother?

Within the last 12 months	One year ago	Two to five years ago	Six or more years ago	Never met her
☐	☐	☐	☐	☐

3. During the last 12 months, about how often did you see your mother? (Skip this question if you have not seen your mother within the last 12 months).

Every day	More than once a week	About once a week	1-3 times a month	Several times	About once
☐	☐	☐	☐	☐	☐

4. During the last 12 months, about how often have you communicated with your mother (in person, by phone, email, Skype, etc.)?

Every day	More than once a week	About once a week	1-3 times a month	Several times	About once	Not at all
☐	☐	☐	☐	☐	☐	☐

The following 4 questions are about your father or father-figure. If you do not want to answer questions about your father, please skip to the next page.

1. Approximately how close does your father live to you?

Live together	☐
Walking distance	☐
Under an hour	☐
A few hours' drive away	☐
More than 5 hours' drive away	☐
Lives in a different country	☐
I do not know	☐

If you answered “live together”, then please skip questions 2 to 4.

2. When did you last see your father?

Within the last 12 months	One year ago	Two to five years ago	Six or more years ago	Never met him
☐	☐	☐	☐	☐

3. During the last 12 months, about how often did you see your father? (Skip this question if you have not seen your father within the last 12 months).

Every day	More than once a week	About once a week	1-3 times a month	Several times	About once
☐	☐	☐	☐	☐	☐

4. During the last 12 months, about how often have you communicated with your father (in person, by phone, email, Skype, etc.)?

Every day	More than once a week	About once a week	1-3 times a month	Several times	About once	Not at all
☐	☐	☐	☐	☐	☐	☐

To what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. It is important to me to feel I am or will be an effective parent	☐	☐	☐	☐	☐
2. I expect my job/career to give me more real satisfaction than anything else I do	☐	☐	☐	☐	☐
3. Having a comfortable and attractive home is of great importance to me	☐	☐	☐	☐	☐
4. I devote (or expect to devote) a significant amount of my time and energy to the rearing of my children	☐	☐	☐	☐	☐
5. I would value being involved in a career and expect to devote the time and effort needed to develop it	☐	☐	☐	☐	☐
6. I want a place to live, but I do not really care how it looks	☐	☐	☐	☐	☐
7. Although parenthood requires many sacrifices, the love and enjoyment of children of one's own are worth it all	☐	☐	☐	☐	☐
8. Having work/a career that is interesting and exciting to me is an important life goal	☐	☐	☐	☐	☐
9. Having a nice home is something to which I am very committed	☐	☐	☐	☐	☐
10. I am (or expect to be) very involved in the day-to-day matters of rearing my children	☐	☐	☐	☐	☐
11. This is a quality control item, please select 'Disagree'	☐	☐	☐	☐	☐
12. I expect to devote a significant amount of my time to building my career and developing the skills necessary to advance in my career	☐	☐	☐	☐	☐
13. To have a well-run home is one of my life goals	☐	☐	☐	☐	☐

The following questions ask about negative experiences in your childhood. We know that this is a sensitive subject, but it is important to ask as some of these experiences are not uncommon. You may find answering some of these questions distressing. If you find that you prefer not to answer a particular question, please leave it and move on to the next question.

	Never	Rarely	Sometimes	Often	Very often
When you were a child, how often did an adult in your family shout at you?	☐	☐	☐	☐	☐
When you were a child, how often did an adult say hurtful or insulting things to you?	☐	☐	☐	☐	☐
This is a quality control question, please select 'Rarely'	☐	☐	☐	☐	☐
When you were a child, how often did an adult push, grab or shove you?	☐	☐	☐	☐	☐
When you were a child, how often did an adult smack you for discipline?	☐	☐	☐	☐	☐
When you were a child, how often did an adult punish you in a way that seemed cruel?	☐	☐	☐	☐	☐
When you were a child, how often did an adult **threaten** to kick, punch, or hit you with something that could hurt you, or physically attack you in another way?	☐	☐	☐	☐	☐
When you were a child, how often did an adult **actually** kick, punch, or hit you with something that could hurt you, or physically attack you in another way?	☐	☐	☐	☐	☐
When you were a child, how often did an adult hit you so hard it left you with bruises or marks?	☐	☐	☐	☐	☐

If you would like to talk to a trained professional about any of the issues raised on this page, you can call the **Samaritans** for free on 116 123 (24 hours a day, 365 days a year) from any phone.

Life Experiences

To what extent do you identify with the following statements?

	Not at all like me	Not much like me	Somewhat like me	Mostly like me	Very much like me
I aim to be the best in the world at what I do	☐	☐	☐	☐	☐
I am ambitious	☐	☐	☐	☐	☐
Achieving something of lasting importance is the highest goal in life	☐	☐	☐	☐	☐
I think achievement is overrated	☐	☐	☐	☐	☐
I am driven to succeed	☐	☐	☐	☐	☐

Hassles are irritants or things that annoy or bother you. This table lists things that can be hassles in day-to-day life. Please think about how much of a hassle each item is for you on a typical day.

	None or not applicable	Not very	Somewhat	Quite a bit	A great deal
Inner concerns (inner conflicts, regrets, physical appearance)	☐	☐	☐	☐	☐
Finances (financial security, bills)	☐	☐	☐	☐	☐
Time management (responsibilities, social events)	☐	☐	☐	☐	☐
Work (promotion, job satisfaction)	☐	☐	☐	☐	☐
Environment (pollution, crime, traffic)	☐	☐	☐	☐	☐
Family (children, parents)	☐	☐	☐	☐	☐
Health (physical, mental)	☐	☐	☐	☐	☐

Listed below are a number of events that may have brought substantial changes in your life, both positive and negative.

Have any of these occurred since you were 16 years of age, and did they affect you?

Since you were 16 years of age …	No, did not happen	Yes, but didn't affect me at all	Yes, mildly affected me	Yes, moderately affected me	Yes, affected me a lot
1. You became homeless	☐	☐	☐	☐	☐
2. You or your partner became pregnant or had a baby	☐	☐	☐	☐	☐
3. You lost your job or got into serious financial problems	☐	☐	☐	☐	☐
4. You were divorced or separated	☐	☐	☐	☐	☐
5. You were admitted to hospital or became seriously ill	☐	☐	☐	☐	☐
6. You were in trouble with the law	☐	☐	☐	☐	☐
7. You were the victim of a serious crime	☐	☐	☐	☐	☐
8. Someone close to you died	☐	☐	☐	☐	☐
9. This is a quality control question, please select 'Yes, but didn't affect me at all'	☐	☐	☐	☐	☐
10. You attempted suicide	☐	☐	☐	☐	☐
11. You or your partner had an abortion	☐	☐	☐	☐	☐
12. Your parents divorced	☐	☐	☐	☐	☐

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Behaviour

To what extent do the following statements accurately describe you?

	Not true at all	Somewhat true	Mainly true	Definitely true
1. It is hard for me to pay attention to details	☐	☐	☐	☐
2. I make mistakes by accident	☐	☐	☐	☐
3. I have trouble keeping my mind on what I am doing	☐	☐	☐	☐
4. I have trouble keeping my mind on what other people are saying to me	☐	☐	☐	☐
5. I have trouble following instructions	☐	☐	☐	☐
6. I have trouble finishing things	☐	☐	☐	☐
7. I have trouble keeping myself organised	☐	☐	☐	☐
8. I do not like doing things that make me think hard	☐	☐	☐	☐
9. I lose stuff that I need	☐	☐	☐	☐
10. I get distracted by things that are going on around me	☐	☐	☐	☐
11. I forget stuff	☐	☐	☐	☐
12. This is a quality control item, please select 'Mainly true'	☐	☐	☐	☐
13. It is hard for me to sit still	☐	☐	☐	☐
14. I get out of my seat when I am not supposed to	☐	☐	☐	☐
15. I am restless	☐	☐	☐	☐
16. I have trouble doing things quietly	☐	☐	☐	☐
17. I like to be on the go rather than being in one place	☐	☐	☐	☐
18. I talk too much	☐	☐	☐	☐
19. I blurt out the answer before a question is finished	☐	☐	☐	☐
20. I have trouble waiting for my turn	☐	☐	☐	☐
21. I interrupt other people	☐	☐	☐	☐

For each of the following statements, please indicate how often you have had the thought or feeling described.

	Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
1. Someone has bad intentions towards me	☐	☐	☐	☐	☐	☐
2. Bad things are being said about me behind my back	☐	☐	☐	☐	☐	☐
3. People are being hostile towards me	☐	☐	☐	☐	☐	☐
4. People are trying to upset me	☐	☐	☐	☐	☐	☐
5. Someone has it in for me	☐	☐	☐	☐	☐	☐
6. People are looking at me in an unfriendly way	☐	☐	☐	☐	☐	☐
7. There might be negative comments being spread about me	☐	☐	☐	☐	☐	☐
8. People might be conspiring against me	☐	☐	☐	☐	☐	☐
9. I am under threat from others	☐	☐	☐	☐	☐	☐
10. People are laughing at me	☐	☐	☐	☐	☐	☐
11. People would harm me if given an opportunity	☐	☐	☐	☐	☐	☐
12. People are deliberately trying to irritate me	☐	☐	☐	☐	☐	☐
13. I need to be on my guard against others	☐	☐	☐	☐	☐	☐
14. I might be being observed or followed	☐	☐	☐	☐	☐	☐
15. I can detect coded messages about me in the press/TV/internet	☐	☐	☐	☐	☐	☐
16. I hear sounds or music that people near me don't hear	☐	☐	☐	☐	☐	☐
17. I see things that other people cannot	☐	☐	☐	☐	☐	☐
18. I feel that someone is touching me, but when I look nobody is there	☐	☐	☐	☐	☐	☐
19. I hear noises or sounds when there is nothing about to explain them	☐	☐	☐	☐	☐	☐
20. I detect smells which don't seem to come from my surroundings	☐	☐	☐	☐	☐	☐
21. I see shapes, lights, or colours even though there is nothing really there	☐	☐	☐	☐	☐	☐
22. I notice smells or odours that people next to me seem unaware of	☐	☐	☐	☐	☐	☐
23. I experience unusual burning sensations or other strange feelings in or on my body that can't be explained	☐	☐	☐	☐	☐	☐
24. This is a quality control question, please select 'Once a month'	☐	☐	☐	☐	☐	☐
25. I hear voices commenting on what I'm thinking or doing	☐	☐	☐	☐	☐	☐

If you are affected by any of the issues raised on this page, you may wish to contact the mental health charity **Mind** on 0300 123 3393 or visit their website: www.mind.org.uk.

Substance Use

The questions on this and the next page are about drinking **alcohol** (this includes beer, wine, alcopops, cider, and spirit drinks like vodka).
If you prefer not to answer these questions, please skip them and move on to page 12.

1. Have you ever had a whole drink? (For example: a small bottle or half a pint of beer, a small glass of wine, or a shot of whisky, gin or vodka).

Yes	No
☐	☐

If Yes, please answer questions 2-14 below.
If No, please skip these questions and go to page 12.

2. How old were you the first time you had a whole drink?

Less than 10	10-12	13-15	16-18	Over 18
☐	☐	☐	☐	☐

3. Think about the occasion on which you drank the most alcohol you've **ever had in a 24-hour period**. On that occasion, how many of each of the following did you drink? (Choose from the options below, for example: 3-5 pints of beer and 1-2 shots).

	0	1-2	3-5	6-10	11-15	16-20	21-25	26 or more
Standard glass of wine	☐	☐	☐	☐	☐	☐	☐	☐
Pint of lager/beer/cider	☐	☐	☐	☐	☐	☐	☐	☐
Alcopop	☐	☐	☐	☐	☐	☐	☐	☐
Single shot of spirit	☐	☐	☐	☐	☐	☐	☐	☐

4. How often do you have a drink containing alcohol?

Never / almost never	Monthly or less	2-4 times a month	2-3 times per week	4 or more times per week
☐	☐	☐	☐	☐

5. Thinking about a typical day when you are drinking how many of the following do you drink?

	0	1-2	3-5	6-10	11-15	16-20	21-25	26 or more
Standard glass of wine	☐	☐	☐	☐	☐	☐	☐	☐
Pint of lager/beer/cider	☐	☐	☐	☐	☐	☐	☐	☐
Alcopop	☐	☐	☐	☐	☐	☐	☐	☐
Single shot of spirit	☐	☐	☐	☐	☐	☐	☐	☐

Please answer the following questions about your drinking **in the past year**.

	Never / almost never	Less than monthly	Monthly	Weekly	Daily / almost daily
6. During the past year, how often have you had six or more units of alcohol on one occasion?	☐	☐	☐	☐	☐
7. During the past year, how often have you found that you were not able to stop drinking once you had started?	☐	☐	☐	☐	☐
8. During the past year, how often have you failed to do what was normally expected of you because of drinking (e.g., go to college/university/work, play sport or go out with family and friends)?	☐	☐	☐	☐	☐
9. This is a quality control question, please select 'Less than monthly'	☐	☐	☐	☐	☐
10. During the past year, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	☐	☐	☐	☐	☐
11. During the past year, how often have you had a feeling of guilt or remorse after drinking?	☐	☐	☐	☐	☐
12. During the past year, how often have you been unable to remember what happened the night before because you had been drinking?	☐	☐	☐	☐	☐

Please answer the following questions about your drinking **in the past year**.

	No	Yes, but not in the past year	Yes, once	Yes, a couple of times	Yes, frequently
13. During the past year have you, or has someone else, been injured as a result of your drinking?	☐	☐	☐	☐	☐
14. During the past year has anyone (e.g., a relative, friend or doctor) been concerned about your drinking or suggested you cut down?	☐	☐	☐	☐	☐

For confidential advice and information about drinking, **Drinkline** runs a free helpline. Their number is: 0300 123 1110 (weekdays 9am-8pm, weekends 11am-4pm).

The next 12 questions are about **smoking**. If you prefer not to answer these questions, please skip them.

1. Have you ever smoked a cigarette (including roll-ups)?

Yes	No
☐	☐

If Yes, please answer the questions below.
If No, please skip these questions and go to question 10.

2. How many cigarettes have you smoked altogether in your lifetime?

1-10	11-50	51-100	101-250	251-500	501-1000	Over 1000
☐	☐	☐	☐	☐	☐	☐

3. How old were you when you first smoked a whole cigarette?

10 or younger	11	12	13	14	15	16 or older
☐	☐	☐	☐	☐	☐	☐

Please answer questions 4 to 9 if you currently smoke.
If you do not currently smoke, skip these questions and go to question 10 on the next page.

4. Which cigarette would you most hate to give up?

The first one in the morning	Any others
☐	☐

5. How soon after you wake up do you smoke your first cigarette?

Within 5 minutes	6-30 minutes	31-60 minutes	More than an hour
☐	☐	☐	☐

6. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. in church, buses, trains, the library, cinemas)?

Yes	No
☐	☐

7. How many cigarettes a day do you smoke?

10 or less	11-20	21-30	31 or more
☐	☐	☐	☐

8. Do you smoke more frequently during the first hours after waking than during the rest of the day?

Yes	No
☐	☐

9. Do you smoke if you are so ill that you are in bed most of the day?

Yes	No
☐	☐

10. Have you ever vaped/used an electronic cigarette (also known as e-cigarettes or e-cigs)?

Yes	No
☐	☐

If Yes, please answer questions 11-12 below.
If No, please skip these questions.

11. How long have you used electronic cigarettes for?

Less than one month	1-3 months	3-6 months	6 months - 1 year	1-2 years	More than 2 years	Not applicable
☐	☐	☐	☐	☐	☐	☐

12. How often do you use electronic cigarettes?

I've only tried once/a few times	Less than once a month	At least once a month	At least once a week	At least once a day	Every few hours
☐	☐	☐	☐	☐	☐

For confidential advice and information on smoking, including giving up smoking, **Smokefree National Helpline** can be reached on 0300 123 1044 (weekdays 9am-8pm, weekends 11am-4pm).

Questions 1 to 5 below are about **cannabis**. Please remember that your answers to all these questions are confidential. If you prefer not to answer these questions, please skip them.

1. Have you ever tried cannabis (also called marijuana, hash, dope, pot, blow, skunk, puff, grass, draw, ganja, spliff, joint, smoke, weed)?

Yes	No
☐	☐

If Yes, please answer questions 2-5 below.
If No, please skip these questions and go to the next page.

2. How old were you when you first tried cannabis?

11 or younger	12	13	14	15	16	17 or older
☐	☐	☐	☐	☐	☐	☐

3. When you smoke cannabis, on a typical day, how many joints/spliffs/pipes or bongs would you have?

1	2-3	4-5	6-10	More than 10	Not applicable
☐	☐	☐	☐	☐	☐

4. In the last 12 months how often have you used cannabis?

Not in the last 12 months	Once or twice	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐	☐

5. The questions below are about your use of cannabis in the **past 12 months**. If you haven't used cannabis in the past 12 months, please skip these questions and go to the next set of questions.

	Never / almost never	Rarely	From time to time	Fairly often	Often
a) During the past 12 months, how often have you used cannabis before midday?	☐	☐	☐	☐	☐
b) During the past 12 months, how often have you used cannabis when you were alone?	☐	☐	☐	☐	☐
c) During the past 12 months, how often have you had memory problems when you've used cannabis?	☐	☐	☐	☐	☐
d) During the past 12 months, how often have friends or members of your family told you that you ought to reduce your cannabis use?	☐	☐	☐	☐	☐
e) During the past 12 months, how often have you tried to reduce or stop your cannabis use without succeeding?	☐	☐	☐	☐	☐
f) During the past 12 months, how often have you had problems because of your use of cannabis (an argument, fight, accident, bad result at college/university, or other problems)?	☐	☐	☐	☐	☐

The following 5 questions are about **cognitive enhancers**. A cognitive enhancer is defined as any drug taken specifically for the purpose of improving cognitive performance (memory, attention, thinking speed, etc.). If you find that you prefer not to answer a particular question, please leave it and move on to the next question.

	No, never	Yes, once or twice	Yes, 3-5 times	Yes, 6-10 times	Yes, more than 10 times
1. Have you ever tried to enhance your cognitive performance by using over-the-counter products? Examples of such products are caffeine tablets, caffeinated drinks or energy drinks and ginkgo biloba.	☐	☐	☐	☐	☐
2. This is a quality control question, please select 'Yes, 3-5 times'.	☐	☐	☐	☐	☐
3. Have you ever tried to enhance your cognitive performance by using drugs that are normally prescribed for other purposes? Examples of such drugs are Ritalin, Attentin, Adderall, Modafinil, antidepressants, sedatives, beta-blockers and anti-dementia agents.	☐	☐	☐	☐	☐

4. **If Yes**, were you prescribed this drug yourself, or did you obtain it by other means?	Prescribed ☐	Other means ☐			
5. Have you ever tried to enhance your cognitive performance by using illicit or illegal drugs? Examples of such drugs are ecstacy, MDMA, crystal meth, cocaine, speed, GHB or GBL.	No, never ☐	Yes, once or twice ☐	Yes, 3-5 times ☐	Yes, 6-10 times ☐	Yes, more than 10 times ☐

The remaining questions on this page are about **illicit or illegal drugs**. Please remember that your answers to all questions are confidential. If you find that you prefer not to answer a particular question, please leave it and move on to the next question.

1. Have you ever taken any illicit/illegal drugs?

Yes	No
☐	☐

If Yes, please answer questions 2-8 below.
If No, please skip these questions and go to the next page.

	No, not at all	Just once	2-5 times	6-10 times	More than 10 times
2. Have you ever taken cocaine (charlie, 'c', coke, etc.)?	☐	☐	☐	☐	☐
3. Have you ever taken crack (rock, stone, etc.)?	☐	☐	☐	☐	☐
4. Have you ever taken amphetamine-type stimulants (ecstasy, MDMA, speed, etc.)?	☐	☐	☐	☐	☐
5. Have you ever taken inhalants (nitrous, glue, petrol, paint thinner, etc.)?	☐	☐	☐	☐	☐
6. Have you ever taken sedatives or sleeping pills (Valium, etc.) recreationally, without a prescription?	☐	☐	☐	☐	☐
7. Have you ever taken hallucinogens (LSD, acid, mushrooms, PCP, Ketamine ('Special K'), etc.)?	☐	☐	☐	☐	☐
8. Have you ever taken opioids (heroin, morphine, methadone, codeine, etc.) recreationally, without a prescription?	☐	☐	☐	☐	☐

For confidential advice and information on drug use, you can call the drug advice helpline **FRANK** on 0300 123 6600 (24 hours a day 365 days a year).

Conflict

The following questions are about your actions **in the past 12 months**.

During the last year …	Not in the last year (or never)	Once	2-5 times	6-10 times	More than 10 times
1. How often have you been rowdy or rude in a public place, so that people complained or you got into trouble?	☐	☐	☐	☐	☐
2. How often have you stolen something from a shop?	☐	☐	☐	☐	☐
3. How often have you bought something that you knew or suspected was stolen?	☐	☐	☐	☐	☐
4. How often have you broken into a car or van to try to steal something out of it?	☐	☐	☐	☐	☐
5. How often have you taken and/or driven a vehicle without the owner's permission?	☐	☐	☐	☐	☐
6. How often have you broken into a house or building to try to steal something?	☐	☐	☐	☐	☐
7. How often have you stolen any money or property that someone was holding, carrying or wearing at the time?	☐	☐	☐	☐	☐
8. **If you have stolen in this way**, on how many of these occasions did you use threats or actual force or violence against the other person? (skip if not applicable)	☐	☐	☐	☐	☐
9. How often have you hit, kicked or punched someone else on purpose, with the intention of really hurting them?	☐	☐	☐	☐	☐
10. How often have you deliberately damaged or destroyed property that did not belong to you?	☐	☐	☐	☐	☐
11. How often have you hurt or injured animals or birds on purpose?	☐	☐	☐	☐	☐
12. This is a quality control question, please select '6-10 times'	☐	☐	☐	☐	☐
13. How often have you carried a knife or other weapon with you for protection, or in case it was needed in a fight?	☐	☐	☐	☐	☐
14. **If you have carried a weapon in this way**, did you actually use this weapon against somebody? (skip if not applicable)	☐	☐	☐	☐	☐
15. How often have you used a cheque book, credit card or cash point card which you knew or suspected to be stolen, to get money out of a bank account or to purchase something?	☐	☐	☐	☐	☐

During the last year …	Not in the last year (or never)	Once	2-5 times	6-10 times	More than 10 times
16. How many times did you sell an illegal drug to someone?	☐	☐	☐	☐	☐
17. How many times did you set fire or try to set fire to something on purpose (e.g., a school, bus shelter, house, etc)?	☐	☐	☐	☐	☐

The following 6 questions are about criminality. As always, all of your responses are confidential. If you find that you prefer not to answer a particular question, please leave it and move on to the next question.

1. Have you ever been cautioned by the police?

Yes	No
☐	☐

2. Have you ever been arrested?

Yes	No
☐	☐

If Yes, please answer questions 3-6 below.
If No, please skip these questions and go to the next page.

3. How many times have you been arrested?

Once	2-4 times	5-7 times	8-10 times	More than 10 times
☐	☐	☐	☐	☐

4. How many nights have you spent in a police cell?

None	1 night	2-4 nights	5-7 nights	8 or more nights
☐	☐	☐	☐	☐

5. Have you ever been sentenced to prison?

Yes	No
☐	☐

If Yes, please answer question 6.

6. How much time were you sentenced to spend in prison?

1-6 days	☐	1-2 years	☐
1-4 weeks	☐	2-5 years	☐
1-5 months	☐	5-10 years	☐
6-11 months	☐	More than 10 years	☐

The questions on the next two pages are about victimisation and bullying. If you find that you prefer not to answer a particular question, please leave it and move on to the next question.

How often during the last year has someone **(excluding family and partner)** done these things to you?

	Not at all	Once	More than once
1. Punched me	☐	☐	☐
2. Tried to get me into trouble with my friends	☐	☐	☐
3. Called me names	☐	☐	☐
4. Sent me nasty texts	☐	☐	☐
5. Kicked me	☐	☐	☐
6. Tried to turn my friends against me	☐	☐	☐
7. Made fun of me because of my appearance	☐	☐	☐
8. Said something mean about me on social media (e.g., Facebook, Instagram)	☐	☐	☐
9. Hurt me physically in some way	☐	☐	☐
10. Refused to talk to me	☐	☐	☐
11. Made fun of me for some reason	☐	☐	☐
12. Written spiteful things about me in a chat room	☐	☐	☐
13. Beaten me up	☐	☐	☐
14. Made other people not talk to me	☐	☐	☐
15. Sworn at me	☐	☐	☐
16. Written nasty things to me using instant messenger (e.g., Facebook Messenger, Whatsapp, Snapchat)	☐	☐	☐

For confidential advice and information on bullying, the **National Bullying Helpline** can be reached on 0845 22 55 787 or 07734 701221.

Below is a list of things that you might have done to another person.
How often during the last year have you done these things to someone **(excluding family and partner)**?

	Not at all	Once	More than once
1. Punched another person	☐	☐	☐
2. Tried to get somebody in trouble with their friends	☐	☐	☐
3. Called another person names	☐	☐	☐
4. Sent a nasty text to somebody	☐	☐	☐
5. Kicked another person	☐	☐	☐
6. Tried to turn another person's friends against them	☐	☐	☐
7. Made fun of another person because of their appearance	☐	☐	☐
8. Said something mean about somebody on social media (e.g., Facebook, Instagram)	☐	☐	☐
9. Hurt someone physically in some way	☐	☐	☐
10. Refused to talk to another person	☐	☐	☐
11. Made fun of another person for some reason	☐	☐	☐
12. Written spiteful things about somebody in a chat room	☐	☐	☐
13. Beaten another person up	☐	☐	☐
14. This is a quality control question, please select 'Once'	☐	☐	☐
15. Made other people not talk to another person	☐	☐	☐
16. Sworn at somebody	☐	☐	☐
17. Written nasty things to somebody using instant messenger (e.g., Facebook Messenger, Whatsapp, Snapchat)	☐	☐	☐

For confidential advice and information on bullying, the **National Bullying Helpline** can be reached on 0845 22 55 787 or 07734 701221.

Wellbeing

How much do you agree with the following statements about your fun and recreation?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have lots of interesting things to do in my leisure time	☐	☐	☐	☐	☐
I have plenty of opportunities for socialising	☐	☐	☐	☐	☐
I find my leisure time fulfilling	☐	☐	☐	☐	☐
I have at least one engaging hobby	☐	☐	☐	☐	☐
Leisure time is important to my quality of life	☐	☐	☐	☐	☐

The following questions are about **the past 7 days**.

During the past 7 days …	Never	Occasionally	Half of the time	Most of the time	All of the time
I have felt moments of sudden terror, fear, or fright	☐	☐	☐	☐	☐
I have felt anxious, worried, or nervous	☐	☐	☐	☐	☐
I have had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents	☐	☐	☐	☐	☐
I have felt a racing heart, sweaty, trouble breathing, faint, or shaky	☐	☐	☐	☐	☐
I have felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping	☐	☐	☐	☐	☐
I have avoided, or did not approach or enter situations about which I worry	☐	☐	☐	☐	☐
I have left situations early or participated only minimally due to worries	☐	☐	☐	☐	☐
I have spent a lot of time making decisions, putting off making decisions, or preparing for situations, due to worries	☐	☐	☐	☐	☐
I have sought reassurance from others due to worries	☐	☐	☐	☐	☐
I have needed help to cope with anxiety (e.g., alcohol or medications, superstitious objects)	☐	☐	☐	☐	☐

The next nine questions are repeated from the first phase of TEDS21, so you may recognise them. This repetition is deliberate because we would like to see whether some behaviours change over time. Thinking about how you have been feeling or acting in the **past two weeks**, how much do you agree with the following statements?

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

If you are affected by any of the issues raised in the questions above, you may wish to contact the mental health charity **Mind** on 0300 123 3393 or visit their website: www.mind.org.uk.

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 find that you prefer not to answer a particular question, please leave it and move on to the next question.

We have asked about this subject more generally before, but the following questions are specifically about **the past year**.

	No	Yes, once or twice	Yes, 3-5 times	Yes, 6-10 times	Yes, more than 10 times
1. In the past year, have you ever thought about killing yourself, even if you would not really do it?	☐	☐	☐	☐	☐
2. In the past year, have you ever hurt yourself on purpose in any way (e.g. by taking an overdose of pills, or by cutting yourself)?	☐	☐	☐	☐	☐

If you answered yes to the last question (have you hurt yourself on purpose in the past year), please answer questions 3-14 below. Otherwise, skip ahead to the next page.

	No, not in the past year	Yes, once or twice	Yes, 3-5 times	Yes, 6-10 times	Yes, more than 10 times
3. In the past year, have you ever hurt yourself on purpose without intending to kill yourself?	☐	☐	☐	☐	☐
4. In the past year, on any of the occasions you have hurt yourself on purpose, have you ever seriously wanted to kill yourself?	☐	☐	☐	☐	☐
5. In the past year, did you hurt yourself because you wanted to show how desperate you were feeling?	☐	☐	☐	☐	☐
6. In the past year, did you hurt yourself because you wanted to die?	☐	☐	☐	☐	☐
7. In the past year, did you hurt yourself because you wanted to punish yourself?	☐	☐	☐	☐	☐
8. In the past year, did you hurt yourself because you wanted to frighten someone?	☐	☐	☐	☐	☐
9. In the past year, did you hurt yourself because you wanted to get relief from a terrible state of mind?	☐	☐	☐	☐	☐
10. In the past year, have you swallowed pills or something poisonous?	☐	☐	☐	☐	☐
11. In the past year, have you cut yourself?	☐	☐	☐	☐	☐
12. In the past year, have you burnt yourself (e.g., with a cigarette)?	☐	☐	☐	☐	☐
13. In the past year, have you scratched yourself, pulled your hair, head-butted or punched something to the point of feeling pain?	☐	☐	☐	☐	☐

14. If you have harmed yourself in any other way not mentioned in questions 10-13, you can give details in the space below:

……

If you would like to talk to a trained professional about any of the issues raised in this section, you can call the **Samaritans** for free on 116 123 (24 hours a day, 365 days a year) from any phone.

Health

The questions on the next few pages are about aspects of your health. If you find that you prefer not to answer a particular question, please leave it and move on to the next question.

1. Have you been diagnosed with a medical disorder with serious life-long physical effects on your health, such as cerebral palsy, epilepsy or Down's syndrome?

Yes	No
☐	☐

If Yes, please answer questions 2 and 3 below.
If No, please skip these questions and go to question 4 below.

2. Please specify which, if any, of the following conditions you have been diagnosed with (select all that apply).

Cerebral palsy	☐	Epilepsy	☐
Cystic Fibrosis	☐	Tourette's syndrome	☐
Down's syndrome	☐	Fragile X	☐

3. If you have any other serious medical order that you have been diagnosed with, and which is not in the list above, please tell us about it in the space below:

……

4. Have you ever been diagnosed with a mental health disorder by a medical professional (for example depression, schizophrenia, autism, Asperger's syndrome)?

Yes	No
☐	☐

If Yes, please answer questions 5 to 11 below.
If No, please skip these questions and go to question 12 on page 25.

5. Please specify which, if any, of the following conditions you have been diagnosed with (select all that apply).

Depression	☐	Bipolar Disorder	☐
Anxiety Disorders	☐	Schizophrenia	☐
Obsessive-Compulsive Disorder (OCD)	☐	Autism	☐
Post-traumatic Stress Disorder (PTSD)	☐	Asperger's syndrome	☐

6. If you have any other mental health disorder that you have been diagnosed with, and which is not in the list above, please tell us about it in the space below:

……

7. Have you ever taken medication for a diagnosed mental health problem?

Yes	No
☐	☐

If Yes, please answer questions 8 and 9 below.
If No, please skip these questions and go to question 10 below.

8. Do you **currently** take any medication for a diagnosed mental health problem?

Yes	No
☐	☐

If Yes, please answer question 9 below.
If No, please skip this question and go to question 10 below.

9. How long have you been taking medication for a diagnosed mental health problem?

1-4 weeks	☐
1 month - 4 months	☐
5 months - 1 year	☐
1 year - 2 years	☐
2 years - 5 years	☐
More than 5 years	☐

10. Have you ever been admitted to a psychiatric hospital?

Yes	No
☐	☐

If Yes, please answer question 11 below.
If No, please skip this question and go to question 12 on the next page.

11. How long did you stay at the psychiatric hospital?

1 day	☐
2-6 days	☐
1 - 2 weeks	☐
2 - 8 weeks	☐
2 - 6 months	☐
More than 6 months	☐

12. Have you ever been diagnosed with a learning disability, such as dyslexia, ADHD or dyspraxia?

Yes	No
☐	☐

If Yes, please answer questions 13 and 14 below.
If No, please skip these questions and go to the next section of questions.

13. Have you ever been diagnosed with any of the following (please select all that apply)?

Attention deficit hyperactivity disorder (ADHD)	☐
Dyslexia	☐
Dyspraxia	☐
Dyscalculia	☐

14. If you have any other learning disability that you have been diagnosed with, and which is not in the list above, please tell us about it in the space below:

……

The following questions are about your own health state **today**.

	None	Slight	Moderate	Severe	I am unable to do these activities
Do you have any problems today with walking about?	☐	☐	☐	☐	☐
Do you have any problems today washing or dressing yourself?	☐	☐	☐	☐	☐
Do you have any problems today doing your usual activities (e.g., work, study, housework, family or leisure)?	☐	☐	☐	☐	☐
	None	Slight	Moderate	Severe	Extreme
Do you have any pain or discomfort today?	☐	☐	☐	☐	☐
Do you have any anxiety or depression today?	☐	☐	☐	☐	☐

The following questions are about your health **in the last year**.

1. How many days have you been absent from work/your studies due to illness in the past year?

None	1-6 days	7-15 days	16-30 days	Over 30 days
☐	☐	☐	☐	☐

2. Have you had a hospital inpatient admission (**overnight stay**) in the last year?

Yes	No
☐	☐

If Yes, please answer question 3 below.
If No, please move on to question 4 below.

3. How many nights did you stay at the hospital (in the past year) for each of the following reasons:

	None	1-6 nights	7-15 nights	16-30 nights	Over 30 nights
… due to mental health problems?	☐	☐	☐	☐	☐
… for surgery?	☐	☐	☐	☐	☐
… for physical health reasons other than surgery?	☐	☐	☐	☐	☐
… for any other reasons not mentioned above?	☐	☐	☐	☐	☐

4. Have you had a hospital outpatient/day patient visit (**no overnight stay**) in the last year?

Yes	No
☐	☐

If Yes, please answer question 5 below.
If No, please move on to question 6.

5. How many times did you attend outpatient/day patient appointments (in the past year) for each of the following reasons:

	None	1-6 times	7-15 times	16-30 times	Over 30 times
… due to mental health problems?	☐	☐	☐	☐	☐
… for day surgery?	☐	☐	☐	☐	☐
… for physical health reasons other than surgery?	☐	☐	☐	☐	☐
… for any other reasons not mentioned above?	☐	☐	☐	☐	☐

6. Have you attended an accident and emergency (A&E) department **in the last year**?

Yes	No
☐	☐

If Yes, please answer questions 7 and 8 below.
If No, please move on to question 9 below.

7. How many times have you attended A&E **in the last year**? ☐

8. When you attended A&E **in the last year**, how many times were you taken by ambulance? ☐

9. How many times did you receive each of the following professional health services **in the last year**:

In the last year, how many times did you …	None	1-3 times	4-6 times	7-10 times	More than 10 times
Receive professional services from a General Practitioner (GP) (at home, at the surgery, or by telephone)?	☐	☐	☐	☐	☐
Receive professional services from a nurse, health visitor or midwife (at home, at the surgery, or by telephone)?	☐	☐	☐	☐	☐
Consult a specialist doctor (e.g., allergist, oncologist, surgeon, dermatologist, cardiologist, etc.)?	☐	☐	☐	☐	☐
Receive professional services from a social worker?	☐	☐	☐	☐	☐
Receive professional services from a day centre/drop-in centre or walk-in clinic?	☐	☐	☐	☐	☐
Receive professional services from an advice service (e.g., Citizens' Advice bureau, housing association)?	☐	☐	☐	☐	☐
Receive professional services from a helpline (e.g., Samaritans, MIND)?	☐	☐	☐	☐	☐
Receive professional services from a self-help group (e.g., Alcoholics Anonymous)?	☐	☐	☐	☐	☐
Receive professional services from a counsellor, psychologist or psychotherapist?	☐	☐	☐	☐	☐
Call NHS Direct?	☐	☐	☐	☐	☐

During the **past month**, how often have you had trouble sleeping because you ...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times per week
1. Woke up in the middle of the night or early morning?	☐	☐	☐	☐
2. Had to get up to use the bathroom?	☐	☐	☐	☐
3. Could not breathe comfortably?	☐	☐	☐	☐
4. Coughed or snored loudly?	☐	☐	☐	☐
5. This is a quality control question, please select 'Less than once a week'	☐	☐	☐	☐
6. Felt too cold?	☐	☐	☐	☐
7. Felt too hot?	☐	☐	☐	☐
8. Had bad dreams?	☐	☐	☐	☐
9. Had pain?	☐	☐	☐	☐

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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