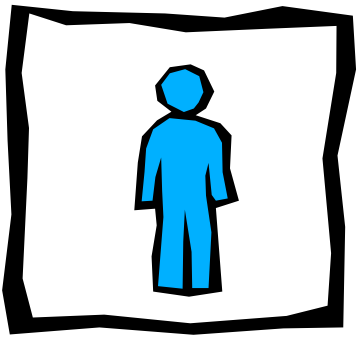
Questionnaire Number

# Life of a 16+ Teenager



02/08/2007

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# ABOUT THIS QUESTIONNAIRE

- Thank you for filling in this questionnaire.

- We realise it is quite long but a lot of interesting things are happening to you!

- ALL your answers are confidential. They are kept under code numbers, not your name, so no-one can find out what you have said.

- We realise how sensitive and personal some of the questions are, but it is important for scientific research to find out what is happening to teenagers and how they really think and feel.

- You might want to talk to someone about some of the subjects in this questionnaire, so we have included details of confidential Helplines on a separate sheet.

# FILLING IN THE QUESTIONNAIRE

Use black or blue pen

Answer questions with a cross in the box, like this:

If you are writing words make sure they are inside the box, like this:

I EAT CARROTS

If you make a mistake, shade the box in like this

then cross the correct box.

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## SECTION A: HOW YOU SPEND YOUR TIME

A1. How much time on average do you spend each day? (On **each** line answer **one** box on **each** side)

| | | (i) on a typical weekday | | | | (ii) on a typical weekend day | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | **Not at all** | **less than 1 hour** | **1-2 hours** | **3 or more hours** | **Not at all** | **less than 1 hour** | **1-2 hours** | **3 or more hours** |
| a) | in a car, bus or other transport | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| b) | out of doors in summer | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| c) | out of doors in winter | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| d) | watching TV | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| e) | with other young people | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| f) | drawing, making, constructing things | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| g) | doing things by yourself | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| h) | school or college homework | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| i) | reading books for pleasure | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| j) | playing musical instruments | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| k) | using a computer | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| l) | talking on a mobile phone | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| m) | texting | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| n) | talking on an ordinary phone | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

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## SECTION B: FATIGUE

B1. We would like to know more about any problems you have had with feeling tired, weak or lacking in energy **in the last month**. Please answer ALL the questions by marking the answer that applies to you most closely.

**If you have been feeling tired for a long while, then compare yourself to how you felt when you were last well.** *Please only mark **one** box on each line.*

| | | Less than usual | No more than usual | More than usual | Much more than usual |
|---|---|---|---|---|---|
| a) | Do you have problems with tiredness? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| b) | Do you need to rest more? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| c) | Do you feel sleepy or drowsy? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| d) | Do you have problems starting things? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| e) | Do you lack energy? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| f) | Do you have less strength in your muscles? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| g) | Do you feel weak? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| h) | Do you have difficulty concentrating? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| i) | Do you make slips of the tongue when speaking? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| j) | Do you have problems thinking clearly? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

k) How is your memory?

- Better than usual 1 ☐
- No worse than usual 2 ☐
- Worse than usual 3 ☐
- Much worse than usual 4 ☐

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B2. How would you describe your attendance at school or college (the percentage of your expected attendance)? Please mark **one** box only.

| | |
|---|---|
| None | 0 ☐ |
| About 10% (e.g. one half day a week) | 1 ☐ |
| About 20% (e.g. one day a week) | 2 ☐ |
| About 40% (e.g. two days a week) | 3 ☐ |
| About 60% (e.g. three days a week) | 4 ☐ |
| About 80% (e.g. four days a week) | 5 ☐ |
| Full time (100%) | 6 ☐ |
| Not applicable (I'm not registered at school or college) | 7 ☐ |

## SECTION C: MAJOR LIFE CHANGES

Below is a list of things that sometimes happen to young people. In the first column please indicate whether that event has happened since you were age 12. If you mark "yes", please move to the second column and indicate the effect of what happened.

**If you mark "no" in the first column please move on to the next question.**

| | (i) Did this happen to you since you were aged 12? | | (ii) If yes, what was the effect? | | | | |
|---|---|---|---|---|---|---|---|
| | **Yes** | **No** | **Very un-pleasant** | **A bit un-pleasant** | **No effect** | **A bit pleasant** | **Very pleasant** |
| C1. Moving to a new neighbourhood | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C2. Birth of a new brother or sister | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C3. A new stepbrother or stepsister | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C4. Changing to new school | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C5. Serious illness or injury in a parent, brother or sister | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C6. Parents divorced or separated | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C7. Death of parent, brother or sister | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C8. Death of grandparent | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C9. Death of a close friend | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C10. Brother or sister leaving home | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C11. Serious illness or injury in a close friend | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**continued over...**

| | (i) Did this happen to you since you were aged 12? | | (ii) If yes, what was the effect? | | | | |
|---|---|---|---|---|---|---|---|
| | Yes | No | Very un-pleasant | A bit un-pleasant | No effect | A bit pleasant | Very pleasant |
| C12. Parent getting into trouble with the police | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C13. Your parent's partner moved in | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C14. Special recognition for good schoolwork | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C15. Serious illness or injury to you | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C16. Doing badly in schoolwork | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C17. Special prize or recognition for doing well in an activity (like sports, music or art) | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C18. A close friend moved a long way away | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C19. Death of a pet | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C20. Either parent lost their job | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C21. Bullying by another person | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| C22. You became a parent | 1 ☐ | 2 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

## SECTION D: YOUR CURRENT FEELINGS

**The next set of questions is about feelings and experiences that you may have had.**

D1. Some people believe that other people can read their thoughts. Have other people ever read your thoughts?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐ → **If no, go to D2 on page 10**

↓ ↓

**If yes, go to D1a) below**

D1. a) How often have other people read your thoughts **since your 15th birthday?**

| | | |
|---|---|---|
| Once or twice | 1 ☐ → | **go to D1b) below** |
| Less than once a month | 2 ☐ → | **go to D1b) below** |
| More than once a month | 3 ☐ → | **go to D1b) below** |
| Nearly every day | 4 ☐ → | **go to D1b) below** |
| Not at all | 5 ☐ → | **go to D2 on page 10** |

b) Were you upset by this?

No, not at all upset 1 ☐ Yes, a bit upset 2 ☐

Yes, quite upset 3 ☐ Yes, very upset 4 ☐

c) Do you think people sometimes used special powers to read your thoughts?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐

d) If people have read your thoughts, did this happen **only** within 24 hours of using or taking cannabis or other drugs?

Yes, **only** within 24 hours of using cannabis or other drugs 1 ☐

No, it happened at other times too 2 ☐

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D2. Have you ever believed that you were being sent special messages through the television or the radio, or that a programme had been arranged just for you alone?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐ → **If no, go to D3 below**

↓ ↓

**If yes, go to D2a) below**

D2.a) How often has this happened **since your 15th birthday?**

| | | |
|---|---|---|
| Once or twice | 1 ☐ → | **go to D2b) below** |
| Less than once a month | 2 ☐ → | **go to D2b) below** |
| More than once a month | 3 ☐ → | **go to D2b) below** |
| Nearly every day | 4 ☐ → | **go to D2b) below** |
| Not at all | 5 ☐ → | **go to D3 below** |

b) Were you upset by this?

No, not at all upset 1 ☐ Yes, a bit upset 2 ☐

Yes, quite upset 3 ☐ Yes, very upset 4 ☐

c) When you believed that you were being sent special messages through the television or radio, did this happen **only** within 24 hours of using or taking cannabis or other drugs?

Yes, **only** within 24 hours of using cannabis or other drugs 1 ☐

No, it happened at other times too 2 ☐

D3. Have you ever thought you were being followed or spied on?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐ → **If no, go to D4 on page 11**

↓ ↓

**If yes, go to D3a) on page 11**

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D3.a) How often has this happened **since your 15th birthday?**

Once or twice 1 ☐ → **go to D3b) below**

Less than once a month 2 ☐ → **go to D3b) below**

More than once a month 3 ☐ → **go to D3b) below**

Nearly every day 4 ☐ → **go to D3b) below**

Not at all 5 ☐ → **go to D4 below**

D3. b) Were you upset by this?

No, not at all upset 1 ☐ Yes, a bit upset 2 ☐

Yes, quite upset 3 ☐ Yes, very upset 4 ☐

c) If you ever thought you were being followed or spied on, did this happen **only** within 24 hours of using or taking cannabis or other drugs?

Yes, **only** within 24 hours of using cannabis or other drugs 1 ☐

No, it happened at other times too 2 ☐

D4. Have you ever heard voices that other people couldn't hear?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐ → **If no, go to D5 on page 12**

↓ ↓

**If yes, go to D4a) below**

a) How often have you heard voices that other people couldn't hear **since your 15th birthday?**

Once or twice 1 ☐ → **go to D4b) below**

Less than once a month 2 ☐ → **go to D4b) below**

More than once a month 3 ☐ → **go to D4b) below**

Nearly every day 4 ☐ → **go to D4b) below**

Not at all 5 ☐ → **go to D5 on page 12**

b) Were you upset by this?

No, not at all upset 1 ☐ Yes, a bit upset 2 ☐

Yes, quite upset 3 ☐ Yes, very upset 4 ☐

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D4. c) If you have heard voices that other people couldn't hear, did this happen:

| | Yes | No |
|---|---|---|
| i) **Only** within 24 hours of taking cannabis or other drugs? | 1 ☐ | 2 ☐ |
| ii) **Only** when you had a high temperature because you were ill? | 1 ☐ | 2 ☐ |
| iii) **Only** when you were falling asleep or as you were waking up? | 1 ☐ | 2 ☐ |

d) If you have heard voices that other people couldn't hear, did the voice ever:

| | Yes | No |
|---|---|---|
| i) Call out your name? | 1 ☐ | 2 ☐ |
| ii) Say something, or comment, about what you were doing or thinking? | 1 ☐ | 2 ☐ |
| iii) Talk to another voice about you? | 1 ☐ | 2 ☐ |
| iv) Say something nice about you? | 1 ☐ | 2 ☐ |
| v) Say something horrible about you? | 1 ☐ | 2 ☐ |

D5. Have you ever felt that you were under the control of some special power?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐ → **If no, go to D6 on page 13**

**If yes, go to D5a) below**

a) How often have you thought that you were under the control of some special power **since your 15th birthday?**

| | | |
|---|---|---|
| Once or twice | 1 ☐ → | **go to D5b) on page 13** |
| Less than once a month | 2 ☐ → | **go to D5b) on page 13** |
| More than once a month | 3 ☐ → | **go to D5b) on page 13** |
| Nearly every day | 4 ☐ → | **go to D5b) on page 13** |
| Not at all | 5 ☐ → | **go to D6 on page 13** |

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D5. b) Who did you think was controlling you?

God or another religious figure 1 ☐ Someone or something else 2 ☐

c) Were you upset by this?

No, not at all upset 1 ☐ Yes, a bit upset 2 ☐

Yes, quite upset 3 ☐ Yes, very upset 4 ☐

d) If you ever thought you were under the control of some special power, did this happen **only** within 24 hours of using or taking cannabis or other drugs?

Yes, **only** within 24 hours of using cannabis or other drugs 1 ☐

No, it happened at other times too 2 ☐

D6. Have you ever seen something or someone that other people could not see?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐ → **If no, go to D7 on page 14**

↓ ↓

**If yes, go to D6a) below**

a) How often have you seen something or someone that other people could not see **since your 15th birthday?**

Once or twice 1 ☐ → **go to D6b) below**

Less than once a month 2 ☐ → **go to D6b) below**

More than once a month 3 ☐ → **go to D6b) below**

Nearly every day 4 ☐ → **go to D6b) below**

Not at all 5 ☐ → **go to D7 on page 14**

b) Were you upset by this?

No, not at all upset 1 ☐ Yes, a bit upset 2 ☐

Yes, quite upset 3 ☐ Yes, very upset 4 ☐

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D6. c) If you have seen something or someone that other people could not see, did this happen:

| | Yes | No |
|---|---|---|
| i) **Only** within 24 hours of taking cannabis or other drugs? | 1 ☐ | 2 ☐ |
| ii) **Only** when you had a high temperature because you were ill? | 1 ☐ | 2 ☐ |
| iii) **Only** when you were falling asleep or as you were waking up? | 1 ☐ | 2 ☐ |

D7. Have you ever felt that:

i) Your thoughts were being taken out of your head against your will?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐

ii) Someone else's thoughts were being inserted into your head against your will?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐

iii) Your thoughts were so loud that people around you could hear what you were thinking?

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐ → **If no to <u>all</u> three questions, go to D8 on page 15**

**If yes to <u>any</u> of the three questions above, go to D7a) below**

a) How often have any of these three experiences happened **since your 15th birthday?**

Once or twice 1 ☐ → **go to D7b) below**

Less than once a month 2 ☐ → **go to D7b) below**

More than once a month 3 ☐ → **go to D7b) below**

Nearly every day 4 ☐ → **go to D7b) below**

Not at all 5 ☐ → **go to D8 on page 15**

b) Were you upset by this?

No, not at all upset 1 ☐ Yes, a bit upset 2 ☐

Yes, quite upset 3 ☐ Yes, very upset 4 ☐

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D7. c) If you did have any of these three experiences, did this happen **only** within 24 hours of using or taking cannabis or other drugs?

Yes, **only** within 24 hours of using cannabis or other drugs 1 ☐

No, it happened at other times too 2 ☐

D8. Have you ever felt that you are somebody really very special, or that you have special powers like reading people's minds, or that you have been chosen to perform great and special tasks? (This doesn't mean that you are just clever or that you come from an important family).

Yes, definitely 1 ☐ Yes, maybe 2 ☐ No, never 3 ☐ → **If no, go to D9 on page 16**

↓ ↓

**If yes, go to D8a) below**

a) How often have you thought you were really very special or had special powers **since your 15th birthday?**

Once or twice 1 ☐ → **go to D8b) below**

Less than once a month 2 ☐ → **go to D8b) below**

More than once a month 3 ☐ → **go to D8b) below**

Nearly every day 4 ☐ → **go to D8b) below**

Not at all 5 ☐ → **go to D9 on page 16**

b) Were you upset by this?

No, not at all upset 1 ☐ Yes, a bit upset 2 ☐

Yes, quite upset 3 ☐ Yes, very upset 4 ☐

c) If you ever thought you were really very special or had special powers, did this happen **only** within 24 hours of using or taking cannabis or other drugs?

Yes, **only** within 24 hours of using cannabis or other drugs 1 ☐

No, it happened at other times too 2 ☐

D9. For each of the following questions, please mark the box that best describes the way you have felt over the **past month**.

| | | Yes, nearly always | Yes, often | Yes, sometimes | No, never |
|---|---|---|---|---|---|
| a) | Have you felt sad? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| b) | Have you felt pessimistic about everything? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| c) | Have you felt as if there is no future for you? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| d) | Have you cried about nothing? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| e) | Have you felt that you are lacking in energy? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| f) | Have you felt guilty? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| g) | Have you felt like a failure? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| h) | Have you felt that you are not much of a talker when you are chatting with other people? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| i) | Have you felt that you experience few or no emotions at important events, such as on your birthday? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| j) | Have you felt that you are lacking in motivation when you have to do things? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| k) | Have you felt that you are spending all your days doing nothing? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| l) | Have you felt that you are lacking 'get up and go'? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| m) | Have you felt that you have only a few hobbies or interests? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| n) | Have you felt that you have no interest to be with other people? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| o) | Have you felt that you are not a very lively person? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| p) | Have you felt that you are neglecting your appearance or personal hygiene? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| q) | Have you felt that you can never get things done? | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

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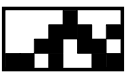

## SECTION E: HOW YOU FEEL ABOUT YOURSELF

**We're interested in knowing what you usually think and feel about different things. There are no right or wrong answers.**

| | | Yes | No |
|---|---|---|---|
| E1. | Do you feel that wishing can make good things happen? | 1 ☐ | 2 ☐ |
| E2. | Are people nice to you no matter what you do? | 1 ☐ | 2 ☐ |
| E3. | Do you usually do badly in your schoolwork even when you try hard? | 1 ☐ | 2 ☐ |
| E4. | When a friend is angry with you is it hard to make that friend like you again? | 1 ☐ | 2 ☐ |
| E5. | Are you surprised when your teacher praises you for your work in school? | 1 ☐ | 2 ☐ |
| E6. | When bad things happen to you is it usually someone else's fault? | 1 ☐ | 2 ☐ |
| E7. | Is doing well in your schoolwork just a matter of "luck" for you? | 1 ☐ | 2 ☐ |
| E8. | Are you often blamed for things that just aren't your fault? | 1 ☐ | 2 ☐ |
| E9. | When you get into an argument or fight is it usually the other person's fault? | 1 ☐ | 2 ☐ |
| E10. | Do you think that preparing for things is a waste of time? | 1 ☐ | 2 ☐ |
| E11. | When nice things happen to you is it usually because of "luck"? | 1 ☐ | 2 ☐ |
| E12. | Does planning ahead make good things happen? | 1 ☐ | 2 ☐ |
| E13. | Are you satisfied with your body? | 1 ☐ | 2 ☐ |

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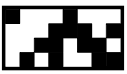

## SECTION F: ALCOHOL USE

**The next questions are about drinking alcohol (this includes beer, wine, "alcopops", cider and spirit drinks like vodka).**

F1. Have you ever drunk alcohol?

Yes 1 ☐ → **If yes, go to F2 below**

No 2 ☐ → **If no, go to section G on page 22**

F2. How old were you when you **first** drank alcohol **without** an adult's permission?

i) What age were you? ☐☐ years

**OR**

ii) Mark this box if you have **never** drunk alcohol **without** an adult's permission 1 ☐

F3. Think back over the **last 30 days**. How many full drinks (if any) of the following types of alcohol have you had? Mark **one** box for each line.
**Please use the separate DRINKOGRAM sheet to help you.**

| | Number of full drinks | | | | | | |
|---|---|---|---|---|---|---|---|
| | **0** | **1-2** | **3-5** | **6-9** | **10-19** | **20-39** | **40 or more** |
| a) Beer (do not include low alcohol beer), lager, cider or "alcopops" | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ |
| b) Wine | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ |
| c) Spirits (whisky, cognac, vodka etc., also include spirits mixed with soft drinks) | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ |

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F4. The next question refers to up to the **first 5 times** you ever had a drink of alcohol:

a) Up to the **first 5 times** you ever had a drink of alcohol did it make you feel drunk or tipsy, or like you had a buzz?

Yes 1 ☐ No 2 ☐ Don't know 9 ☐

**If yes,**

(i) How many drinks did it take for this to happen? ☐☐

b) Up to the **first 5 times** you ever had a drink of alcohol did it make you feel dizzy or make your speech slurred?

Yes 1 ☐ No 2 ☐ Don't know 9 ☐

**If yes,**

(i) How many drinks did it take for this to happen? ☐☐

c) Up to **the first 5 times** you ever had a drink of alcohol did it make you stumble or fall or did you find it difficult to walk properly?

Yes 1 ☐ No 2 ☐ Don't know 9 ☐

**If yes,**

(i) How many drinks did it take for this to happen? ☐☐

d) Up to the **first 5 times** you ever had a drink of alcohol did it make you pass out or fall asleep when you didn't want to?

Yes 1 ☐ No 2 ☐ Don't know 9 ☐

**If yes,**

(i) How many drinks did it take for this to happen? ☐☐

F5. a) How often do you have a drink containing alcohol?

| | | | | | |
|---|---|---|---|---|---|
| Never | 1 ☐ | Monthly or less | 2 ☐ | 2-4 times a month | 3 ☐ |
| **go to Section G on page 22** | | 2-3 times a week | 4 ☐ | 4 or more times a week | 5 ☐ |

b) How many units of alcohol do you drink on a typical day when you are drinking? **One unit of alcohol is: ½ pint average strength beer/lager OR one glass of wine OR one single measure of spirits. Note: a can of high strength beer or lager contains 3-4 units. Please use the separate DRINKOGRAM sheet to help you.**

| | | | | | |
|---|---|---|---|---|---|
| 1 or 2 | 1 ☐ | 3 or 4 | 2 ☐ | 5 or 6 | 3 ☐ |
| 7, 8 or 9 | 4 ☐ | 10 or more | 5 ☐ | | |

c) How often do you have six or more units of alcohol on one occasion?

| | | | | | |
|---|---|---|---|---|---|
| Never | 1 ☐ | Less than monthly | 2 ☐ | Monthly | 3 ☐ |
| Weekly | 4 ☐ | Daily or almost daily | 5 ☐ | | |

d) How often during the last year have you found that you were not able to stop drinking once you had started?

| | | | | | |
|---|---|---|---|---|---|
| Never | 1 ☐ | Less than monthly | 2 ☐ | Monthly | 3 ☐ |
| Weekly | 4 ☐ | Daily or almost daily | 5 ☐ | | |

e) How often during the last year have you failed to do what was normally expected from you because of drinking?

| | | | | | |
|---|---|---|---|---|---|
| Never | 1 ☐ | Less than monthly | 2 ☐ | Monthly | 3 ☐ |
| Weekly | 4 ☐ | Daily or almost daily | 5 ☐ | | |

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F5. f) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never 1 ☐ Less than monthly 2 ☐ Monthly 3 ☐

Weekly 4 ☐ Daily or almost daily 5 ☐

g) How often during the last year have you had a feeling of guilt or remorse after drinking?

Never 1 ☐ Less than monthly 2 ☐ Monthly 3 ☐

Weekly 4 ☐ Daily or almost daily 5 ☐

h) How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never 1 ☐ Less than monthly 2 ☐ Monthly 3 ☐

Weekly 4 ☐ Daily or almost daily 5 ☐

i) Have you or someone else been injured as a result of your drinking?

No 1 ☐ Yes, but not in the last year 2 ☐ Yes, during the last year 3 ☐

j) Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?

No 1 ☐ Yes, but not in the last year 2 ☐ Yes, during the last year 3 ☐

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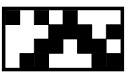

## SECTION G: TOBACCO AND OTHER SUBSTANCES

**The next set of questions is about cigarettes (including roll-ups).**

G1. Have you ever smoked a cigarette (including roll-ups)?

Yes 1 ☐ → **If yes, go to G2 below**

No 2 ☐ → **If no, go to G7 below**

G2. Please mark the box next to the statement that describes you the best:

I have only ever tried smoking cigarettes once or twice 1 ☐

I used to smoke sometimes but I never smoke cigarettes now 2 ☐

I sometimes smoke cigarettes but I smoke less than one a week 3 ☐

I usually smoke between one and six cigarettes a week 4 ☐

I usually smoke more than six cigarettes a week, but not every day 5 ☐

I usually smoke one or more cigarettes every day 6 ☐

G3. How old were you when you first smoked a cigarette?

Less than 10 years old 1 ☐ | 10-12 years old 2 ☐ | 13-14 years old 3 ☐ | 15-16 years old 4 ☐

G4. How many cigarettes have you smoked **in total** in your lifetime?

Less than 5 1 ☐ | 5-19 2 ☐ | 20-49 3 ☐ | 50-99 4 ☐ | 100 or more 5 ☐

G5. Have you smoked any cigarettes **since your 15th birthday**?

Yes 1 ☐ | No 2 ☐

G6. If you smoke on a **daily** basis, how many cigarettes do you smoke per day, on average?

1-5 1 ☐ | 6-10 2 ☐ | 11-20 3 ☐ | More than 20 daily 4 ☐ | Do not smoke 5 ☐

G7. Have you **ever** used or taken nicotine patches or nicotine gum?

No 1 ☐ | Yes, less than 10 times in total 2 ☐ | Yes, more than 10 times in total 3 ☐

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**The next set of questions is about cannabis.**

G8. Have you ever tried **cannabis** (also called marijuana, hash, dope, pot, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

Yes 1 ☐ → **If yes, go to G9 below**

No 2 ☐ → **If no, go to G20 on page 26**

G9. Please mark the box next to the statement that describes you best:

I have only ever tried cannabis once or twice 1 ☐

I used to sometimes use or take cannabis but I never do now 2 ☐

I sometimes use or take cannabis but less often than once a week 3 ☐

I usually use or take cannabis between one and six times a week 4 ☐

I usually use or take cannabis more than six times a week, but not every day 5 ☐

I usually use or take cannabis every day 6 ☐

G10. How old were you when you first tried cannabis?

Less than 10 years old 1 ☐ | 10-12 years old 2 ☐ | 13-14 years old 3 ☐ | 15-16 years old 4 ☐

G11. How many times have you used or taken cannabis **in total**?

Less than 5 times 1 ☐ | 5-20 times 2 ☐ | 21-60 times 3 ☐ | 61-100 times 4 ☐ | More than 100 times 5 ☐

G12. What type of cannabis have you **most commonly** used or taken?

Marijuana (also called grass, green, herbal, skunk) 1 ☐

Resin (also called solid, soap-bar, black, hash) 2 ☐

Other 3 ☐

Don't know 9 ☐

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G13. How have you **most commonly** used or taken cannabis?

| | |
|---|---|
| Smoking joints or spliffs | 1 ☐ |
| Smoking it in pipes or bongs | 2 ☐ |
| Eaten | 3 ☐ |
| Other | 4 ☐ |
| Don't know | 9 ☐ |

G14. If you have ever smoked joints/spliffs, or used a pipe or bong, was the cannabis **most commonly** mixed with tobacco?

| | |
|---|---|
| Most commonly smoked cannabis mixed with tobacco | 1 ☐ |
| Most commonly smoked cannabis by itself | 2 ☐ |
| Never smoked cannabis | 3 ☐ |
| Don't know | 9 ☐ |

G15. What is the **most** number of joints/spliffs, pipes or bongs that you smoked in a single day?

| | |
|---|---|
| Less than 3 in a single day | 1 ☐ |
| 3 or more in a single day | 2 ☐ |
| Never smoked cannabis | 3 ☐ |

G16. Over the past **three months** how much cannabis have you **personally** used?

| | |
|---|---|
| None | 0 ☐ |
| Less than a £10 bag (around 16th of an ounce) | 1 ☐ |
| A £10 bag | 2 ☐ |
| Between a £10 bag and an 8th of an ounce | 3 ☐ |
| Between an 8th and a quarter of an ounce | 4 ☐ |
| Between a quarter and a half of an ounce | 5 ☐ |
| Between a half ounce and an ounce | 6 ☐ |
| More than an ounce | 7 ☐ |

G17. Have you ever had any of the following experiences **within 1 hour** of using or taking cannabis? (You **can** mark **more** than **one** answer)

i) Feeling sick and sweaty 1 ☐

ii) Feeling calm and relaxed 1 ☐

iii) Feeling very anxious or panicky 1 ☐

iv) Feeling that people are spying on you, or trying to harm you 1 ☐

v) Feeling that you want to laugh at everything around you 1 ☐

vi) Hearing voices that other people couldn't hear 1 ☐

vii) Seeing things that other people couldn't see 1 ☐

viii) Feeling more sociable and friendly 1 ☐

G18. Have you used or taken cannabis **since your 15th birthday?**

Yes 1 ☐ No 2 ☐ → **If no, go to G20 on page 26**

G19. The next questions are about your use of cannabis **since your 15th birthday.**

| | Never | Rarely | From time to time | Fairly often | Very often |
|---|---|---|---|---|---|
| a) Have you ever used cannabis before midday? | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| b) Have you ever used cannabis when you were alone? | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| c) Have you ever had memory problems when you used cannabis? | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| d) Have friends or members of your family ever told you that you ought to reduce your cannabis use? | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| e) Have you ever tried to reduce or stop your cannabis use without succeeding? | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| f) Have you ever had problems because of your use of cannabis (argument, fight, accident, bad result at school, other problems)? | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

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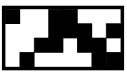

**The next questions are about other drugs that people sometimes take.**

G20. Have you ever tried inhaling or sniffing any of the following **since your 15th birthday**? (Mark **one** box on each line)

| | | No | Yes, less than 5 times | Yes, more than 5 times |
|---|---|---|---|---|
| a) | **Aerosols** | 1 ☐ | 2 ☐ | 3 ☐ |
| b) | **Gas** (butane and lighter refills) | 1 ☐ | 2 ☐ | 3 ☐ |
| c) | **Glue** | 1 ☐ | 2 ☐ | 3 ☐ |
| d) | **Solvents** (including petrol and paint thinners) | 1 ☐ | 2 ☐ | 3 ☐ |
| e) | **Poppers** (also called amyl nitrates, liquid gold, rush) | 1 ☐ | 2 ☐ | 3 ☐ |

G21. Have you tried, taken or used any of the following drugs **since your 15th birthday**? (Mark **one** box on each line)

| | | No | Yes, less than 5 times | Yes, more than 5 times |
|---|---|---|---|---|
| a) | **Amphetamines** (also called speed, uppers, whizz, sulphate, billy, crystal meth) | 1 ☐ | 2 ☐ | 3 ☐ |
| b) | **Ecstasy** (also called 'E' pills, MDMA) | 1 ☐ | 2 ☐ | 3 ☐ |
| c) | **LSD** (also called acid, tabs, trips, dots) | 1 ☐ | 2 ☐ | 3 ☐ |
| d) | **Magic mushrooms** (also called shrooms) | 1 ☐ | 2 ☐ | 3 ☐ |
| e) | **Spanglers** (also called spangs) | 1 ☐ | 2 ☐ | 3 ☐ |
| f) | **Cocaine** (also called Charlie, 'C', coke) | 1 ☐ | 2 ☐ | 3 ☐ |
| g) | **Crack** (also called rock, stone) | 1 ☐ | 2 ☐ | 3 ☐ |
| h) | **Heroin** (also called brown, smack, gear, junk, 'H') | 1 ☐ | 2 ☐ | 3 ☐ |
| i) | **Ketamine** (also called Green, K, special K, super K, vitamin K) | 1 ☐ | 2 ☐ | 3 ☐ |
| j) | **Steroids** (not prescribed by a doctor) | 1 ☐ | 2 ☐ | 3 ☐ |
| k) | **White widows** | 1 ☐ | 2 ☐ | 3 ☐ |

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## SECTION H: MOODS AND FEELINGS

These questions are about how you may have been feeling or acting recently. For each question, please say how much you think you have felt or acted this way in the **past two WEEKS.**

| | In the past 2 weeks: | True | Sometimes true | Not true |
|---|---|---|---|---|
| H1. | I felt miserable or unhappy | 1 ☐ | 2 ☐ | 3 ☐ |
| H2. | I have been having fun | 1 ☐ | 2 ☐ | 3 ☐ |
| H3. | I didn't enjoy anything at all | 1 ☐ | 2 ☐ | 3 ☐ |
| H4. | I felt so tired that I just sat around and did nothing | 1 ☐ | 2 ☐ | 3 ☐ |
| H5. | I was very restless | 1 ☐ | 2 ☐ | 3 ☐ |
| H6. | I felt I was no good any more | 1 ☐ | 2 ☐ | 3 ☐ |
| H7. | I cried a lot | 1 ☐ | 2 ☐ | 3 ☐ |
| H8. | I felt happy | 1 ☐ | 2 ☐ | 3 ☐ |
| H9. | I found it hard to think properly or concentrate | 1 ☐ | 2 ☐ | 3 ☐ |
| H10. | I hated myself | 1 ☐ | 2 ☐ | 3 ☐ |
| H11. | I enjoyed doing lots of things | 1 ☐ | 2 ☐ | 3 ☐ |
| H12. | I felt I was a bad person | 1 ☐ | 2 ☐ | 3 ☐ |
| H13. | I felt lonely | 1 ☐ | 2 ☐ | 3 ☐ |
| H14. | I thought nobody really loved me | 1 ☐ | 2 ☐ | 3 ☐ |
| H15. | I thought I could never be as good as other kids | 1 ☐ | 2 ☐ | 3 ☐ |
| H16. | I felt I did everything wrong | 1 ☐ | 2 ☐ | 3 ☐ |
| H17. | I have had a good time | 1 ☐ | 2 ☐ | 3 ☐ |

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## SECTION I: ASTHMA & ALLERGIES

I1. **In general**, would you say your health is (please mark **one** box):

Excellent 1 ☐ Very good 2 ☐ Good 3 ☐

Fair 4 ☐ Poor 5 ☐

I2. Have you or your parent ever been told by a doctor that you have asthma?

Yes 1 ☐ No 2 ☐

I3. **In the past 12 months**, have you had any of the following conditions?

| | | Yes & saw doctor | Yes - no doctor | No |
|---|---|---|---|---|
| a) | wheezing | 1 ☐ | 2 ☐ | 3 ☐ |
| b) | breathlessness | 1 ☐ | 2 ☐ | 3 ☐ |
| c) | asthma | 1 ☐ | 2 ☐ | 3 ☐ |
| d) | eczema | 1 ☐ | 2 ☐ | 3 ☐ |
| e) | hay fever | 1 ☐ | 2 ☐ | 3 ☐ |

I4. **In the last 12 months**, have you been prescribed any asthma medication, e.g. inhalers, tablets, nebulisers?

Yes 1 ☐ No 2 ☐

**If yes,** please write the names of the medications in the box below:

I5. a) **In the past 12 months**, have you had any periods when there was wheezing with whistling on your chest when you breathed?

Yes 1 ☐ No 2 ☐ → **If no, go to question I6 on page 30**

↓

**If yes, go to I5b) on page 29**

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I5. b) How many separate times has it happened **in the past 12 months**?

once 1 ☐ twice 2 ☐ 3-4 times 3 ☐

5 or more times 4 ☐ don't know 9 ☐

c) How many days altogether would you say that you had wheezed **in the past 12 months**?

1 day 1 ☐ 2-3 days 2 ☐ 4-9 days 3 ☐

10-19 days 4 ☐ 20 or more days 5 ☐ don't know 9 ☐

d) Were the episodes of wheezing associated with being breathless?

Yes, for all 1 ☐ Yes, for some 2 ☐ No, not at all 3 ☐

e) How many times **in the past 12 months**, has your sleep been disturbed because of wheezing on your chest?

Never woken with wheezing 1 ☐ Less than one night per week 2 ☐ One or more nights per week 3 ☐

f) How many days school have you missed **in the past 12 months** due to wheezing on your chest? (If you can't remember, make a guess and **mark the guess box as well**)

**Number of days off school** ☐☐ **Was this a guess?** **Yes** 1 ☐

g) Has the wheezing been bad enough to limit your speech to a few words at a time (less than a complete sentence)?

| | | **Yes** | **No** |
|---|---|---|---|
| i) | Ever | 1 ☐ | 2 ☐ |
| ii) | In the past 12 months | 1 ☐ | 2 ☐ |

h) Is your wheezing worse at any particular time of year?

Yes 1 ☐ → **If yes, go to I5i) on page 30**

No 2 ☐ → **If no, go to I5j) on page 30**

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I5. i) What particular time? (You can tick **more** than **one** box)

Spring 1 ☐ Summer 1 ☐ Autumn 1 ☐ Winter 1 ☐

j) Which (if any) of the following do you think brings on your episodes of wheezing?

| | Yes | No |
|---|---|---|
| (i) Colds/infections | 1 ☐ | 2 ☐ |
| (ii) Running/exercise | 1 ☐ | 2 ☐ |
| (iii) Exposure to smoky atmospheres | 1 ☐ | 2 ☐ |
| (iv) Cold weather | 1 ☐ | 2 ☐ |
| (v) Pets/animals | 1 ☐ | 2 ☐ |

**If so,** any particular one? (please mark box & write in space below):

---

(vi) Other, 1 ☐ 2 ☐
(please mark box & write in space below):

---

k) Do any of your brothers or sisters have wheezing with whistling on their chest?

Yes 1 ☐ No 2 ☐ Have no other brothers or sisters 7 ☐

I6. a) **<u>In the past 12 months</u>**, have you suffered from an itchy, dry rash in the creases of your body (such as behind your knees, or in your elbow or wrist joints)?

Yes 1 ☐ No 2 ☐ ⟶ **If no, go to I7 on page 32**

**If <u>yes</u>,**

b) How bad was it?

Very bad 1 ☐ Quite bad 2 ☐ Mild 3 ☐ No problem 4 ☐

c) Does it become sore and oozy?

Yes 1 ☐ No 2 ☐

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I5. d) Is it made worse by irritants such as bubble bath, soap, wool or nylon clothing?

Yes 1 ☐ No 2 ☐

e) Have you had an itchy, dry rash on your hands in the past 12 months?

Yes 1 ☐ No 2 ☐

I6. f) Have you had an itchy, dry rash on your feet in the past 12 months?

Yes 1 ☐ No 2 ☐

g) **In the past 12 months**, how often would you say on average, that you were kept awake at night by the rash?

Never in the past 12 months 1 ☐ Less than one night per week 2 ☐ One or more nights per week 3 ☐

h) Does the rash get worse when you become sweaty, for example with sports or exercise, or when you are in a hot room?

Yes 1 ☐ No 2 ☐

i) Have you had a skin reaction **in the past 12 months** that you thought was due to some food that you had eaten?

Yes 1 ☐ No 2 ☐ ⟶ **If no, go to I7 on page 32**

**If yes,**

j) Please describe the food(s):

---

k) How long after the food was eaten did the rash appear?

---

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I6. l) Where was the reaction? (You can mark **both** boxes).

(i) Mouth 1 ☐

(ii) Other part, (please describe): 1 ☐

---

I7. This question is about when you do **NOT** have a cold or "flu".

a) Have you ever had sneezing, or a runny or blocked nose when you did not have a cold or flu?

Yes 1 ☐ No 2 ☐ ⟶ **If <u>no</u>, go to Section J on page 33**

b) **<u>In the past 12 months</u>**, have you had sneezing, or a runny or blocked nose when you did not have a cold or flu?

Yes 1 ☐ No 2 ☐ ⟶ **If <u>no</u>, go to Section J on page 33**

c) **<u>In the past 12 months</u>**, have you had itchy or watery eyes?

Yes 1 ☐ No 2 ☐

d) **<u>In which of the past 12 months</u>**, did the nose and/or eye problems occur? (Please mark **<u>all</u>** that apply).

| | | |
|---|---|---|
| January 1 ☐ | May 1 ☐ | September 1 ☐ |
| February 1 ☐ | June 1 ☐ | October 1 ☐ |
| March 1 ☐ | July 1 ☐ | November 1 ☐ |
| April 1 ☐ | August 1 ☐ | December 1 ☐ |

e) **<u>In the past 12 months,</u>** did these nose and/or eye problems interfere with your activity?

Not at all 1 ☐ A little 2 ☐

A moderate amount 3 ☐ A lot 4 ☐

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## SECTION J: EATING PATTERNS

J1. a) During the **past year**, did you go on a diet to lose weight or keep from gaining weight?

Always on a diet 1 ☐ Often 2 ☐ Several times 3 ☐

A couple of times 4 ☐ Never 5 ☐ → **If never, go to J2 below**

b) How long did you stay on the diet(s)?

Less than a week 1 ☐ 1-3 weeks 2 ☐ 1-3 months 3 ☐ 3-6 months 4 ☐ 6-12 months 5 ☐

c) Did you lose weight on the diet(s)?

Yes, more than 10 pounds (more than 5 kilos) 1 ☐ Yes, 6-10 pounds (3-5 kilos) 2 ☐

Yes, 1-5 pounds (½-2½ kilos) 3 ☐ No 4 ☐ → **If no, go to J2 below**

d) Did you gain back any of the weight you lost on the diet?

No, did not regain any of the weight 1 ☐ Gained back a little of the weight 2 ☐ Gained back most of the weight 3 ☐ Put on more than I lost 4 ☐

J2. a) During the **past year**, how often did you do any exercise (going to the gym, brisk walking or any sports activity)?

5 or more times a week 1 ☐ 1-4 times a week 2 ☐ 1-3 times a month 3 ☐

less than once a month 4 ☐ never 5 ☐ → **If never, go to J3 on page 34**

b) Was it difficult for you to do your work or school work because of the amount of time that you were exercising?

Yes, sometimes 1 ☐ Yes, frequently 2 ☐ No 3 ☐

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J2. c) Did you exercise in order to lose weight or avoid gaining weight?

Yes, sometimes 1 ☐ Yes, frequently 2 ☐ No 3 ☐

**If <u>yes</u>, go to J2d below** **If no, go to J3 below**

d) Do you feel guilty after missing an exercise session?

Yes, sometimes 1 ☐ Yes, frequently 2 ☐ Do not miss any exercise sessions 3 ☐

J3. During the **<u>past year</u>**, how often did you fast (not eat for at least a day) to lose weight or avoid gaining weight?

Never 1 ☐ Less than once a month 2 ☐ 1-3 times a month 3 ☐

Once a week 4 ☐ 2 or more times a week 5 ☐

J4. During the **<u>past year</u>**, how often did you make yourself throw up (vomit) to lose weight or avoid gaining weight?

Never 1 ☐ Less than once a month 2 ☐ 1-3 times a month 3 ☐

Once a week 4 ☐ 2-6 times a week 5 ☐ Every day 6 ☐

J5. a) During the **<u>past year</u>**, did you take laxatives or other tablets or medicines (diet pills or water tablets) to lose weight or avoid gaining weight?

Yes, laxative 1 ☐ Yes, other 2 ☐ Never 3 ☐ → **If never, go to J6 on page 35**

**If yes, go to J5b) on page 35**

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J5. b) How often?

| | | |
|---|---|---|
| Never 1 ☐ | Less than once a month 2 ☐ | 1-3 times a month 3 ☐ |
| Once a week 4 ☐ | 2-6 times a week 5 ☐ | Every day 6 ☐ |

J6. Sometimes people will go on an "eating binge", where they eat an amount of food that most people would consider to be **very** large, **in a short period of time**. During the **past year**, how often did you go on an eating binge?

| | | |
|---|---|---|
| Less than once a month 1 ☐ | 1-3 times a month 2 ☐ | once a week 3 ☐ |
| More than once a week 4 ☐ | Never 5 ☐ → **If never, go to J9 on page 36** | |

J7. These questions refer to when you were on a binge.

| | | Yes usually | Yes sometimes | No |
|---|---|---|---|---|
| a) | Did you feel out of control, like you couldn't stop eating even if you wanted to stop? | 1 ☐ | 2 ☐ | 3 ☐ |
| b) | Did you eat very fast or faster than you normally do? | 1 ☐ | 2 ☐ | 3 ☐ |
| c) | Did you eat until your stomach hurt or you felt sick to your stomach? | 1 ☐ | 2 ☐ | 3 ☐ |
| d) | Did you eat really large amounts of food when you didn't feel hungry? | 1 ☐ | 2 ☐ | 3 ☐ |
| e) | Did you eat by yourself because you did not want anyone to see how much you ate? | 1 ☐ | 2 ☐ | 3 ☐ |
| f) | Did you feel really bad about yourself or feel guilty after eating a lot of food? | 1 ☐ | 2 ☐ | 3 ☐ |

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J8. a) In the **past year**, if there was a period of time when you went on eating binges **at least once a week**, how long did you do this altogether?

1 month 1 ☐ 2 months 2 ☐ 3 or more months 3 ☐

Didn't do this at least once a week 4 ☐ ⟶ **Go to J9 below**

b) **During that time**, did you do any of the following?

(i) exercise a lot to burn off the calories you had eaten during the eating binges?

Yes 1 ☐ No 2 ☐

(ii) use laxatives to keep from gaining weight?

Yes 1 ☐ No 2 ☐

(iii) make yourself throw up to keep from gaining weight?

Yes, monthly 1 ☐ Yes, weekly 2 ☐

Yes, 2 or more times a week 3 ☐ No 4 ☐

J9. Has anyone ever **told** you that they thought you had an eating disorder, such as anorexia nervosa or bulimia? (you **can** mark **more** than one answer)

a) No 1 ☐

b) Yes, a friend 1 ☐

c) Yes, a parent 1 ☐

d) Yes, a doctor, nurse, or other health care provider 1 ☐

J10. Have you ever been **treated** for an eating disorder by a doctor, nurse or other health care provider?

No 1 ☐ Yes, in the past 2 ☐ Yes, am being treated now 3 ☐

J11. Do you ever have strong cravings for food, or find food difficult to resist?

Never 1 ☐ Occasionally 2 ☐ Sometimes 3 ☐ Always 4 ☐

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## SECTION K: DIFFERENT EXPERIENCES

For each item, please indicate which response best applies to you:

| | Describes me very well | Describes me a bit | Does not describe me very well | Does not describe me at all |
|---|---|---|---|---|
| K1. I can see how it would be interesting to marry someone from a foreign country. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K2. When the water is very cold, I prefer not to swim even if it is a hot day. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K3. If I have to wait in a long line, I'm usually patient about it. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K4. When I listen to music, I like it to be loud. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K5. When taking a trip, I think it is best to make as few plans as possible and just take it as it comes. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K6. I stay away from movies that are said to be frightening or highly suspenseful. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K7. I think it's fun and exciting to perform or speak in front of a group. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K8. If I were to go to an amusement park, I would prefer to ride the rollercoaster or other fast rides. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K9. I would like to travel to places that are strange and far away. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K10. I would never like to gamble with money, even if I could afford it. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

For each item, please indicate which response best applies to you:

| | Describes me very well | Describes me a bit | Does not describe me very well | Does not describe me at all |
|---|---|---|---|---|
| K11. I would have enjoyed being one of the first explorers of an unknown land. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K12. I like a movie where there are a lot of explosions and car chases. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K13. I don't like extremely hot and spicy foods | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K14. In general, I work better when I'm under pressure. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K15. I often like to have the radio or TV on while I'm doing something else, such as reading or cleaning up. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K16. It would be interesting to see a car accident happen. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K17. I think it's best to order something familiar when eating in a restaurant. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K18. I like the feeling of standing next to the edge on a high place and looking down. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K19. If it were possible to visit another planet or the moon for free, I would be among the first in line to sign up. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| K20. I can see how it must be exciting to be in a battle during a war. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

## SECTION L: DELIBERATE SELF-HARM

**Life has many ups and downs. Sometimes people feel very upset. These feelings can be so bad that people may feel suicidal or want to self-harm. The following questions ask you about your feelings and the feelings of people close to you. 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 find ways of helping people.**

L1. a) Has **anyone** in your family (not including yourself) **ever** hurt themselves on purpose (e.g. by taking an overdose of pills, or by cutting themselves)?

Yes 1 ☐ No 2 ☐ → **If no, go to L2a) below**

**If yes,**

b) Who in your family has done this? Please mark **all** boxes that apply.

i) Mum 1 ☐

ii) Dad 1 ☐

iii) Brother 1 ☐

iv) Sister 1 ☐

v) Someone else, please say who: 1 ☐

---

c) Which of these actions best describes what they did? Please mark **all** boxes that apply.

i) Swallowed pills or something poisonous 1 ☐

ii) Cut themselves 1 ☐

iii) Burnt themselves, e.g. with cigarette 1 ☐

iv) Something else, please say what: 1 ☐

---

L2. a) Have **any** of your close friends **ever** hurt themselves on purpose?

Yes 1 ☐ No 2 ☐ → **If no, go to L3a) on page 40**

↓

**If yes, go to L2b) on page 40**

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L2. b) Which of these actions best describes what they did? Please mark **all** boxes that apply.

i) Swallowed pills or something poisonous 1 ☐

ii) Cut themselves 1 ☐

iii) Burnt themselves, e.g. with cigarette 1 ☐

iv) Something else, please say what: 1 ☐

---

L3. a) Have you **ever** hurt yourself on purpose **in any way** (e.g. by taking an overdose of pills, or by cutting yourself)?

Yes 1 ☐ No 2 ☐ → **If no, go to L6a) on page 42**

**If yes,**

b) How many times have you done this in the last year? Please mark **one** box only.

Once 1 ☐ 2-5 times 2 ☐ 6-10 times 3 ☐ More than 10 times 4 ☐

c) When was the **last time** you hurt yourself on purpose? Please mark **one** box only.

In the last week 1 ☐ More than a week ago but in the last year 2 ☐ More than a year ago 3 ☐

d) The **last time** you hurt yourself on purpose, which of the actions below best describes what you did? Please mark **all** boxes that apply.

i) Swallowed pills or something poisonous 1 ☐

ii) Cut yourself 1 ☐

iii) Burnt yourself, e.g. with cigarette 1 ☐

iv) Something else, please say what: 1 ☐

---

L3. e) Do **any** of the following reasons help to explain why you hurt yourself on that occasion? Please mark **all** boxes that apply.

i) I wanted to show how desperate I was feeling 1 ☐

ii) I wanted to die 1 ☐

iii) I wanted to punish myself 1 ☐

iv) I wanted to frighten someone 1 ☐

v) I wanted to get relief from a terrible state of mind 1 ☐

vi) Some other reason, please say what: 1 ☐

---

f) After you had hurt yourself on that occasion, how did you feel? Please mark **one** box only.

Better than before 1 ☐ The same as before 2 ☐ Worse than before 3 ☐

g) The last time you hurt yourself in any way (e.g. by taking an overdose of pills, or by cutting yourself) did you seek medical help / first aid from any of the following? Please mark **all** boxes that apply.

i) GP (Family doctor) 1 ☐

ii) Hospital casualty / emergency department 1 ☐

iii) Other health professional, please say what their job was: 1 ☐

---

L4. On **any** of the occasions when you have hurt yourself on purpose, have you **ever** seriously wanted to kill yourself?

Yes 1 ☐ No 2 ☐

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L5. a) Have you **ever** tried to get help from someone or somewhere about hurting yourself on purpose, or about wanting to kill yourself?

Yes 1 ☐ No 2 ☐ → **If no, go to L6a) below**

**If yes,**

b) Who have you been to for help? Please mark all boxes that apply.

| | |
|---|---|
| i) Mum or Dad | 1 ☐ |
| ii) Brother or sister | 1 ☐ |
| iii) Someone else in your family | 1 ☐ |
| iv) A friend | 1 ☐ |
| v) A teacher | 1 ☐ |
| vi) A school counsellor | 1 ☐ |
| vii) Peer supporter/mediator at school | 1 ☐ |
| viii) A GP (family doctor) | 1 ☐ |
| ix) A social worker | 1 ☐ |
| x) A psychologist or psychiatrist | 1 ☐ |
| xi) A telephone help line | 1 ☐ |
| xii) Somewhere else (e.g. internet, book, magazine, other person, etc.), please say what or who: | 1 ☐ |

---

L6. a) Have you **ever** felt that life was not worth living?

Yes 1 ☐ No 2 ☐ → **If no, go to Section M on page 44**

↓

**If yes, go to L6b on page 43**

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L6. b) When was the **last time** you felt like this? Please mark **one** box only.

In the last week 1 ☐ More than a week ago but in the last year 2 ☐ More than a year ago 3 ☐

L7. a) Have you **ever** found yourself wishing you were dead and away from it all?

Yes 1 ☐ No 2 ☐ → **If no, go to Section M on page 44**

**If yes,**

b) When was the last time you felt like this? Please mark one box only.

In the last week 1 ☐ More than a week ago but in the last year 2 ☐ More than a year ago 3 ☐

L8. a) Have you **ever** thought of killing yourself, even if you would not really do it?

Yes 1 ☐ No 2 ☐ → **If no, go to Section M on page 44**

**If yes,**

b) When was the **last time** you felt like this? Please mark **one** box only.

In the last week 1 ☐ More than a week ago but in the last year 2 ☐ More than a year ago 3 ☐

L9. Have you **ever** made plans to kill yourself?

Yes 1 ☐ No 2 ☐

***You can get information and advice relating to any of the questions by contacting the organisations on the enclosed Helpline information sheet.***

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## SECTION M: TRANSPORT & ACCIDENTS

**Your trip *to* school/college/work (this morning, or the last time you went to school/college/work)**

M1. How long did your trip take? (Mark **one** box only)

| | | | | | |
|---|---|---|---|---|---|
| Less than 5 minutes | 1 ☐ | 5-10 minutes | 2 ☐ | 11-20 minutes | 3 ☐ |
| 21-30 minutes | 4 ☐ | 31-45 minutes | 5 ☐ | More than 45 minutes | 6 ☐ |

M2. How did you get to school/college/work? (You can mark **more** than **one** answer)

| | | | |
|---|---|---|---|
| a) Walked all the way | 1 ☐ | b) Walked part of the way | 1 ☐ |
| c) By public bus | 1 ☐ | d) By school bus | 1 ☐ |
| e) By car/taxi | 1 ☐ | f) By bicycle | 1 ☐ |
| g) By train | 1 ☐ | | |

M3. If you could change the way you travelled to and from school/college/work, would you prefer to travel: (Mark **one** box only)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| On foot | 1 ☐ | By bicycle | 2 ☐ | By car | 3 ☐ | By train | 4 ☐ |
| By school bus | 5 ☐ | By public bus | 6 ☐ | Do not wish to change the way I travel | 7 ☐ | | |

**Your trip home from school/college/work (yesterday, or the last time you came home from school/college/work)**

M4. How long did your trip home take? (Mark one box only)

| | | | | | |
|---|---|---|---|---|---|
| Less than 5 minutes | 1 ☐ | 5-10 minutes | 2 ☐ | 11-20 minutes | 3 ☐ |
| 21-30 minutes | 4 ☐ | 31-45 minutes | 5 ☐ | More than 45 minutes | 6 ☐ |

M5.How did you go home from school/college/work? (You can mark **more** than **one** answer)

a) Walked all the way 1 ☐ b) Walked part of the way 1 ☐

c) By public bus 1 ☐ d) By school bus 1 ☐

e) By car/taxi 1 ☐ f) By bicycle 1 ☐

g) By train 1 ☐

M6.How safe do you feel crossing the roads outside your school/college/work place?

Very safe 1 ☐ Quite safe 2 ☐ A bit unsafe 3 ☐ Not safe at all 4 ☐

M7.How safe do you feel crossing the roads near where you live?

Very safe 1 ☐ Quite safe 2 ☐ A bit unsafe 3 ☐ Not safe at all 4 ☐

## Travelling by car, bus, train and bike

M8.When was the **last time** you travelled in a car or van or taxi? (Mark **one** box only).

Today 1 ☐ Yesterday 2 ☐ 2-4 days ago 3 ☐ 5-7 days ago 4 ☐

Between 1 and 4 weeks ago 5 ☐ More than a month ago 6 ☐ Never 7 ☐ → **If never, go to M12 on page 46**

M9.The **last time** you travelled in a car or van or taxi, did you sit in the front seat or the back seat? (Mark **one** box only).

Front seat 1 ☐ Back seat 2 ☐ Can't remember 3 ☐

M10. The **last time** you travelled in a car or van or taxi, did you wear a seat belt?

Yes 1 ☐ No 2 ☐ Can't remember 3 ☐

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M11. If you did wear a seat belt, was this because: (Please mark **one** box only).

| | | | |
|---|---|---|---|
| You chose to | 1 ☐ | The driver asked you to | 3 ☐ |
| Everyone else had theirs on and you didn't want to be different | 2 ☐ | I didn't wear a seatbelt | 4 ☐ |

M12. Does someone in your house own a car or van?

Yes 1 ☐ No 2 ☐

M13. Have you **ever** driven a car:

| | **Yes** | **No** |
|---|---|---|
| a) off the road (e.g. on private land or in a car park)? | 1 ☐ | 2 ☐ |
| b) on a public road without a licence? | 1 ☐ | 2 ☐ |

M14. Have you **ever** been a passenger in a car, knowing that the driver has not passed his driving test and is not supervised by a qualifying accompanying driver?

Yes 1 ☐ No 2 ☐

M15. Have you **ever** been a passenger in a car, knowing that the driver has been drinking?

Yes 1 ☐ No 2 ☐

M16. When was the **last time** you travelled on a bus? (Mark **one** box only).

| | | | |
|---|---|---|---|
| Today 1 ☐ | Yesterday 2 ☐ | 2-4 days ago 3 ☐ | 5-7 days ago 4 ☐ |
| Between 1 and 4 weeks ago 5 ☐ | More than a month ago 6 ☐ | Never 7 ☐ | |

M17. When was the **last time** you travelled on a train? (Mark **one** box only).

| | | | |
|---|---|---|---|
| Today 1 ☐ | Yesterday 2 ☐ | 2-4 days ago 3 ☐ | 5-7 days ago 4 ☐ |
| Between 1 and 4 weeks ago 5 ☐ | More than a month ago 6 ☐ | Never 7 ☐ | |

M18. Have you **ever** driven a motorbike or scooter:

| | | Yes | No |
|---|---|---|---|
| a) | Off the road (e.g. on private land or in a car park)? | 1 ☐ | 2 ☐ |
| b) | On the road with a licence? | 1 ☐ | 2 ☐ |
| c) | On the road without a licence? | 1 ☐ | 2 ☐ |

M19. Do you own a bicycle?

Yes 1 ☐ No 2 ☐

M20. Do you own a bicycle helmet?

Yes 1 ☐ No 2 ☐

M21. When was the **last time** you rode a bicycle? (Mark **one** box only).

Today 1 ☐ Yesterday 2 ☐ 2-4 days ago 3 ☐ 5-7 days ago 4 ☐

Between 1 and 4 weeks ago 5 ☐ More than a month ago 6 ☐ Never 7 ☐ → **If never, go to M25 on page 48**

M22. How far did you ride you bicycle at that time? (Mark **one** box only).

Less than a mile 1 ☐ 1-3 miles 2 ☐

3-5 miles 3 ☐ More than 5 miles 4 ☐

M23. How safe do you feel riding your bike near where you live? (Mark **one** box only).

Very safe 1 ☐ Quite safe 2 ☐ A bit unsafe 3 ☐ Not safe at all 4 ☐

M24.The **last time** you rode a bike did you wear (mark **one** box on each line):

| | | Yes | No | Can't remember |
|---|---|---|---|---|
| a) | a helmet | 1 ☐ | 2 ☐ | 3 ☐ |
| b) | fluorescent clothing | 1 ☐ | 2 ☐ | 3 ☐ |
| c) | reflective clothing | 1 ☐ | 2 ☐ | 3 ☐ |

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## Accidents

M25. In the **last 6 months** have you had any kind of accident, which caused you to see a doctor or to go to hospital? (Please mark **any** that apply).

| | Yes | No |
|---|---|---|
| a) Fall | 1 ☐ | 2 ☐ |
| b) Fracture (broken bone), please describe: | 1 ☐ | 2 ☐ |
| c) Burn or scald | 1 ☐ | 2 ☐ |
| d) Indigestion/swallowing something | 1 ☐ | 2 ☐ |
| e) Sports injury | 1 ☐ | 2 ☐ |
| f) Other, please describe: | 1 ☐ | 2 ☐ |

M26. Since your **14th birthday**, have you had a head injury resulting in loss of consciousness (passing out)?

Yes 1 ☐ No 2 ☐

**If yes,** please describe:

M27. In the **last year**, have you ever been involved in a road accident?

Yes 1 ☐ No 2 ☐ → **If no, please go to section N on page 50**

M28. Thinking about the **last** accident you had, how were you travelling? (Mark **one** box only).

In a car as a driver 1 ☐ In a car as a passenger 2 ☐ As a pedestrian 3 ☐

As a cyclist 4 ☐ Something else, please describe: 5 ☐

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M29. Who was with you at the time of the accident? (Please mark **all** the ones you were with)

a) On my own 1 ☐
b) Parent or other adult 1 ☐
c) Brother(s) or sister(s) 1 ☐
d) With friends 1 ☐

M30. What were you doing at the time of the accident? (Mark **one** box only).

Going to or from school/college/work 1 ☐
Playing or hanging out in the streets 2 ☐
Going to or from a club 3 ☐
Going to or from the park 4 ☐
Going to or from church, temple, synagogue or mosque 5 ☐
Other journey, please mark and describe: 6 ☐

---

M31. When did the accident happen? (Mark **one** box only).

Before school/college/work 1 ☐
After school/college/work 2 ☐
At the weekend 3 ☐
During school holidays 4 ☐

M32. Were you hurt?

Yes 1 ☐ No 2 ☐ ⟶ **If no, go to Section N on page 50**

M33. Did you see a family doctor?

Yes 1 ☐ No 2 ☐

M34. Did you go to the casualty department at hospital?

Yes 1 ☐ No 2 ☐

M35. If you went to the casualty department, did you stay overnight in hospital?

Yes 1 ☐ No 2 ☐

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## SECTION N: OCCUPATION

**We are interested in whether you work or not and the type of work you do.**

N1. Are you in full-time education?

Yes 1 ☐ → **If yes, go to N2 below**

No 2 ☐ → **If no, go to N3 below**

N2. Do you ever do any work in a spare-time **paid** job in term-time (even if it's only for an hour or two now and then)? Please don't include jobs you only do during the school holidays or voluntary work.

Yes 1 ☐ → **If yes, go to N4 below**

No 2 ☐ → **If no, go to N5 on page 51**

N3. Are you currently? (You **can** mark **more** than one box).

a) Unemployed and seeking work 1 ☐ → **Go to N5 on page 51**

b) Unemployed through sickness/disability 1 ☐ → **Go to N5 on page 51**

c) Doing voluntary work 1 ☐ → **Go to N5 on page 51**

d) Working part-time 1 ☐ → **Go to N4a) below**

e) Working full-time 1 ☐ → **Go to N4a) below**

N4. a) What is you current job title?

---

b) When did you start your current job?

| Month | | / | Year | | | |
|---|---|---|---|---|---|---|
| | | | 2 | 0 | 0 | |

c) Please describe the main things you do in this job:

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N5. In the past, have you had any **paid** jobs?

Yes 1 ☐ → **If yes, go to N6 below**

No 2 ☐ → **If no, go to Section O on the back page**

N6. Please fill in as much information for all of the jobs you have had in the past.

i)

**a) From** **Month** | **Year** ☐☐ / ☐☐

**b) To** **Month** | **Year** ☐☐ / ☐☐

**c) Job title and the main things you did**

ii)

**a) From** **Month** | **Year** ☐☐ / ☐☐

**b) To** **Month** | **Year** ☐☐ / ☐☐

**c) Job title and the main things you did**

iii)

**a) From** **Month** | **Year** ☐☐ / ☐☐

**b) To** **Month** | **Year** ☐☐ / ☐☐

**c) Job title and the main things you did**

## Section O:

O1. Did you have any help to fill this in?

No 1 ☐

Yes 2 ☐

↓

**If yes**, please say who helped you:

a) A parent helped 1 ☐

b) Someone else helped 1 ☐

O2. What is your date of birth? Day ☐☐ / Month ☐☐ / Year 1 9 9 ☐

O3. What is today's date? Day ☐☐ / Month ☐☐ / Year 2 0 0 ☐

**Thank you VERY much for your help**

When completed, please send this back to:

**Professor George Davey-Smith**
**Children of the Nineties - ALSPAC**
**24 Tyndall Avenue**
**Bristol**
**BS8 1BR**

All the answers you have given are confidential. You might want to talk to someone about some of the subjects in this questionnaire, so we have included details of confidential Helplines on a separate sheet.

Office use only ☐



http://www.alspac.bris.ac.uk/

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