

Questionnaire Number



Your Daughter 16+ Years On

All answers are confidential

This questionnaire is for the study teenager's mother or the person taking the role of the mother.

28/07/2008

28291



FILLING IN THE QUESTIONNAIRE

Please use **black** pen. To answer questions simply put a cross in the box which is most accurate in your opinion, like this:



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



then cross the correct box.

If you are answering questions which ask you to give further details, please make sure you write inside the boxes.

If you do not want to answer a question or if it does not apply to you, leave it blank. There are no right or wrong answers. Just tell us what is true for you.

THANK YOU FOR YOUR HELP

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Section A: Your Study Teenager

A1. a) How much time do you usually spend having a conversation with her?
(Mark **one** box only).

Never 1 Rarely (once a week) 2 Sometimes (several 3
times a week)

Often (nearly 4 More than once a day 5
every day)

b) How much time does your husband/partner or someone else usually spend having a conversation with her? (Mark **one** box only).

Never 1 Rarely (once a week) 2 Sometimes (several 3
times a week)

Often (nearly 4 More than once a day 5
every day)

A2. a) How much time do you usually spend doing things with her (e.g. playing sports or going out)? (Mark **one** box only).

Never 1 Rarely (once a week) 2 Sometimes (several 3
times a week)

Often (nearly 4 More than once a day 5
every day)

b) How much time does your husband/partner or someone else usually spend doing things with her (e.g. playing sports or going out)? (Mark **one** box only).

Never 1 Rarely (once a week) 2 Sometimes (several 3
times a week)

Often (nearly 4 More than once a day 5
every day)

A3. When she went out during the last year, how often did you know:
(Mark **one** box on **every** line).

- | | Always | Usually | Sometimes | Never |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a) What she was doing in her spare time? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b) Where she was going? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c) Who she was going out with? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d) What time she would be home? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

A4. How sure are you that she would ask your permission first if she wanted to:
(Mark **one** box on **every** line).

- | | Very
sure | Fairly
sure | Fairly
unsure | Very
unsure |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Stay out late on a weekday evening (after 10pm)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b) Stay out late on a weekend evening (after 10pm)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c) Go to a disco or club after 10pm at the weekend? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d) Supposing that she did stay out really late, how sure are you that she would tell you truthfully where she had been? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

A5. How often does she tell you about:
(Mark **one** box on **every** line).

- | | Often | Sometimes | Hardly ever | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Things that happen at school/
college/work? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b) What she has been doing while
she's been out? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

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A6. During the past year, how often have you done each of these things?
(Mark **one** box on **every** line).

	Often	Sometimes	Hardly ever	Never
a) Asked her about things that happened at school/college/work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Started a conversation with her about what she was doing in her spare time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Talked with her friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Talked with the parents of her friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A7. a) Does she share her feelings and worries with you?

Yes, ¹ always
 Yes, ² sometimes
 Hardly ³ ever
 Never ⁴

b) Do you think she likes to be with you?

Yes, ¹ always
 Yes, ² sometimes
 Hardly ³ ever
 Never ⁴

A8. Most parents argue with their children. How often do you argue with her about each of these things? (Mark **one** box on **every** line).

	Most days	At least once a week	Less than once a week	Never or hardly ever
a) How tidy her room is	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) What she does when she goes out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) What time she comes home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Who she hangs about with	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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A8. continued

	Most days	At least once a week	Less than once a week	Never or hardly ever
e) About her clothes or appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Getting up in the morning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Smoking cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Drinking alcohol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Taking drugs or smoking cannabis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j) Doing household chores	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k) Other reason (please mark box and describe below):	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A9. How often do you give up when you ask her to do something and she doesn't do it? (Mark **one** box only).

Always ¹ Usually ² Sometimes ³ Never ⁴

A10. When you disagree about things with her, how often: (Mark **one** box on **every** line).

	Always	Usually	Sometimes	Never
a) Do you discuss it calmly?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Does she listen to your point of view?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Do you listen to her point of view?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Do you just tell her to accept what you say?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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A11. How often does she get into a real rage? (Mark **one** box only).

More than once 1
a day

Most days 2

At least once 3
a week

Less than once 4
a week

Never 5

→ **If never, go to A14 on page 8**

A12. Why do you think she has these rages?
(Mark **one** box on **every** line).

Yes

No

**Don't
know**

- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| a) Failure to get what she wants | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| b) Failure to make herself understood | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| c) She feels that no-one understands her | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| d) Reaction to being corrected | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| e) She rejects everything | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| f) Failure to get attention | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| g) Feeling that a brother or sister gets preferential treatment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| h) She just doesn't know what she wants | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| i) No particular reason | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| j) As a negative reaction to someone | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| k) Other reason (please mark and describe) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

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A13. When she has rages or tantrums how often do you:
(Mark **one** box on **every** line).

- | | Always | Often | Sometimes | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Ignore it, let her get it out of her system? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b) Ask her to go to her room? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c) Try to calm/pacify her? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d) Try to reason with her? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e) Threaten her? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f) Say hurtful things you regret later? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g) Say hurtful things and mean it? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h) Ask someone else to intervene? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i) Slap or hit her? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j) Try to distract her? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k) Shout at her? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l) Something else?
(please mark and describe): | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

A14. Some questions on discipline.

a) Who has most control over her? (Please mark **one** box only.)

- I do 1 My husband/
partner does 2 Someone 3
else does No-one 4
does

(please say who below):

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b) Who usually tells her off? (Please mark **one** box only.)

I do ¹ My husband/
partner does ² Someone ³
else does No-one ⁴
does

(please say who below):

c) Who usually tries to put sanctions on her if necessary? (Please mark **one** box only.)

I do ¹ My husband/
partner does ² Someone ³
else does No-one ⁴
does

(please say who below):

A15. How often do you punish her in these ways?

(Mark **one** box on **each** line).

	Most days	At least once a week	Less than once a week	Never or hardly ever
a) Tell her off	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) 'Ground' her or stop her going out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Stop her pocket money	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Stop her from seeing friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Hit or slap her	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Tell her to get out of the house, or lock her out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Punish her some other way (please describe below):	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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A16. Do you know who her friends are?

Yes, some

Yes, most or all

No

A17.a) Are her friends:

Mostly
boys?

Mostly
girls?

Mixture?

Don't
know

b) Does she have a 'best friend'?

Yes

No

Don't know

A18. How many evenings a week does she see her friends? (Mark **one** box only).

None

One

Two

Three

Four

Five

Six

Seven

A19.a) Does she have a romantic relationship? (Mark **one** box only).

Yes, with a girl —▶ **Go to A19b) below**

Yes, with a boy —▶ **Go to A19b) below**

No, not yet —▶ **Go to Section B on page 11**

If yes,

b) How many evenings a week does she see her boy/girl friend?

Less
than one

One

Two

Three

Four

Five

Six

Seven

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Section B: Things Your Teenager Does

The next set of questions are about your teenager's intake of alcohol and drugs, and also her smoking and anti-social behaviour. We realise that these may not be relevant or be difficult to answer, but we would be grateful if you can answer as many as possible, even if you feel you don't really know. We would like to understand if there is a difference between what teenagers say they do and what parents (in general) know.

B1. Has she ever been offered: (Mark **one** box on **each** line).

	Yes, and I know about it	Probably	Possibly	I don't think so	Don't know
a) Alcohol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
b) Cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Cannabis?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Ecstasy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Other illicit drugs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>

B2. Has she ever tried: (Mark **one** box on **each** line).

	Yes, and I know about it	Probably	Possibly	I don't think so	Don't know
a) Alcohol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
b) Cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Cannabis?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Ecstasy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Other illicit drugs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>

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If you answered yes (first column), to any of the previous question B2(a)-(e), please answer the following question B3. Otherwise skip to B4 below.

B3. What age was she when she tried them? (Please put **99** if you don't know)

- a) Alcohol

--	--

 years
- b) Cigarettes

--	--

 years
- c) Cannabis

--	--

 years
- d) Ecstasy

--	--

 years
- e) Other illicit drugs

--	--

 years

B4. How often in the last year has she: (Mark **one** box on each line)

- | | Not
at all | Just
once | 2-5
times | 6 or
more
times | Don't
know |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Travelled on a bus or train without paying enough money or using someone else's pass? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| b) Written things or sprayed paint on property? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| c) Stolen something from a shop or store? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| d) Sold an illegal drug to someone? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| e) Ridden in a stolen car or van or on a stolen motorbike? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |

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B4. continued

	Not at all	Just once	2-5 times	6 or more times	Don't know
f) Broken into a car or van to try and steal something out of it?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Done any of these things to someone she knows:					
i) Ignored them on purpose or left them out of things?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
ii) Said nasty things, slagged them off or called them names?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
iii) Threatened to hurt them?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
iv) Hit, spat or threw stones at them?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
v) Got other people to do the things listed above in (i) to (iv)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Broken into a house or building to try and steal something?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
i) Hit, kicked or punched a brother or sister on purpose?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
j) Hit, kicked or punched someone else on purpose with the intention of really hurting them?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
k) Deliberately damaged or destroyed property on purpose?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
l) Sold something that didn't belong to her or that she knew was stolen?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>

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B4. continued

- | | Not
at all | Just
once | 2-5
times | 6 or
more
times | Don't
know |
|--|----------------------------|----------------------------|----------------------------|--------------------------------|----------------------------|
| m) Stolen any money or property that someone was holding, carrying or wearing at the time? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| n) Used force, threats or a weapon to steal money or something else from somebody? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| o) Hit or picked on someone because of their race or skin colour? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| p) Hurt or injured animals or birds on purpose? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| q) Set fire or tried to set fire to something on purpose? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| r) Carried a knife or other weapon for protection or in case it was needed in a fight? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| s) Been rowdy or rude in a public place so that people complained or she got into trouble? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| t) Stolen money or something else from school/college/work? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| u) Stolen money or something else from home? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |

B5. Has she ever run away from home?

- | | | | | | |
|-----------|----------------------------|----------------------|----------------------------|---------------------------------|----------------------------|
| Yes | 1 <input type="checkbox"/> | No, but has tried to | 2 <input type="checkbox"/> | No, but has thought of doing so | 3 <input type="checkbox"/> |
| No, never | 4 <input type="checkbox"/> | Don't know | 9 <input type="checkbox"/> | | |

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Section C: Your Teenager's Activities and Interests

- C1. Now some questions about what she does in her free time. On a day when she does any of the things below, about how long altogether does she usually spend?
(Mark **one** box on **each** line)

	Under 30 mins	30 mins - 1 hour	1-2 hours	2-4 hours	4-6 hours	Over 6 hours	Never
a) Reading a book (not a school/college book)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b) Reading a comic or magazine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c) Watching TV on Saturdays	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d) Watching TV on Sundays	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e) Watching TV on a weekday	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f) Watching a DVD/video	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
g) Listening to music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
h) Playing a computer or video game	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
i) Using a computer for school/college work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
j) Using the internet for non-school/college work activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
k) Talking on the phone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
l) Sending text (SMS) messages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

C2. How often does she go to these places in her spare time?
(Mark **one** box on **each** line).

	At least once a week	At least once a month	Hardly ever or never
a) Go shopping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Go out for something to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Go to the cinema, theatre or concerts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Go to an amusement arcade	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Go to watch football or other sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) Go to discos, nightclubs or raves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

C3. Does she go to any youth clubs, groups or sports centres in the evening or at weekends?

Yes 1

No 2



If **no**, go to C4 on page 18

If **yes**,

a) How often does she usually go out to youth, sports clubs or groups?
(Mark **one** box only).

Most evenings 1

At least once a week 2

Less than once a week 3

Hardly ever or never 4

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C3. b) What kind of club or group does she go to? (Mark as **many** boxes as you need to).

- i) A youth club or group 1
- ii) A sports club or sports centre 1
- iii) Keep fit, aerobics or dancing classes 1
- iv) Music club or group 1
- v) Drama club 1
- vi) Another kind of club or group (please state) 1

c) If she goes to a sports club, which sports does she do?
(Mark as **many** boxes as you need to).

- i) Tennis 1
- ii) Swimming 1
- iii) Wrestling 1
- iv) Gymnastics 1
- v) Martial arts (please state): 1

- vi) Football 1
- vii) Boxing (including kickboxing) 1
- viii) Netball 1
- ix) Weight training 1
- x) Hockey 1
- xi) Other (please state) 1

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C3. d) Are adults in charge of the clubs she goes to?

Yes, always 1

Yes, sometimes 2

No 3

C4. Which of these things, **if any**, are (i) more or less permanently in her room, (ii) do you have elsewhere in the house, (iii) have you bought in the **last 6 months**, or (iv) intend to buy in the **next 6 months**? (You can mark **more than one** box on **each** line).

	(i) In her room	(ii) Have in house	(iii) Bought in last 6 months	(iv) Intend to buy
a) TV set	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b) Cable/satellite/digital TV	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
c) DVD/video	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
d) Radio	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
e) TV-linked games system (e.g. Xbox, Playstation)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
f) Computer with internet access	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
g) Computer without internet access	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
h) Mobile phone	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
i) Landline phone	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
j) Shelf of books (not school books)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
k) Digital camera	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
l) None of the above	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>

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C5. Who in your family knows most about computers and how to use them?
(Mark **one** box only)

- | | | | | | |
|--------------------------|----------------------------|----------------------|----------------------------|----------------|----------------------------|
| Me | 1 <input type="checkbox"/> | My partner | 2 <input type="checkbox"/> | Study teenager | 3 <input type="checkbox"/> |
| Teenager's
brother | 4 <input type="checkbox"/> | Teenager's
sister | 5 <input type="checkbox"/> | No difference | 6 <input type="checkbox"/> |
| Don't know/
can't say | 9 <input type="checkbox"/> | | | | |

C6. For which of the following activities does she use the internet?
(Mark **one** box on each line).

	Often	Occasionally	Rarely	I don't know
a) Social networking (e.g. Bebo, MySpace, Facebook)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
b) Instant messaging 'Chat' (e.g. MSN)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Watching video (e.g. YouTube)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Researching homework	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
e) E-mail using her own e-mail address	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
f) E-mail using a family e-mail address	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Playing games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Downloading music from commercial sites (e.g. iTunes)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
i) Downloading pirated music (e.g. via LimeWire or BitTorrent)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>



C7. Which of the following have you **ever** done to manage her internet use?
(Mark **one** box on each line).

	Not done this	Yes, once	Yes, more than once
a) Checked her files or folders on a computer for content	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Restricted the amount of time she is allowed online	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Accessed her e-mail or other account without her knowledge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Accessed her e-mail or other account with her knowledge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Restricted the type of activities she is allowed to use on the internet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) Restricted use of a social networking site (e.g. Bebo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g) Viewed her profile on a social networking site without her knowledge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h) Asked for a password to access a computer or folder	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i) Installed filtering software to restrict access to certain types of sites	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j) Installed monitoring software on a computer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k) Examined browsing history or cache	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l) Monitored her mobile telephone records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m) Examined the content of her phone (e.g. text messages or photographs) without her knowledge or consent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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Section D: Your Teenager's Feelings

Please think how your teenager has been in the past 6 months.

In the past six months:	Not true	Somewhat true	Certainly true	Don't know
D1. She has been considerate of other people's feelings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D2. She has been restless, overactive, cannot stay still for long	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D3. She has often complained of headaches, stomach aches or sickness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D4. She has shared readily with other children and teenagers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D5. She has often had temper tantrums or hot tempers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D6. She is rather solitary, tends to be alone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D7. She is generally obedient, usually does what adults request	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D8. She has many worries, often seems worried	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D9. She is helpful if someone is hurt, upset or feeling ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D10. She is constantly fidgeting or squirming	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D11. She has at least one good friend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D12. She often fights or bullies other children or teenagers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D13. She is often unhappy, down-hearted or tearful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D14. She is generally liked by others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D15. She is easily distracted, her concentration wanders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D16. She is nervous or clingy in new situations, easily loses confidence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>

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		Not true	Somewhat true	Certainly true	Don't know
In the past six months:					
D17.	She is kind to younger children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D18.	She often lies or cheats	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D19.	She is picked on or bullied by other teenagers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D20.	She often volunteers to help others (parents, teachers, other teenagers)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D21.	She thinks things out before acting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D22.	She steals from home, school or elsewhere	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D23.	She gets on better with adults than with other teenagers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D24.	She has many fears, is easily scared	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
D25.	She sees tasks through to the end, has good attention span	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>

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

		True	Sometimes true	Not true
In the past 2 weeks:				
D26.	She felt miserable or unhappy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D27.	She didn't enjoy anything at all	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D28.	She felt so tired that she just sat around and did nothing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D29.	She was very restless	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D30.	She felt she was no good any more	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D31.	She cried a lot	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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In the past 2 weeks:

	True	Sometimes true	Not true
D32. She found it hard to think properly or concentrate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D33. She hated herself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D34. She felt she was a bad person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D35. She felt lonely	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D36. She thought nobody really loved her	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D37. She thought she could never be as good as others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D38. She felt she did everything wrong	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

D39. How much do the following descriptions apply to your study teenager?

	Not true	Quite or sometimes true	Very or often true
Over the last 6 months:			
a) Not aware of other people's feelings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Does not realise when others are upset or angry	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Does not notice the effect of her behaviour on other members of the family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Her behaviour often disrupts normal family life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Very demanding of other people's time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) Difficult to reason with when upset	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g) Does not seem to understand social skills, e.g. interrupts conversations constantly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h) Does not pick up on body language	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

continued overleaf

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D39. continued

Over the last 6 months:

- | | Not true | Quite or sometimes true | Very or often true |
|--|----------------------------|--------------------------------|-------------------------------|
| i) Does not understand how she should behave when she is out, e.g. in shops or other people's houses | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| j) Does not realise that she offends people with her behaviour | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| k) Does not respond when told to do something | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| l) Cannot follow a command unless it is carefully worded | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| m) Do you have any other comments or concerns?
If yes, please mark and describe: | | Yes 1 <input type="checkbox"/> | No 2 <input type="checkbox"/> |

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. 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.

D40.a) Has your daughter **ever** hurt herself on purpose **in any way** that you are aware of (e.g. by taking an overdose of pills, or by cutting herself)?

Yes 1 No 2 —▶ **If no, go to Section E on page 27**

If yes,

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

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

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

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

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D40. continued

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

- i) Swallowed pills or something poisonous 1
- ii) Cut herself 1
- iii) Burnt herself, e.g. with a cigarette 1
- iv) Something else, please say what: 1

e) The last time she hurt herself on purpose did she or you on her behalf 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, 1
please say what their job was:

D41.a) Have you **ever** tried to get help from someone or somewhere about your daughter hurting herself on purpose?

Yes 1

No 2



If no, go to Section E on page 27

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If yes,

D41.b) Who have you been to for help? Please mark **all** boxes that apply.

- i) A family member 1
- ii) A friend 1
- iii) A staff member in her school/college/work 1
- iv) A GP (family doctor) 1
- v) Social services 1
- vi) A telephone help line,
if so, which? 1

- vii) Somewhere else (e.g. internet, book, magazine,
other person, etc.), please say what or who: 1

You can get information and advice relating to any of the questions by contacting the organisations below:

www.selfharm.org.uk run by National Children's Bureau

**Young Minds Parents information service 0800 018 2138
10-4 Mon to Fri and 6-8 Wed**

Parentline Plus Bristol 0117 953 5525

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Section E: Your Teenager's Eating Patterns

- E1. a) What is her height at the moment (without shoes)? The best way to measure **height** is to stand barefoot as straight as possible against a wall, and then ask someone to make a mark on the wall at the highest point on your head, and to measure the distance from the mark to the floor.

feet inches **OR** metres centimetres don't know
 9

- b) What is her weight at the moment (without shoes)? Please fill in using kilos **or** stones.

stones pounds **OR** kilos don't know
 9

- c) What was her lowest weight in the last 12 months? Please fill in using kilos **or** stones.

stones pounds **OR** kilos don't know
 9

- d) What was her highest weight in the last 12 months? Please fill in using kilos **or** stones.

stones pounds **OR** kilos don't know
 9

E2. At present would you describe her as:

Very thin ¹ Thin ² Average ³ Plump ⁴ Fat ⁵

E3. How do you feel she compares this year with previous years?

Thinner in ¹ About the same ² A little thinner ³
previous years this year

A lot thinner ⁴ Less thin than ⁵
this year in previous years

E4. At present would she **describe herself** as:

Very thin ¹ Thin ² Average ³ Plump ⁴ Fat ⁵

E5. Have you or other people (e.g. family, friend, a doctor) been seriously concerned that her weight has been bad for her physical health?

Yes ¹ No ²

E6. Is she afraid of gaining weight or getting fat?

No ¹ A little ² A lot ³ It really terrifies her ⁴

E7. Does she avoid the sorts of food that she thinks will make her fat?

No ¹ A little ² A lot ³

E8. How often does she avoid fattening food?

Never ¹ Sometimes ² Most of the time ³ Always ⁴

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E9. Does she spend a lot of her time thinking about food?

Yes ¹

No ²

Don't know ⁹

E10. Sometimes people say that they have such a strong desire for food, and that this desire is so hard to resist, that it is like what an addict feels about drugs or alcohol. Does this apply to her?

No ¹

A little ²

A lot ³

E11.a) Sometimes people lose control over what they eat, and then they eat a very large amount of food in a short time. Does she ever do this?

Yes ¹

No ² → **If no, go to E12 on page 30**

If yes,

b) Over the **last 3 months**, how often has this happened?

Hasn't happened ¹

Occasionally ²

About once a ³
week

Two or more ⁴
times a week

c) When this happens, does she have a sense of losing control over her eating?

Yes ¹

No ²

Not sure ³

d) Please describe how much she typically eats during one of her episodes of eating too much:

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E12. Over the **last 3 months**, has she done any of the following to avoid putting on weight?

- | | No | A little | A lot | Tried to but not allowed | Don't know |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Ate less at mealtimes | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| b) Skipped meals | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| c) Went without food for long periods, e.g. all day or most of the day | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| d) Hid or threw away food that others gave her | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| e) Exercised more | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| f) Made herself sick | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| g) Took pills or medication in order to lose weight: (Please mark & describe what she took) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |

- h) Did other things: (Please mark & describe what she does)



E13. If she eats too much, does she blame herself a lot?

Yes ¹

No ²

Never eats too much ³

E14. Is she upset or distressed about her weight or body shape?

No, not at all ¹

Yes, a little ²

Yes, quite a lot ³

Yes, a great deal ⁴

Don't know ⁹

E15. How much do you think her eating pattern or concern about weight and body shape has interfered with:

	Not at all	A little	Quite a lot	A great deal
a) How well she gets on with you and the rest of the family.	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
b) Making and keeping friends.	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
c) Learning or class work.	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
d) Hobbies, sports or other leisure activities.	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>

E16. If a doctor told her that she needed to put on 5 pounds (2 kilos) for the sake of her health, how would she find this? She may have a physical problem that makes it hard for her to put on weight. **Here we are asking if she is willing to try, not whether she can succeed.**

Easy ¹

Difficult ²

Impossible ³

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E17. Has her eating pattern or concern about weight or body shape put a burden on you or the family as a whole?

Not at all 1 A little 2 Quite a lot 3 A great deal 4

E18.

	Yes	No	Don't know
a) Has she ever thought she was fat even when other people said she was very thin?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Would she be ashamed if other people knew how much she eats?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Has she ever deliberately made herself sick?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Do worries about eating really interfere with her life?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

E19. Does she think her weight has been bad for her physical health?

Yes 1 No 2

E20a) If she has started her regular periods, have there been any months when the period didn't happen at all?

Yes 1 No 2 Don't know 3

Hasn't started her periods yet 4

If yes,

b) Has she had any periods in the last 3 months?

Yes 1 No 2

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Section F: Your Teenager's Health

F1. Has she ever had wheezing or whistling in the chest at any time in the past?

Yes ¹

No ² —► **If no, go to F5 below**

F2. a) Has she had wheezing or whistling in the chest **in the past 12 months**?

Yes ¹

No ² —► **If no, go to F5 below**

If yes,

b) How many attacks of wheezing has she had **in the past 12 months**?

None ¹

1 to 3 ²

4 to 12 ³

More than 12 ⁴

F3. **In the past 12 months**, how often, on average has her sleep been disturbed due to wheezing?

Never woken ¹
with wheezing

Less than one ²
night per week

One or more ³
nights per week

F4. **In the past 12 months**, has the wheezing **ever** been severe enough to limit her speech to only one or two words at a time between breaths?

Yes ¹

No ²

F5. Has she **ever** had asthma?

Yes ¹

No ²

F6. **In the past 12 months**, has her chest sounded wheezy during or after exercise?

Yes ¹

No ²

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F7. **In the past 12 months**, has she had a dry cough at night, apart from a cough associated with a cold or chest infection?

Yes ¹ No ²

F8. These questions are about problems which occur when she **DOES NOT** have a cold or the 'flu.

a) Has she **ever** had a problem with sneezing, or a runny or blocked nose when she **DID NOT** have a cold or the 'flu?

Yes ¹ No ² → **If no, go to F9 on page 35**

b) **In the past 12 months**, has she had a problem with sneezing, or a runny or blocked nose when she **DID NOT** have a cold or 'flu?

Yes ¹ No ² → **If no, go to F9 on page 35**

c) **In the past 12 months**, has this nose problem been accompanied by itchy-watery eyes?

Yes ¹ No ²

d) **In which of the past 12 months**, did this nose problem occur?
(Please mark **all** that apply).

January ¹ <input type="checkbox"/>	May ¹ <input type="checkbox"/>	September ¹ <input type="checkbox"/>
February ¹ <input type="checkbox"/>	June ¹ <input type="checkbox"/>	October ¹ <input type="checkbox"/>
March ¹ <input type="checkbox"/>	July ¹ <input type="checkbox"/>	November ¹ <input type="checkbox"/>
April ¹ <input type="checkbox"/>	August ¹ <input type="checkbox"/>	December ¹ <input type="checkbox"/>

e) **In the past 12 months**, how much did this nose problem interfere with her daily activities?

Not at ¹ all
A little ²
A moderate ³ amount
A lot ⁴

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F9. Has she **ever** had hayfever?

Yes ¹

No ²

F10. Has she **ever** had an itchy rash which was coming and going for **at least** six months?

Yes ¹

No ² —► **If no, go to F11 on page 36.**

If yes,

a) Has she had this itchy rash at any time **in the past 12 months?**

Yes ¹

No ² —► **If no, go to F11 on page 36.**

b) In the past 12 months was the rash: (Mark **all** that apply).

Yes

i) Confined to the creases of the knees/ankles/elbows or wrists ¹

ii) Covering the trunk ¹

iii) Affecting the face ¹

c) Has this rash cleared completely at any time during the past 12 months?

Yes ¹

No ²

d) **In the past 12 months**, how often on average, has she been kept awake at night by this itchy rash?

Never in the ¹
past 12 months

Less than one ²
night per week

One or more ³
nights per week

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F11. Has she ever had eczema?

Yes ¹

No ²

F12.a) Have there been times in the past year, when she has had a pain in her stomach?

Yes ¹

No ²



If no, go to F13a) on page 37.

If yes,

b) How many separate times has this happened in the past year?

Once ¹

Twice ²

3-4 times ³

5 or more ⁴
times

Don't ⁹
know

c) Did she have vomiting or diarrhoea at the same time as the pain?

Yes, every time ¹

Yes, for some ²
of the times

No, not all ³

d) What do you think were the causes of her stomach pains? (Mark **all** that apply).

i) Something she ate ¹

ii) An infection ¹

iii) Constipation ¹

iv) Other, please describe: ¹

v) Don't know ¹

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F13.a) Does she often have aches and pains in her arms or legs?

Yes, arm(s) 1

Yes, leg(s) 2

Yes, both 3

No, not often 4

—▶ **If no, go to F14 below**

If yes,

b) Does this happen especially when she is tired?

Yes 1

No 2

F14. Thinking back over the **last month**, has she been feeling tired or felt she had no energy?

Yes 1

No 2 —▶ **If no, go to Section G on page 39**

If yes,

a) Do you know why she has been feeling like this?

Yes 1

No 2 —▶ **If no, go to Section G on page 39**

If yes,

b) What are the main reasons she has been feeling tired or felt she had no energy?
(You can mark **more** than **one** answer).

i) Illness 1

ii) Problems with sleep 1

iii) Playing a lot of sport (or other physical exercise) 1

iv) Stress or worry 1

v) Other reason (please give details below): 1

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F15. How long has she been feeling tired or felt she had no energy? (Mark **one** only).

Less than 3 months

Between 3 and 5 months

Between 6 months and 5 years

More than 5 years

F16. Does she feel better after resting?

Not at all

Only a bit

Definitely better

F17. During the **last month**, has this tiredness or lack of energy stopped her from playing, taking part in hobbies, sport or leisure activities?

Not at all

Only a little

Quite a lot

A great deal

F18. During the past year, how many days has she been off school/college/work because of this tiredness or lack of energy? (If none, write **00**)

--	--

 days

F19. Has she seen a doctor in the past year because of this tiredness or lack of energy?

Yes

No

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Section G: Your Teenager's Future

G1. What are your **aspirations** for your daughter's future job? Please mark **one** box to show which best describes the sort of work you **would like** to **see** her doing eventually.

Higher professional occupations *such as:* 1
accountant - lawyer - doctor - engineer - solicitor -
scientist -academic - managing directors - actuarial -
investment bankers

Lower professional occupations *such as:* 2
teacher - nurse - manager - senior administrator (usually
responsible for planning, organising and co-ordinating
work and for finance)

Intermediate / Technical *such as:* 3
IT specialist - electronic technician - medical technician -
clerical officer - legal secretaries

Skilled manual workers *such as:* 4
plumbers - electricians - plasterers - roofers - forestry
workers - gardeners - farm hands - hairdressers

Small business employers / Self-employed *such as:* 5
small business owners - farmers - builders - driving
instructors - shopkeepers - hairdressers

Lower supervisory *such as:* 6
secretaries - administrative - foreman - bar manager -
restaurant manager - retail manager

Routine manual and non-manual *such as:* 7
van driver - cleaner - porter - packer - sewing
machinist - shop worker - labourer - waitress - bar staff



G2. What are your **expectations** for your daughter's future job? Please mark **one** box to show which best describes the sort of work you **think** she **will** end up doing.

Higher professional occupations *such as:* 1
accountant - lawyer - doctor - engineer - solicitor -
scientist -academic - managing directors - actuarial -
investment bankers

Lower professional occupations *such as:* 2
teacher - nurse - manager - senior administrator (usually
responsible for planning, organising and co-ordinating
work and for finance)

Intermediate / Technical *such as:* 3
IT specialist - electronic technician - medical technician -
clerical officer - legal secretaries

Skilled manual workers *such as:* 4
plumbers - electricians - plasterers - roofers - forestry
workers - gardeners - farm hands - hairdressers

Small business employers / Self-employed *such as:* 5
small business owners - farmers - builders - driving
instructors - shopkeepers - hairdressers

Lower supervisory *such as:* 6
secretaries - administrative - foreman - bar manager -
restaurant manager - retail manager

Routine manual and non-manual *such as:* 7
van driver - cleaner - porter - packer - sewing
machinist - shop worker - labourer - waitress - bar staff

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Section H: Your Teenager and Money

H1. How much do you give your 16-year old in pocket money/allowance each month? If it varies, please mark the amount you would most often give in a month. If you normally give pocket money weekly, please calculate how much the monthly amount is by multiplying the weekly amount by 4.

- | | | | | | |
|----------|---------------------------------------|---------------|---------------------------------------|---------|---------------------------------------|
| Nothing | ¹ <input type="checkbox"/> | Less than £10 | ² <input type="checkbox"/> | £10-£29 | ³ <input type="checkbox"/> |
| £30-£49 | ⁴ <input type="checkbox"/> | £50-£69 | ⁵ <input type="checkbox"/> | £70-£89 | ⁶ <input type="checkbox"/> |
| £90-£109 | ⁷ <input type="checkbox"/> | £110-£129 | ⁸ <input type="checkbox"/> | £130+ | ⁹ <input type="checkbox"/> |

H2. What does she do with her pocket money/allowance? Please mark **all** that apply.

Yes

- | | |
|--|--------------------------|
| a) Spends it all immediately | <input type="checkbox"/> |
| b) Saves towards big items for herself now
(e.g. expensive clothes or games) | <input type="checkbox"/> |
| c) Saves in a savings account | <input type="checkbox"/> |
| d) Saves towards expected costs of adult life
(e.g. educational fees, car, house) | <input type="checkbox"/> |

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Section I: Your teenager and work

We are interested in whether your daughter works or not, and the type of work she does.

11. Is she in full-time education?

Yes ¹ → If **yes**, go to **I2** below

No ² → If **no**, go to **I3** below

12. Does she 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 only done during the school holidays or voluntary work.

Yes ¹ → If **yes**, go to **I4** below

No ² → If **no**, go to **I5**
on page 43

13. Is she currently? (You **can** mark **more** than one box).

a) Unemployed and seeking work ¹ → Go to **I5** on page 43

b) Unemployed through sickness/disability ¹ → Go to **I5** on page 43

c) Doing voluntary work ¹ → Go to **I5** on page 43

d) Working part-time ¹ → Go to **I4a)** below

e) Working full-time ¹ → Go to **I4a)** below

14. a) What is her current job title?

--

b) When did she start her current job?

Month		Year				
<input type="text"/>	<input type="text"/>	/	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

c) Please describe the main things she does in this job.

--

Now go to **I5** on page 43

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15. In the past, has she had any **paid** jobs?

Yes ¹ —▶ **If yes, go to I6 below**

No ² —▶ **If no, go to Section J on the back page**

16. Please fill in as much information for all of the jobs she has had in the past.

i)

Month		Year	

b) To

Month		Year	

c) Job title and the main things she did

ii)

Month		Year	

b) To

Month		Year	

c) Job title and the main things she did

iii)

Month		Year	

b) To

Month		Year	

c) Job title and the main things she did



Section J:

J1. This questionnaire was completed by: (mark **all** that apply)

- a) teenager's biological mother 1
- b) teenager's mother figure 1
- c) teenager's biological father 1
- d) teenager's father figure 1
- e) study teenager 1
- f) someone else 1
(please mark and say who):

--

J2. Please give the date on which you completed this questionnaire:

Day		Month		Year			
				2	0		

J3. Please give the date of birth of your study teenager:

Day		Month		Year			
				1	9		

Thank you VERY much for your help

Space for any additional comment you would like to make

NB: Please remember we cannot reply to any comment unless you sign it.

--

When completed, please send this back to:

**Professor George Davey-Smith
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