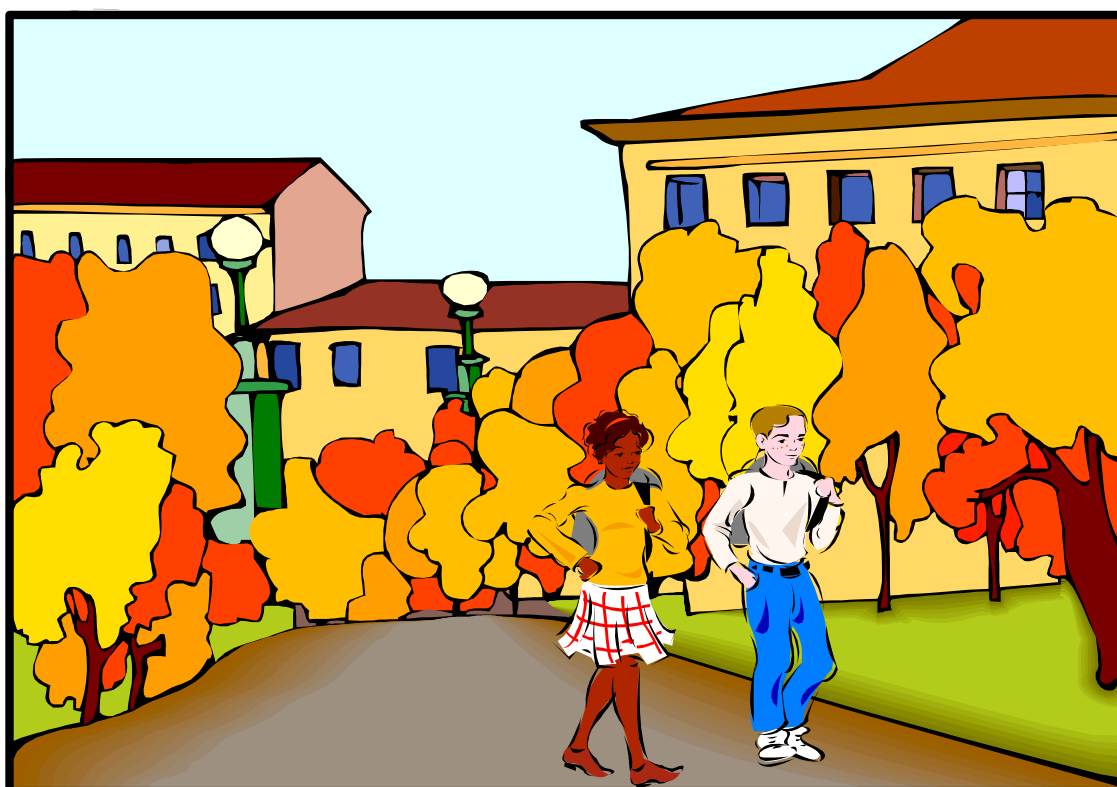


Questionnaire No:

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SCHOOL LIFE AND ME

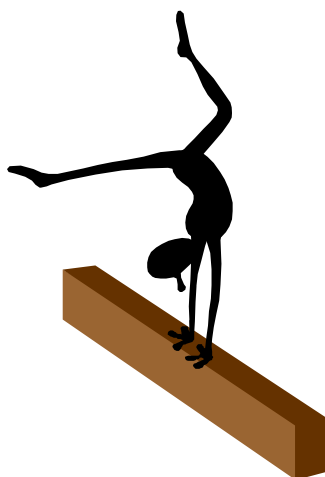


20.05.02

Section A: All About Your School

A1. My school is a place where:

	Agree	Mostly Agree	Mostly Disagree	Disagree
a) I really like to go each day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) my teacher is fair to me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) I learn to get along with other people	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) I feel I am a successful pupil	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>



My school is a place where:

e) I feel unhappy	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) other pupils accept me as I am	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) I know how to cope with the work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) I like to be	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

My school is a place where:

	Agree	Mostly Agree	Mostly Disagree	Disagree
A2. a) the work is a good preparation for my future	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) I like to do extra work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) I feel happy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) the things I learn are important to me	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



My school is a place where:

e) learning is fun	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) I feel lonely	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) things I learn will help me in secondary school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) I am good at school work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My school is a place where:

	Agree	Mostly Agree	Mostly Disagree	Disagree
A3. a) I feel proud to be a pupil	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) I feel worried	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) my teacher takes an interest in helping me with my work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) people trust me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>



My school is a place where:

A4. a) I have a lot of fun	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) my teacher listens to what I say	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) I enjoy what I do in class	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) I am popular with other pupils	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

My school is a place where:

	Agree	Mostly Agree	Mostly Disagree	Disagree
A5. a) I can learn what I need to know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) I know I can keep up with the work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) I get excited about the work we do	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) I get upset	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) I know people think a lot of me	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) I get on well with the other pupils in my class	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) what I learn will be useful	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) the work we do is interesting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



My school is a place where:

Agree

**Mostly
Agree**

**Mostly
Disagree**

Disagree

A6. a) I get enjoyment

b) my teacher helps me to do
my best

c) people can depend on me



My school is a place where:

A7. a) other pupils are very friendly

b) I feel restless

c) my teacher treats me fairly in
class

d) what I learn will be useful to
me when I leave school

e) I feel happy with the
standard of my work

Finished? Well done, now
let's carry on with some
different questions.



We really are pleased
that you are taking part in
Children of the 90's

Section B: All About Headaches

By headache we mean a pain in your head that lasted longer than 5 minutes.

B1. Have you ever had a headache?

Yes ☐

No ☐

→ If no, go to Section C on page 12

B2. How often have you had a headache?

only once or twice ever

☐

less than once a month

☐

once or twice a month

☐

about once a week

☐

more than once a week

☐

B3. When you have a headache, what is it like? (Please tick one box on each line)

	Usually	Sometimes	Not at all
a) throbbing pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) tight feeling around the head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) pain on one side of the head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I feel sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I am sick (vomit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 'spots' in front of my eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I can't bear bright lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) pain in my neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) pain at the back of my head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. how long do your headaches usually last?

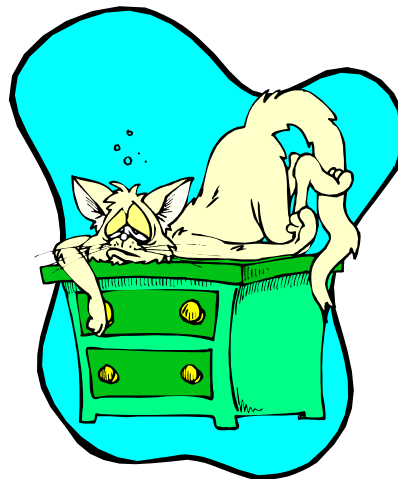
less than 1 hour

1-3 hours

between 3 and 6 hours

between 6 and 12 hours

more than 12 hours



B5. What do you think brings on your headaches? (You can tick more than one box)

a) Being injured

b) Sun bathing

c) Being worried

d) Noise

e) Reading

f) Being very tired

g) A stuffy room

h) Travelling in a car

i) Getting too hot

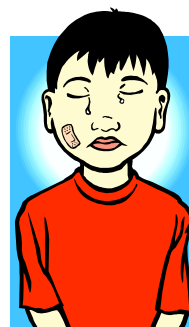
j) Something you've eaten or drunk
(Please tick and describe)

.....

k) Something else
(Please tick and describe)

.....

l) Don't know



B6. What do you do if you have a headache? (You can tick more than one box)

a) take some medicine or pills ☐ → please say what
.....

b) go and lie down ☐

c) carry on as usual ☐

d) stay home from school ☐

e) something else ☐
(Please tick and describe)

.....



Section C:

C1. I am a boy ₁ I am a girl ₂

C2. Who helped you fill this in?

A grown-up helped ₁

Someone else helped ₂

I did it all myself ₃



C3. When were you born?

Date

Month

Year

 1 9 9

C4. What is today's date?

Date

Month

Year

 2 0 0

Thank you VERY much for your help

When completed, please send this back to:

Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol BS8 1BR

coder



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