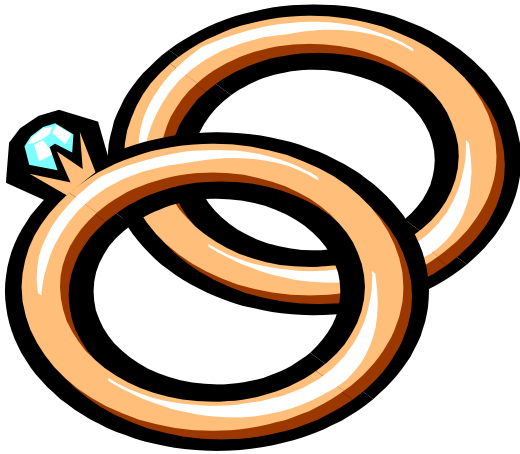


Questionnaire No:

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Rings

and

Things



Section A: Mobile phones

A lot of people have their own mobile phones these days and always carry them with them. Some people just borrow them occasionally.

These questions ask about using a mobile phone even if you do not have one of your own.

A1. Have you ever used a mobile phone?

Yes

No



If no, go to Section B on page 5

If yes,

Whose mobile phone have you used?

	Yes	No
a) a friend's	<input type="text"/>	<input type="text"/>
b) brother or sister's	<input type="text"/>	<input type="text"/>
c) parent's	<input type="text"/>	<input type="text"/>
d) your very own	<input type="text"/>	<input type="text"/>
e) someone else's	<input type="text"/>	<input type="text"/>

A2. How old were you when you first used a mobile phone?

years old (please guess as near as you can)

A3. How long altogether do you usually use a mobile phone now?

	Not at all	Less than 15 minutes	15-30 minutes	more than 30 minutes
a) on a school day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) on a weekend day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A4. How many different calls do you usually receive or make on your mobile (don't include text messages)?

	None	1 or 2	3 or 4	5 or 6	7 or more
a) on a school day	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>4</div><div></div></div>	<div><div>5</div><div></div></div>
b) on a weekend day	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>4</div><div></div></div>	<div><div>5</div><div></div></div>

A5. Do you send and receive text messages?

Yes

1

 No

2

 → If no, go to A6 below

If yes, about how many texts do you send?

	None	1 or 2	3 or 4	5 or 6	7 or more
a) on a school day	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>4</div><div></div></div>	<div><div>5</div><div></div></div>
b) on a weekend day	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>4</div><div></div></div>	<div><div>5</div><div></div></div>



A6. Where do you usually carry the phone?

on a belt	<div><div>1</div><div></div></div>
in your pocket	<div><div>2</div><div></div></div>
in a bag	<div><div>3</div><div></div></div>
somewhere else	<div><div>4</div><div></div></div> → where?
don't carry it around	<div><div>5</div><div></div></div>

A7. Have you noticed any of these while you were speaking on the phone for a long time?

	Yes	No
a) Ear felt hot	<div><div>1</div></div>	<div><div>2</div></div>
b) Side of head felt hot	<div><div>1</div></div>	<div><div>2</div></div>
c) Felt dizzy	<div><div>1</div></div>	<div><div>2</div></div>
d) Got a headache	<div><div>1</div></div>	<div><div>2</div></div>
e) Got a sore throat	<div><div>1</div></div>	<div><div>2</div></div>
f) Felt very tired	<div><div>1</div></div>	<div><div>2</div></div>
g) Pain in your arm	<div><div>1</div></div>	<div><div>2</div></div>
h) Anything else (please tell us)	<div><div>1</div></div>	<div><div>2</div></div>

.....

A8. a) Which of the following mobile phones do you use mostly?

Motorola	<div><div>1</div></div>	Siemens	<div><div>5</div></div>
Sony	<div><div>2</div></div>	Samsung	<div><div>6</div></div>
Nokia	<div><div>3</div></div>	Other (please tell us what the name is)	
Ericsson	<div><div>4</div></div>	<div><div>7</div></div>

b) Which model is your phone? (There may be a model number written on the front. Have a look and tell us what it is.)

A9. Which network system (provider) does your mobile phone use?

Vodafone	<div><div>1</div></div>	One2One or Virgin	<div><div>4</div></div>
BT Cellnet	<div><div>2</div></div>	Other (please tell us which name)	<div><div>5</div></div>

Orange 3

Section B: Jewellery

First some questions about earrings. Both boys and girls sometimes have their ears pierced these days.

B1. a) Have you ever had your ears pierced?

Yes 1

No 2

→ If **no**, go to question B3c on page 6

If **yes**,

b) How many holes have you had pierced in your ears altogether?

--	--

c) How old were you when you first had your ear(s) pierced?

--	--

years (for example, if you were 7 years old, write 07)

B2. a) After taking your earring(s) out, have your ear lobes ever felt that there were little lumps in them where the earrings go in?

Yes 1

No 2

→ If **no**, go to question B3a below

If **yes**,

b) When have there been lumps like this? (**you can tick more than one box**)

i) Just after they were pierced
(when they were settling down)

1

ii) Only sometimes

1

iii) Most of the time

1

B3. a) How often do you wear **pierced earrings**? **Tick only one box**

Most of the time

1

A few days a week

2

Only at weekends and holidays

3

Not often (less than once a week)

4

Not at all



If not at all go to
B3c on page 6

- B3. b) When you wear them, do you have them on during the day and at night (when you are asleep)?

daytime only

night time only
(when in bed)

both day and night

- c) How often do you wear **clip-on earrings**? Tick **only one box**

Most of the time

A few days a week

Only at weekends and holidays

Not often (less than once a week)

Not at all

- d) How often do you wear **ear cuffs**? Tick **only one box**

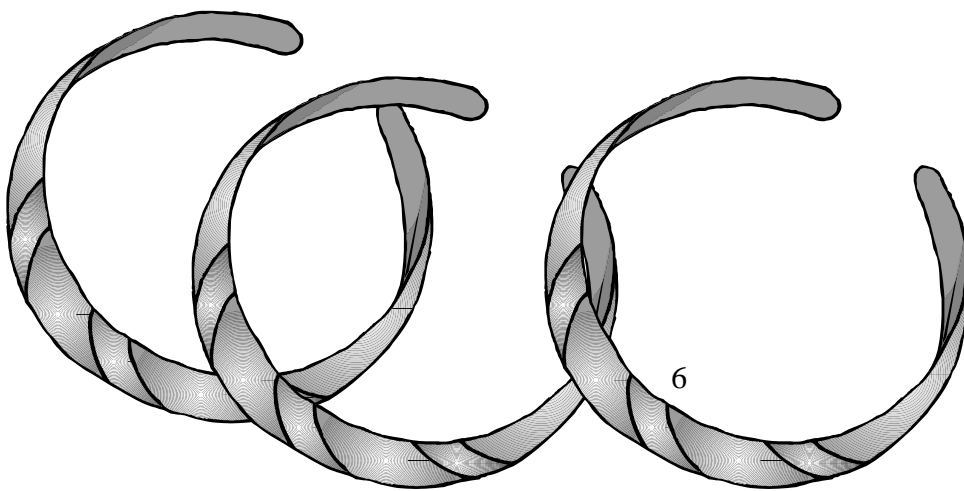
Most of the time

A few days a week

Only at weekends and holidays

Not often (less than once a week)

Not at all



B4. If you wear earrings at all (pierced, clip-on, or ear cuffs), please tell us what sorts you wear. If you are not sure, please ask a grown-up.

Don't forget the back of your earrings could be made of something different than the front.

Please tick as many boxes as you need to:

- | | | |
|----|-------------------------------|--------------------------|
| a) | real gold or gold-plated | <input type="checkbox"/> |
| b) | real silver or silver-plated | <input type="checkbox"/> |
| c) | gold or silver coloured metal | <input type="checkbox"/> |
| d) | plastic | <input type="checkbox"/> |
| e) | something else (please tick) | <input type="checkbox"/> |
- please tell us what you think they are made of:

.....

B5. Are you allowed to wear earrings at school?

Yes ☐ No ☐

B6. a) Do you have any favourite earrings?

Yes ☐ No ☐

If yes,

b) What are they like?

.....

B7. a) Have you ever had a rash on your ears, or sore or itchy ears after wearing any sort of earrings or ear cuffs?

Yes ☐ No ☐ → If no, go to B8 on page 9

B7. b) When have your ears felt sore or itchy?

(i) just after they were pierced

(ii) sometimes with pierced earrings

most of the time with pierced earrings

(iii) sometimes with clip-on earrings or cuffs

most of the time with clip-on earrings or cuffs

c) What happens? (you can tick more than one box)

(i) feel sore

(ii) feel itchy

(iii) have a rash

(iv) something else



please describe

.....

d) Have you ever stopped wearing earrings because your ears were sore or itchy?

Yes

No



Here are some questions about other jewellery (not watches) you might wear:

B8. How often do you wear:

	Most of the time	Only at weekends & holidays	A few days a week	Less than once a week	Not at all
a) necklaces or neck chains or chokers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b) rings or toe rings	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c) things on your arms (other than watches) for example, wristbands or bracelets	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d) ankle chains	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
e) badges or brooches	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
f) things in your hair, for example, hair jewels or hair slides	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
g) anything else Please tick and tell us what:	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

.....

B9. a) Have you ever had a rash on your skin or has it been sore or itchy after wearing jewellery (**don't count earrings**)

Yes

No



If no, please go to B10 on page 10



If yes,

B9. b) How often has this happened? Please tick only one box.

only once

☐

sometimes

☐

lots of times

☐

B10. Space for you to write about the jewellery you wear.

.....

.....

.....

.....

.....

Other body decoration:

B11. a) Do you ever write or draw or stick things on your skin?

Yes ☐

No ☐



If no, go to C1 on page 12

If yes,

b) Tell us what you do:

	Yes	No
i) write or draw on your skin with pens, (for example, to remember something)	<input type="checkbox"/>	<input type="checkbox"/>
ii) write or draw on your skin with something else. Please say what it is:	<input type="checkbox"/>	<input type="checkbox"/>
.....		
iii) put stickers or pretend jewels on your skin	<input type="checkbox"/>	<input type="checkbox"/>
iv) use pretend tattoos on your skin	<input type="checkbox"/>	<input type="checkbox"/>
v) use body or face glitter	<input type="checkbox"/>	<input type="checkbox"/>
vi) something else, please tell us what:	<input type="checkbox"/>	<input type="checkbox"/>

.....

B12. a) Have you ever had a rash, or sore or itchy skin after drawing or sticking things on your skin?

Yes ☐

No ☐

If yes,

b) can you remember what happened and then tell us?

.....

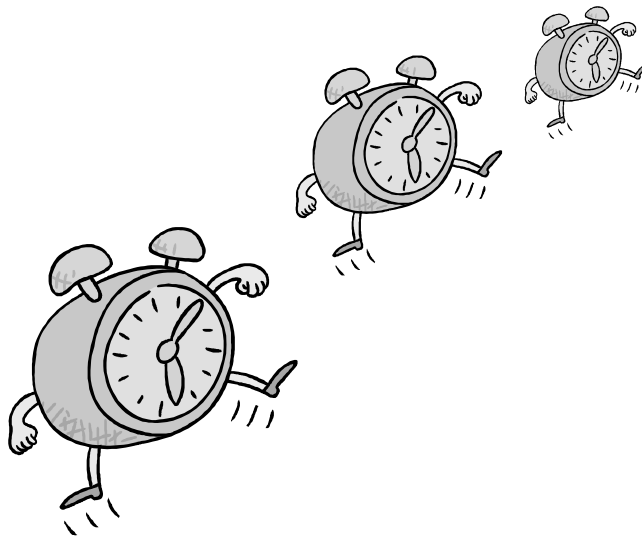
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Thank you for all the time you
spent filling in this questionnaire
for Children of the 90s.
Just one more page to go!

Section C:

C1. I am a boy

I am a girl

C2. Who helped you fill this in?

A grown-up helped

Someone else helped

I did it all myself

C3. When were you born?

Date

Month

Year



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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