## **TeenFocus3**





# Girl Teenager questionnaire

## **GROWING AND CHANGING (7)**

You may have seen this type of questionnaire before.

There are important changes to a teenager's body that can happen as early as 6 or as late as 20. At this time of life we have some questions we need to ask and which we need to hear about at regular intervals.

Use a **BLACK** or **BLUE** pen when you fill in the questionnaire.

Please read carefully the instructions on page 3.

DGCG 08.09.06

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Please mark your answers with a cross like this:

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

Then cross the correct box.  $\times$ 

If you are writing numbers make sure they are inside the box like this:  $\boxed{6}$ 

Use a **BLACK** or **BLUE** pen

Your answers will of course still be completely confidential and not attached to your actual name

## Section A: PERIODS, PROBLEMS AND OTHER DEVELOPMENT

vig	the past month, what was corous physical activity (sobics)?								
	none	1 🔲	4-6 times a week	4 🔲					
	less than once a week	2 🔲	daily	5 🔲					
	1-3 times a week	3 🔲							
A2. Have you started your periods yet?									
	Yes ¹ ☐ No ² ☐ → If <u>no</u> , please go to A8 on page 7								
If <u>yes</u> ,									
a) How old were you when you had your first period?									
	years old								

	month	yea	ar			
A4. a)	In the <b>past year</b> , ho each period?	w many <b>day</b>	s of bleeding	<b>;</b> have you	usually had dur	ring
	Number of days		It varies	88 🔲	Don't know	99 🔲
b)	If you don't know,		es is it probab	oly:		
	3 days or less	1 🔲				
	4-6 days	2 🔲				
	J	_				
	7 days or more	3 🗖				
vords,	•	any days we				

<b>A</b> 6. Ha	ive yo	ou <b>eve</b>	r had any of the	follo	wing <b>symptoms</b> associated with <b>your period</b> ?				
a)	a) Heavy or prolonged <b>bleeding</b>								
		Yes	1 🔲	No	<sup>2</sup> ☐ Fig., go to A6b below				
	If y	<u>ves</u> ,							
	i)	Did y	you contact a doo	ctor f	for this?				
		Yes	1 🔲	No	2 🗖				
b)	Pain with your period? (i.e. period pains)								
		Yes	1 🔲	No	2 🗖				
	Ify	<u>ves</u> ,							
	e (painful enough that you could not easily forget going on), or severe (so that you were unable to vities)?								
		Mild	1 🗖		Moderate <sup>2</sup> □ Severe <sup>3</sup> □				
	ii)	Did y	you contact your	doct	tor for this?				
		Yes	1 🔲	No	2 🔲				
c)					our <b>pelvic</b> area (lower part of your tummy) for when you are not bleeding?				
		Yes	1 🔲	No	2 🔲				
	If y	<u>ves</u> ,							
	i)	Did y	you contact your	doct	tor for this?				
		Yes	1 □	Nο	2 □				

Sometimes, if teenagers have problems with their periods e.g. heavy bleeding, irregular bleeding or cramps, their GP may prescribe the oral contraceptive pill (which can be called 'hormone' or 'oestrogen pills') to help.

		ou taken or months?	al contrace	eptives o	or birth cont	rol pills, for <b>any</b>	reason during the	;
	Yes	S 1 🗆		No 2		Don't know 9		
A8.	a)		ctor ever to			a thyroid prob	<b>lem</b> or asked you t	:(
		Yes	1 🔲		No 2 🗖	Don't	know 9 🔲	
	If y	<u>/es</u> ,						
	b)	What kin	d of thyro	id probl	em did the o	loctor say you h	ad?	
A9.	Ha	ve you star	ted to have	e hair gr	owing in the	e armpits?		
		Yes	1 🔲		No 2 □			



#### PHYSICAL DEVELOPMENT

We would like to assess the stage of your physical development using the drawings on the next pages. These show various stages commonly used by doctors to assess the growth and development of girls.

We need to know which drawings most closely match your stage of development at the moment.

Not all teenagers follow the same pattern of development.

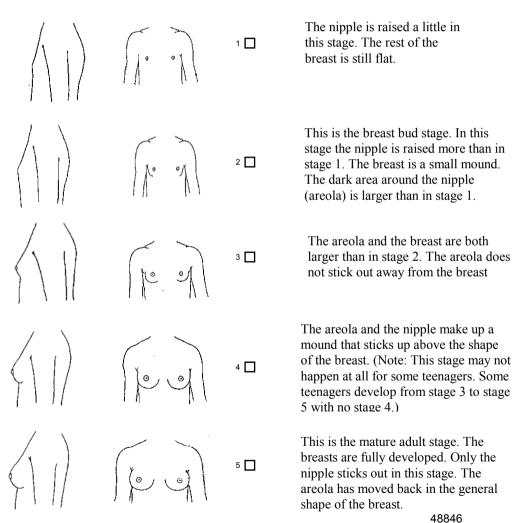
Just pick the stage that is closest, based on both the picture and the description.



### **Section B**

The drawings below show stages of the way the **breasts** develop. A teenager can go through each of the five stages shown, although some teenagers skip some stages. Please look at each of the drawings. It is also important to read the descriptions.

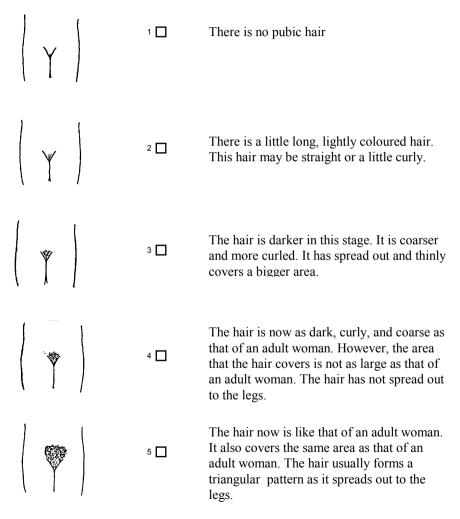
Cross the box that is closest to your current breast stage



### **Section C**

The drawings below show different amounts of **female pubic hair**. A teenager can go through each of the five stages shown. **Please look at each of the drawings**. It is also important to read the descriptions.

Cross the box that is the **closest** to the amount of pubic hair you have.



NOTE: Your pubic hair stage may or may not be the same as your stage of breast development.



## Section D

D1. Did you have any help to fi	ll this in?								
No 1 □									
Yes <sup>2</sup> □ ↓									
If <u>ves</u> , please say who l	helped you	1:							
a) A parent help	ed	1 🔲							
b) Someone else	helped	1 🔲							
	Day		Mon	ıth			Yea	ır	
D2. What is your date of birth?		7			/	1	9	9	
	Day		Month		,	Year			
D3. What is today's date?					/	2	0	0	
Thank y	ou VER	Y mu	ch foi	r you	ır he	lp			
When completed, please put the with you to your TF3 visit who							ded a	nd bri	ing it
If you have already had your TF	3 visit, ple	ease ser	nd this	back a	as soc	n as p	ossibl	e to:	
	-		ties - A	LSPA	AC				
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