Questionnaire Number

Your Changing Life

20/08/10

36854

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

SECTION A: FEELINGS, FRIENDSHIPS AND ACTIVITIES

A1. We are interested in how you spend your time outside the home. In the last four weeks, have you been to or used the following things?

		Yes	No
a)	Library	1 ☐	2 ☐
b)	Parks and other open spaces	1 ☐	2 ☐
c)	Shops	1 ☐	2 ☐
d)	Swimming pool/leisure centre/gym	1 ☐	2 ☐
e)	Church/mosque/temple/other place of worship	1 ☐	2 ☐
f)	Community hall	1 ☐	2 ☐
g)	Cinema/theatre	1 ☐	2 ☐
h)	Bowling alley	1 ☐	2 ☐
i)	Outdoor sports pitch/ground	1 ☐	2 ☐
j)	Connexions Centre (in town or at a school/college)	1 ☐	2 ☐
k)	Pubs and clubs	1 ☐	2 ☐
l)	Cafes and restaurants	1 ☐	2 ☐

A2. a) In the last four weeks (or the last four weeks before school/college/university holidays) have you participated in any group activity that was not part of school lessons or college/university lectures (e.g. sports, arts, youth group)?

Yes 1 ☐ No 2 ☐ Don't know 9 ☐

if no or don't know, go to A3 on the next page

b) If **yes,** have you taken part in the following activities?

	Yes	No
i) Youth club	1 ☐	2 ☐
ii) Explorer Scouts, Senior Section Guides	1 ☐	2 ☐
iii) Sports team or club	1 ☐	2 ☐
iv) Exercise or dance class	1 ☐	2 ☐
v) Drama, arts or music groups	1 ☐	2 ☐
vi) Other organised activities	1 ☐	2 ☐

Pet ownership

A3. For each of the following ages, please tell us whether you had/have any pets in/at your home(s). If **yes**, please tell us how many of each type you had at that age.

	(a) 7yrs		(b) 11yrs		(c) 13yrs		(d) 15yrs		(e) Now	
	Yes 1 ☐	No 2 ☐	Yes 1 ☐	No 2 ☐	Yes 1 ☐	No 2 ☐	Yes 1 ☐	No 2 ☐	Yes 1 ☐	No 2 ☐
If yes, how many:										
i) Cats										
ii) Dogs										
iii) Rabbits										
iv) Rodents (e.g. guinea pigs, hamsters, mice)										
v) Birds										
vi) Fish										
vii) Tortoises/turtles										
viii) Horses										

If you did not have a dog at any of the ages above please go to A5 below.

A4. In a usual week, how many times per week, if any, did you personally walk or jog with your household dog(s)?

	(a) 7 yrs	(b) 11 yrs	(c) 13 yrs	(d) 15 yrs	(e) Now
Number of times per week					

A5. In a usual week, how many times per week, if any, did you walk or jog with someone else's dog (e.g. belonging to a friend or other family member not living with you)?

	(a) 7 yrs	(b) 11 yrs	(c) 13 yrs	(d) 15 yrs	(e) Now
Number of times per week					

Different Experiences

A6. For each statement, 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
a)	I can see how it would be interesting to marry someone from a foreign country	1 ☐	2 ☐	3 ☐	4 ☐
b)	When the water is very cold, I prefer not to swim, even if it is a hot day	1 ☐	2 ☐	3 ☐	4 ☐
c)	If I have to wait in a long line I'm usually patient about it	1 ☐	2 ☐	3 ☐	4 ☐
d)	When I listen to music I like it to be loud	1 ☐	2 ☐	3 ☐	4 ☐
e)	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 ☐
f)	I stay away from movies that are said to be frightening or highly suspenseful	1 ☐	2 ☐	3 ☐	4 ☐
g)	I think it's fun and exciting to perform or speak in front of a group	1 ☐	2 ☐	3 ☐	4 ☐
h)	If I were to go to an amusement park I would prefer to ride the rollercoaster or other fast rides	1 ☐	2 ☐	3 ☐	4 ☐
i)	I would like to travel to places that are strange and far away	1 ☐	2 ☐	3 ☐	4 ☐
j)	I would never like to gamble with money, even if I could afford it	1 ☐	2 ☐	3 ☐	4 ☐

continued on next page...

A6 (continued). For each statement, 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
k)	I would have enjoyed being one of the first explorers of an unknown land	1 ☐	2 ☐	3 ☐	4 ☐
l)	I like a movie where there are a lot of explosions and car chases	1 ☐	2 ☐	3 ☐	4 ☐
m)	I don't like extremely hot and spicy foods	1 ☐	2 ☐	3 ☐	4 ☐
n)	In general, I work better when I'm under pressure	1 ☐	2 ☐	3 ☐	4 ☐
o)	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 ☐
p)	It would be interesting to see a car accident happen	1 ☐	2 ☐	3 ☐	4 ☐
q)	I think it's best to order something familiar when eating in a restaurant	1 ☐	2 ☐	3 ☐	4 ☐
r)	I like the feeling of standing next to the edge on a high place and looking down	1 ☐	2 ☐	3 ☐	4 ☐
s)	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 ☐
t)	I can see how it must be exciting to be in a battle during a war	1 ☐	2 ☐	3 ☐	4 ☐

Friendships

The next two questions are about the personal relationships and close friendships you might have.

A7. Some people feel that having close friends is more important than having close ties with their family, while others disagree. For you, is it more important to have close friends, close ties with your family or are both equally important?
(Please mark **one** box only.)

Much more important to have close friends	1 ☐
Slightly more important to have close friends	2 ☐
Both equally important	3 ☐
Slightly more important to have close ties with family	4 ☐
Much more important to have close ties with family	5 ☐
Don't know	6 ☐
Don't want to answer	7 ☐

A8. How many close friends do you have (i.e. friends you could talk to if you were in some sort of trouble)?

None	1 ☐	One	2 ☐
2-3	3 ☐	4-5	4 ☐
6-9	5 ☐	10 or more	6 ☐
Don't know	7 ☐	Don't want to answer	8 ☐

Moods and Feelings

A9. These questions are about how you may have been feeling or acting recently. For each question, please say how much you have felt or acted this way in the past two weeks.

In the past 2 weeks:		True	Sometimes true	Not true
a)	I felt miserable or unhappy	1 ☐	2 ☐	3 ☐
b)	I didn't enjoy anything at all	1 ☐	2 ☐	3 ☐
c)	I felt so tired that I just sat around and did nothing	1 ☐	2 ☐	3 ☐
d)	I was very restless	1 ☐	2 ☐	3 ☐
e)	I felt I was no good any more	1 ☐	2 ☐	3 ☐
f)	I cried a lot	1 ☐	2 ☐	3 ☐
g)	I found it hard to think properly or concentrate	1 ☐	2 ☐	3 ☐
h)	I hated myself	1 ☐	2 ☐	3 ☐
i)	I felt I was a bad person	1 ☐	2 ☐	3 ☐
j)	I felt lonely	1 ☐	2 ☐	3 ☐
k)	I thought nobody really loved me	1 ☐	2 ☐	3 ☐
l)	I thought I could never be as good as others	1 ☐	2 ☐	3 ☐
m)	I felt I did everything wrong	1 ☐	2 ☐	3 ☐

SECTION B: EDUCATION AND TRAINING

B1. Have you obtained any of these qualifications?

		Yes	No	
a)	GCSE grades A*-C	1 ☐	2 ☐	
b)	GCSE grades D-G	1 ☐	2 ☐	
c)	A levels/AS Levels	1 ☐	2 ☐	(i) If **yes**, how many? ☐☐
d)	A levels/A2s	1 ☐	2 ☐	(i) If **yes**, how many? ☐☐
e)	AVCEs (formerly Vocational A Levels)	1 ☐	2 ☐	(i) If **yes**, how many? ☐☐
f)	'Key Skills' qualification	1 ☐	2 ☐	
g)	'Basic Skills' qualification	1 ☐	2 ☐	
h)	Foundation or Intermediate GNVQs	1 ☐	2 ☐	(i) If **yes**, how many? ☐☐
i)	NVQs	1 ☐	2 ☐	(i) If **yes**, at what level? ☐
j)	Edexcel, BTEC or LQL qualifications (NOT A/AS/A2 levels)	1 ☐	2 ☐	
k)	OCR qualifications (NOT A/AS/A2 levels)	1 ☐	2 ☐	
l)	City and Guilds	1 ☐	2 ☐	(i) If **yes**, at what level? ☐
m)	Something else	1 ☐	2 ☐	
n)	Don't know	1 ☐		

B2. We would like to know what your main educational or training activity is at the moment. (Please mark **one** box only.)

Full-time education	1 ☐
Part-time education	2 ☐
On a full-time training course, not as part of a job	3 ☐
On a full-time training course as part of a job	4 ☐
On a part-time training course, not as part of a job	5 ☐
On a part-time training course as part of a job	6 ☐
Not engaged in any education or training	7 ☐ → **if not engaged in any education or training, go to B5 on the next page**

B3. Are you currently studying for any of these qualifications?

		Yes	No	
a)	GCSE grades A*-C	1 ☐	2 ☐	
b)	GCSE grades D-G	1 ☐	2 ☐	
c)	A levels/AS Levels	1 ☐	2 ☐	(i) If **yes**, how many? ☐☐
d)	A levels/A2s	1 ☐	2 ☐	(i) If **yes**, how many? ☐☐
e)	AVCEs (formerly Vocational A Levels)	1 ☐	2 ☐	(i) If **yes**, how many? ☐☐
f)	'Key Skills' qualification	1 ☐	2 ☐	
g)	'Basic Skills' qualification	1 ☐	2 ☐	
h)	Foundation or Intermediate GNVQs	1 ☐	2 ☐	(i) If **yes**, how many? ☐☐
i)	NVQs	1 ☐	2 ☐	(i) If **yes**, at what level? ☐

continued on next page...

B3 (continued). Are you <u>currently</u> studying for any of these qualifications?

		Yes	No	
j)	Edexcel, BTEC or LQL qualifications (NOT A/AS/A2 levels)	1 ☐	2 ☐	
k)	OCR qualifications (NOT A/AS/A2 levels)	1 ☐	2 ☐	
l)	City and Guilds	1 ☐	2 ☐	(i) If **<u>yes</u>**, at what level? ☐
m)	Something else	1 ☐	2 ☐	
n)	Don't know	1 ☐		

B4. Do you receive the Educational Maintenance Allowance (EMA)? Yes 1 ☐ No 2 ☐

B5. If you are <u>NOT</u> in full-time education, what is the <u>main</u> reason you left?
(Please mark **one** box only.)

- Found school difficult 1 ☐
- Wanted to do an apprenticeship/learn a trade 2 ☐
- Did not like/enjoy school or found school boring 3 ☐
- Could not afford it 4 ☐
- It's a waste of time 5 ☐
- Did not get accepted on course I wanted 6 ☐
- To seek employment/earn money 7 ☐
- Taking a break from study (e.g. a gap year) 8 ☐
- Some other reason 9 ☐

Aim Higher: Your school/college may have been involved in a project that supported you in helping you become aware of the benefits of higher education, including courses and opportunities.

B6. Did you take part in an Aim Higher activity? Yes 1 ☐ No 2 ☐

B7. a) Have you ever applied to go to university?

Yes 1 ☐ → **if yes, go to B8a below** No 2 ☐

b) If **no**, how likely do you think it is that you will apply to go to university to do a degree in the next 5 years?

Very likely 1 ☐ Fairly likely 2 ☐ Not very likely 3 ☐

Not at all likely 4 ☐ Don't know 9 ☐

now go to B14 on the next page →

B8. a) If you applied to UCAS, how many choices did you put on the form? ☐

b) Did you apply to universities that would enable you to:

Live at home 1 ☐

Live away from home 2 ☐

A mix of near and far universities 3 ☐

B9. Have you been awarded a place at university?

Yes 1 ☐ No 2 ☐ → **if no, go to B14 on the next page**

B10. Did you get your first choice of university? Yes 1 ☐ No 2 ☐

B11. Did you get your current university through clearing? Yes 1 ☐ No 2 ☐

B12. What degree subject are you/will you be studying?

B13. What university are you/will you be enrolled in?

B14. Do you think that the following might be advantages for someone going to university to study for a degree?

		Yes	No
a)	Meeting new people and getting away from home	1 ☐	2 ☐
b)	Getting a better paid job and more opportunities	1 ☐	2 ☐
c)	Getting better qualifications and improved knowledge	1 ☐	2 ☐
d)	Independence and self-confidence	1 ☐	2 ☐
e)	Don't know what the advantages might be	1 ☐	

B15. Do you think that the following might be disadvantages for someone going to university to study for a degree?

		Yes	No
a)	It is expensive and you have to get into debt	1 ☐	2 ☐
b)	Having to leave family and friends	1 ☐	2 ☐
c)	No guaranteed job at the end and you lose work experience	1 ☐	2 ☐
d)	Having to depend on parents and not earn money	1 ☐	2 ☐
e)	Don't know what the disadvantages might be	1 ☐	

B16 . a) You have told us what you are currently doing with your time. If you think back to your plans before you took your GCSEs, are you actually doing now what you planned to be doing then?

Yes 1 ☐ ⟶ **if yes, go to B17 on the next page** No 2 ☐

b) If **no**, please mark the answer that most closely fits.

My previous plans were unrealistic 1 ☐

I changed my mind as there are no jobs available 2 ☐

I changed my mind because I could not do the course I wanted 3 ☐

I changed my mind because my family needed me to earn money 4 ☐

I just changed my mind 5 ☐

Employment

B17. a) We would like to know what your main work activity is at the moment.
If you are temporarily sick or on holiday please mark your usual activity.
(Please mark **one** box only.)

Full-time paid work (30 or more hours a week)	1 ☐
Part-time paid work (less than 30 hours a week)	2 ☐
Government paid work experience or temporary job placement	3 ☐
Unemployed and looking for work	4 ☐
Long-term sick/disabled	5 ☐
Looking after home/family	6 ☐
Not working at all because in full-time education	7 ☐
Something else	8 ☐

b) Have you ever looked for a paid job? Yes 1 ☐ No 2 ☐ → **if no, go to B22 on page 17**

c) Do you currently have a paid job? Yes 1 ☐ No 2 ☐ → **if no, go to B19 on the next page**

B18. a) What is the job title of your current paid job?

b) When did you start your current paid job? **Month** | **Year**

c) Please describe the main things you do in your current paid job:

B19. Please complete for all of the paid jobs you have had in the past:

		Month	Year	(iii) Job title and the main things you did:
a) (i)	**From**			
(ii)	**To**			
b) (i)	**From**			
(ii)	**To**			
c) (i)	**From**			
(ii)	**To**			

B20. a) Are you looking for a job (or for a new job) at the moment?

Yes 1 ☐ No 2 ☐ ⟶ **if no, go to B21 on the next page**

b) If **yes**, please tell us whether you are using the following methods:

		Yes	No
i)	Internet	1 ☐	2 ☐
ii)	Checking newspaper ads	1 ☐	2 ☐
iii)	Jobcentre	1 ☐	2 ☐
iv)	Recruitment/temp agencies	1 ☐	2 ☐
v)	Contacting employers directly	1 ☐	2 ☐
vi)	Talking to family	1 ☐	2 ☐
vii)	Talking to friends	1 ☐	2 ☐
viii)	Other	1 ☐	2 ☐

continued on next page...

B20 (continued).

c) How long do you spend looking for jobs <u>each week</u>? ☐☐ hours

d) How many jobs have you applied for in <u>the last two weeks</u>? ☐☐

e) What is the lowest wage per hour that you would be prepared to work for? ☐☐ pounds per hour

B21. Please complete for all periods when you have been <u>unemployed</u> and looking for work (not in full-time study) in the past.

		(i) Month	(i) Year		(ii) Month	(ii) Year
a)	**From**	☐☐	☐☐	**To**	☐☐	☐☐
b)	**From**	☐☐	☐☐	**To**	☐☐	☐☐
c)	**From**	☐☐	☐☐	**To**	☐☐	☐☐

B22. Which of the following do you think is most likely to be the main thing you'll be doing <u>in 12 months time</u>? (Please mark **one** box only.)

Looking for work or unemployed 1 ☐

In an apprenticeship or similar type of training 2 ☐

In a full-time job (30 or more hours per week) 3 ☐

Studying full-time for a qualification 4 ☐

Taking a break from study or work (e.g. a gap year) 5 ☐

Looking after the home or family full-time 6 ☐

Doing something else (please specify below) 7 ☐

Voluntary work

B23. a) Are you currently doing voluntary work? Yes 1 ☐ No 2 ☐ → **if no, go to B24 below**

b) If **yes**, what is the job title of your current voluntary work?

c) When did you start your current voluntary work? **Month** **Year**

d) Please describe the main things you do in your current voluntary work:

B24. In the past, have you done any voluntary work? Yes 1 ☐ No 2 ☐ → **if no, go to C1 on page 19**

B25. Please complete for all of the voluntary work you have done in the past:

	Month	Year	(iii) Job title and the main things you did:
a) (i) **From**			
(ii) **To**			
b) (i) **From**			
(ii) **To**			
c) (i) **From**			
(ii) **To**			

SECTION C: YOUR HEALTH

C1. In general, would you say your health is:

Excellent 1 ☐ Very good 2 ☐ Good 3 ☐

Fair 4 ☐ Poor 5 ☐

C2. Compared to one year ago, how would you rate your health in general now?

Much better now than 1 year ago 1 ☐ Somewhat better now than 1 year ago 2 ☐ About the same as 1 year ago 3 ☐

Somewhat worse now than 1 year ago 4 ☐ Much worse now than than 1 year ago 5 ☐

C3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Activities	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) Vigorous activities (e.g. running, lifting heavy objects, participating in strenuous sports)	1 ☐	2 ☐	3 ☐
b) Moderate activities (e.g. moving a table, pushing a vacuum cleaner, bowling or playing golf)	1 ☐	2 ☐	3 ☐
c) Lifting or carrying groceries	1 ☐	2 ☐	3 ☐
d) Climbing several flights of stairs	1 ☐	2 ☐	3 ☐
e) Climbing one flight of stairs	1 ☐	2 ☐	3 ☐
f) Bending, kneeling, or stooping	1 ☐	2 ☐	3 ☐
g) Walking more than a mile	1 ☐	2 ☐	3 ☐
h) Walking half a mile	1 ☐	2 ☐	3 ☐
i) Walking one hundred metres	1 ☐	2 ☐	3 ☐
j) Bathing or dressing yourself	1 ☐	2 ☐	3 ☐

C4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down on the amount of time you spent on work or other activities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b) Accomplished less than you would like	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c) Were limited in the kind of work or other activities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d) Had difficulty performing the work or other activities (e.g. it took extra effort)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

C5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down on the amount of time you spent on work or other activities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b) Accomplished less than you would like	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c) Did work or activities less carefully than usual	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

C6. During the past 4 weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

Not at all 1 ☐ Slightly 2 ☐ Moderately 3 ☐

Quite a bit 4 ☐ Extremely 5 ☐

C7. How much bodily pain have you had during the past 4 weeks?

None	1 ☐	Very Mild	2 ☐	Mild	3 ☐
Moderate	4 ☐	Severe	5 ☐	Very Severe	6 ☐

C8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

None	1 ☐	A little bit	2 ☐	Moderately	3 ☐
Quite a bit	4 ☐	Extremely	5 ☐		

C9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks:	**All of the time**	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a) Did you feel full of life?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b) Have you been very nervous?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c) Have you felt so down in the dumps that nothing could cheer you up?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d) Have you felt calm and peaceful?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e) Did you have a lot of energy?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f) Have you felt downhearted and low?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g) Did you feel worn out?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h) Have you been happy?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i) Did you feel tired?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

C10. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (e.g. visiting friends or relatives)?

All of the time 1 ☐ Most of the time 2 ☐ Some of the time 3 ☐

A little of the time 4 ☐ None of the time 5 ☐

C11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Definitely false	Mostly false	Don't know
a) I seem to get ill more easily than other people	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b) I am as healthy as anybody I know	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c) I expect my health to get worse	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d) My health is excellent	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

C12. a) Do you have any long-standing illness, disability or infirmity? (By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.)

Yes 1 ☐ No 2 ☐

b) If **yes**, does this illness or disability limit your activities in any way?

Yes 1 ☐ No 2 ☐

C13. a) Have you left any job because you felt it was making your health worse?

Yes 1 ☐ No 2 ☐

b) If **yes,** please explain how the job was making your health worse:

Wheezing and asthma

C14. a) Have you ever had wheezing or whistling in the chest at any time in the past?

Yes 1 ☐ No 2 ☐ → **if no, go to C15 on the next page**

b) Have you had wheezing or whistling in the chest in the past 12 months?

Yes 1 ☐ No 2 ☐ → **if no, go to C15 on the next page**

c) How many attacks of wheezing have you had in the past 12 months?

None 1 ☐ 1-3 2 ☐

4-12 3 ☐ More than 12 4 ☐

d) In the past 12 months, how often, on average, has your sleep been disturbed due to wheezing?

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

e) In the past 12 months, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?

Yes 1 ☐ No 2 ☐

f) How many days of school/college or work (paid employment) have you missed in the past 12 months due to wheezing in the chest? (If you can't remember, make a guess and mark the guess box as well.)

(i) Number of days off school/college: ☐☐ Mark if a guess: 1 ☐

(ii) Number of days off work: ☐☐ Mark if a guess: 1 ☐

g) In the past 12 months, has your chest sounded wheezy during or after exercise?

Yes 1 ☐ No 2 ☐

C15. a) Have you ever had asthma?

Yes 1 ☐ No 2 ☐ → **if no, go to C16 below**

b) If you are in paid employment:

(i) Have you lost time from work because of your asthma?

Yes 1 ☐ No 2 ☐

(ii) If **yes,** how many days in the last year? ☐☐ days

c) During the last 12 months, have your asthma symptoms been better at the weekend?

Yes 1 ☐ No 2 ☐

d) Are your asthma symptoms better when away from work for a longer period (i.e. longer than a weekend)?

Yes 1 ☐ No 2 ☐

C16. In the past 12 months, have you had a dry cough at night, apart from a cough associated with a cold or chest infection?

Yes 1 ☐ No 2 ☐

C17. Have you ever had hayfever?

Yes 1 ☐ No 2 ☐

C18. This question is about when you DO NOT have a cold or the flu.

a) In the past 12 months, have you had a problem with sneezing or a runny or blocked nose when you DID NOT have a cold or flu (such as running a temperature or feeling generally unwell)?

Yes 1 ☐ No 2 ☐ ⟶ **if no, go to C19 below**

b) In the past 12 months, has this nose problem been accompanied by itchy or watery eyes?

Yes 1 ☐ No 2 ☐

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

(i) January 1 ☐	(v) May 1 ☐	(ix) September 1 ☐
(ii) February 1 ☐	(vi) June 1 ☐	(x) October 1 ☐
(iii) March 1 ☐	(vii) July 1 ☐	(xi) November 1 ☐
(iv) April 1 ☐	(viii) August 1 ☐	(xii) December 1 ☐

d) Are your symptoms better at the weekend?

Yes 1 ☐ No 2 ☐

e) Are your symptoms better when away from work for a longer period (i.e. longer than a weekend)?

Yes 1 ☐ No 2 ☐

C19. Have you ever had eczema?

Yes 1 ☐ No 2 ☐

C20. a) Have you had an itchy red rash at any time in the past 12 months?

Yes 1 ☐ No 2 ☐ ⟶ **if no, go to D1 on the next page**

b) Has this itchy rash at any time affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes?

Yes 1 ☐ No 2 ☐

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

Yes 1 ☐ No 2 ☐

SECTION D: EATING AND EXERCISE PATTERNS

D1. a) How often, 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 D2 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) 3 ☐

Yes, 1-5 pounds (½-2½ kilos) 2 ☐ No 4 ☐ → **if no, go to D2 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 most of the weight 3 ☐

Gained back a little of the weight 2 ☐ Put on more than I lost 4 ☐

D2. 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 D3 on the next page**

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

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

continued on next page...

D2 (continued).

D2. c) Did you exercise in order to lose weight or avoid gaining weight?

Yes, sometimes 1 ☐ Yes, frequently 2 ☐ No 3 ☐ → **if <u>no</u>, go to D3 below**

d) If **<u>yes</u>**, do you feel guilty after missing an exercise session?

No 0 ☐ Yes, sometimes 1 ☐ Yes, frequently 2 ☐ Do not miss any exercise sessions 3 ☐

D3. 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 ☐

D4. 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 ☐

D5.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 <u>never</u>, go to D6 on the next page**

b) If **<u>yes</u>**, 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 ☐

D6. Sometimes people will go on an "eating binge," where they eat an amount of food that most people would consider an unusually large amount of food (for example a whole large tub of ice cream, or a whole packet of biscuits (containing more than 10 biscuits), or more than 3 small packets of crisps, or a whole large pack of crisps), 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 D9 on the next page**	

D7. 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 ☐

D8. 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 ☐ →	**if you didn't do this at least once a week, go to D9 on the next page**			

continued on next page...

D8 (continued).

D8. 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 ☐

D9. How would you describe your weight currently?

Very underweight 1 ☐ Slightly underweight 2 ☐ About the right weight 3 ☐

Slightly overweight 4 ☐ Very overweight 5 ☐

D10. Which of the following are you trying to do about your weight?

I am not trying to do anything about my weight 1 ☐ Stay the same 2 ☐

Gain weight 3 ☐ Lose weight 4 ☐

D11. In the past year, how happy have you been with the way your body looks?

Very unhappy 1 ☐ A little unhappy 2 ☐

Quite happy 3 ☐ Very happy 4 ☐

D12. In the past year, how much has your weight made a difference to how you feel about yourself?

Not at all 1 ☐ A little 2 ☐ Somewhat 3 ☐

Quite a lot 4 ☐ A lot 5 ☐

D13. Has anyone ever <u>told</u> you that they thought you had an eating disorder, such as anorexia nervosa or bulimia? (Please mark **all** that apply.)

a) No 1 ☐

b) Yes, a friend 1 ☐

c) Yes, a parent 1 ☐

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

D14. Have you ever been <u>treated</u> for an eating disorder by a doctor, nurse or other health care provider?

Yes, am being treated now 3 ☐ Yes, in the past 2 ☐ No 1 ☐ → **if <u>no</u>, go to D15 below**

a) If **<u>yes</u>,** what treatment have you had:

i) Psychological therapy (taking therapy on your own) 1 ☐

ii) Family therapy (taking therapy together with your family) 1 ☐

iii) In-patient admission to private hospital 1 ☐

iv) In-patient admission to NHS hospital 1 ☐

v) Other/or don't know (please describe below) 1 ☐

D15. Do you ever have strong cravings for food, or find food difficult to resist?

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

<u>HELPLINE</u>: BEAT (beating eating disorders) is the leading UK charity for people with eating disorders and their families

Tel: 0845 634 1414

Email: help@b-eat.co.uk

SECTION E: DRUGS AND ALCOHOL

E1. a) Have you ever smoked a whole cigarette (including roll-ups)?

Yes 1 ☐ No 2 ☐ → **if no, go to E5 on the next page**

b) If **yes**, how old were you when you first smoked a whole cigarette? ☐☐ years

c) How many cigarettes have you smoked altogether in your lifetime?

Less than 5 1 ☐ 50-99 4 ☐

5-19 2 ☐ 100 plus 5 ☐

20-49 3 ☐

E2. a) Have you smoked any cigarettes in the past 30 days?

Yes 1 ☐ → **if yes, go to E3 below** No 2 ☐

b) If **no**, how old were you when you last smoked a whole cigarette?

☐☐ years → **now go to E5 on the next page**

E3. a) Do you smoke every day?

Yes 1 ☐ No 2 ☐ → **if no, go to E4 below**

b) If you smoke every day, how many cigarettes do you smoke per day on average?

☐☐ cigarettes per day → **now go to E5 on the next page**

E4. a) Do you smoke every week?

Yes 1 ☐ No 2 ☐ → **if no, go to E5 on the next page**

b) If you smoke every week, how many cigarettes do you smoke per week on average?

☐☐ cigarettes per week

Alcohol

The next questions are about drinking alcohol (this includes beer, wine, "alcopops", cider and spirit drinks like vodka). Your answers to all these questions are confidential, so they will never be seen by anyone who knows you.

Please see our Drinkogram that translates common types of alcoholic drinks and their amounts into a standard number of drinks or units.

E5. a) Have you ever had a whole drink? (A "whole drink" is a small bottle or ½ pint of beer, a small glass of wine or a "shot" of whisky, gin or vodka.)

Yes 1 ☐ No 2 ☐

↓

if no, go to E16 on page 35

b) If **yes**, how old were you the first time you had a whole drink? ☐☐ years

E6. How often do you have a drink containing alcohol?

Never 1 ☐ Monthly or less 2 ☐ 2-4 times a month 3 ☐

↓

if never, go to E16 on page 35 2-3 times a week 4 ☐ 4 or more times a week 5 ☐

E7. How many units (standard drinks) containing alcohol do you have on a typical day when you are drinking? (See Drinkogram.)

1 or 2 1 ☐ 3 or 4 2 ☐ 5 or 6 3 ☐

7-9 4 ☐ 10 or more 5 ☐

E8. How often, during the past year, have you had six or more units (standard drinks) on one occasion?
(See Drinkogram - 6 units is 4 alcopops, 3 pints of normal strength beer or cider, 2 pints of strong beer or cider, 6 small glasses or 3 large glasses of wine, 6 single shots of spirits or a combination of these.)

Never	1 ☐	Once or twice	2 ☐
Less than monthly	3 ☐	Monthly	4 ☐
Weekly	5 ☐	Daily or almost daily	6 ☐

E9. How often, during the past year, have you found that you were not able to stop drinking once you had started?

Never	1 ☐	Once or twice	2 ☐
Less than monthly	3 ☐	Monthly	4 ☐
Weekly	5 ☐	Daily or almost daily	6 ☐

E10. How often, during the past year, have you failed to do what was normally expected of you because of drinking (e.g. go to school/college or work, play sport, go out with family or friends)?

Never	1 ☐	Once or twice	2 ☐
Less than monthly	3 ☐	Monthly	4 ☐
Weekly	5 ☐	Daily or almost daily	6 ☐

E11. How often, during the past year, have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never	1 ☐	Once or twice	2 ☐
Less than monthly	3 ☐	Monthly	4 ☐
Weekly	5 ☐	Daily or almost daily	6 ☐

E12. How often, during the past year, have you had a feeling of guilt or remorse after drinking?

Never	1 ☐	Once or twice	2 ☐
Less than monthly	3 ☐	Monthly	4 ☐
Weekly	5 ☐	Daily or almost daily	6 ☐

E13. How often, during the past year, have you been unable to remember what happened the night before because you had been drinking?

Never	1 ☐	Once or twice	2 ☐
Less than monthly	3 ☐	Monthly	4 ☐
Weekly	5 ☐	Daily or almost daily	6 ☐

E14. Have you or has someone else been injured as a result of your drinking?

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

E15. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested that you cut down?

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

Drug use

The next set of questions are about cannabis and other drugs. **Please remember that your answers to all these questions are confidential, so they will never be seen by anyone who knows you or linked to your name.**

E16. a) Have you ever tried cannabis (also called marijuana, hash, skunk, grass, smoke, weed)?

Yes 1 ☐ No 2 ☐ ⟶ **if no, go to E21 on page 37**

b) If **yes**, how old were you when you first tried cannabis? ☐☐ years

E17. a) When was the last time you used cannabis? (Please mark **one** box only.)

- In the last 3 days 1 ☐
- Not in the last 3 days, but in the past 2 weeks 2 ☐
- Not in the past 2 weeks, but in the last month 3 ☐
- Not in the last month, but in the last 3 months 4 ☐
- Not in the last 3 months, but in the last 12 months 5 ☐
- More than 12 months ago 6 ☐

b) How old were you when you last tried cannabis? ☐☐ years

E18. In the last 12 months, how often have you used cannabis?

Once or twice 1 ☐	Less than monthly 2 ☐	Monthly (but less than weekly) 3 ☐
Weekly 4 ☐	Daily or almost daily 5 ☐	

E19. How many joints/spliffs, pipes or bongs do you have on a typical day when you smoke cannabis? ☐☐

E20. We would like to know about your use of cannabis in the past 12 months.

	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 use 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 (e.g. argument, fight, accident, bad result at school, other problems)?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

Please describe the problems below:

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

E21. In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY.)

	Drug	No	Yes	(i) If **YES,** have you taken the drug in the last year: No	(i) Yes	(ii) If **YES**, have you taken the drug in the last 3 months: No	(ii) Yes
a)	Cocaine (also called Charlie, 'C', coke)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
b)	Crack (also called rock, stone)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
c)	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
d)	Inhalants (glue, petrol, paint thinner, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
e)	Sedatives or sleeping pills (Valium, Rohypnol, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
f)	Hallucinogens (LSD, acid, mushrooms, PCP, Ketamine, Special K, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
g)	Opiods (heroin, morphine, methadone, codeine, etc.)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
h)	Other stimulants (mephedrone, khat)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐
i)	Other (please specify)	2 ☐	1 ☐ →	2 ☐	1 ☐ →	2 ☐	1 ☐

Things you may have done

E22. How often in the last year have you:

	Not at all	Just once	2-5 times	6 or more times
a) Been rowdy or rude in a public place so that people complained or you got in trouble?	1 ☐	2 ☐	3 ☐	4 ☐
b) Stolen something from a shop or store?	1 ☐	2 ☐	3 ☐	4 ☐
c) Bought something that you knew or suspected was stolen?	1 ☐	2 ☐	3 ☐	4 ☐
d) Broken into a car or van to try and steal something out of it?	1 ☐	2 ☐	3 ☐	4 ☐
e) Taken and/or driven a vehicle without the owner's permission?	1 ☐	2 ☐	3 ☐	4 ☐
f) Broken into a house or building to try and steal something?	1 ☐	2 ☐	3 ☐	4 ☐
g) Stolen any money or property that someone was holding, carrying or wearing at the time?	1 ☐	2 ☐	3 ☐	4 ☐
h) Hit, kicked or punched someone else on purpose with the intention of really hurting them?	1 ☐	2 ☐	3 ☐	4 ☐
i) Deliberately damaged or destroyed property that did not belong to you?	1 ☐	2 ☐	3 ☐	4 ☐
j) Hurt or injured animals or birds on purpose?	1 ☐	2 ☐	3 ☐	4 ☐
k) Carried a knife or other weapon with you for protection or in case it was needed in a fight?	1 ☐	2 ☐	3 ☐	4 ☐
l) Used a cheque book, credit card or cash point card which you knew or suspected to be stolen to get money out of a bank account or to purchase something?	1 ☐	2 ☐	3 ☐	4 ☐

SECTION F: ROAD USE AND ACCIDENTS

F1. We would like to know about your trip home <u>from</u> school/college or work yesterday (or the last time you came home from school/college or work):

a) How long did your trip home take? (Please 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 ☐

b) How did you go home from school/college or work? (Please mark **all** that apply.)

(i) Walked all the way	1 ☐	(ii) Walked part of the way	1 ☐
(iii) By public bus	1 ☐	(iv) By car/taxi	1 ☐
(v) By bicycle	1 ☐	(vi) By metro/train	1 ☐
(vii) Other (please describe)	1 ☐ →		

F2. a) When was the <u>last time</u> you travelled in a car, van or taxi? (Please mark **one** box only.)

Today	1 ☐	Yesterday	2 ☐
2-4 days ago	3 ☐	5-7 days ago	4 ☐
Between 1 & 4 weeks ago	5 ☐	More than a month ago	6 ☐
Never	7 ☐ →	**if <u>never</u>, go to F3 on the next page**	

b) The <u>last time</u> you travelled in a car, van or taxi did you sit in the front seat or the back seat? (Please mark **one** box only.)

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

continued on next page...

F2 (continued).

c) (i) The last time you travelled in a car, van or taxi did you wear a seat belt?

Yes 1 ☐ No 2 ☐ Can't remember 3 ☐

if no or can't remember, go to F3 below

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

You chose to obey the law? 1 ☐

The driver asked you to? 2 ☐

Everyone else had theirs on and you didn't want to be different? 3 ☐

F3. a) Do you have a car driving licence?

Yes, provisional 1 ☐

Yes, full 2 ☐

if yes, go to F4 below

No 3 ☐

b) If you do NOT have a licence, have you ever driven a car:

	Yes	**No**
(i) Off the road (e.g. on private land or in a car park)?	1 ☐	2 ☐
(ii) On the road without a licence?	1 ☐	2 ☐

F4. a) Have you ever been a passenger in a car knowing that the driver had not passed his/her driving test and was not supervised by a qualified accompanying driver?

Yes 1 ☐ No 2 ☐

b) Have you ever been a passenger in a car knowing that the driver had been drinking?

Yes 1 ☐ No 2 ☐

F5. 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 ☐

F6. a) Do you own a bicycle? Yes 1 ☐ No 2 ☐

b) Do you own a bicycle helmet? Yes 1 ☐ No 2 ☐

F7. a) When was the last time you rode a bicycle? (Please 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 <u>never</u>, go to F8 on the next page**	

b) How far did you ride your bicycle at that time? (Please mark **one** box only.)

Less than a mile	1 ☐	1-3 miles	2 ☐
3-5 miles	3 ☐	More than 5 miles	4 ☐

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

	Yes	No	Can't remember
(i) A helmet?	1 ☐	2 ☐	3 ☐
(ii) Fluorescent clothing?	1 ☐	2 ☐	3 ☐
(iii) Reflective clothing?	1 ☐	2 ☐	3 ☐

Accidents

F8. a) In the last 6 months, have you had any kind of accident that caused you to see a doctor or go to hospital?

Yes 1 ☐ No 2 ☐ → **if no, go to F9 below**

b) If **yes**, please mark all that apply:

(i) Fall 1 ☐

(ii) Fracture (broken bone) 1 ☐ → Please describe:

(iii) Burn or scald 1 ☐

(iv) Ingestion/swallowing something 1 ☐

(v) Sports injury 1 ☐

(vi) Other 1 ☐ → Please describe:

F9. Since your 17th birthday, have you had a head injury resulting in loss of consciousness? Yes 1 ☐ No 2 ☐

If **yes**, please describe:

F10. In the last year, have you had an accident that occurred at work?

Yes 1 ☐ No 2 ☐ Have not worked in the last year 3 ☐

F11. a) In the last year, have you been involved in a road accident?

Yes 1 ☐ No 2 ☐ → **if no, go to G1 on page 44**

b) Thinking about the last road accident you had, how were you travelling? (Please 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 ☐

On a motorbike/scooter 5 ☐ Something else (please describe) 6 ☐

continued on next page...

F11 (continued).

c) Who was with you at the time of the road accident? (Please mark **all** that apply.)

(i) On my own	1 ☐	(ii) Parent(s)	1 ☐
(iii) Brother(s) or sister(s)	1 ☐	(iv) Friend(s)/partner	1 ☐
(v) Other adult(s)	1 ☐	(vi) Children (your own or someone else's)	1 ☐

d) What were you doing at the time of the road accident? (Please mark **one** box only.)

Going to or from school/ college or work	1 ☐	Going to or from a daytime activity (e.g. sport, shops, cafe) or exercising	4 ☐
Hanging out in the streets	2 ☐	Going to or from a place of worship (e.g. church, temple, syngagogue, mosque)	5 ☐
Going to or from an evening activity (e.g. pub, club, cinema)	3 ☐	Other journey (please describe below)	6 ☐

e) When did the road accident happen? (Please mark **one** box only.)

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

f) Were you hurt in the road accident? Yes 1 ☐ No 2 ☐ → **if <u>no</u>, go to G1 on the next page**

g) If **<u>yes</u>**:

	Yes	**No**
(i) Did you see a family doctor?	1 ☐	2 ☐
(ii) Did you go to the casualty department at hospital?	1 ☐	2 ☐
(iii) Did you stay overnight in hospital?	1 ☐	2 ☐
(iv) If you were in paid employment, how long were you off work as a result?	☐☐ days	

SECTION G:

G1. 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 ☐

G2. What is your date of birth? Day / Month / Year: | | | / | | | / | 1 | 9 | 9 | |

G3. What is today's date? Day / Month / Year: | | | / | | | / | 2 | 0 | 1 | |

Thank you VERY much for your help

Space for any additional comments you would like to make

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

When completed, please send this back to:

Professor George Davey-Smith
Children of the Nineties - ALSPAC
Oakfield House
Oakfield Grove
Bristol BS8 2BN

Office use only ☐

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