

Questionnaire Number



--

# Life of a Teenager



Don't forget!

Use crosses in the boxes when you answer the questions ✕

**THANK YOU VERY MUCH FOR YOUR HELP**

**06/12/2005**

43233





Just a few things we need to tell you!

Please use black or dark blue pen

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



*then cross the correct box*

If you are writing words make sure they are inside the box, like this:

I went to school

Make sure that numbers are clear like this:

3

43233



## Section A: About you and your school

A1. These questions ask about how you feel about going to school and what it's like being there:

**My school is  
a place where...**



**Strongly  
agree**

**Agree**

**Disagree**

**Strongly  
disagree**

**Don't  
know**

a) I really like to go each day      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

b) I learn to get along with other people      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

c) Other pupils accept me as I am      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

d) I like to be      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

e) I like to do extra work      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

f) I feel happy      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

g) I feel lonely      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

h) I feel proud to be a pupil      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

i) I feel worried      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

j) People trust me      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

k) I have a lot of fun      1 ☐      2 ☐      3 ☐      4 ☐      9 ☐

43233



**My school is  
a place where...**



**Strongly  
agree**

**Agree**

**Disagree**

**Strongly  
disagree**

**Don't  
know**

l) I enjoy what I do in class 1 ☐ 2 ☐ 3 ☐ 4 ☐ 9 ☐

m) I can learn what I need to know 1 ☐ 2 ☐ 3 ☐ 4 ☐ 9 ☐

n) I get excited about the work we do 1 ☐ 2 ☐ 3 ☐ 4 ☐ 9 ☐

o) I get upset 1 ☐ 2 ☐ 3 ☐ 4 ☐ 9 ☐

p) I know people think a lot of me 1 ☐ 2 ☐ 3 ☐ 4 ☐ 9 ☐

q) I get on well with other pupils in my classes 1 ☐ 2 ☐ 3 ☐ 4 ☐ 9 ☐

r) People can depend on me 1 ☐ 2 ☐ 3 ☐ 4 ☐ 9 ☐

s) Other pupils are very friendly 1 ☐ 2 ☐ 3 ☐ 4 ☐ 9 ☐

t) I feel restless 1 ☐ 2 ☐ 3 ☐ 4 ☐ 9 ☐

43233



A2 Again please tell us how much you agree or disagree with each of the following statements:

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
--	-----------------------	--------------	-----------------	--------------------------

a) Most teachers in my school take action when they see anyone breaking the school rules	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------

b) Most teachers at my school make it clear how we should behave	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------

c) Most of my teachers don't really listen to what I say in class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
---	----------------------------	----------------------------	----------------------------	----------------------------

d) In this school, most teachers and pupils really trust one another	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------

e) I get treated unfairly by most of my teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------

f) Most of my teachers make sure we do any homework that is set	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
---	----------------------------	----------------------------	----------------------------	----------------------------

g) Most of my teachers can keep order in class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------

h) People think my school is a good school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------

i) The work I do in lessons is interesting to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------

43233

A2.

**Strongly  
agree**

**Agree**

**Disagree**

**Strongly  
disagree**

j) I like most of my teachers

1 ☐

2 ☐

3 ☐

4 ☐

k) Most of my teachers treat everyone the same regardless of skin colour or cultural background

1 ☐

2 ☐

3 ☐

4 ☐

l) Most of my teachers praise me when I do my school work well

1 ☐

2 ☐

3 ☐

4 ☐

m) Most teachers at my school treat pupils with respect

1 ☐

2 ☐

3 ☐

4 ☐

n) Most teachers at my school have given up on some of the pupils

1 ☐

2 ☐

3 ☐

4 ☐

o) Most teachers at my school believe that all pupils can learn

1 ☐

2 ☐

3 ☐

4 ☐

p) If I get caught breaking school rules, I'm more likely to be punished than others

1 ☐

2 ☐

3 ☐

4 ☐

q) Compared with other pupils in my classes, most of my teachers are more likely to take an interest in my work

1 ☐

2 ☐

3 ☐

4 ☐

43233

A3. Next, please think about your school work:

	Very good	Above average	Average	Below average	Not at all good	Don't know
a) How would you describe your schoolwork?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
b) How do you think your teachers would describe your schoolwork?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

These next few questions are about how you feel now you are at secondary school compared with how you felt at primary school.

A4. Compare how you felt at your primary school, (or when you were 10) with now:

	More	About the same	Less	Don't know
a) Are you more confident or less confident?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
b) Do you find it more difficult to get on with the teachers at school or less difficult?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Are you more worried about getting work wrong or less worried?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Do you find it more difficult to make friends now or less difficult?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>





A5. What do you think about some of the work you do at school:

<input type="checkbox"/>	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a) I would like to be pushed harder to improve my reading skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
b) I am taught too many new things each week	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
c) I would like to study more real life things, like car mechanics, travel and tourism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
d) I would like to learn more difficult maths skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>



## Section B: About your neighbourhood

B1. These questions ask you to think about where you live and how you feel about living there and the people who live near you:

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
a) I usually feel safe in my neighbourhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
b) I would feel safe if I was at home by myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
c) In the past month, I have stopped to talk on the street with someone who lives in my neighbourhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
d) I am scared of some of the people in my neighbourhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
e) I would be scared of being home when no adults are there	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
f) I wouldn't mind if I had to move from here to some other neighbourhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
g) On the whole, I am happy living in my neighbourhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
h) People in this neighbourhood look out for each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
i) I know most of the people in my neighbourhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>

43233



## Section C: The way you feel now

Now we are going on to something different.

Read the questions carefully and mark the answer that applies to you.

**These are like questions we've asked before, but things often change from year to year so we need to ask them again.**

C1. Some people believe that their thoughts can be read. Have other people ever read your thoughts:

No, never      <sup>1</sup> ☐      —————▶      If no, go to C2 on page 13

Yes, maybe      <sup>2</sup> ☐

Yes, definitely      <sup>3</sup> ☐

If yes,

a) Were you upset by this?

No, not at all      <sup>1</sup> ☐      Yes, a bit      <sup>2</sup> ☐

Yes, quite upset      <sup>3</sup> ☐      Yes, very upset      <sup>4</sup> ☐

b) Do you think they use special powers to read your thoughts?

Yes, definitely      <sup>1</sup> ☐

Yes, maybe      <sup>2</sup> ☐

No      <sup>3</sup> ☐      —————▶      If no, go to C2 on page 13



C1. c) If they use special powers to read your thoughts, how often has this happened **since your 13th birthday**?

Not at all	1 <input type="checkbox"/>
Only once or twice	2 <input type="checkbox"/>
Not very often (less than once a month)	3 <input type="checkbox"/>
Quite often (about once a month)	4 <input type="checkbox"/>
Often (about once a week)	5 <input type="checkbox"/>
Nearly every day	6 <input type="checkbox"/>

→ **If not at all, go to C2 on page 13**

d) How many people have read your thoughts **since your 13th birthday**?

just one 1 ☐      two 2 ☐      3 or more 3 ☐

e) Who were/are the people who can read your thoughts? (you can cross more than one box)

(i) Mother	1 <input type="checkbox"/>
(ii) Father	1 <input type="checkbox"/>
(iii) Brother or sister	1 <input type="checkbox"/>
(iv) Pupil at school	1 <input type="checkbox"/>
(v) Teacher at school	1 <input type="checkbox"/>
(vi) Someone else	1 <input type="checkbox"/>

→ please say who:



C2. Have you ever believed that you were being sent special messages through television or the radio, or that a programme has been arranged just for you alone?

No, never <sup>1</sup> ☐ —————> If no, go to C3 on page 14

Yes, maybe <sup>2</sup> ☐

Yes, definitely <sup>3</sup> ☐

If yes,

a) Were you upset by this?

No, not at all <sup>1</sup> ☐

Yes, a bit <sup>2</sup> ☐

Yes, quite upset <sup>3</sup> ☐

Yes, very upset <sup>4</sup> ☐

b) How often has this happened **since your 13th birthday**?

Not at all <sup>1</sup> ☐

—————> If not at all, go to C3 on page 14

Only once or twice <sup>2</sup> ☐

Not very often  
(less than once a month) <sup>3</sup> ☐

Quite often  
(about once a month) <sup>4</sup> ☐

Often (about once a week) <sup>5</sup> ☐

Nearly every day <sup>6</sup> ☐



C2. c) Who (or what) do you think was sending you these messages?

(i) Somebody you know <sup>1</sup> ☐

(ii) Somebody you don't know <sup>1</sup> ☐

(iii) An alien or something like that <sup>1</sup> ☐

(iv) Something else <sup>1</sup> ☐

d) Space for you to describe the answers you have just ticked:

e) Why do you think you have been getting these messages?

C3. Have you ever thought that you were being followed or spied on?

No, never <sup>1</sup> ☐ —————> **If no, go to C4 on page 16**

Yes, maybe <sup>2</sup> ☐

Yes, definitely <sup>3</sup> ☐

**If yes,**

a) Were you upset by this?

No, not at all <sup>1</sup> ☐

Yes, a bit <sup>2</sup> ☐

Yes, quite upset <sup>3</sup> ☐

Yes, very upset <sup>4</sup> ☐

43233



C3. b) How often has this happened **since your 13th birthday?**

Not at all	1 <input type="checkbox"/>
Only once or twice	2 <input type="checkbox"/>
Not very often (less than once a month)	3 <input type="checkbox"/>
Quite often (about once a month)	4 <input type="checkbox"/>
Often (about once a week)	5 <input type="checkbox"/>
Nearly every day	6 <input type="checkbox"/>

c) Who was following you or spying on you?

(i) Someone in your class	1 <input type="checkbox"/>
(ii) Someone in your school	1 <input type="checkbox"/>
(iii) Someone else you know	1 <input type="checkbox"/>
(iv) A stranger	1 <input type="checkbox"/>
(v) Don't know - you've never actually seen them	1 <input type="checkbox"/>

d) Why do you think they were doing this?



C4. Have you ever heard voices that other people can't hear?

No, never <sup>1</sup> ☐ —————▶ **If no, go to C5 on page 17**

Yes, maybe <sup>2</sup> ☐

Yes, definitely <sup>3</sup> ☐

**If yes,**

a) Were you upset by this?

No, not at all <sup>1</sup> ☐

Yes, a bit <sup>2</sup> ☐

Yes, quite upset <sup>3</sup> ☐

Yes, very upset <sup>4</sup> ☐

b) How often has this happened **since your 13th birthday?**

Not at all <sup>1</sup> ☐

Only once or twice <sup>2</sup> ☐

Not very often  
(less than once a month) <sup>3</sup> ☐

Quite often  
(about once a month) <sup>4</sup> ☐

Often (about once a week) <sup>5</sup> ☐

Nearly every day <sup>6</sup> ☐

c) Did this voice say something about what you were doing or thinking?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

43233





C4. d) Did this happen only when you had a high temperature because you were ill?

Yes <sup>1</sup> ☐      No <sup>2</sup> ☐ —————> **If no, go to C5 below**

**If yes**

e) Were you completely awake when you heard these things?

Yes <sup>1</sup> ☐      No <sup>2</sup> ☐

C5. Have you ever felt that you were under the control of some special power?

No never <sup>1</sup> ☐ —————> **If no, go to C6 on page 18**

Yes, maybe <sup>2</sup> ☐

Yes, definitely <sup>3</sup> ☐

**If yes,**

a) Were you upset by this?

No, not at all <sup>1</sup> ☐      Yes, a bit <sup>2</sup> ☐

Yes, quite upset <sup>3</sup> ☐      Yes, very upset <sup>4</sup> ☐

b) How often has this happened **since your 13th birthday**?

Not at all <sup>1</sup> ☐

Only once or twice <sup>2</sup> ☐

Not very often  
(less than once a month) <sup>3</sup> ☐

Quite often  
(about once a month) <sup>4</sup> ☐

Often (about once a week) <sup>5</sup> ☐

Nearly every day <sup>6</sup> ☐

43233

C5. c) Did it control what you were doing or thinking?

No, never      1 ☐      —————▶      **If no, go to C6 below**

Yes, maybe      2 ☐

Yes, definitely      3 ☐

d) What do you think this was?

God, or some other      1 ☐  
religious figure

Something else      2 ☐      —————▶      please cross box and describe:

C6. Have you ever seen something or someone that other people could not see?

No, never      1 ☐      —————▶      **If no, go to C7 on page 20**

Yes, maybe      2 ☐

Yes, definitely      3 ☐

**If yes,**

a) Were you upset by this?

No, not at all      1 ☐

Yes, a bit      2 ☐

Yes, quite upset      3 ☐

Yes, very upset      4 ☐

43233



C6. b) How often has this happened **since your 13th birthday**?

Not at all <sup>1</sup> ☐

Only once or twice <sup>2</sup> ☐

Not very often  
(less than once a month) <sup>3</sup> ☐

Quite often  
(about once a month) <sup>4</sup> ☐

Often (about once a week) <sup>5</sup> ☐

Nearly every day <sup>6</sup> ☐

c) What did you see?

d) Did this happen only when you had a high temperature because you were ill?

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

e) Were you completely awake when you saw these things?

Yes, always <sup>1</sup> ☐

No, sometimes I  
was half asleep <sup>2</sup> ☐

No, I was always  
asleep or half asleep <sup>3</sup> ☐



C6. f) Were you worried about seeing things that others couldn't?

Yes, very worried <sup>1</sup> ☐

Yes, a bit worried <sup>2</sup> ☐

No, didn't bother me <sup>3</sup> ☐

C7. Have you ever felt that your thoughts are broadcast out loud so that other people know what you are thinking? (Like on a radio so that anyone listening could hear them)

No, never <sup>1</sup> ☐ —————> If **no**, go to C8 on page 21

Yes, maybe <sup>2</sup> ☐

Yes, definitely <sup>3</sup> ☐

If **yes**,

a) Were you upset by this?

No, not at all <sup>1</sup> ☐

Yes, a bit <sup>2</sup> ☐

Yes, quite upset <sup>3</sup> ☐

Yes, very upset <sup>4</sup> ☐

b) How often has this happened **since your 13th birthday?**

Not at all <sup>1</sup> ☐

Only once or twice <sup>2</sup> ☐

Not very often (less  
(than once a month) <sup>3</sup> ☐

Quite often (about  
once a month) <sup>4</sup> ☐

Often (about once a week) <sup>5</sup> ☐

Nearly every day <sup>6</sup> ☐



C8. Have you ever felt that thoughts that are not your own are put into your mind?

No, never                      1 ☐      —————>      If no, go to C9 below

Yes, maybe                      2 ☐

Yes, definitely                      3 ☐

If yes,

a) Were you upset by this?

No, not at all                      1 ☐

Yes, a bit                      2 ☐

Yes, quite upset                      3 ☐

Yes, very upset                      4 ☐

b) How often has this happened **since your 13th birthday**?

Not at all                      1 ☐

Only once or twice                      2 ☐

Not very often  
(less than once a month)                      3 ☐

Quite often  
(about once a month)                      4 ☐

Often (about once a week)                      5 ☐

Nearly every day                      6 ☐

C9. Have you had thoughts taken out of your mind by someone or by some special force?

No, never                      1 ☐      —————>      If no, go to C10 on page 22

Yes, maybe                      2 ☐

Yes, definitely                      3 ☐

43233



If yes,

C9. a) Were you upset by this?

No, not at all <sup>1</sup> ☐

Yes, a bit <sup>2</sup> ☐

Yes, quite upset <sup>3</sup> ☐

Yes, very upset <sup>4</sup> ☐

b) How often has this happened **since your 13th birthday**?

Not at all <sup>1</sup> ☐

Only once or twice <sup>2</sup> ☐

Not very often  
(less than once a month) <sup>3</sup> ☐

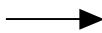
Quite often  
(about once a month) <sup>4</sup> ☐

Often (about once a week) <sup>5</sup> ☐

Nearly every day <sup>6</sup> ☐

C10. Have you ever felt that you are a very important person, or that you have special powers or abilities?

No, never <sup>1</sup> ☐



If no, go to D1 on page 24

Yes, maybe <sup>2</sup> ☐

Yes, definitely <sup>3</sup> ☐

If yes,

a) Were you upset by this?

No, not at all <sup>1</sup> ☐

Yes, a bit <sup>2</sup> ☐

Yes, quite upset <sup>3</sup> ☐

Yes, very upset <sup>4</sup> ☐

43233



- C10. b) Have you ever felt that you are somebody really very special, or that you have special powers like reading people's minds or have been chosen to perform special tasks? (This doesn't mean that you are especially clever, or come from an important family)

No, never <sup>1</sup> ☐ —————▶ If **no**, go to D1 on page 24

Yes, maybe <sup>2</sup> ☐

Yes, definitely <sup>3</sup> ☐

- c) How often has this happened **since your 13th birthday**?

Not at all <sup>1</sup> ☐

Only once or twice <sup>2</sup> ☐

Not very often  
(less than once a month) <sup>3</sup> ☐

Quite often  
(about once a month) <sup>4</sup> ☐

Often (about once a week) <sup>5</sup> ☐

Nearly every day <sup>6</sup> ☐



## Section D: About you and your family

D1. In the last month, how often did you talk with your mother or an adult female in your family about:

	Most days	Sometimes	Rarely	Never
a) how things are going with your friends?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) your plans for the future?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) how things are going at school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D2. In the last month, how often did you talk with your father or an adult male in your family about:

	Most days	Sometimes	Rarely	Never
a) how things are going with your friends?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) your plans for the future?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) how things are going at school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D3. Do you tell your parent(s):

	Almost always	Usually	It depends	Rarely	Never
a) what you do during your free time?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) what you spend your money on?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c) which friends you hang out with during your free time?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d) If you are out at night, when you get home do you tell your parents what you did that evening?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

43233





D4. How true are the following statements of you?

	Not at all true	Sometimes true	Often true	Very true
a) I don't like my parent(s) to come to school even if I'm not in trouble	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) I like my parent(s) to meet my friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) My family is very different to other families	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) My teachers and my parent(s) have very different ideas about what I should learn in school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) I like my parent(s) to see what I'm doing at school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) My home life and my school life are like two different worlds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D5. On average, how do you think your parent(s) would describe your school work?

Very good	1 <input type="checkbox"/>	Above average	2 <input type="checkbox"/>	Average	3 <input type="checkbox"/>
Below average	4 <input type="checkbox"/>	Not at all good	5 <input type="checkbox"/>	Don't know	9 <input type="checkbox"/>



D6. How important is it to tell your parent(s) that you do well in school?

Very important    1 ☐

Quite                    2 ☐  
important

Not very                3 ☐  
important

Not important        4 ☐  
at all

Don't know    9 ☐



## Section E: About you and learning

Next we'd like to ask you some questions about learning and finding out new things.

**There are no right or wrong answers, we are simply interested in your thoughts and opinions.**

E1. Tell us how interested you are in each of the following things:  
(Mark one box in each line)

	Extremely interested	Quite interested	Only a little interested	Not at all interested
a) The prospect of learning new things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Thinking about why the world is in the state it is	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Finding out why something happened the way it did	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Finding out about things you don't understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Finding out more about a new idea	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Finding out how something works	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



E2. How true are the following statements of you:

	Not at all true	Only a little true	Quite true	Very true
--	--------------------	--------------------------	---------------	--------------

a) Doing better than other pupils in my class is important to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------

b) Even if I do well in school, it will not help me have the kind of life I want when I grow up	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
---	----------------------------	----------------------------	----------------------------	----------------------------

c) I would feel really good if I were the only one who could answer the teacher's questions in my class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
---	----------------------------	----------------------------	----------------------------	----------------------------

d) Doing well in school will help me have a satisfying career	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
---	----------------------------	----------------------------	----------------------------	----------------------------

e) It's very important to me that I don't look stupid in class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	----------------------------	----------------------------	----------------------------	----------------------------



## Section F: Tobacco and other substances

The next set of questions are about cigarettes (including roll-ups).

**Remember! Your answers to all these questions are confidential, so they will never be seen by anyone who knows you.**

F1. Have you ever smoked a cigarette (including roll-ups)?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

—————▶ If **no**, go to F8 on page 30

F2. Please mark the box next to the statement which describes you the best:

I have only ever tried smoking cigarettes once or twice

<sup>1</sup> ☐

I used to smoke sometimes but I never smoke cigarettes now

<sup>2</sup> ☐

I sometimes smoke cigarettes but I smoke less than one a week

<sup>3</sup> ☐

I usually smoke between one and six cigarettes a week

<sup>4</sup> ☐

I usually smoke more than six cigarettes a week, but I don't smoke every day

<sup>5</sup> ☐

I usually smoke one or more cigarettes every day

<sup>6</sup> ☐

F3. How old were you when you first smoked a cigarette?

Less than 10 years old

<sup>1</sup> ☐

10-11 years old

<sup>2</sup> ☐

12-13 years old

<sup>3</sup> ☐

14 years old

<sup>4</sup> ☐

43233



F4. What was your experience with your first ever cigarette? (You can mark more than one answer)

(i) It made me cough <sup>1</sup> ☐

(ii) I felt ill <sup>1</sup> ☐

(iii) It tasted awful <sup>1</sup> ☐

(iv) I liked it <sup>1</sup> ☐

F5. How many cigarettes have you ever smoked **altogether**?

Less than 20 <sup>1</sup> ☐

More than 20 <sup>2</sup> ☐

F6. Have you smoked any cigarettes **since your 14th birthday**?

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

F7. If you smoke **every day**, how many cigarettes do you smoke each day on average?

1-5 <sup>1</sup> ☐

6-10 <sup>2</sup> ☐

11-20 <sup>3</sup> ☐

More than 20 <sup>4</sup> ☐

Do not smoke every day <sup>5</sup> ☐

F8. Have you ever used or taken nicotine patches or nicotine gum? (You can mark more than one answer)

(i) Yes, patches <sup>1</sup> ☐

(ii) Yes, gum <sup>1</sup> ☐

(iii) No, neither <sup>1</sup> ☐

—————▶ If no, go to F9 on page 31

43233



If yes,

F8. a) How often have you used patches or gum?

Less than 10 times <sup>1</sup> ☐ 10 or more times <sup>2</sup> ☐

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

F9. Have you ever tried **cannabis** (also called marijuana, hash, dope, pot, blow, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐ —→ If no, go to F22 on page 34

F10. Please mark the box next to the statement that describes you the best:

I have only ever tried cannabis once or twice <sup>1</sup> ☐

I used to sometimes use or take cannabis but I never do now <sup>2</sup> ☐

I sometimes use or take cannabis but less than once a week <sup>3</sup> ☐

I usually use or take cannabis between one and six times a week <sup>4</sup> ☐

I usually use or take cannabis more than six times a week, but I don't use it every day <sup>5</sup> ☐

I usually use or take cannabis every day <sup>6</sup> ☐

F11. How old were you when you first tried cannabis?

Less than 10 years old <sup>1</sup> ☐

10-11 years old <sup>2</sup> ☐

12-13 years old <sup>3</sup> ☐

14 years old <sup>4</sup> ☐

43233

F12. How many times have you used or taken cannabis in **total**?

Less than 5 times 1 ☐

5-20 times 2 ☐

21-60 times 3 ☐

61-100 times 4 ☐

More than 100 times 5 ☐

F13. What type of cannabis have you **usually** used or taken?

Marijuana (also called grass, green, herbal, skunk) 1 ☐

Resin (also called solid, soap-bar, black) 2 ☐

Oil 3 ☐

Don't know 9 ☐

F14. How have you **usually** used or taken cannabis?

Smoking joints or spliffs 1 ☐

Smoking it in pipes or bongs 2 ☐

Eaten 3 ☐

Other 4 ☐

Don't know 9 ☐

F15. If you have ever smoked joints/spliffs, or used a pipe or bong, was the cannabis **usually** mixed with tobacco?

Usually smoked cannabis with tobacco 1 ☐

Usually smoked cannabis by itself 2 ☐

Don't know 9 ☐

43233





F16. What is the **most** number of joints/spliffs, pipes or bongs that you smoked in a single day?

Less than 3      1 ☐

More than 3      2 ☐

F17. Have you **ever** used or taken cannabis when by yourself, or was it always in the company of other people?

I have taken cannabis when I was alone at least once      1 ☐

I have always taken cannabis in the company of others      2 ☐

F18. Have you **ever** spent any money on buying cannabis?

Yes      1 ☐      No      2 ☐

F19. Have you ever had any of the following experiences **within 1 hour** of using or taking cannabis? (You can mark more than one answer)

i) Feeling sick and sweaty      1 ☐

ii) Feeling calm and relaxed      1 ☐

iii) Feeling very anxious or panicky      1 ☐

iv) Feeling that people are spying on you, or trying to harm you      1 ☐

v) Feeling that you want to laugh at everything around you      1 ☐

vi) Hearing voices that other people couldn't hear      1 ☐

vii) Seeing things that other people couldn't see      1 ☐

viii) Feeling more sociable and friendly      1 ☐

43233



F20. Have you used or taken cannabis **since your 14th birthday?**

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

F21. Have you used or taken cannabis **in the past 3 months?**


Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

**The next questions are about other things that people sometimes use.**

**Please remember that your answers to all these questions are confidential, so they will never be seen by anyone who knows you.**

F22. Have you ever tried inhaling or sniffing any of the following:

	<b>Yes since my 13th birthday</b>	<b>Yes but <u>not</u> since my 13th birthday</b>	<b>No never</b> 
(Mark <u>one</u> box in each line)			
a) aerosols	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>
b) gas (butane and lighter refills)	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>
c) glue	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>
d) solvents (including petrol and paint thinners)	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>
e) poppers (also called amyl nitrates, liquid gold, rush)	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>



F23. Have you ever tried, taken or used any of the following:

**Yes  
since my  
13th birthday**

**Yes  
but not  
since my  
13th birthday**

**No  
never**  
↓

(Mark **one** box in each line)

a) Amphetamines (also called speed, uppers, whizz, sulphate, billy, crystal meth)

1 ☐

2 ☐

3 ☐

b) Ecstasy (also called 'E', pills)

1 ☐

2 ☐

3 ☐

c) LSD (also called acid, tabs, trips, dots)

1 ☐

2 ☐

3 ☐

d) Magic mushrooms (also called shrooms)

1 ☐

2 ☐

3 ☐

e) Spanglers (also called spangs)

1 ☐

2 ☐

3 ☐

f) Cocaine (also called Charlie, 'C')

1 ☐

2 ☐

3 ☐

g) Crack (also called rock, stone)

1 ☐

2 ☐

3 ☐

h) Heroin (also called brown, smack, gear, junk, 'H')

1 ☐

2 ☐

3 ☐

43233



## 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			
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				1	9	9	

G3. What is today's date?

Day		Month		Year			
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				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  
24 Tyndall Avenue  
Bristol  
BS8 1BR**

coder

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Office use only ☐

© University of Bristol

<http://www.alspac.bris.ac.uk/discovery>

43233

