

Questionnaire Number

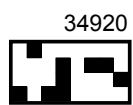


# You and Your Friends

17/03/2008

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# FILLING IN THE QUESTIONNAIRE

Please use a black pen

Answer questions with a cross in the box,  
like this:



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



*I EAT CARROTS*

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



then cross the correct box.





## YOU AND YOUR FRIENDS

These questions are about you and your friends. As you know, friendships are very important - for happiness, for health and for getting on in the world. But researchers really don't know much about how friendships are formed. That's where you come in!! These questions are designed to help us understand who makes friends with who, and what friends do together.

As usual with *Children of the 90s* questions, all of your answers are completely private and no-one else will know who you've named as friends. We know that this is important to you, so it's worth repeating: no young person or parent from the *Children of the 90s* and no-one working with the data will ever see the names you put down.



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There are some questions about each best friend that you nominate. You can nominate 5 friends, or less, if you want to. Don't include brothers and sisters in here, but you can include boyfriends or girlfriends. You don't need to worry about the order you write them down in. The researchers will take the people as just five best friends - they won't assume that the one you write down first is your best best friend. When you are finished filling in the details on your friends, please go to Page 24 for a few final questions.

**Friend A**

A1. What is this friend's full name (NOT their nickname)?

a) First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b) Family name:


A2. a) Is this friend in your school?

Yes    1   ☐                      No    2   ☐



**If yes, go to A3a) on page 7**

b) Which school do they go to?


c) What town or city is it in?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



A3. a) Is this friend in the same school year as you?

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



**If yes, go to A4a) below**

b) What year are they in?

--	--

A4. a) Do you know this friend's birthday?

Yes    <sup>1</sup> ☐                      No    <sup>2</sup> ☐    ➔    **If no, go to question A5 below**

b) **If yes**, what is it?    

--	--

 day    /    

--	--

 month    /    

--	--

 year

A5. Is this friend also a "Children of the 90s" child?

Yes    <sup>1</sup> ☐                      No    <sup>2</sup> ☐                      Don't know    <sup>9</sup> ☐

A6. Is this friend?

A girl    <sup>1</sup> ☐                      A boy    <sup>2</sup> ☐

A7. Is this friend?

White    <sup>1</sup> ☐                      Black    <sup>2</sup> ☐                      Asian    <sup>3</sup> ☐

Mixed race    <sup>4</sup> ☐                      Chinese    <sup>5</sup> ☐                      Other,    <sup>6</sup> ☐

please say what:

--

A8. How long have you been friends with this friend?

--	--

 years

(if less than 1 year, write **00**)

--	--

 months

(if less than 1 month, write **00**)

--	--

 weeks

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A9. Where did you meet?

This school <sup>1</sup> ☐

Primary school <sup>2</sup> ☐

Near your house <sup>3</sup> ☐

Sports club <sup>4</sup> ☐

Other, <sup>5</sup> ☐  
please say where:

A10. How much time do you spend together in school, outside lessons?

Most of the time <sup>1</sup> ☐

Some time <sup>2</sup> ☐

Hardly any time <sup>3</sup> ☐

A11. How much time do you spend together in the school holidays? (Please mark **one** box only).

I see this friend more than once a week <sup>1</sup> ☐

I see this friend about once a week <sup>2</sup> ☐

I see this friend less than once a week <sup>3</sup> ☐

A12. What do you do together outside school? (You can mark **more** than **one** box).

a) Shopping <sup>1</sup> ☐

b) Watching TV or listening to music <sup>1</sup> ☐

c) Going out at night <sup>1</sup> ☐

d) Playing computer/console games <sup>1</sup> ☐

e) Just talking <sup>1</sup> ☐

f) Other, please say what: <sup>1</sup> ☐

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A13. Do you talk to this friend about these things? (Please mark one box on each line).

	Yes	No	Don't know
a) Music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b) TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Films	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Books and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f) Sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Politics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Computer games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

A14. Does this friend share your tastes in? (Please mark one box on each line).

	Yes	No	Don't know
a) Music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b) TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Films	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Books and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f) Sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Politics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Computer games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

A15. Have you talked to this friend about a problem in the last week?

Yes 1 ☐

No 2 ☐

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A16. Is this friend your boyfriend or girlfriend?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

A17. Are your conversations with this friend mostly?

In person <sup>1</sup> ☐

By phone  
(talking) <sup>2</sup> ☐

By text  
message <sup>3</sup> ☐

By instant  
messaging  
(e.g. MSN) <sup>4</sup> ☐

Other, please <sup>5</sup> ☐  
say how:



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**Friend B**

B1. What is this friend's full name (NOT their nickname)?

a) First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b) Family name:


B2. a) Is this friend in your school?

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



**If yes, go to B3a) below**

b) Which school do they go to?


c) What town or city is it in?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B3. a) Is this friend in the same school year as you?

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



**If yes, go to B4a) below**

b) What year are they in?

--	--

B4. a) Do you know this friend's birthday?

Yes <sup>1</sup> ☐                      No <sup>2</sup> ☐ → **If no, go to B5 on page 12**



B4. cont.

b) If yes, what is it?

day		month		year			
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

B5. Is this friend also a "Children of the 90s" child?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

Don't know <sup>9</sup> ☐

B6. Is this friend?

A girl <sup>1</sup> ☐

A boy <sup>2</sup> ☐

B7. Is this friend?

White <sup>1</sup> ☐

Black <sup>2</sup> ☐

Asian <sup>3</sup> ☐

Mixed race <sup>4</sup> ☐

Chinese <sup>5</sup> ☐

Other, <sup>6</sup> ☐

please say what:

--------------

B8. How long have you been friends with this friend?

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

(if less than 1 year, write 00)

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

(if less than 1 month, write 00)

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

B9. Where did you meet?

This school <sup>1</sup> ☐

Primary school <sup>2</sup> ☐

Near your house <sup>3</sup> ☐

Sports club <sup>4</sup> ☐

Other, <sup>5</sup> ☐

please say where:

--------------

B10. How much time do you spend together in school, outside lessons?

Most of the time <sup>1</sup> ☐

Some time <sup>2</sup> ☐

Hardly any time <sup>3</sup> ☐

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B11. How much time do you spend together in the school holidays?  
(Please mark **one** box only).

I see this friend more than once a week    1 ☐

I see this friend about once a week    2 ☐

I see this friend less than once a week    3 ☐

B12. What do you do together outside school? (You can mark **more** than **one** box).

a) Shopping    1 ☐

b) Watching TV or listening to music    1 ☐

c) Going out at night    1 ☐

d) Playing computer/console games    1 ☐

e) Just talking    1 ☐

f) Other, please say what:    1 ☐

B13. Do you talk to this friend about these things? (Please mark **one** box on each line).

	Yes	No	Don't know
a) Music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b) TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Films	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Books and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f) Sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Politics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Computer games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

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B14. Does this friend share your tastes in? (Please mark **one** box on each line).

	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
a) Music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b) TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Films	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Books and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f) Sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Politics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Computer games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

B15. Have you talked to this friend about a problem in the last week?

Yes 1 ☐ No 2 ☐

B16. Is this friend your boyfriend or girlfriend?

Yes 1 ☐ No 2 ☐

B17. Are your conversations with this friend mostly?

In person 1 ☐

By phone 2 ☐  
(talking)

By text 3 ☐  
message

By instant 4 ☐  
messaging  
(e.g. MSN)

Other, please 5 ☐  
say how:

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**Friend C**

C1. What is this friend's full name (NOT their nickname)?

a) First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b) Family name:


C2. a) Is this friend in your school?

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



**If yes, go to C3a) below**

b) Which school do they go to?


c) What town or city is it in?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C3. a) Is this friend in the same school year as you?

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



**If yes, go to C4a) below**

b) What year are they in?

--	--

C4. a) Do you know this friend's birthday?

Yes <sup>1</sup> ☐                      No <sup>2</sup> ☐      ➔ **If no, go to C5 on page 16**



C4. cont.

b) If yes, what is it? 

--	--

 day / 

--	--

 month / 

--	--	--	--

 year

C5. Is this friend also a "Children of the 90s" child?

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐ Don't know <sup>9</sup> ☐

C6. Is this friend?

A girl <sup>1</sup> ☐ A boy <sup>2</sup> ☐

C7. Is this friend?

White <sup>1</sup> ☐ Black <sup>2</sup> ☐ Asian <sup>3</sup> ☐

Mixed race <sup>4</sup> ☐ Chinese <sup>5</sup> ☐ Other, <sup>6</sup> ☐  
please say what:

--

C8. How long have you been friends with this friend?

--	--

 years (if less than 1 year, write 00) 

--	--

 months (if less than 1 month, write 00) 

--	--

 weeks

C9. Where did you meet?

This school <sup>1</sup> ☐ Primary school <sup>2</sup> ☐ Near your house <sup>3</sup> ☐  
Sports club <sup>4</sup> ☐ Other, <sup>5</sup> ☐  
please say where:

--

C10. How much time do you spend together in school, outside lessons?

Most of the time <sup>1</sup> ☐ Some time <sup>2</sup> ☐ Hardly any time <sup>3</sup> ☐

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C11. How much time do you spend together in the school holidays? (Please mark **one** box only).

I see this friend more than once a week 1 ☐

I see this friend about once a week 2 ☐

I see this friend less than once a week 3 ☐

C12. What do you do together outside school? (You can mark **more** than **one** box).

a) Shopping 1 ☐

b) Watching TV or listening to music 1 ☐

c) Going out at night 1 ☐

d) Playing computer/console games 1 ☐

e) Just talking 1 ☐

f) Other, please say what: 1 ☐

C13. Do you talk to this friend about these things? (Please mark **one** box on each line).

	Yes	No	Don't know
a) Music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b) TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Films	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Books and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f) Sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Politics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Computer games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

C14. Does this friend share your tastes in? (Please mark one box on each line).

	Yes	No	Don't know
a) Music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b) TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Films	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Books and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f) Sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Politics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Computer games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

C15. Have you talked to this friend about a problem in the last week?

Yes 1 ☐ No 2 ☐

C16. Is this friend your boyfriend or girlfriend?

Yes 1 ☐ No 2 ☐

C17. Are your conversations with this friend mostly?

In person 1 ☐

By phone 2 ☐  
(talking)

By text 3 ☐  
message

By instant 4 ☐  
messaging  
(e.g. MSN)

Other, please 5 ☐  
say how:

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**Friend D**

D1. What is this friend's full name (NOT their nickname)?

a) First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b) Family name:


D2. a) Is this friend in your school?

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



**If yes, go to D3a) below**

b) Which school do they go to?


c) What town or city is it in?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D3. a) Is this friend in the same school year as you?

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



**If yes, go to D4a) below**

b) What year are they in?

--	--

D4. a) Do you know this friend's birthday?

Yes <sup>1</sup> ☐      No <sup>2</sup> ☐      ➔ **If no, go to D5 on page 20**

D4. cont.

b) If yes, what is it?

day		month		year			
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

D5. Is this friend also a "Children of the 90s" child?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

Don't know <sup>9</sup> ☐

D6. Is this friend?

A girl <sup>1</sup> ☐

A boy <sup>2</sup> ☐

D7. Is this friend?

White <sup>1</sup> ☐

Black <sup>2</sup> ☐

Asian <sup>3</sup> ☐

Mixed race <sup>4</sup> ☐

Chinese <sup>5</sup> ☐

Other, <sup>6</sup> ☐

please say what:

--------------

D8. How long have you been friends with this friend?

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

 years

(if less than 1 year, write 00)

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

 months

(if less than 1 month, write 00)

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

 weeks

D9. Where did you meet?

This school <sup>1</sup> ☐

Primary school <sup>2</sup> ☐

Near your house <sup>3</sup> ☐

Sports club <sup>4</sup> ☐

Other, <sup>5</sup> ☐

please say where:

--------------

D10. How much time do you spend together in school, outside lessons?

Most of the time <sup>1</sup> ☐

Some time <sup>2</sup> ☐

Hardly any time <sup>3</sup> ☐

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D11. How much time do you spend together in the school holidays? (Please mark **one** box only).

I see this friend more than once a week 1 ☐

I see this friend about once a week 2 ☐

I see this friend less than once a week 3 ☐

D12. What do you do together outside school? (You can mark **more** than **one** box).

a) Shopping 1 ☐

b) Watching TV or listening to music 1 ☐

c) Going out at night 1 ☐

d) Playing computer/console games 1 ☐

e) Just talking 1 ☐

f) Other, please say what: 1 ☐

D13. Do you talk to this friend about these things? (Please mark **one** box on each line).

	Yes	No	Don't know
a) Music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b) TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Films	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Books and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f) Sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Politics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Computer games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

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D14. Does this friend share your tastes in? (Please mark one box on each line).

	Yes	No	Don't know
a) Music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b) TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Films	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Books and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f) Sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Politics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Computer games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

D15. Have you talked to this friend about a problem in the last week?

Yes 1 ☐ No 2 ☐

D16. Is this friend your boyfriend or girlfriend?

Yes 1 ☐ No 2 ☐

D17. Are your conversations with this friend mostly?

In person 1 ☐

By phone 2 ☐  
(talking)

By text 3 ☐  
message

By instant 4 ☐  
messaging  
(e.g. MSN)

Other, please 5 ☐  
say how:

**Friend E**

E1. What is this friend's full name (NOT their nickname)?

a) First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b) Family name:


E2. a) Is this friend in your school?

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



**If yes, go to E3a) below**

b) Which school do they go to?


c) What town or city is it in?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E3. a) Is this friend in the same school year as you?

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



**If yes, go to E4a) below**

b) What year are they in?

--	--

E4. a) Do you know this friend's birthday?

Yes <sup>1</sup> ☐                      No <sup>2</sup> ☐      ➔      **If no, go to E5 on page 24**

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E4. cont.

b) If yes, what is it?

day		month		year		
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E5. Is this friend also a "Children of the 90s" child?

Yes <sup>1</sup> ☐

No <sup>2</sup> ☐

Don't know <sup>9</sup> ☐

E6. Is this friend?

A girl <sup>1</sup> ☐

A boy <sup>2</sup> ☐

E7. Is this friend?

White <sup>1</sup> ☐

Black <sup>2</sup> ☐

Asian <sup>3</sup> ☐

Mixed race <sup>4</sup> ☐

Chinese <sup>5</sup> ☐

Other, <sup>6</sup> ☐

please say what:

--------------

E8. How long have you been friends with this friend?

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

years

(if less than 1 year, write 00)

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

months

(if less than 1 month, write 00)

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

weeks

E9. Where did you meet?

This school <sup>1</sup> ☐

Primary school <sup>2</sup> ☐

Near your house <sup>3</sup> ☐

Sports club <sup>4</sup> ☐

Other, <sup>5</sup> ☐

please say where:

--------------

E10. How much time do you spend together in school, outside lessons?

Most of the time <sup>1</sup> ☐

Some time <sup>2</sup> ☐

Hardly any time <sup>3</sup> ☐

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E11. How much time do you spend together in the school holidays? (Please mark **one** box only).

I see this friend more than once a week 1 ☐

I see this friend about once a week 2 ☐

I see this friend less than once a week 3 ☐

E12. What do you do together outside school? (You can mark **more** than **one** box).

a) Shopping 1 ☐

b) Watching TV or listening to music 1 ☐

c) Going out at night 1 ☐

d) Playing computer/console games 1 ☐

e) Just talking 1 ☐

f) Other, please say what: 1 ☐

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E13. Do you talk to this friend about these things? (Please mark **one** box on each line).

	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
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a) Music                      1 ☐                      2 ☐                      9 ☐

b) TV                      1 ☐                      2 ☐                      9 ☐

c) Clothes                      1 ☐                      2 ☐                      9 ☐

d) Films                      1 ☐                      2 ☐                      9 ☐

e) Books and magazines      1 ☐      2 ☐      9 ☐

f) Sports                      1 ☐                      2 ☐                      9 ☐

g) Politics 1 ☐ 2 ☐ 9 ☐

### h) Computer games



E14. Does this friend share your tastes in? (Please mark **one** box on each line).

	Yes	No	Don't know
a) Music	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b) TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c) Clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d) Films	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e) Books and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f) Sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
g) Politics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
h) Computer games	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

E15. Have you talked to this friend about a problem in the last week?

Yes 1 ☐ No 2 ☐

E16. Is this friend your boyfriend or girlfriend?

Yes 1 ☐ No 2 ☐

E17. Are your conversations with this friend mostly?

In person 1 <input type="checkbox"/>	By phone 2 <input type="checkbox"/> (talking)	By text 3 <input type="checkbox"/> message
By instant 4 <input type="checkbox"/> messaging (e.g. MSN)	Other, please 5 <input type="checkbox"/> say how:	
<div></div>		



**Final questions**

F1. Among this group of friends, who would you say is the person who helps form the group's opinions on these things? Please write the letter you gave them on the previous pages in the box ("Friend **B**" for example) or cross the other box if there's no one person who helps form these opinions.

	Name	or	There's no one person
a) Music	Friend <input type="text"/>	or	<sup>1</sup> <input type="checkbox"/>
b) Fashion	Friend <input type="text"/>	or	<sup>1</sup> <input type="checkbox"/>
c) Politics	Friend <input type="text"/>	or	<sup>1</sup> <input type="checkbox"/>

F2. Do you have any friends that you only know through the web? For example, friends from MSN, or online games, or websites like myspace.com.

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

F3. If so, how did you make contact with this person?

Thanks very much for your help - hopefully we will understand more about friendships after this!

**Now go to the Back Page**



G1. Did you have any help to fill this in?

No <sup>1</sup> ☐

Yes <sup>2</sup> ☐



If yes, please say who helped you:

a) A parent helped <sup>1</sup> ☐

b) Someone else helped <sup>1</sup> ☐

G2. What is your date of birth?      Day      Month      Year  

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 / 

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 / 

1	9	9	
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G3. What is today's date?      Day      Month      Year  

--	--

 / 

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 / 

2	0	0	
---	---	---	--

**Thank you VERY much for your help**

When completed, please send this back to:

**Professor George Davey-Smith  
Children of the Nineties - ALSPAC  
24 Tyndall Avenue  
Bristol  
BS8 1BR**

**All the answers you have given are confidential.**

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