



Questionnaire No:

|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

# *ALL AROUND ME*



28.07.03



## Section A: Food and drink

A1. Do you drink tea?

Yes often

Yes sometimes

No

→ If No, go to A2 below

If yes,

a) do you have sugar in your tea?

Yes always

Yes sometimes

No

b) do you have milk in your tea?

Yes always

Yes sometimes

No



A2. Do you drink coffee?

Yes often

Yes sometimes

No

→ If No, go to A3 on page 4

If yes,

a) do you have sugar in your coffee?

Yes always

Yes sometimes

No

b) do you have milk in your coffee?

Yes always

Yes sometimes

No



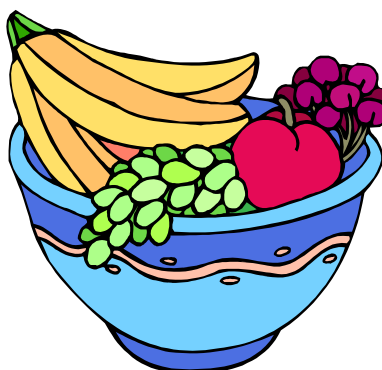
A3. Do you have a favourite fruit?

Yes ☐

No ☐

If **yes**,

a) What is it? .....



A4. Do you have a favourite vegetable?

Yes ☐

No ☐

If **yes**,

a) What is it? .....



A5. Are there any vegetables you don't like?

Yes ☐

No ☐

If **yes**,

a) Please write down all the vegetables you don't like:

.....

.....

.....



A6. What do you **usually** do when you are given food that you don't like?

I make myself eat it

I try it, but don't finish it

I don't try it



## Section B: Brothers and Sisters

B1. a) Do you have a brother or sister?

Yes

No  →

**If No, go to Section C  
on page 11**

Now we are going to ask about **bullying by brothers or sisters**.

This means when a brother or sister tries to upset you by saying nasty and hurtful things, or completely ignores you from their group of friends, hits, kicks, pushes or shoves you around, tells lies or makes up false rumours about you.

b) What is your experience?

| In the last 6 months:   | Several<br>times a<br>week | About<br>once a<br>week | 2 or 3<br>times a<br>month | Only ever<br>once or<br>twice | Never<br>↓  |
|---|----------------------------|-------------------------|----------------------------|-------------------------------|---|
| Were you ever bullied<br>at home by your<br><b><u>brothers or sisters</u></b> ? | <input type="text"/>       | <input type="text"/>    | <input type="text"/>       | <input type="text"/>          | <input type="text"/><br>↓<br><b>If <u>never</u>, go to<br/>B3 at the<br/>bottom of<br/>page 8</b> |

c) How often did your brother or sister do any of the things listed below?

|  | Several<br>times a<br>week | About<br>once a<br>week | 2 or 3<br>times a<br>month | Only ever<br>once or<br>twice | Never<br>↓           |
|--|----------------------------|-------------------------|----------------------------|-------------------------------|----------------------|
| (i) I was hit, kicked,<br>pushed or shoved around<br>or they threatened to do this | <input type="text"/>       | <input type="text"/>    | <input type="text"/>       | <input type="text"/>          | <input type="text"/> |
| (ii) I had things damaged<br>or taken from me,<br>including money                  | <input type="text"/>       | <input type="text"/>    | <input type="text"/>       | <input type="text"/>          | <input type="text"/> |

B1.c)

|   | Several<br>times a<br>week | About<br>once a<br>week | 2 or 3<br>times a<br>month | Only ever<br>once or<br>twice | Never<br>↓   |
|---|----------------------------|-------------------------|----------------------------|-------------------------------|--------------|
| (iii) I was called nasty and hateful names  | <div>1</div>               | <div>2</div>            | <div>3</div>               | <div>4</div>                  | <div>5</div> |
| (iv) I was made fun of  | <div>1</div>               | <div>2</div>            | <div>3</div>               | <div>4</div>                  | <div>5</div> |
| (v) They kept me out of things on purpose, leaving me out of their group of friends or completely ignoring me | <div>1</div>               | <div>2</div>            | <div>3</div>               | <div>4</div>                  | <div>5</div> |
| (vi) They told lies or spread rumours about me, or tried to make others dislike me                            | <div>1</div>               | <div>2</div>            | <div>3</div>               | <div>4</div>                  | <div>5</div> |
| (vii) I was bullied in another way<br>(please tick and describe)  | <div>1</div>               | <div>2</div>            | <div>3</div>               | <div>4</div>                  | <div>5</div> |

d) How old were you when this first happened?  years  
(for example, if you were 6 years old, write 06)  
**If you can't remember write 99**

B2. Did you tell anybody about these things in the last 6 months?

Yes 

1



**If Yes, turn the page and go straight on**

No 

2

 →

**If No, go to B3 at the bottom of page 8**

If Yes

a) Who did you tell? (You can tick more than one)

- (i) Teacher ☐
- (ii) Parents ☐
- (iii) Friends ☐
- (iv) Other ☐ (please describe) .....



B3. a) Have you yourself ever bullied your brothers or sisters at home?

Yes ☐

No ☐

→ If No, go to Section C on page 11



If yes,

B3. b) How often did you do any of the things listed below?

|   | <b>Several<br/>times a<br/>week</b> | <b>About<br/>once a<br/>week</b> | <b>2 or 3<br/>times a<br/>month</b> | <b>Only ever<br/>once or<br/>twice</b> | <b>Never</b><br>↓ |
|---|-------------------------------------|----------------------------------|-------------------------------------|--|-------------------|
| (i) I hit, kicked,<br>pushed or shoved<br>a brother or sister<br>around, or threatened to do this                             | <div>1</div>                        | <div>2</div>                     | <div>3</div>                        | <div>4</div>                           | <div>5</div>      |
| (ii) I took money or<br>other things from a<br>brother or sister or<br>damaged their belongings                               | <div>1</div>                        | <div>2</div>                     | <div>3</div>                        | <div>4</div>                           | <div>5</div>      |
| (iii) I called a brother<br>or sister nasty and<br>hateful names  | <div>1</div>                        | <div>2</div>                     | <div>3</div>                        | <div>4</div>                           | <div>5</div>      |
| (iv) I made fun of a<br>brother or sister in<br>other ways  | <div>1</div>                        | <div>2</div>                     | <div>3</div>                        | <div>4</div>                           | <div>5</div>      |
| (v) I kept a brother or<br>sister out of things on<br>purpose, leaving them<br>out of my group or<br>completely ignoring them | <div>1</div>                        | <div>2</div>                     | <div>3</div>                        | <div>4</div>                           | <div>5</div>      |
| (vi) I spread rumours<br>about a brother or<br>sister, or tried to<br>make others dislike them                                | <div>1</div>                        | <div>2</div>                     | <div>3</div>                        | <div>4</div>                           | <div>5</div>      |
| (vii) I bullied in<br>another way<br>(please tick and describe)   | <div>1</div>                        | <div>2</div>                     | <div>3</div>                        | <div>4</div>                           | <div>5</div>      |

- B3. c) How old were you when you first did this bullying?  
(for example if you were six years old, write 06)  
**If you can't remember, write 99**

|  |  |
|--|--|
|  |  |
|--|--|

 years

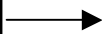
- B4. Did you tell anybody about these things in the last 6 months?

Yes 

|   |
|---|
| 1 |
|---|

No 

|   |
|---|
| 2 |
|---|



**If No, go straight to  
Section C**

**If Yes,**

- a) Who did you tell? (You can tick more than one)

(i) Teacher 

|     |
|-----|
| Yes |
|-----|

(ii) Parents 

|   |
|---|
| 1 |
|---|

(iii) Friends 

|   |
|---|
| 1 |
|---|

(iv) Other person 

|   |
|---|
| 1 |
|---|

 .....

(please tick and describe)



There are times when people can get upset about certain things.

Here is one situation that may have affected you.

## Section C: Children of Different Colours

C1. How angry would you feel if someone picked on you because your skin colour was different?

|                  |              |
|------------------|--------------|
| Not angry at all | <div>1</div> |
| A little angry   | <div>2</div> |
| Quite angry      | <div>3</div> |
| Very angry       | <div>4</div> |

C2. What do think about this? (Tick one box)

Picking on someone because of their colour is:

|                  |              |
|------------------|--------------|
| Not at all wrong | <div>1</div> |
| Sometimes wrong  | <div>2</div> |
| Very wrong       | <div>3</div> |
| Don't know       | <div>9</div> |

C3. Have you or your friends ever called other children names because their skin was a different colour?

|                           |              |
|---------------------------|--------------|
| Yes, often                | <div>1</div> |
| Yes, sometimes            | <div>2</div> |
| Very rarely or, once only | <div>3</div> |
| No, never                 | <div>4</div> |

C4. Since you were **11 years old** which of these answers describes best how things have been with you?

I have fewer friends with a different skin colour to mine than I had before

I have about the same number of friends with a different skin colour to mine

I have more friends with a different skin colour to mine than I had before

I've never had any friends of a different colour

C5. Do you have friends from the following groups? (You can tick more than one box)

**Yes**

a) Chinese/Vietnamese people

b) People from India, Pakistan or Bangladesh

c) People with Black skin

d) People with White skin

e) People who are of mixed race

C6. How easy is it to make friends with children of different colours?  
(Tick one in each row)

| Making friends:                     | Very easy               | Quite easy              | Quite difficult         | Very difficult          | Don't know              |
|-------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a) with children of your own colour | <div><div>1</div></div> | <div><div>2</div></div> | <div><div>3</div></div> | <div><div>4</div></div> | <div><div>9</div></div> |
| b) with children of other colours   | <div><div>1</div></div> | <div><div>2</div></div> | <div><div>3</div></div> | <div><div>4</div></div> | <div><div>9</div></div> |

C7. If you have answered ‘Very difficult’ to either of the questions in C6, please explain or give an example as to why it is difficult.

C8. Have you ever been hurt (hit or kicked etc.) because your skin is a different colour?

No, not at all

1

Yes, once or twice

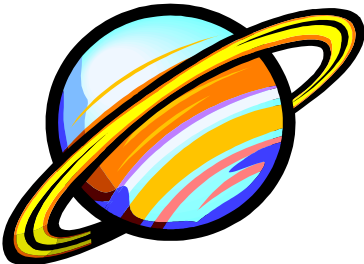
2

Yes, sometimes

3

Yes, often  
(nearly every week)

4



C9. Have you ever been called names or been picked on because your skin was a different colour?

No, not at all

☐ 1

Yes, once or twice

☐ 2

Yes, sometimes

☐ 3

Yes, often  
(nearly every week)

☐ 4

C10. Have you ever seen someone being bullied or picked on because of their skin colour?

Yes ☐ 1

No ☐ 2

C11. If you did see someone being bullied or picked on because of their skin colour, what would you do? (Tick one answer only)

Try to stop it myself

☐ 1

Try to get help to stop it

☐ 2

Join in

☐ 3

Do nothing

☐ 4

Something else

☐ 5

(please tick and describe) .....

Don't know

☐ 9


C12. What do you consider yourself to be?

|                                     |                          |         |
|-------------------------------------|--------------------------|---------|
| White                               | <input type="checkbox"/> | 1       |
| Mixed colour                        | <input type="checkbox"/> | 2       |
| Asian                               | <input type="checkbox"/> | 3       |
| Black                               | <input type="checkbox"/> | 4       |
| Other<br>(Please tick and describe) | <input type="checkbox"/> | 5 ..... |



**You're nearly at the end!**

**Now just finish off the back page**

## Section D:

D1. I am a boy

I am a girl

D2. Did you have any help to fill this in?

No

Yes



If **yes**, please say who helped .....

D3. When were you born?

Day

Month

Year

D4. What is today's date?

Day

Month

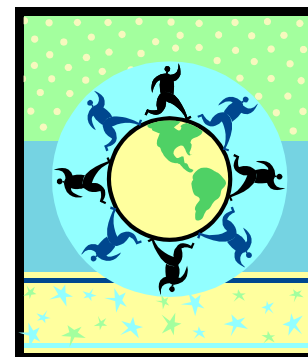
Year

Thank you VERY much for your help

When completed, please send this back to:

**Professor Jean Golding**  
**Children of the Nineties - ALSPAC**  
**Institute of Child Health**  
**24 Tyndall Avenue**  
**Bristol BS8 1BR**

*coder*



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