



Questionnaire No:

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Watches and Funny Feelings



Section A: Watches

We would like to ask you some questions about watches. If you are not sure about the answer to any of the questions, please ask a grown-up to help you.



A1. Do you ever wear a watch on your wrist?

Yes ☐

No ☐

→ If **no**, go to A10 on page 6

If **yes**,

A2. How often do you wear a watch? Please tick only **one** box.

most days

☐

some days

☐

Not very often

☐

(less than once a week)

A3. How old were you when you first wore a watch?

years (for example if you were four years old, write 04)

A4. How many watches do you have (that you wear)?

One ☐

Two ☐

Three ☐

more than three ☐

A5. In the next question we want you to tell us what the watch you wear most often is made of.

Don't forget to check the back of the watch and the buckle or clip that fastens the watch. Don't worry about the clear cover on the face of the watch



a) Does your watch have a strap made of metal?

Yes ☐

No ☐

b) What is the buckle, fastener or popper made of?

velcro ☐

metal ☐

plastic ☐

something else ☐ → please describe.....

there isn't a buckle or fastener at all ☐

c) What is the back of the watch made of?

metal ☐

plastic ☐

metal and plastic ☐

d) What is the screw or button that you use to alter the time made of?

metal ☐

plastic ☐

something else ☐ → please describe.....

A6. a) Did you choose any of your watches yourself?

Yes ☐

No ☐ → If **no**, go to A7 on page 4

If yes,

A6. b) Why did you choose that watch?

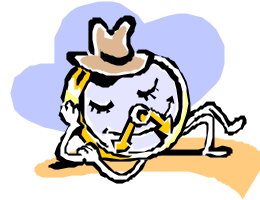
.....

.....

A7. Do any of the watches that you wear have hands? (rather than digital)

Yes ☐ ₁

No ☐ ₂



A8. a) Have you ever had a rash or itchy skin on your wrist after wearing a watch?

Yes ☐ ₁

No ☐ ₂

→ **If no, go to A10a on page 6**

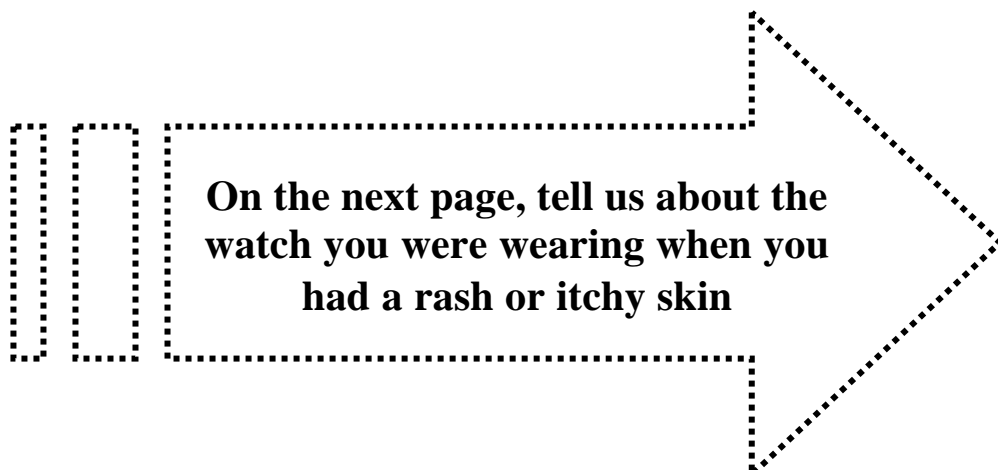
If yes,

b) How often has this happened?

Every time I wear a watch ☐ ₁

Sometimes ☐ ₂

Only once ☐ ₃



A9. If you can remember, what was the watch made of that you were wearing when you got a rash or itchy skin on your wrist? Please tick only **one** box.

a) What was the strap made of?

metal ☐₁ plastic ☐₂ stiff fabric ☐₃

something else ☐₄ → please describe

I don't remember ☐₅

b) What was the buckle, fastener or popper made of?

velcro ☐₁ metal ☐₂ plastic ☐₃

something else ☐₄ → please describe.....

there wasn't a buckle or fastener at all ☐₅

I don't remember ☐₆

c) What was the back of the watch made of?

metal ☐₁ plastic ☐₂ metal and plastic ☐₃

I don't remember ☐₄

A9. d) What was the screw or button that you use to alter the time made of?

metal ☐

plastic ☐

something else ☐ → please describe

I don't remember ☐



A10 a). Can you tell the time with a clock or watch that has hands?
(Remember to tick only **one** box).

No ☐

Sometimes/a little bit ☐

Yes, always ☐

b) Can you tell the time on a digital watch or clock?

No ☐

Sometimes/a little bit ☐

Yes, always ☐

Section B: Funny Feelings

Now we are going on to something different. Read the questions carefully and tick the answer that applies to you.

B1. Some people believe that their thoughts can be read. Have other people ever read your thoughts:

- No never ☐ 1 → If no, go to B2 on page 8
- Yes, maybe ☐ 2
- Yes, definitely ☐ 3

If yes,

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

- Yes, definitely ☐ 1
- Yes, maybe ☐ 2
- No ☐ 3

b) How often has this happened **since your 11th birthday?**

- Not at all ☐ 1 → If not at all, go to B2 on page 8
- Only once or twice ☐ 2
- Not very often
(less than once a month) ☐ 3
- Quite often
(about once a month) ☐ 4
- Often (almost every
week) ☐ 5

B1. c) How many people have read your thoughts **since your 11th birthday**?

just one

two

3 or more

d) Who were\are the people who can read your thoughts?
(tick all that apply)

(i) Mother

(ii) Father

(iii) Brother or sister

(iv) Child at school

(v) Teacher at school

(vi) Someone else → please say who:.....

.....



B2. 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



If **no**, go to B3 on page 10

Yes, maybe

Yes, definitely

If **yes**,

B2. a) How often has this happened **since your 11th birthday?**

- | | | |
|--------------------------------------------|--------------------------|---------------------------------------------------------------|
| Not at all | <input type="checkbox"/> | → If <u>not at all</u> , go to
B3 on page 10 |
| Only once or twice | <input type="checkbox"/> | |
| Not very often
(less than once a month) | <input type="checkbox"/> | |
| Quite often
(about once a month) | <input type="checkbox"/> | |
| Often (almost every
week) | <input type="checkbox"/> | |

b) Who (or what) do you think was sending you these messages?

- | | |
|---------------------------------|--------------------------|
| Somebody you know | <input type="checkbox"/> |
| Somebody you don't know | <input type="checkbox"/> |
| An alien or something like that | <input type="checkbox"/> |
| Something else | <input type="checkbox"/> |

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

.....

.....

.....

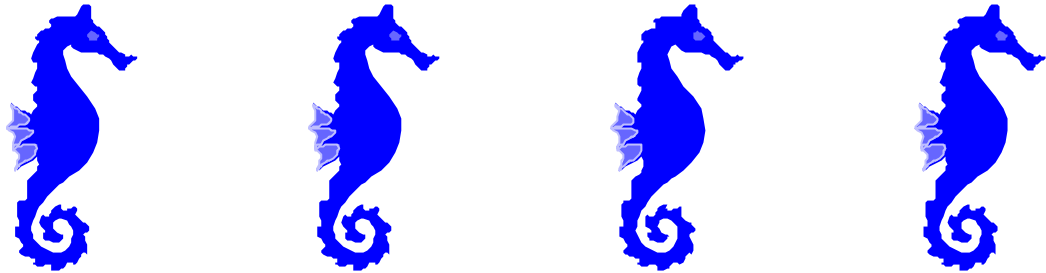
.....

B2. c) Why do you think you have been getting these messages?

.....

.....

.....



B3. Have you ever thought that you are being followed or spied on?

- No, never ☐ 1 → If **no**, go to B4 on page 12
- Yes, maybe ☐ 2
- Yes, definitely ☐ 3

If **yes**,

a) How often has this happened **since your 11th 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 (almost every
week) ☐ 5

B3. b) Who was following you or spying on you?

Someone in your class

Someone in your school

Someone else you know

A stranger

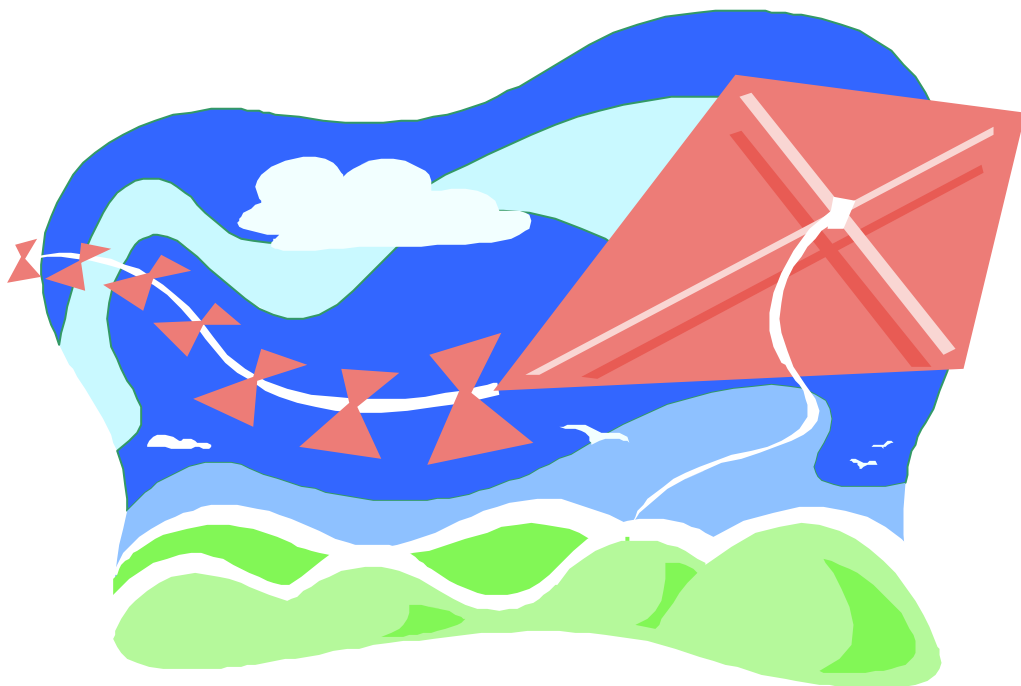
Don't know - you've never
actually seen them

c) Why do you think they were doing this?

.....

.....

.....



B4. Have you ever heard voices that other people can't hear?

- No, never → **If no, go to B5 on page 13**
- Yes, maybe
- Yes, definitely

If yes,

a) How often has this happened **since your 11th birthday?**

- Not at all
- Only once or twice
- Not very often
(less than once a month)
- Quite often
(about once a month)
- Often (almost every week)

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

Yes No

c) Did you ever hear 2 or more voices (that others couldn't hear) talking to one another?

Yes No → **If no, go to B5 on page 13**

If yes

d) Were they talking about you?

Yes No

B5. Have you ever felt that you were under the control of some special power?

No never ☐ 1 → If no, go to B6 on page 14
Yes, maybe ☐ 2
Yes, definitely ☐ 3

If yes,

a) Has this happened **since you 11th Birthday**?

Yes ☐ 1 No ☐ 2

b) Did it control what you were doing or thinking?

No, never ☐ 1 → If no, go to B6 on page 14
Yes, maybe ☐ 2
Yes, definitely ☐ 3

c) What do you think this was?

God, Jesus, Allah, or ☐ 1
other religious being

Something else ☐ 2 please describe

.....
.....
.....

B6. Have you ever known what another person was thinking even though that person wasn't speaking?

No, never → If no, go to B7 on page 16

Yes, maybe

Yes, definitely

If yes,

B6. a) How often has this happened?

Only once or twice

Several times
(about once a year)

Not very often (less
(than once a month)

Quite often (about
(once a month)

Often

b) Since first starting school has this happened?

Yes No → If no, go to B7 on page 16



B6. c) Whose thoughts were these?

(i) Mother

(ii) Father

(iii) Brother or sister

(iv) Child at school

(v) Teacher at school

(vi) Someone else → please say who:

.....



B7. Have you ever seen something or someone that other people could not see?

No, never → If **no**, go to C1 on page 18

Yes, maybe

Yes, definitely

If **yes**,

a) How often has this happened **since your 11th birthday**?

Not at all

Only once or twice

Not very often
(less than once a month)

Quite often
(about once a month)

Often (almost every
week)

b) What did you see?

.....

.....

.....

c) Has this happened just when you were ill?

Yes No

B7. d) Were you completely awake when you saw these things?

Yes, always

No, sometimes I was half asleep

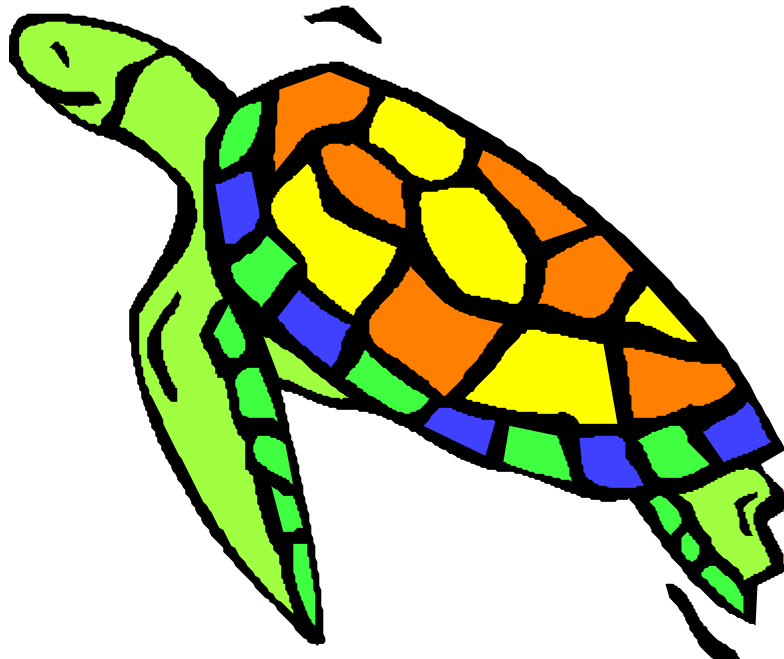
No, I was always asleep or half asleep

e) Were you worried about seeing things that others couldn't?

Yes, very worried

Yes, a bit worried

No, didn't bother me



Section C: Using Computers

C1. Do you have use of a computer at home?

Yes, whenever I want to

☐ 1

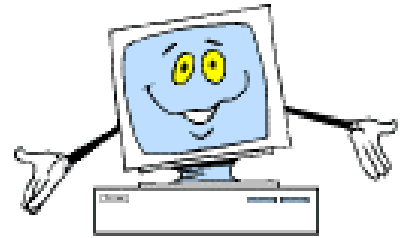
Yes, but I have to fit in with others

☐ 2

Yes, but only for limited amounts of time

☐ 3

No, don't have one

☐ 4


→ If no, go to C2 on page 19

If yes

a) How many days each week are you likely to have used a computer at home?

 days

b) What do you use your home computer for? (You can tick more than one box.)

Yes

(i) school work

☐ 1

(ii) E-mails

☐ 1

(iii) chat rooms

☐ 1

(iv) computer games

☐ 1

(v) surfing the net

☐ 1

(vi) something else

☐ 1

please tick and describe



C2. Do you ever go to a library or to a friend's or relative's house **to use a computer**? (You can tick more than one box)

- a) yes, library ☐
- b) yes, friend's home ☐
- c) yes, relative's home ☐
- d) yes, other place
(please describe where) ☐
- e) no, never ☐



.....

C3. Do you use a computer at school?

Yes ☐

No ☐

→ If **no**, go to C3e on page 21

If **yes**,

a) Do you go to a special computer room or to a normal classroom?
(You can tick more than one box)

- (i) special computer room ☐
- (ii) normal classroom ☐
- (iii) somewhere else in school
(please describe where) ☐

.....

b) About how many hours a week **in school** altogether do you use a computer?

hours



C3. c) For which subjects at school do you use a computer?
(You can tick more than one box)

- | | |
|---------------------------------------------|--------------------------|
| i) Science | <input type="checkbox"/> |
| ii) Maths | <input type="checkbox"/> |
| iii) English | <input type="checkbox"/> |
| iv) Games/PE | <input type="checkbox"/> |
| v) Foreign language | <input type="checkbox"/> |
| vi) Art | <input type="checkbox"/> |
| vii) Music | <input type="checkbox"/> |
| viii) Geography | <input type="checkbox"/> |
| ix) History | <input type="checkbox"/> |
| x) IT (information technology) | <input type="checkbox"/> |
| xi) DT (design and technology) | <input type="checkbox"/> |
| xii) Humanities | <input type="checkbox"/> |
| xiii) Citizenship/PSE/PSD | <input type="checkbox"/> |
| xiv) Other topic (please tick and describe) | <input type="checkbox"/> |

.....

C3. d) How good would you say that your teachers are at using computers?

- | | |
|---------------------------|--------------------------------|
| Very good | <input type="text" value="1"/> |
| Pretty good | <input type="text" value="2"/> |
| Some are good but not all | <input type="text" value="3"/> |
| Not very good | <input type="text" value="4"/> |
| Very poor | <input type="text" value="5"/> |
| Don't know | <input type="text" value="6"/> |



e) Would you like to use computers more or less than you do at school?

- | | |
|-------------------------------|--------------------------------|
| A lot more | <input type="text" value="1"/> |
| A bit more | <input type="text" value="2"/> |
| It's about right | <input type="text" value="3"/> |
| A bit less | <input type="text" value="4"/> |
| A lot less | <input type="text" value="5"/> |
| Don't want to use them at all | <input type="text" value="6"/> |



C4. How would you rate your computer skills compared to other children in your class?

- | | |
|----------------|--------------------------------|
| Pretty good | <input type="text" value="1"/> |
| About the same | <input type="text" value="2"/> |
| Not so good | <input type="text" value="3"/> |
| Don't know | <input type="text" value="4"/> |



C5. When you leave school, do you think you would like a job that uses a computer a lot?

Yes

No

Don't know

C6. What sort of job would you like to do?

a) I would like jobs such as:

.....

.....

.....

.....

C6. b) I don't want jobs such as:

.....

.....

.....

.....



Section D:

D1. I am a boy

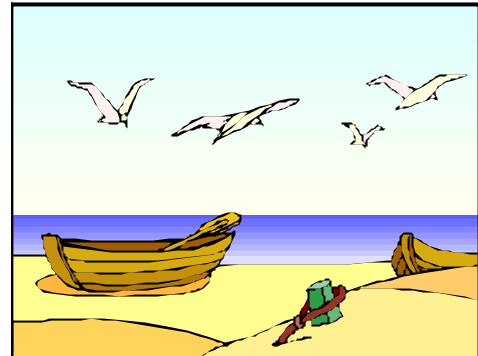
I am a girl

D2. Who helped you fill this in?

A parent helped

Someone else helped

I did it all myself



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
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coder

University of Bristol