Questionnaire Number

Girls' experiences, thoughts and behaviour

Alert!

This questionnaire is different!

Use black or blue 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

01/08/2005

14734

REMEMBER !!!

Do not tick the answer boxes!!

Mark them with a cross like this  ☒

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

then cross the correct box.

Section A: How you spend your time

A1. How much time on average do you spend each day:

		(i) on a school weekday				(ii) on a weekend day			
		Not at all	less than 1 hour	1-2 hours	3 or more hours	Not at all	less than 1 hour	1-2 hours	3 or more hours
a)	in a car, bus or other transport	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b)	out of doors in summer	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c)	out of doors in winter	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d)	watching TV	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e)	with other young people	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f)	drawing, making, constructing things	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g)	doing things by yourself	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h)	school homework	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
i)	reading books for pleasure	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
j)	playing musical instruments	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
k)	using a computer	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
l)	talking on a mobile phone	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
m)	texting	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
n)	talking on an ordinary phone	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐

A1. How much time on average do you spend each day:

(iii)

on normal days in school holidays

		Not at all	less than 1 hour	1-2 hours	3 or more hours
a)	in a car, bus or other transport	1 ☐	2 ☐	3 ☐	4 ☐
b)	out of doors in summer	1 ☐	2 ☐	3 ☐	4 ☐
c)	out of doors in winter	1 ☐	2 ☐	3 ☐	4 ☐
d)	watching TV	1 ☐	2 ☐	3 ☐	4 ☐
e)	with other young people	1 ☐	2 ☐	3 ☐	4 ☐
f)	drawing, making, constructing things	1 ☐	2 ☐	3 ☐	4 ☐
g)	doing things by yourself	1 ☐	2 ☐	3 ☐	4 ☐
h)	school homework	1 ☐	2 ☐	3 ☐	4 ☐
i)	reading books for pleasure	1 ☐	2 ☐	3 ☐	4 ☐
j)	playing musical instruments	1 ☐	2 ☐	3 ☐	4 ☐
k)	using a computer	1 ☐	2 ☐	3 ☐	4 ☐
l)	talking on a mobile phone	1 ☐	2 ☐	3 ☐	4 ☐
m)	texting	1 ☐	2 ☐	3 ☐	4 ☐
n)	talking on an ordinary phone	1 ☐	2 ☐	3 ☐	4 ☐

Section B: Everyone is different !

Please answer these questions about your experiences, thoughts and behaviour **over the last year**. There are no right and wrong answers.

We want to know what **you** think attractive women look like.

B1. What do you think makes a woman look attractive?

	Strongly agree	Agree	Can't decide	Disagree	Strongly disagree
a) Very thin women are not attractive	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b) Women with long legs are more attractive than those with normal length legs	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c) Women with toned (lean) bodies are more attractive	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d) Tall women are more attractive than women of normal height	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e) Shapely women are attractive	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f) Women are more attractive if they are short (petite)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

B2. How satisfied are you at the moment with your:

	Extremely satisfied	Moderately satisfied	Can't decide	Moderately dissatisfied	Extremely dissatisfied	Not an issue
a) weight	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b) figure	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c) breasts	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
d) stomach	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
e) waist	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
f) thighs	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
g) buttocks	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
h) hips	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
i) legs	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
j) face	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
k) hair	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

B3. Mark **one** box in **each line** that best describes the way you might have felt pressure to change your weight.

	Not at all	A little	Quite a lot	A lot
a) I've felt pressure to **lose** weight:				
(i) from my friends	1 ☐	2 ☐	3 ☐	4 ☐
(ii) from my family	1 ☐	2 ☐	3 ☐	4 ☐
(iii) from boys I've gone out with	1 ☐	2 ☐	3 ☐	4 ☐
(iv) from the media (e.g. TV, magazines)	1 ☐	2 ☐	3 ☐	4 ☐
b) I've felt pressure to **gain** weight:				
(i) from my friends	1 ☐	2 ☐	3 ☐	4 ☐
(ii) from my family	1 ☐	2 ☐	3 ☐	4 ☐
(iii) from boys I've gone out with	1 ☐	2 ☐	3 ☐	4 ☐
(iv) from the media (e.g. TV, magazines)	1 ☐	2 ☐	3 ☐	4 ☐
c) Do family members tease you about your weight or body shape?	1 ☐	2 ☐	3 ☐	4 ☐
d) Do people at school tease you about your weight or body shape?	1 ☐	2 ☐	3 ☐	4 ☐

Remember there are no right or wrong answers, we just want to know what you think.

B4. How do you describe your weight?

Very underweight 1 ☐	Slightly underweight 2 ☐	About the right weight 3 ☐
Slightly overweight 4 ☐	Very overweight 5 ☐	

B5. 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 ☐

B6. a) 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 <u>B7a</u> on page 10**

b) How long did you stay on the diet(s)?

Less than a week 1 ☐ 1-3 weeks 2 ☐ 1-3 months 3 ☐ 3 or more months 4 ☐

c) What type of diet(s) did you use? (You **<u>can</u>** mark **<u>more</u>** than one answer)

	Yes
i) Low calorie	1 ☐
ii) High protein	1 ☐
iii) Skipped meals	1 ☐
iv) Weight loss shakes	1 ☐
v) Low carbohydrate	1 ☐
vi) High carbohydrate	1 ☐
vii) Smaller portion size	1 ☐
viii) Weight Watchers or other programme	1 ☐
ix) Low fat	1 ☐
x) Did not eat snacks or desserts	1 ☐
xi) Other (please cross box then describe below)	1 ☐

B6. d) 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) 2 ☐ | Yes, 1-5 pounds (½-2½ kilos) 3 ☐ | No 4 ☐

If <u>no</u>, go to B7a below

e) Did you gain back any of the weight you lost on the diet?

No, did not regain any of the weight	1 ☐
Gained back a little of the weight	2 ☐
Gained back most of the weight	3 ☐
Gained back all of the weight	4 ☐
Put on more than I lost	5 ☐

B7. a) During the **past year**, how often did you do any exercise?

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 <u>never</u> go to B8 on page 11**

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

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

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 B8 on page 11

If <u>yes</u>,

d) Did you carry on exercising even if you were sick or injured?

No 1 ☐ | Yes 2 ☐ | Was not sick or injured 3 ☐

B8. During the **past year**, 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 ☐	

B9. During the **past year**, 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 ☐

B10. During the **past year**, how often did you take laxatives 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 ☐

B11. Sometimes people will go on an "eating binge", where they eat an amount of food that most people would consider to be very large, in a short period of time.

During the past year, how often did you go on an eating binge?

Never	1 ☐	→ **If <u>never</u>, go to B14 on page 13**
Less than once a month	2 ☐	
1-3 times a month	3 ☐	
Once a week	4 ☐	
More than once a week	5 ☐	

B12. 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 ☐

B13. 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 ☐ → **Go to B14 on page 13**

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 ☐

B14. Has anyone ever told you that they thought you had an eating disorder, such as anorexia nervosa or bulimia? (you **can** mark **more** than one answer)

a) No 1 ☐

b) Yes, a friend 1 ☐

c) Yes, a parent 1 ☐

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

B15. Have you ever been **treated** for an eating disorder by a doctor, nurse or other health care provider?

No 1 ☐ Yes, in the past 2 ☐ Yes, am being treated now 3 ☐

Remember there are no right or wrong answers. We just want to know what you think.

In the past year:		**Never**	**Sometimes**	**Often**	**Always**	
B16.	How often have you thought about wanting to have toned or defined muscles?	1 ☐	2 ☐	3 ☐	4 ☐	**Don't know**
B17.	How often has your **mother** tried to lose weight?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
B18.	How often has your mother or father made a comment to you about your weight or the amount you are eating, that made you feel bad?	1 ☐	2 ☐	3 ☐	4 ☐	

B19. **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 ☐

B20. **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 ☐

Quite a lot 3 ☐ A lot 4 ☐

B21. **In the past year**, how much have you worried about gaining a little weight (as little as one kilo)?

Not at all 1 ☐ A little 2 ☐

A lot 3 ☐ All the time 4 ☐

B22. a) **In the past year**, how much have you tried to look like some of the girls or women you see on television, in movies, or in magazines?

Not at all 1 ☐ → **Go to B23 below**

A little 2 ☐ Sometimes 3 ☐

Frequently 4 ☐ A lot 5 ☐

b) To look like them I have changed or I'm trying to change my:
(You <u>can</u> mark <u>more</u> than one box)

(i) hair colour 1 ☐	(vi) muscle definition 1 ☐
(ii) hair style 1 ☐	(vii) tan/skin colour 1 ☐
(iii) makeup 1 ☐	(viii) weight (trying to gain) 1 ☐
(iv) clothing 1 ☐	(ix) weight (trying to lose) 1 ☐
(v) body shape 1 ☐	(x) other (please cross box then describe below) 1 ☐

B23. Do you try to eat less at mealtimes than you would like to eat?

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

B24. How often do you refuse food or drink offered because you are concerned about your weight?

Never 1 ☐ Occasionally 2 ☐

Sometimes 3 ☐ Frequently 4 ☐

B25. Do you feel that you want to eat more than usual at the following times:

		Yes, usually want to eat more	Sometimes want to eat more	No, not at all
a)	when you are irritated or cross?	1 ☐	2 ☐	3 ☐
b)	when you have nothing to do?	1 ☐	2 ☐	3 ☐
c)	when you are depressed or discouraged?	1 ☐	2 ☐	3 ☐
d)	when you are feeling lonely?	1 ☐	2 ☐	3 ☐
e)	when somebody lets you down?	1 ☐	2 ☐	3 ☐
f)	when you are happy?	1 ☐	2 ☐	3 ☐
g)	when something unpleasant is due to happen?	1 ☐	2 ☐	3 ☐
h)	when you are anxious, worried or tense?	1 ☐	2 ☐	3 ☐
i)	when things have gone wrong?	1 ☐	2 ☐	3 ☐
j)	when you are frightened?	1 ☐	2 ☐	3 ☐
k)	when you are disappointed?	1 ☐	2 ☐	3 ☐
l)	when you are emotionally upset?	1 ☐	2 ☐	3 ☐
m)	when you are bored or restless?	1 ☐	2 ☐	3 ☐
n)	when you are excited?	1 ☐	2 ☐	3 ☐

B26. If food tastes good do you eat more than usual?

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

B27. If food smells and looks good do you eat more than usual?

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

B28. If you see or smell something delicious do you have the desire to eat it?

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

B29. If you see others eating do you also have the desire to eat?

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

B30. Can you resist eating delicious foods?

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

B31. Do you eat more than usual when you see others eating?

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

B32. When preparing a meal are you inclined to eat something while you are preparing it?

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

Never prepare a meal 5 ☐

Section C: Behaviour

C1. How often **in the last year** have you done any of the following:

Have you:	Not at all	Just once	2-5 times	6 or more times
a) skipped or bunked off school	1 ☐	2 ☐	3 ☐	4 ☐
b) broken into a car or van with intention of stealing something out of it	1 ☐	2 ☐	3 ☐	4 ☐
c) hit, kicked or punched someone on purpose	1 ☐	2 ☐	3 ☐	4 ☐
d) deliberately set fire or tried to set fire to somebody's property or a building	1 ☐	2 ☐	3 ☐	4 ☐
e) taken money or something else that did not belong to you from home without permission	1 ☐	2 ☐	3 ☐	4 ☐
f) used force, threats or a weapon to get money or something else from somebody	1 ☐	2 ☐	3 ☐	4 ☐
g) written things or sprayed paint on property that did not belong to you	1 ☐	2 ☐	3 ☐	4 ☐
h) gone into or broken into a house or building with the aim of stealing something	1 ☐	2 ☐	3 ☐	4 ☐
i) deliberately damaged or destroyed property that did not belong to you	1 ☐	2 ☐	3 ☐	4 ☐

C1. cont.

Have you <u>in the last year</u>:	Not at all	Just once	2-5 times	6 or more times
j) carried a knife or weapon with you for protection or in case it was needed in a fight	1 ☐	2 ☐	3 ☐	4 ☐
k) taken money or something else that did not belong to you from school	1 ☐	2 ☐	3 ☐	4 ☐
l) stolen or ridden in a stolen car or van or on a stolen motorbike	1 ☐	2 ☐	3 ☐	4 ☐
m) been rowdy or rude in a public place so that people complained or you got into trouble	1 ☐	2 ☐	3 ☐	4 ☐
n) taken something from a shop without paying for it	1 ☐	2 ☐	3 ☐	4 ☐
o) not paid the correct fare or not paid at all on a bus or train	1 ☐	2 ☐	3 ☐	4 ☐

Section D: Accidents

D1. **In the last year,** have you ever been involved in a road accident?

Yes 1 ☐ No 2 ☐ → **If no, please go to section E on page 21**

D2. Thinking about the last accident you had, how were you travelling?
(Mark **one** box only)

In a car or van	1 ☐
Walking in or across a road	2 ☐
Cycling	3 ☐
Something else e.g. bus (please cross box then describe below)	4 ☐

D3. Who was with you at the time of the accident? **(You can mark more than one box)**

a)	On my own	1 ☐
b)	Parent or other adult	1 ☐
c)	Brother(s) or sister(s)	1 ☐
d)	With friends	1 ☐

D4. What were you doing at the time of the accident? (Mark **one** box only)

Going to or from school	1 ☐
Playing or hanging out in the street	2 ☐
Going to or from a particular place e.g. club, disco, sports field, church etc.	3 ☐
Other journey e.g. on holiday (Please cross box then describe below)	4 ☐

D5. When did the accident happen? (Mark **one** box only)

Before school	1 ☐
After school	2 ☐
At the weekend	3 ☐
During school holidays	4 ☐

		Yes	No
D6.	Were you hurt?	1 ☐	2 ☐
D7.	Did you see a family doctor?	1 ☐	2 ☐
D8.	Did you go to the casualty ("A & E") department at hospital?	1 ☐	2 ☐
D9.	If you went to the casualty department, did you stay overnight in hospital?	1 ☐	2 ☐

D10. Space for you to tell what happened and what your injuries were:

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Section E: Feelings and experiences

E1. Do you enjoy many different kinds of games and activity?

Yes 1 ☐ No 2 ☐

E2. Do your thoughts sometimes seem as real as actual events?

Yes 1 ☐ No 2 ☐

E3. Has dancing or the idea of it always seemed dull to you?

Yes 1 ☐ No 2 ☐

E4. Does nearly every thought you have immediately suggest a lot of ideas?

Yes 1 ☐ No 2 ☐

E5. Is trying new foods something you have always enjoyed?

Yes 1 ☐ No 2 ☐

E6. Do you sometimes feel that your accidents are caused by mysterious forces?

Yes 1 ☐ No 2 ☐

E7. Are there only very few things that you have ever really enjoyed doing?

Yes, very few I enjoyed 1 ☐ No, have enjoyed lots of things 2 ☐

E8. Does your voice ever seem distant or far away?

Yes 1 ☐ No 2 ☐

E9. Are you too independent to get involved with other people?

Yes 1 ☐ No 2 ☐

E10. Have you sometimes had the feeling of gaining or losing energy when certain people look at you or touch you?

Yes 1 ☐ No 2 ☐

E11. Do you think having close friends is important?

Yes, 1 ☐ No 2 ☐

E12. Does a passing thought ever seem so real it frightens you?

Yes 1 ☐ No 2 ☐

E13. Are you rather lively?

Yes 1 ☐ No 2 ☐

E14. When you look into the mirror does your face sometimes seem quite different from usual?

Yes 1 ☐ No 2 ☐

E15. Are people usually better off if they stay away from emotional involvements?

Yes 1 ☐ No 2 ☐

Section F: Your attitudes to health issues

What kind of effect do you think the following have:

	Very harmful	Harmful	No effect	Helpful	Very helpful
F1. Regularly smoking **cigarettes** on someone's physical health	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
F2. Regularly smoking **cigarettes** on someone's mental or emotional health	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
F3. Binge drinking **alcohol** on someone's physical health [By "binge" drinking we mean a large amount in a session]	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
F4. Binge drinking **alcohol** on someone's mental or emotional health	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
F5. Regularly (every day) drinking a lot of **alcohol** on someone's physical health	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
F6. Regularly (every day) drinking a lot of **alcohol** on someone's mental or emotional health	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
F7. Regularly using or taking **cannabis** on someone's physical health	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
F8. Regularly using or taking **cannabis** on someone's mental or emotional health	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Section G:

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

No 1 ☐

Yes 2 ☐

↓

If <u>yes</u>, 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 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 ☐☐ Office use only ☐

http://www.alspac.bris.ac.uk/Discovery

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