



Questionnaire no.

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WELLBEING OF MY TEENAGE DAUGHTER

All answers are confidential

This questionnaire is for the study child's mother or the person taking the role of chief carer.

04.04.05

This questionnaire asks about your study teenager.

It should be completed by the chief carer.

To answer simply tick the box that is most accurate in your opinion.

If you cannot answer certain questions please put a line through them.

All answers are confidential.

THANK YOU FOR YOUR HELP

SECTION A: YOUR TEENAGER'S HEALTH

The health of your study teenager is still of great importance to us. We would like to know about any recent illnesses or medical treatment.

A1. How would you assess the health of your study teenager nowadays?

	(i) in the past month	(ii) in the past year
very healthy, no problems	<div>1</div>	<div>1</div>
healthy, but a few minor problems	<div>2</div>	<div>2</div>
sometimes quite ill	<div>3</div>	<div>3</div>
almost always unwell	<div>4</div>	<div>4</div>

A2. a) In the past 12 months has the doctor been called to your home because she was unwell?

Yes

1

 No

2

 → If **no**, go to A3 below

If **yes**,

b) how many times?

once

1

 2 times

2

 3-4 times

3

 5 or more times

4

A3. In the past year, has she had the following infections?

In the past year:	Yes	No
a) measles	<div>1</div>	<div>2</div>
b) chicken pox	<div>1</div>	<div>2</div>
c) mumps	<div>1</div>	<div>2</div>
d) meningitis	<div>1</div>	<div>2</div>
e) cold sores	<div>1</div>	<div>2</div>
f) whooping cough	<div>1</div>	<div>2</div>

A3.	In the past year:	Yes	No
g)	urinary infection	<div>1</div>	<div>2</div>
h)	eye infection	<div>1</div>	<div>2</div>
i)	ear infection	<div>1</div>	<div>2</div>
j)	chest infection	<div>1</div>	<div>2</div>
k)	tonsillitis or laryngitis	<div>1</div>	<div>2</div>
l)	german measles	<div>1</div>	<div>2</div>
m)	scarlet fever	<div>1</div>	<div>2</div>
n)	influenza (flu)	<div>1</div>	<div>2</div>
o)	a cold	<div>1</div>	<div>2</div>
p)	glandular fever	<div>1</div>	<div>2</div>
q)	other infection (please tick & describe)	<div>1</div>	<div>2</div>

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A4. Has she had any of the following in the past 12 months?

In the past 12 months:	Yes and saw a doctor	Yes but did not see doctor	No did not have
a) diarrhoea	<div>1</div>	<div>2</div>	<div>3</div>
b) blood in the stools	<div>1</div>	<div>2</div>	<div>3</div>
c) vomiting	<div>1</div>	<div>2</div>	<div>3</div>
d) cough	<div>1</div>	<div>2</div>	<div>3</div>
e) high temperature	<div>1</div>	<div>2</div>	<div>3</div>

A4.

In the past 12 months:		Yes and saw a doctor	Yes but did not see doctor	No did not have
f)	ear ache	<div>1</div>	<div>2</div>	<div>3</div>
g)	ear discharge (pus not wax)	<div>1</div>	<div>2</div>	<div>3</div>
h)	convulsions/fits	<div>1</div>	<div>2</div>	<div>3</div>
i)	stomach ache(s)	<div>1</div>	<div>2</div>	<div>3</div>
j)	rash	<div>1</div>	<div>2</div>	<div>3</div>
k)	wheezing	<div>1</div>	<div>2</div>	<div>3</div>
l)	breathlessness	<div>1</div>	<div>2</div>	<div>3</div>
m)	episodes of stopping breathing	<div>1</div>	<div>2</div>	<div>3</div>
n)	an accident	<div>1</div>	<div>2</div>	<div>3</div>
o)	headache(s)	<div>1</div>	<div>2</div>	<div>3</div>
p)	constipation	<div>1</div>	<div>2</div>	<div>3</div>
q)	worm infection	<div>1</div>	<div>2</div>	<div>3</div>
r)	head lice	<div>1</div>	<div>2</div>	<div>3</div>
s)	scabies	<div>1</div>	<div>2</div>	<div>3</div>
t)	asthma	<div>1</div>	<div>2</div>	<div>3</div>
u)	eczema	<div>1</div>	<div>2</div>	<div>3</div>
v)	hay fever	<div>1</div>	<div>2</div>	<div>3</div>
w)	other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

A5. Has a doctor ever actually said that she has asthma or eczema?

Yes
asthma

Yes
eczema

Yes, asthma
and eczema

No

A6. a) In the past year has she had any periods when there was wheezing with whistling on her chest when she breathed?

Yes

No

→ **If no, go to A6h on page 7**

If yes,

b) How many separate times has this happened in the past 12 months?

once

twice

3-4
times

5 or more
times

don't
know

c) How many days altogether would you say she has wheezed in the past 12 months?

1
day

2-3
days

4-9
days

10-19
days

20 or
more
days

don't
know

d) Was she breathless during any of these times?

Yes for
all

Yes for
some

No not
at all

e) Did she have a cold during any of these times?

Yes for
all

Yes for
some

No not
at all

f) How often, on average, has her sleep been disturbed due to wheezing in the past 12 months?

Never woken
with wheezing

Less than one
night per week

One or more
nights per week

g) Has wheezing ever been severe enough to limit her speech to only one or two words at a time between breaths in the past 12 months?

Yes

No

A6. h) In the past 12 months has her chest sounded wheezy during or after exercise?

Yes 1 No 2

j) In the past 12 months has she had a dry cough at night, apart from a cough associated with a cold or chest infection?

Yes 1 No 2

k) In the past 12 months has she had a problem with sneezing or a runny or blocked nose when she didn't have a cold or flu?

Yes 1 No 2 → If **no**, go to A7 below

If **yes**,

l) Has this nose problem been associated with itchy, watery eyes?

Yes 1 No 2

m) Did this nose problem happen in June or July?

Yes 1 No 2

A7. Has she ever had hay fever?

Yes 1 No 2

A8. a) Has she ever had any itchy, dry skin rash in the joints and creases of her body (e.g. behind the knees, elbows, under the arms)?

Yes 1 No 2 → If **no**, go to A9a on page 8

If **yes**,

b) has she had it in the last year? 1 2 → If **no**,
go to A9a on page 8

If **yes**,

c) how bad was this?

very bad 1 quite bad 2 mild 3 no problem 4

		Yes	No
A8.	d) does she have this sort of rash now?	<div>1</div>	<div>2</div>
	e) did the rash ever become sore and oozy?	<div>1</div>	<div>2</div>
	f) was it made worse by irritants such as bubble bath, soap, wool or nylon clothing?	<div>1</div>	<div>2</div>
	g) did the rash clear completely at any time in the last 12 months?	<div>1</div>	<div>2</div>
A9.	a) <u>In the past 12 months</u> how often, on average, has she been kept awake at night by an itchy rash?		
	Never in the past 12 months	<div>1</div>	Less than one night per week <div>2</div>
			One or more nights per week <div>3</div>
	b) Does her skin get itchy when she gets sweaty? (e.g. in a hot room or when she has been playing?)		
	Yes	<div>1</div>	No <div>2</div>
	c) Has she <u>ever</u> had eczema?		
	Yes	<div>1</div>	No <div>2</div>

A10. How many days has she had to take off school for health reasons?
 [If you can't remember, make a guess and tick the guess box as well]

In the past 12 months:	(i) No. of days off school	(ii) Guess?
a) For one or more infections (including colds, cough, flu)	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center;">1</div>
Please describe		
.....		
b) For hospital investigation including admission	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center;">1</div>
Please describe		
.....		
c) For other investigation(s) (do not include time taken to visit the Children of the 90s Focus clinic.)	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center;">1</div>
Please describe		
.....		
d) For asthma	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center;">1</div>
e) For eczema or itchy rash	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center;">1</div>
f) For hay fever or allergic rhinitis	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center;">1</div>
g) For other reasons		
Please describe: 1.	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center;">1</div>
2.	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center;">1</div>
3.	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center;">1</div>

SECTION B: PILLS AND POTIONS

B1. Please indicate below any **medicines** (pills, syrups, inhalers, drops, sprays, suppositories, patches, ointments etc including homeopathic and herbal remedies) that your study teenager has used **in the last 12 months**.

Include medicines prescribed by your doctor and those you may have bought over the counter. If you need **more lines** for a particular category **please include the additional medicines under the 'Other conditions' section** at the end of the question on Page 12.

REMEMBER! ANSWER ONLY IF MEDICINE HAS BEEN USED

Try to give the full name of the medicine and say how often it was used.

Regularly: most days for at least 3 months, **or** several times every month
Few days: for a few days at a time for one or more episodes
Odd occasions: on a few odd occasions
Once or twice: on one or two isolated occasions only

In the past 12 months for:	Yes, used medicine, pills, drops or ointment	Name of medicine etc.	How often?			
			Regularly ↓	Few days	Odd occasions	Once or twice
a) Headache	<div><div>1</div></div>	.....	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
b) Stomach ache	<div><div>1</div></div>	.....	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
c) Earache	<div><div>1</div></div>	.....	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
d) Other ache or pain	<div><div>1</div></div>	.....	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
e) Vomiting	<div><div>1</div></div>	.....	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
f) Diarrhoea	<div><div>1</div></div>	.....	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
g) Constipation	<div><div>1</div></div>	.....	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
h) Travel sickness	<div><div>1</div></div>	.....	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
i) Insect bites	<div><div>1</div></div>	.....	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>

B1.

**In the past
12 months
for:**

**Yes, used
medicine,
pills, drops
or ointment**

**Name of
medicine etc.**

How often?

Regularly
↓

**Few
days**

**Odd
occasions**

**Once or
twice**

j) Bruising	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) A 'cold'	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) Cough	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m) Sore throat	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n) 'Flu'	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
o) Infection requiring antibiotics	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
p) Athlete's foot	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
q) Wart or verruca	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
r) Head lice	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
s) Worms	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
t) Eye infection	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
u) Psoriasis	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
v) Eczema	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
w) Asthma	<div>1</div>	.....	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

B1.

**In the past
12 months
for:**

**Yes, used
medicine,
pills, drops
or ointment**

**Name of
medicine etc.**

How often?

Regularly
↓

**Few
days**

**Odd
occasions**

**Once or
twice**

x) Hay fever ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

y) Other allergies ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

z) Diabetes ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

za) Epilepsy ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

zb) Sleeping ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

zc) Fever, high
temperature ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

zd) to give up smoking ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Other conditions (Please tick and describe)

ze)..... ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

zf)..... ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

zg) ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

zh) ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

zi) ☐ 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4

zj) No medicines, pills, drops or ointment used at all ☐ 1

B2. Please describe below any vitamins, minerals such as iron, or other supplements given for your study teenager's health in the **past month** and indicate how often they were taken.

To describe supplements containing a mixture of things e.g. calcium and vitamins, or vitamins and iron etc., please write them under "Other" in part d) below.

(Please say which and give brand name)	Every day	Most days ↓	About 1-2 times a week	Less than once a week	Not at all ↓
a) Vitamins					
i)	1	2	3	4	5
ii)	1	2	3	4	5
b) Mineral supplements (e.g. iron, calcium)					
i)	1	2	3	4	5
ii)	1	2	3	4	5
c) Oil supplements (e.g. cod liver oil, evening primrose oil)					
i)	1	2	3	4	5
ii)	1	2	3	4	5
d) Other tonic or supplement					
i)	1	2	3	4	5
ii)	1	2	3	4	5

B3. Please describe below any treatment she has taken for asthma or wheezing in the past month and indicate how often they were taken.

In the past month:	Every day	Most days ↓	About 1-2 times a week	Less than once a week	Not at all ↓
a) "Reliever" inhaler	1	2	3	4	5
b) "Preventer" inhaler	1	2	3	4	5
c) Other inhaler or medicine for asthma	1	2	3	4	5

SECTION C: PERSONALITY

Teenagers have many different aspects to their personality. How often is your study daughter like the descriptions below?

She:	Not at all	Rarely	Sometimes	Often	Always
C1. Is good at keeping herself occupied	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C2. Often does reckless things without thinking of the danger or the consequences for herself or others	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C3. Makes a good first impression but people change their minds after they get to know her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C4. Keeps friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C5. Has fast-changing emotions	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C6. Is too full of herself or her own abilities	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C7. Is genuinely sorry if she has hurt someone or acted badly	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C8. Often uses emotional blackmail to get her own way	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C9. Is fearless in situations that <u>should</u> worry or scare children/young people of her age	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C10. Can seem cold-blooded or callous	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C11. Keeps promises	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C12. Has difficulty trusting others	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C13. Is genuine in her expression of emotions	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C14. Usually tries her best	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

SECTION D: SEPARATION ANXIETY

Many teenagers are particularly attached to one person or a few key people, looking to them for security, and turning to them when upset. They can be mum and dad, grandparents, favourite teachers, neighbours etc.

D1. Who would you say your study teenager is particularly attached to? (tick all that apply)

Very attached to:

Yes

No-one

a) mum/mother figure

☐
1☐
2

**If no-one, go to
E1 on page 18**

b) dad/father figure

☐
1

c) grandparent(s)

☐
1

d) teacher

☐
1

e) older brother or sister

☐
1

f) aunt or uncle

☐
1

g) family friend

☐
1

h) other (please tick & describe)

☐
1

Do not include pets or toys here

.....

Most children have some worries about being separated from the people they are most attached to. We would like to know how your study teenager compares with other teenagers of her age.

We are interested in how she is usually - not the occasional “clingy day” or “off day”.

D2. Overall in the past month, has she been particularly worried about being separated from any of the people ticked in D1 above?

Yes ☐
1

No ☐
2

D3.	In the past month, compared with other teenagers of the same age:	No more than others	A little more than others	A lot more than others
a)	Has she often worried about something unpleasant happening to these people, or about losing them?	<div>1</div>	<div>2</div>	<div>3</div>
b)	Has she often worried that she might be taken away from any of them, e.g. by being kidnapped, taken to hospital or killed?	<div>1</div>	<div>2</div>	<div>3</div>
c)	Has she often not wanted to go to school in case something nasty happened whilst she was still at school to a person(s) she is attached to? (Do not include reluctance to go to school for other reasons, e.g. fear of bullying or exams)	<div>1</div>	<div>2</div>	<div>3</div>
d)	Has she worried about sleeping alone?	<div>1</div>	<div>2</div>	<div>3</div>
e)	Has she come out of her bedroom at night to check on, or to sleep near any of these people?	<div>1</div>	<div>2</div>	<div>3</div>
f)	Has she worried about sleeping in a strange place?	<div>1</div>	<div>2</div>	<div>3</div>
g)	Has she been afraid of being alone in a room at home without one of the people she is attached to (even if you or they are close by)?	<div>1</div>	<div>2</div>	<div>3</div>
h)	Has she had repeated nightmares or bad dreams about being separated from any of these people?	<div>1</div>	<div>2</div>	<div>3</div>
i)	Has she had headaches, stomach aches or felt sick when she had to leave a person she is attached to, or when she knew it was about to happen?	<div>1</div>	<div>2</div>	<div>3</div>
j)	Has being apart or the thought of being apart from a person she is attached to led to worry, crying, tantrums, clinginess or misery?	<div>1</div>	<div>2</div>	<div>3</div>

- * If you have ticked 'a lot more than others', to ANY of the answers in D3, continue below.
If not, go to E1 on page 18

D4. a) How long has she had worries about separation?

Less than 1 month	<input type="text" value="1"/>	1-5 months	<input type="text" value="2"/>	6 months or more	<input type="text" value="3"/>
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b) Was she like this before the age of 6?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
-----	--------------------------------	----	--------------------------------

D5. How much do you think these worries have upset her?

not at all	<input type="text" value="1"/>	only a little	<input type="text" value="2"/>
quite a lot	<input type="text" value="3"/>	a great deal	<input type="text" value="4"/>

D6. How much have these worries interfered with her day-to-day life?

Have they interfered with:	Not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or school work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) playing, hobbies, sports or other leisure activities?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

D7.	Have these problems put a burden on you or the family as a whole?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
-----	---	--------------------------------	--------------------------------	--------------------------------	--------------------------------

SECTION E: PARTICULAR FEARS

This section of the questionnaire is about any particular things or situations that your study teenager is scared of, even though they aren't really a danger to her. How is she **usually** - not on the occasional "off day"?

E1. How scared is your study teenager about any of the following?

She is scared of:	Not at all	Only a little	Quite a lot	A great deal
a) insects, spiders, wasps, bees, mice, snakes, birds or any other creature	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) storms, thunder, heights or water	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) blood, injection or injury	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) dentists or doctors	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) other specific situations: lifts, tunnels, flying, driving, trains buses, small enclosed spaces	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) the dark	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) any other specific fear? (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

.....

h) not particularly scared of anything

1

 → **If so, go to F1 on page 21**

E2. Is this fear/are these fears a real nuisance to her, or to you, or to anyone else?

No

1

 Perhaps

2

 Definitely

3

E3. How long has this fear (or the most severe of these fears) been going on?

less than a month

1

 1-5 months

2

 6 months or more

3

- E4. a) When your study teenager comes up against these things, or thinks she is about to come up against them, does she become anxious or upset?

yes, a lot a little no

↓

**If 'no' or 'a little'
go to E5a below**

- b) Does this reaction happen every time (or almost every time) she comes up against such a situation?

Yes No

- c) How often does this fear (or the most severe of her fears) result in her becoming upset like this?

many times most days
a day

most weeks every now
and then

- E5. a) Does this fear lead to her avoiding the things she is afraid of?

yes, a lot a little no

↓

**If 'no' or 'a little'
go to E6a below**

- b) Does this avoidance interfere with her everyday life?

yes, a lot a little no

- E6. a) Does she recognise that this fear is excessive or unreasonable?

no perhaps definitely

- b) Is she upset that she has this fear?

no perhaps definitely

E7. Has her fear put a burden on you or the family as a whole?

not at all

only a little

quite a lot

a great deal

a) Space for comment

.....

.....

SECTION F: SOCIAL FEARS

- F1. Overall does your study teenager particularly fear or avoid situations that involve a lot of people or meeting new people or doing things in front of people? **Do not count the occasional “off day” or ordinary shyness.**

Yes

No

- F2. Has she been particularly afraid of any of the following situations over the last month?

Afraid of:		No	A little	A lot	Hasn't done this in last month
a)	Meeting new people	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b)	Meeting <u>a lot of</u> people such as at a party	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c)	Speaking in class	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d)	Reading out loud in front of others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e)	Writing in front of others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f)	Eating in front of others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

*** If you have ticked ‘a lot’ to ANY of the answers in F2 above, continue below.
If not, go to G1 on page 24**

- F3. Are her fears of being with a lot of people mainly related to her fear of being separated from someone she is attached to, or are the fears still there even when she is with such a person?

mainly afraid only
when separated from
her special people

afraid even when with
one of her special people

- F4. Is your study teenager just afraid in these situations with adults, or is she also afraid in situations that involve lots of teenagers, or meeting new teenagers?

only with adults

with both adults
and teenagers

only with
teenagers

F5. Outside of these situations is she able to get on well enough with the adults and teenagers she knows best?

Yes

No

F6. a) Do you think her dislike of these situations is because she is afraid she will act in a way that will be embarrassing or show her up?

Yes, definitely

Not sure

No

b) Is it related to speech, reading or writing problems?

Yes

Not sure

No

c) Why else do you think she dislikes such situations?

.....

F7. a) How long has she had this fear of being with lots of people, or doing things in front of lots of people, or meeting new people?

less than
one month

1-5 months

6 months
or more

b) What age did it begin?

under 6 years

6 years or older

F8. When your study teenager is in one of these situations she fears, or when she thinks she is about to be in one, how anxious or upset does she usually become?

very anxious
or upset

just a bit

not at all

→ If '**not at all**'
go to F10 on
on page 23

F9. How often do these fears result in her becoming upset like this?

Many times
a day

Most days

Most weeks

Every now
and then

F10. a) Does her fear lead to avoiding these situations?

yes, a lot ☐ 1

a little ☐ 2

no ☐ 3

↓

**If 'a little' or 'no'
go to F10c below**

b) Does this avoidance interfere with her everyday life?

no ☐ 1 a little ☐ 2 yes, a lot ☐ 3

c) Does she recognise that this fear is excessive or unreasonable?

no ☐ perhaps ☐ definitely ☐

d) Is she upset about having this fear?

no ☐ perhaps ☐ definitely ☐

F11. Does her fear of these situations put a burden on you or the family as a whole?

not at all ☐ 1 a little ☐ 2 quite a lot ☐ 3 a great deal ☐ 4

a) Space for comments

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SECTION G: DISASTERS AND FRIGHTS

- G1. During your study teenager's lifetime has anything exceptionally stressful happened to her, that would really upset almost anyone, such as being involved in a terrible accident, or being abused or some other sort of disaster?

Yes No → **If no, go to H1 on page 27**

If yes,

a) what was it? (please describe)

.....

b) how old was she ? years

- G2. At the time, was she very distressed or did her behaviour change dramatically?

Yes No

- G3. At present, is it affecting her behaviour, feelings or concentration?

Yes No

- G4. **Over the last month has your study teenager:**

	No	A little	Yes, a lot
a) "relived" the event with vivid memories (flashbacks) of it?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) had repeated distressing dreams of the event?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) got upset if anything happened which reminded her of it?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) tried to avoid thinking or talking about anything to do with the event?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) tried to avoid activities, places or people that remind her of the event?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

Over the last month has your study teenager:		No	A little	Yes, a lot
G4.	f) blocked out important details of the event from her memory?	<div>1</div>	<div>2</div>	<div>3</div>
	g) shown much less interest in activities she used to enjoy?	<div>1</div>	<div>2</div>	<div>3</div>
	h) expressed a smaller range of feelings than in the past, e.g. no longer able to express loving feelings?	<div>1</div>	<div>2</div>	<div>3</div>
	i) had problems sleeping?	<div>1</div>	<div>2</div>	<div>3</div>
	j) seemed irritable or angry?	<div>1</div>	<div>2</div>	<div>3</div>
	k) had difficulty concentrating?	<div>1</div>	<div>2</div>	<div>3</div>
	l) always been on the alert for possible dangers?	<div>1</div>	<div>2</div>	<div>3</div>
	m) jumped at little noises or been easily startled in other ways?	<div>1</div>	<div>2</div>	<div>3</div>

*** If you have ticked ‘yes, a lot’ to ANY answers in G4, continue below.
If not, go to H1 on page 27**

G5. How long after the event did these problems begin?

within 6 months

1

 more than 6 months after the event

2

G6. How long has she been having these problems?

Less than one month

1

 1-2 months

2

 3 months or more

3

G7. How much have these problems upset or distressed her?

Not at all

1

 only a little

2

quite a lot

3

 a great deal

4

G8. How much have these problems interfered with her day-to-day life?

Have they interfered with:	Not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) making and keeping friends?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) learning or school work?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) playing, hobbies, sports or other leisure activities?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

G9. Have these problems put a burden on you or the family as a whole?

Not at all	<div>1</div>	only a little	<div>2</div>
quite a lot	<div>3</div>	a great deal	<div>4</div>

a) Space for comments

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SECTION H: COMPULSIONS AND OBSESSIONS

Often teenagers have some habits or superstitions, such as arranging books in order, or needing to wear lucky clothes. It is also common for children to go through phases when they seem obsessed by one particular subject or activity. In this section **we are interested in whether your study teenager has rituals or obsessions that go beyond this.**

- H1. Overall, does she have rituals or obsessions that upset her, waste a lot of her time, or interfere with her ability to get on with everyday life?

Yes

No

- H2. In the past month has she been doing any of the following things over and over again even though she has already done them or doesn't need to do them at all?

In the past month:	No	Sometimes	Often
a) Excessive cleaning e.g. hand washing, baths, showers, toothbrushing etc.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Other special measures to avoid dirt, germs or poisons	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Checking things, e.g. doors, locks, oven, gas taps, electric switches	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Repeating actions: e.g. going in/out door many times in a row, up/down from chair	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) Touching things or people in particular ways	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) Arranging things so they are just so, or exactly symmetrical	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) Counting to particular lucky numbers or avoiding unlucky numbers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) Anything else? (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

H3. In the past month, has she been concerned about:

	No	Sometimes	Often
a) dirt, germs or poison	<div>1</div>	<div>2</div>	<div>3</div>
b) something terrible happening to herself or others e.g. illnesses, accidents, fires etc.	<div>1</div>	<div>2</div>	<div>3</div>

***** If you have ticked 'often' to ANY answers in H2 or H3, continue below.
If not, go to J1 on page 30

H4. Space for you to describe any of these activities and concerns in more detail:

- a) What does she do?
-
-
- b) How often does she do them?
- c) How long does each episode last?

H5. Have these compulsions or obsessions been present on most days for a period of at least two weeks?

Yes

1

 No

2

H6. Does she recognise that this behaviour or these thoughts are excessive or unreasonable?

Definitely

1

 Somewhat

2

 No

3

H7. Does she try not to do them or think about them?

Definitely

1

 Somewhat

2

 No

3

H8. Does she become upset because she has to do or think these things?

No, enjoys them	<div>1</div>	Neither enjoys it nor becomes upset	<div>2</div>
Sometimes a bit upset	<div>3</div>	Upset a great deal	<div>4</div>

H9. Do these acts or thoughts last at least an hour a day on average?

Yes	<div>1</div>	No	<div>2</div>
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H10. Have these acts or thoughts interfered with:

	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) making and keeping friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) learning or school work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) playing, hobbies, sports or other leisure activities	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

H11. Have these problems put a burden on you or the family as a whole?

<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
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a) Space for comments

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SECTION J: ANXIETY IN GENERAL

Nearly all teenagers have some worries, and these are naturally worse on some days than others, but some teenagers have so many worries for so much of the time that it makes them really upset or interferes with their lives.

J1. Does your study teenager ever worry?

Yes

No

→ **If no, go to K1
on page 33**

J2. Apart from any of the specific anxieties already mentioned on previous pages, has she worried so much over the last six months about so many things that it has really upset her or interfered with her life?

Definitely

Perhaps

No

J3. Does she worry a lot about:

	No, not at all	Sometimes	Often
a) Past behaviour (e.g. Did I do that wrong? Have I upset someone? Have they forgiven me?)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) School work, homework or tests/ examinations	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Disasters (e.g. burglaries, muggings, fires, bombs)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Her own health	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) Bad things happening to others (e.g. family, friends, pets, the world)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) The future (e.g. changing school, growing up, getting a job)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) Any other worries? (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

J4. In the past 6 months has she worried excessively on more days than not?

Yes

No

J5. Does she find it difficult to control the worry?

Yes

No

J6. a) Does worrying lead to her being restless, feeling keyed up, tense or on edge, or being unable to relax?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

b) Does worrying lead to her feeling tired or “worn out” more easily?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

c) Does worrying lead to difficulties in concentrating or her mind going blank?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

d) Does worrying lead to irritability?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

e) Does worrying lead to her looking physically tense (tense muscles)?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

f) Does worrying interfere with her sleep (e.g. difficulty in falling or staying asleep, or restless sleep, or doesn't have a good night's sleep)?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

J7. Overall, how upset and distressed is she as a result of all her various worries?

Not at all A little Quite a lot A great deal

J8. Have these worries interfered with her day-to-day life?

Have they interfered with:	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or school work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) playing, hobbies, sports or other leisure activities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

J9. Have these worries put a burden on you or the family as a whole?

Not at all A little Quite a lot A great deal

a) Space for comments

.....

SECTION K: MOODS

K1. In the past month, have there been times when your study teenager has been very sad, miserable, unhappy or tearful?

Yes

No → **If no, go to K2 below**

If yes,

a) Was there a period over this last month when she was really miserable nearly every day?

Yes

No

b) During the time when she was miserable, was she really miserable for most of the day?

Yes

No

c) How long did that period last?

Less than 2 weeks

2 weeks or more

d) Have you any idea what might have caused it?

Yes

No

↓
If yes,

e) please describe

.....

f) During this period, could she be cheered up?

easily

with difficulty/only briefly

not at all

K2. In the past month, have there been times when she has been grumpy or irritable in a way that was out of character for her?

Yes

No → **If no, go to K4 on page 34**

If yes,

- K3. a) Has there been any period over this last month when she has been really grumpy or irritable nearly every day?
Yes 1 No 2
- b) During the time when she was grumpy or irritable, was she really irritable for most of the day?
Yes 1 No 2
- c) How long did that period last?
Less than 2 weeks 1 2 weeks or more 2
- d) Have you any idea what might have caused it?
Yes 1 No 2
↓

If yes,

- e) please describe
- f) Was the irritability improved by particular activities, friends coming around or anything else?
easily 1 with difficulty/only briefly 2 not at all 3
- K4. In the past month, have there been times when she lost interest in everything, or nearly everything, she normally enjoys doing?
Yes 1 No 2 → If no, go to K5 on page 35

If yes,

- a) Was there a period in the past month when she lost interest for nearly every day?
Yes 1 No 2
- b) During the days when she had lost interest in things, was she like this for most of the day?
Yes 1 No 2

- K4. c) For how long did she lose interest in things?
- Less than 2 weeks 1 2 weeks or more 2
- d) Did this loss of interest happen during the same period when she was really miserable or irritable?
- Yes 1 No 2
- K5. Just to recap, has she, in the past month been miserable/irritable or lacked interest in things she usually enjoys?

Yes 1 No 2 → **If no, go to L1 on page 37**

	Yes	No	Don't know
If <u>yes</u> in the past month:			
a) Did she have no energy and seem tired all the time?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
b) Was she eating either much more or much less than usual?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
c) Did she either lose weight or gain a lot of weight?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
d) Did she find it hard to get to sleep?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
e) Did she sleep too much?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
f) Was there any period when she was agitated or restless much of the time?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
g) Was there any period when she felt worthless, or unnecessarily guilty much of the time?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
h) Was there any period when she found it unusually hard to concentrate or to think things out?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
i) Did she think about death a lot?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
j) Did she ever talk about harming herself or killing herself?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
k) Did she ever try to harm herself or kill herself?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
l) Over the whole of her lifetime has she ever tried to harm herself or kill herself?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9

K6. Overall, how upset and distressed is she as a result of feeling miserable/irritable/ or lacking interest?

Not at all A little Quite a lot A great deal

K7. How has this interfered with her day-to-day life?

Has this interfered with:	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or school work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) playing, hobbies, sports or other leisure activities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

K8. Has your study teenager's feeling miserable/irritable/lacking interest put a burden on you or the family as a whole?

Not at all A little Quite a lot A great deal

a) Space for comments

.....

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SECTION L: ATTENTION AND ACTIVITY

Nearly all teenagers are overactive or lose concentration at times, but how does your study teenager compare with other children of her age? **We are interested in how she is usually - not the occasional “off day”.**

Over the last 6 months:

- L1. Allowing for her age, do you think that your study teenager definitely has some problems with overactivity or poor concentration?

Yes

No

- L2. Please compare her behaviour in the last 6 months with other teenagers of her age.

In the last 6 months:	No	A little more than others	A lot more than others
a) Does she often fidget?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Is it hard for her to stay sitting down for long?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Does she run or climb about when she shouldn't?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Does she find it hard to play or take part in other leisure activities without making a noise?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) If she is rushing about does she find it hard to calm down when someone asks her to do so ?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

L3. In the last 6 months and compared with other teenagers of her own age:	No	A little more than others	A lot more than others
a) Does she often blurt out an answer before she has heard the question properly?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Is it hard for her to wait her turn?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Does she often butt in on other people's conversation or games?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Does she often go on talking even if she has been asked to stop or no one is listening?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

L4.	In the last 6 months and compared with other teenagers of her own age:	No ↓	A little more than others	A lot more than others
a)	Does she often make careless mistakes or fail to pay attention to what she is supposed to be doing?	<div>1</div>	<div>2</div>	<div>3</div>
b)	Does she often seem to lose interest in what she is doing?	<div>1</div>	<div>2</div>	<div>3</div>
c)	Does she often not listen to what people are saying to her?	<div>1</div>	<div>2</div>	<div>3</div>
d)	Does she often not finish a job properly?	<div>1</div>	<div>2</div>	<div>3</div>
e)	Is it often hard for her to get herself organised to do something?	<div>1</div>	<div>2</div>	<div>3</div>
f)	Does she often try to get out of things she would have to think about, such as homework?	<div>1</div>	<div>2</div>	<div>3</div>
g)	Does she often lose things she needs for school or PE?	<div>1</div>	<div>2</div>	<div>3</div>
h)	Is she easily distracted?	<div>1</div>	<div>2</div>	<div>3</div>
i)	Is she often forgetful?	<div>1</div>	<div>2</div>	<div>3</div>

L5. Have her teachers complained in the last 6 months of problems with:

In the last 6 months:	No	A little	A lot
a) Fidgetiness, restlessness or overactivity	<div>1</div>	<div>2</div>	<div>3</div>
b) Poor concentration or being easily distracted	<div>1</div>	<div>2</div>	<div>3</div>
c) Acting without thinking about what she was doing, frequently butting in, or not waiting her turn	<div>1</div>	<div>2</div>	<div>3</div>

*** If you have ticked 'a lot' to ANY answers in L2-L5, continue below.
If not, go to M1 on page 40**

L6. Have these problems been there for much of her life?

Yes

No

L7. At what age did they start? years

L8. Thinking still of your teenager's difficulties with activity and attention, how much do you think they have upset or distressed her?

Not at all

A little

Quite a lot

A great deal

L9. How have these difficulties interfered with her day-to-day life?

Has this interfered with:	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or school work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) playing, hobbies, sports or other leisure activities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

L10. Have these problems put a burden on you or the family as a whole?

Not at all

A little

Quite a lot

A great deal

a) Space for comments

.....
.....

SECTION M: AWKWARD AND TROUBLESOME BEHAVIOUR

Awkward Behaviour

All teenagers can be awkward and difficult at times - things like not doing as they are told, being irritable, having temper outbursts, or deliberately annoying other people. **We are interested in how your study teenager is usually, and not just on occasional “off days”.**

In the last 6 months:

M1. Overall, how do you think your study teenager compares with other teenagers of her age as far as this sort of awkward behaviour is concerned?

Less troublesome than average about average more troublesome than average

M2.	In the last 6 months and compared with other teenagers of the same age	No more than others	A little more than others	A lot more than others
a)	Has she had severe temper tantrums?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b)	Has she argued with grown-ups?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c)	Has she taken no notice of rules, or refused to do as she is told?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d)	Has she seemed to do things to annoy other people on purpose?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e)	Has she blamed others for her own mistakes or bad behaviour?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f)	Has she been touchy and easily annoyed?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g)	Has she been angry and resentful?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h)	Has she been spiteful?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
i)	Has she tried to get her own back on people?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

*** If you have ticked ‘a lot more than others’ to ANY answers in M2, please continue.
If not, go to M8 at the bottom of this page.**

M3. Is this behaviour just with one person (e.g. teacher, brother) or with more than one?

Just with
one person

More than
one

M4. Has her awkward behaviour been there for much of her life?

Yes

No

M5. What age did it start ? years

M6. Has it interfered with her day-to-day life?

Has it interfered with:	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or school work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) playing, hobbies, sports or other leisure activities?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

M7. Have these problems put a burden on you or the family as a whole?

Not at all

A little

Quite a lot

A great deal

M8. Have her teachers complained over the last 6 months of problems with this same kind of awkward behaviour or disruptiveness in class?

No

A little

A lot

Behaviour That Sometimes Gets Teenagers Into Trouble - including dangerous, aggressive or antisocial behaviour. How has your study teenager been over the **past 12 months**? Answer how she is usually, and not just on occasional “off days”.

- M9. a) Has she told lies to get things or favours from others, or to get out of things she was supposed to do?

No 1 Perhaps 2 Definitely 3

If definitely,

- i) has this been going on for the last 6 months?

Yes 1 No 2

- b) Has she often started fights? (other than with brothers and sisters)

No 1 Sometimes 2 Often 3

If often,

- i) has this been going on for the last 6 months?

Yes 1 No 2

- c) Has she bullied or threatened people?

No 1 Sometimes 2 Often 3

If often,

- i) has this been going on for the last 6 months?

Yes 1 No 2

M9. d) Has she stayed out much later than she was supposed to?

No 1 Sometimes 2 Often 3



If often,

i) has this been going on for the last 6 months?

Yes 1 No 2

e) Has she stolen things from the house, or other people's houses or shops or school?

No 1 Perhaps 2 Definitely 3



If definitely,

i) has this happened in the last 6 months?

Yes 1 No 2

f) Has she run away from home or ever stayed away all night without your permission?

No 1 Yes once only 2 Yes, more than once 3



If yes,

i) has this happened in the last 6 months?

Yes 1 No 2

g) Has she often played truant (bunked off) from school?

No 1 Perhaps 2 Definitely 3



If definitely,

i) has this happened in the last 6 months?

Yes 1 No 2

M10. Has your study teenager shown any other worrying behaviour in the past 12 months? (e.g. deliberately started a fire, vandalism, been deliberately cruel to another person, to animals or birds)?

Yes ☐

No ☐

If yes, please describe

.....

SECTION N: DIETING, WEIGHT AND BODY SHAPE

N1. At present would you describe your study teenager as:

Very thin	Thin	Average	Plump	Fat
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

N2. How do you feel she compares now with a year ago?

Thinner a year ago	<input type="text" value="1"/>	About the same	<input type="text" value="2"/>
A little thinner now	<input type="text" value="3"/>	A lot thinner now	<input type="text" value="4"/>

N3. At present would she describe herself as:

Very thin	Thin	Average	Plump	Fat
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

N4. Have you or other people (e.g. family, friend, a doctor) been seriously concerned that her weight has been bad for her physical health?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
-----	--------------------------------	----	--------------------------------

N5. Does your study teenager think her weight has been bad for her physical health?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
-----	--------------------------------	----	--------------------------------

N6. Is she afraid of gaining weight or getting fat?

No	<input type="text" value="1"/>	A little	<input type="text" value="2"/>	A lot	<input type="text" value="3"/>	It really terrifies her	<input type="text" value="4"/>
----	--------------------------------	----------	--------------------------------	-------	--------------------------------	-------------------------	--------------------------------

- N7. If a doctor told your study teenager that she needed to put on 5 pounds (2 kilos) for the sake of her health, how would she find this?
She may have a physical problem that makes it hard for her to put on weight. Here we are asking if she is willing to try, not whether she can succeed.

Easy 1 Difficult 2 Impossible 3

- N8. Does she avoid the sorts of food that she thinks will make her fat?

No 1 A little 2 A lot 3

- N9. How often does she avoid fattening food?

Never 1 Sometimes 2 Most of the time 3 Always 4

- N10. Does she spend a lot of her time thinking about food?

Yes 1 No 2 Don't know 9

- N11. Sometimes people say that they have such a strong desire for food, and that this desire is so hard to resist, that it is like an addict feels about drugs or alcohol. Does this apply to your study teenager?

No 1 A little 2 A lot 3

- N12. Sometimes people lose control over what they eat, and then they eat a very large amount of food in a short time. Does your study teenager ever do this?

Yes 1 No 2 → If **no**, go to N13 on page 47

If **yes**,

- a) Over the last 3 months, how often has this happened?

Hasn't happened 1 Occasionally 2 About once a week 3 Two or more times a week 4

- b) When this happens, does she have a sense of losing control over her eating?

Yes 1 No 2 Not sure 3

N12. c) Please describe how much she typically eats during one of her episodes of eating too much:

.....

.....

.....

N13. Over the last 3 months, has your study teenager done any of the following to avoid putting on weight?

	No	A little	A lot	Tried to but not allowed	Don't know
a) Ate less at mealtimes	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
b) Skipped meals	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
c) Went without food for long periods, e.g. all day or most of the day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
d) Hid or threw away food that others gave her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
e) Exercised more	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
f) Made herself sick	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
g) Took pills or medicines in order to lose weight	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
Please tick & describe what she took:					
.....					
h) Did other things. Please tick and describe what she does:	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>

.....

	Yes	No	Don't know
N14 a) Has your study teenager <u>ever</u> thought she was fat even when other people said she was very thin?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
b) Would she be ashamed if other people knew how much she eats?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
c) Has she <u>ever</u> deliberately made herself sick?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
d) Do worries about eating really interfere with her life?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
			Never eats too much
e) If she eats too much, does she blame herself a lot?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

	No, not at all	Yes a little	Yes quite a lot	Yes a great deal	Don't know
N15. Is she upset or distressed about her weight or body shape?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="9"/>

N16. How much do you think her eating pattern or concern about weight and body shape has interfered with:

	Not at all	A little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or class work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) hobbies, sports or other leisure activities?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
N17. Has her eating pattern or concern about weight or body shape put a burden on you or the family as a whole?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

N18. If she has started her regular periods, have there been any months when the period didn't happen at all?

yes No Don't know Hasn't started her periods yet

If yes,

a) Has she had any periods in the last 3 months?

yes No

SECTION O: OTHER PROBLEMS

This next section is about a variety of different aspects of your study teenager's behaviour and development.

O1. In her **first years of life**, was there anything that seriously worried you about:

a) her speech development?

Yes

No

→ If **no**, go to O1b below

If **yes**,

i) has this cleared up **completely**?

Some continuing problems

completely cleared up

b) how she got on with other people?

Yes

No

→ If **no**, go to O1c below

If **yes**,

i) has this cleared up **completely**?

Some continuing problems

completely cleared up

c) any odd rituals or unusual habits that were very hard to interrupt?

Yes

No

→ If **no**, go to O2 below

If **yes**,

i) has this cleared up **completely**?

Some continuing problems

completely cleared up

O2. Nowadays, does she have any tics or twitches that she can't seem to control?

Yes

No

O3. How much do the following descriptions apply to your study teenager?

	Not true	Quite or sometimes true	Very or often true
Over the last 6 months:			
a) not aware of other people's feelings	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) does not realise when others are upset or angry	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) does not notice the effect of her behaviour on other members of the family	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
d) her behaviour often disrupts normal family life	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
e) very demanding of other people's time	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
f) difficult to reason with when upset	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
g) does not seem to understand social skills e.g. interrupts conversations constantly	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
h) does not pick up on body language	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
i) does not understand how she should behave when she is out e.g. in shops, or other people's houses	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
j) does not realise that she offends people with her behaviour	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
k) does not respond when told to do something	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
l) cannot follow a command unless it is carefully worded	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
m) Do you have any other comments or concerns? (If yes , please tick and describe)	Yes <input type="text"/>	No <input type="text"/>	

.....

.....

SECTION P: GOING TO SCHOOL

P1. How well do you feel your teenager's school keeps you informed?

	Very well informed	Quite well informed	Not well informed
a) about her school work	<div>1</div>	<div>2</div>	<div>3</div>
b) about her behaviour	<div>1</div>	<div>2</div>	<div>3</div>
c) about other aspects (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

P2. How does she feel about school?

	Always	Usually	Sometimes	Not at all
a) She looks forward to going	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) She enjoys it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) She is stimulated by it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) She is frightened by it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) She talks about her friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) She seems bored by school	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) She likes her teachers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

P3. How much at school do you think she likes:

		She likes it a lot	She quite likes it	She does not like it	Is unable to do
a)	English	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b)	maths	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c)	written work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d)	games	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e)	discussion	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f)	other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

.....

P4. a) Are you interested in what your study teenager does at school?

Yes very

1

 Yes mostly

2

 No, not really

3

b) Are you happy with the teaching she is getting at school?

Yes very

1

 Yes mostly

2

 No, not really

3

c) Are you happy with the progress she is making at school?

Yes very

1

 Yes mostly

2

 No, not really

3

SECTION Q: HER STRENGTHS

You have answered questions about difficulties and problems, but it is important to describe your study teenager's good points and strengths.

Q1. How well do the following descriptions apply to her?

		Not at all	Rarely	Sometimes	Often	Always
She:						
a)	Is generous	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Is lively	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Is keen to learn	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Is affectionate	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	Is reliable and responsible	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Is easy going	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Is good fun, and has a good sense of humour	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Is interested in many things	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i)	Is caring, kind-hearted	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j)	Bounces back quickly after setbacks	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k)	Is grateful, appreciative of what she gets	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l)	Is independent	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

Q2. Does she:

		Not at all	Sometimes	Often	Always
a)	Help around the home	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
b)	Get on well with the rest of the family	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
c)	Do homework without needing to be reminded	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
d)	Do creative activities: art acting, music, making things	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
e)	Like to be involved in family activities	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
f)	Take care of her appearance	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
g)	Keep her bedroom tidy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
Is she:					
h)	Good at school work	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
i)	Polite	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
j)	Good at sport	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
k)	Good with friends	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
l)	Well behaved	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

Q3. Space to describe other good points you particularly want to mention:

.....

.....

.....

.....

R1. This questionnaire was completed by: (tick all that apply)

- | | | | |
|----|---|---|-------|
| a) | child's biological mother | <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div> | |
| b) | child's mother figure | <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div> | |
| c) | child's biological father | <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div> | |
| d) | child's father figure | <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div> | |
| e) | study child | <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div> | |
| f) | someone else (please tick and describe) | <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div> | ..... |

R2. Please give the date on which you completed this questionnaire:

day	month	year
<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 80px; height: 30px; display: flex; align-items: center; justify-content: center;">200 </div>

R3. Please give the date of birth of your child:

day	month	year
<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	199 <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comment you would like to make

NB Please remember we cannot reply to any comment unless you sign it.

When completed, please return the questionnaire to:

**Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol
BS8 1BR Tel: Bristol 0117 928 8793**

For office use only

coder

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