



Questionnaire No:

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Reading and Singing



Section A: Things you like to read

Now that you are a teenager your reading habits may have changed a lot since the last time we asked you.

A1. How much do you enjoy these types of reading?

	I like a lot	I like a bit	I don't like much	I really don't like	Don't read this
a) Comic or comic strip	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) Magazines	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) Newspapers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d) Book about some interesting topic	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e) Short stories	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f) Long stories (whole books)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g) The internet	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h) Poetry	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i) Emails and letters	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j) Something else Please tick and describe	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

.....

A2. How often do you read these nowadays whether at home or at school?

	Not at all	About once a month	About once a week	Several times a week	Every day
a) Comic or comic strip	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) Magazines	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) Newspapers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d) Book about some interesting topic	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e) Short stories	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f) Long stories (whole books)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g) The internet	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h) Poetry	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i) Emails and letters	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j) Something else Please tick and describe	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

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A3. Overall how would you rate your reading?

I really can't read well

I can read but I don't enjoy it

I like reading but would rather
do other things

I love to read



Section B: The way you feel now

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 | <input type="checkbox"/> | → If <u>no</u> , go to B2 on page 7 |
| Yes, maybe | <input type="checkbox"/> | |
| Yes, definitely | <input type="checkbox"/> | |

If **yes**,

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

- | | | |
|-----------------|--------------------------|--|
| Yes, definitely | <input type="checkbox"/> | → If <u>no</u> , go to B2 on page 7 |
| Yes, maybe | <input type="checkbox"/> | |
| No | <input type="checkbox"/> | |

b) If they use special powers to read your thoughts, how often has this happened **since your 12th birthday**?

- | | | |
|--|--------------------------|--|
| Not at all | <input type="checkbox"/> | → If <u>not at all</u> , go to B2 on page 7 |
| 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 (about once a week) | <input type="checkbox"/> | |
| Nearly every day | <input type="checkbox"/> | |

B1. c) How many people have read your thoughts **since your 12th 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 8**

Yes, maybe

Yes, definitely

If yes,

a) How often has this happened **since your 12th birthday**?

Not at all → **If not at all, go to B3 on page 8**

Only once or twice

Not very often
(less than once a month)

Quite often
(about once a month)

Often (about once a week)

Nearly every day

B2. b) Who (or what) do you think was sending you these messages?

Somebody you know

☐
1

Somebody you don't know

☐
2

An alien or something like that

☐
3

Something else

☐
4

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

.....

.....

.....

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

.....

.....

.....

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

No, never

☐
1

If no, go to B4 on page 10

Yes, maybe

☐
2

Yes, definitely

☐
3

If yes,

B3. a) How often has this happened **since your 12th birthday**?

Not at all

Only once or twice

Not very often
(less than once a month)

Quite often
(about once a month)

Often (about once a week)

Nearly every day

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 11

Yes, maybe

Yes, definitely

If **yes**,

a) How often has this happened **since your 12th birthday?**

Not at all

Only once or twice

Not very often
(less than once a month)

Quite often
(about once a month)

Often (about once a week)

Nearly every day

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

Yes

No

c) Did this happen only when you had a high temperature because you were ill?

Yes

No

→ If **no**, go to B5 on page 11

If **yes**

d) Were you completely awake when you heard these things?

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 12**
- Yes, maybe ☐ 2
- Yes, definitely ☐ 3

If yes,

a) Has this happened **since your 12th 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 12**
- Yes, maybe ☐ 2
- Yes, definitely ☐ 3

c) What do you think this was?

God, or some other religious figure ☐ 1

Something else ☐ 2 please tick and describe:

.....

.....

B6. Have you ever seen something or someone that other people could not see?

No, never



If **no**, go to B7 on page 13

Yes, maybe

Yes, definitely

If **yes**,

a) How often has this happened **since your 12th birthday?**

Not at all

Only once or twice

Not very often
(less than once a month)

Quite often
(about once a month)

Often (about once a week)

Nearly every day

b) What did you see?

.....

.....

.....

c) Did this happen only when you had a high temperature because you were ill?

Yes

No

B6. 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

B7. Have you ever felt that your thoughts are broadcast out loud so that other people know what you are thinking? (Like on a radio so that anyone listening could hear them)

No, never



If **no**, go to B8 on page 14

Yes, maybe

Yes, definitely

If **yes**,

a) How often has this happened **since your 12th birthday?**

Not at all

Only once or twice

Not very often (less
(than once a month)

Quite often (about
once a month)

Often (about once a week)

Nearly every day

B8. Have you ever felt that thoughts that are not your own are put into your mind?

- | | | |
|-----------------|--------------------------|--|
| No, never | <input type="checkbox"/> | → If <u>no</u> , go to B9 below |
| Yes, maybe | <input type="checkbox"/> | |
| Yes, definitely | <input type="checkbox"/> | |

If **yes**,

a) How often has this happened **since your 12th birthday**?

- | | |
|---|--------------------------|
| Not at all | <input type="checkbox"/> |
| 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 (about once a week) | <input type="checkbox"/> |
| Nearly every day | <input type="checkbox"/> |

B9. Have you had thoughts taken out of your mind by someone or by some special force?

- | | | |
|-----------------|--------------------------|--|
| No, never | <input type="checkbox"/> | → If <u>no</u> , go to B10 on page 15 |
| Yes, maybe | <input type="checkbox"/> | |
| Yes, definitely | <input type="checkbox"/> | |

If yes,

B9. a) How often has this happened **since your 12th birthday?**

Not at all

Only once or twice

Not very often (less
(than once a month)

Quite often (about
once a month)

Often (about once a week)

Nearly every day

B10. Have you ever felt that you are a very important person, or that you have special powers or abilities?

No, never



If no, go to C1 on page 17

Yes, maybe

Yes, definitely

If yes,

a) Have you ever felt that you are somebody really very special, or that you have special powers like reading people's minds or have been chosen to perform special tasks? (This doesn't mean that you are especially clever, or come from an important family)

No, never

Yes, maybe

Yes, definitely

B10. b) How often has this happened **since your 12th birthday?**

Not at all

Only once or twice

Not very often (less
(than once a month)

Quite often (about
once a month)

Often (about once a week)
week)

Nearly every day



Section C: All about music

C1. Do you prefer music or talking to be loud or soft?

I hate loud sounds

I don't mind if
it's loud or not

I love loud sounds

Can't say

C2. a) How much do you enjoy singing?

A lot

A bit

Not at all

b) If you are listening to music do you sing along or hum with it?

Yes, often

Yes, sometimes

No, never

c) How do other people react to your singing?

They say that I can't sing in tune

They pretend to groan but are
joking really

They think it's OK mostly

They say that I can really sing well

d) Have you ever sung in a choir?

Yes, in the past, not now

Yes, nowadays

No, never

C3. Do you play a musical instrument?

Yes ☐

No ☐

→ If no, go to C4 on page 19

If yes,

Do you play:	Yes I play nowadays	Yes in past not now	No, never
a) recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) piano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) guitar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) violin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) other (Please tick and describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....

C4. What sort of music do you like?

	I like it a lot	I like it a bit	I don't like it much	I really don't like it	Have never heard this
a) Classical music	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) Country and Western	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) Heavy metal	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d) Rock and roll	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e) Opera	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f) Pop music	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g) Blues	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h) Folk music	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i) Jazz	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j) Rap/hip hop	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k) Reggae/Ska	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l) Dance	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
m) Other (Please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

.....

Section D:

D1. I am a boy

1

I am a girl

2

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

No

1

Yes

2



If **yes**, please say who helped



D3. When were you born?

Day

--	--

Month

--

Year

1	9	9	
---	---	---	--

D4. What is today's date?

Day

--	--

Month

--

Year

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

Thank you VERY much for your help

Please remember we can't reply to comments in this space unless you sign your full name.

When completed, please send this back to:

Professor Jean Golding
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coder

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