

DOCUMENT

J

LIFE AND LEISURE

VERSION 1

NR Butler 1986

DOCUMENT J

YOUTHSCAN U.K.

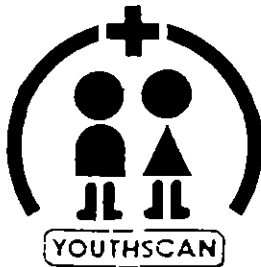
An Initiative of the International Centre for Child Studies

A national study of all children born 5th-11th April 1970 in England, Wales and Scotland originating from the 1970 Birth Cohort of the National Birthday Trust Fund

LIFE AND LEISURE

THE VARIABLE JVERSION
DIFFERENTIATES THE
2 VERSIONS OF DOCUMENT

STUDENT SELF-COMPLETION QUESTIONNAIRE



1986/87

CONFIDENTIAL

Director Professor Neville Butler
MD FRCP FRCOG DCH
International Centre for Child Studies
Ashley Down House
16 Cotham Park
Bristol BS6 6BU
Tel (0272) 739783 or 743405

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

BLOCK CAPITALS PLEASE

Student's Surname

Student's Forename(s)

Student's Home Address

Sex (SEX86)

Name of school

Postcode

Date of Birth (DOB86) 14/70

Today's Date THIS VARIABLE IS NOT AVAILABLE

TO THE STUDENT COMPLETING THIS FORM

This national survey concerns your health and education — also your interests, hopes and ambitions — and that of the other 15,000 friends of ours whose 16th birthdays fell between the 5th 11th April 1986. In this form we are asking your help in telling us about your views and opinions — and what you are doing and thinking. All the information you give will be treated in the strictest confidence. No names will be given out and this form will not be seen by anyone else.

If you should have any difficulty in filling in any part of this questionnaire, please consult the person at school who gave it to you.

MOST OF THE QUESTIONS ARE ANSWERED IN ONE OF TWO WAYS

a) BY TICKING ONE BOX

Example 1

Are you ever depressed when you have no money?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Can't say	<input type="checkbox"/>
Tick one box	

This answer means that you are depressed when you have no money

b) BY TICKING ALL THE BOXES THAT ARE RELEVANT TO YOU

Example 2

What sort of radio programmes do you listen to?	
Pop Music	<input type="checkbox"/>
News Programmes	<input checked="" type="checkbox"/>
Talk Programmes	<input type="checkbox"/>
Plays	<input type="checkbox"/>
Classical Music	<input type="checkbox"/>
Phone Ins	<input type="checkbox"/>
Tick all that apply	

This answer means that you listen to News Programmes and Classical Music

PLEASE READ ALL THE EXAMPLES BEFORE YOU ANSWER ANY QUESTION. See also front cover.

In the next type of question, you will see a number of questions are on successive lines labelled (a), (b), (c), and the answers are on the same line. You are expected to give an answer by ticking one box on each line.

Example 3

Which of the following eat herrings?	Not at all	Sometimes	Often
(a) My Mother	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) My Father	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) My Brother(s)/Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

This answer means that your mother does not eat herrings, your father sometimes eats herrings and your brother(s)/sister(s) often eat herrings.

★ Sometimes the questions can be across the page and the answers down the page, that is, they are reversed.

Example 4

Which of the following eat herrings?	(a) My Mother	(b) My Father	(c) My Brother(s)/Sister(s)
Not at all	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Often	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

This answer means that your mother does not eat herrings, your father sometimes eats herrings and your brother(s)/sister(s) often eat herrings, exactly the same as in Example 3

★ In the next type of question, you will be asked to list things in order of importance as well as to tick all that apply

Example 5

When you go out in the evenings, who do you go with?

Under A please tick boxes beside each person who you go out with
Under B please put a number to indicate the people with whom you go out the most - 1 next commonest - 2 next - 3

	A Tick all that apply	B Number 1 2 3
My Parents	<input checked="" type="checkbox"/>	2
My Brother(s)/Sister(s)	<input checked="" type="checkbox"/>	---
My best friend	<input checked="" type="checkbox"/>	1
A boy/girlfriend	<input checked="" type="checkbox"/>	---
Other friends	<input checked="" type="checkbox"/>	3
On my own	<input type="checkbox"/>	---
Someone else	<input type="checkbox"/>	---
I don't go out in the evening	<input type="checkbox"/>	---

This answer means that you go out in the evening with your parents, your brother(s)/sister(s), your best friend and other friends. You go out most often with your best friend, next most with your parents and next most with your other friends.

★ The next type of question has subsections, which you have to answer.

Example 6

Do you listen to the radio?
Tick one box

YES ☒ NO ☐

→ If YES, answer (a) and (b) below.

(a) For how long each day do you listen? Tick one box

Less than 1 hour ☐

1-2 hours ☒

2-3 hours ☐

3-4 hours ☐

4-5 hours ☐

More than 5 hours ☐

(b) Which is your favourite music? Tick all that apply

Pop music ☐

Soul music ☒

Electro music ☐

Chart music ☒

Reggae music ☒

Punk music ☐

This means that you do listen to the radio; that you listen for 1-2 hours daily; and that your favourite types of music are soul, chart and reggae.

★ Sometimes you are asked to give your answers in a space provided

Example 7

Who do you go out with the most?

Tick one box

My Father ☐

My Mother ☐

My Brother(s)/Sister(s) ☐

Someone else ☒ Who? My best friend

This answer means that you go out with your best friend the most.

Example 8

Please tell us which DJ you listen to:

I listen to David Smith

This answer means that you like to listen to David Smith.

Example 9

How many days do you eat fish each week? Give number 4

This answer means that you eat fish 4 days a week.

Example 10

On what days do you go swimming each week Tick all that apply

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

This answer means that you go swimming on Wednesday and Saturday.

KEY * INDICATES
ALPHANUMERIC TEXT

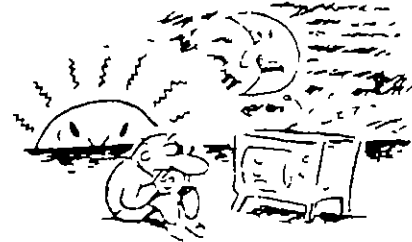
"LIFE & LEISURE"

NOW PLEASE BEGIN YOUR ANSWERS

TV AND RADIO

A1 People have all sorts of reasons for watching TV. In general, why do you do it?

I watch TV		Tick all that apply
To help me relax	(JA1A)	<input type="checkbox"/>
To give me something to do	(JA1B)	<input type="checkbox"/>
To follow my special programmes	(JA1C)	<input type="checkbox"/>
To be sociable	(JA1D)	<input type="checkbox"/>
To get me out of homework	(JA1E)	<input type="checkbox"/>
To delay going to bed	(JA1F)	<input type="checkbox"/>
To get me out of an argument	(JA1G)	<input type="checkbox"/>
To get me out of having to think	(JA1H)	<input type="checkbox"/>
Any other reason	(JA1I)	<input type="checkbox"/>
(What _____)	(JA1J)*	<input type="checkbox"/>
I don't watch television	(JA1K)	<input type="checkbox"/>



A2 When and how often do you watch it?

Answer a g and Tick one box on each line		Most days	2 3 times a week	Once a week	Less that once a week	Rarely or never
a) Early morning TV (before 9 00 am)	(JA2A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Morning TV (9 00 am 12 00 pm)	(JA2B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lunchtime TV (12 00-2 00 pm)	(JA2C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Afternoon TV (2 00 6 00 pm)	(JA2D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Evening TV (6 00 9 00 pm)	(JA2E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Evening TV (9 00-11 00 pm)	(JA2F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Late night TV (11 00 pm - closedown)	(JA2G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A3 What are your three favourite weekly TV programmes? (Include chat shows, serials, soap operas, pop programmes etc.)

1st	(JA3A)*	_____
2nd	(JA3B)*	_____
3rd	(JA3C)*	_____

A4 Please name your three favourite celebrities/media personalities (Include TV, Radio, Showbiz, Popstars, Sportsmen, other personalities)

1st	(JA4A)*	_____
2nd	(JA4B)*	_____
3rd	(JA4C)*	_____

A5 How much of the TV you view consists of violent programmes? (such as crime/spy/torture/thriller/Westerns)

	Tick one box
(JA5) Most of it	<input type="checkbox"/>
Quite a lot of it	<input type="checkbox"/>
Not much of it	<input type="checkbox"/>
Very little of it	<input type="checkbox"/>
None of it	<input type="checkbox"/>

→ 5(a)

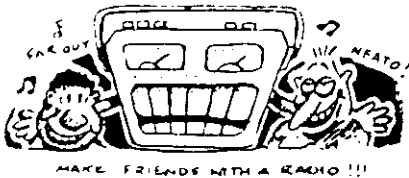
List the particular programmes of this type which you enjoy in order of importance	
1	(JA5A1)* _____
2	(JA5A2)* _____
3	(JA5A3)* _____
4	(JA5A4)* _____



A6. Do you listen to the radio these days?

YES (JA6) ☐
NO ☐

If YES, please answer 6(a).



6(a).

For how long each day?

(JA6A)

Tick one box

- Less than 1hr
1hr but less than 2hrs
2hrs but less than 3hrs
3hrs but less than 4hrs
4hrs but less than 5hrs
5hrs or more

A7. Which radio stations have you listened to in the last 7 days?

Radio One (JA7A) <input type="checkbox"/>	Commercial Radio (JA7F) <input type="checkbox"/>
Radio Two (JA7B) <input type="checkbox"/>	Radio Luxembourg (JA7G) <input type="checkbox"/>
Radio Three (JA7C) <input type="checkbox"/>	Pirate Radio (JA7H) <input type="checkbox"/>
Radio Four (JA7D) <input type="checkbox"/>	Others (JA7I) <input type="checkbox"/>
BBC Local Radio (JA7E) <input type="checkbox"/>	Which ones? (JA7J) *

A8. What sort of radio programmes do you listen to?

Pop Music (JA8A) <input type="checkbox"/>	What other programmes do you listen to on the radio?
News programmes (JA8B) <input type="checkbox"/>	1 (JA8G) *
Talk programmes (JA8C) <input type="checkbox"/>	2 (JA8H) *
Plays (JA8D) <input type="checkbox"/>	3 (JA8I) *
Classical Music (JA8E) <input type="checkbox"/>	4 (JA8J) *
Phone-ins (JA8F) <input type="checkbox"/>	

A9. Shakespeare said "If music be the food of love, play on." How about you and music?

Think back, how long did you listen to music of any sort last Saturday (include radio, video and all the ways listed in question A10 below.)

(JA9)

Not at all	Less than 1hr	1hr	2hr	3hr	4hr	5hr	6hr	7hr	or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I listened to music for

A10. What are the sources of the music you listen to usually?

Tick all that apply

Walkman (JA10A) ☐
Radio (JA10B) ☐
Video (JA10C) ☐
Compact disc (JA10D) ☐
TV (JA10E) ☐
Hi-fi (JA10F) ☐
Record player (JA10G) ☐
Live Concert (JA10H) ☐
Disco/Party (JA10I) ☐
Background only, at pub, cafe, etc. (JA10J) ☐

A11. What sort of music do you listen to usually?

Tick all that apply

Classical (JA11A) ☐
Light music (JA11B) ☐
Folk music (JA11C) ☐
Disco (JA11D) ☐
Reggae (JA11E) ☐
Soul (JA11F) ☐
Heavy Rock (JA11G) ☐
Funk (JA11H) ☐
Electric (JA11I) ☐
Punk (JA11J) ☐
Other Pop music (JA11K) ☐
Other (JA11L) ☐
What? (JA11M) *

A12. When you listen to music how far do you turn up the volume?

(JA12)

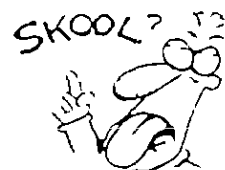
Tick one box

As loud as I can ☐
Moderately loud ☐
Louder than speaking voice ☐
Same as speaking voice ☐
Soft ☐
Can't say ☐



LIFE AT SCHOOL

B1 Have you had any changes of school since you left your Primary/Prep School?



(JB1) Tick one box

NO change (same school) all the time ☐

YES one change ☐

YES two changes ☐

YES three changes ☐

YES four or more changes ☐

If YES please answer 1(a) and (b) below

1(a) Give name and address of the last school you went to before the present one
(JB1A)*

1(b) Give dates that you attended that school
From (JB1B)* till

B2 Please write down all the subjects that are on your timetable this year?

Please also RING the number(s) to indicate those you chose as options (JB2) NO OF SUBJECTS CHOSEN AS OPTIONS

1 (JB2A2)*	6 (JB2F2)*	11 (JB2K2)*
2 (JB2B2)*	7 (JB2G2)*	12 (JB2L2)*
3 (JB2C2)*	8 (JB2H2)*	13 (JB2M2)*
4 (JB2D2)*	9 (JB2I2)*	14 (JB2O2)*
5 (JB2E2)*	10 (JB2J2)*	15 (JB2P2)*
		(JB2Q2)*
		(JB2R2)*
		(JB2S2)*
		(JB2T2)*

B3 Are there any subjects not on your timetable this year that you studied last year?

(JB3)

YES ☐

NO ☐

If YES please write them down in 3(a) below

3(a)

1 (JB3A1)*	4 (JB3A4)*
2 (JB3A2)*	5 (JB3A5)*
3 (JB3A3)*	6 (JB3A6)*

B4 Looking back to before you started your present course whose views were taken into account as to which subjects you should study over these 2 years?

(JB4) Tick one box

School decided by themselves ☐

My parents and I were seen ☐

My parents were seen but not me ☐

I was seen but not my parents ☐

B5 Were there any subjects you wanted to take but could not do so? (for example because they were not available or couldn't be timetabled)

NO (JB5) ☐

YES ☐

If YES please answer 5(a) below

5(a)

List the subjects you couldn't take

1 (JB5A1)*	2 (JB5A2)*
3 (JB5A3)*	4 (JB5A4)*
(JB5A5)*	(JB5A6)*

B6 Have you already taken any examinations since September 1984? (Exclude any exams to be taken in Summer 1986 and exclude mock exams)

(JB6)

YES ☐

NO ☐

If YES please answer 6(a) below

Please give the following details

Subject taken	CSEs	O's	A s/H's	Grade obtained
(JB6A1)*	<input type="checkbox"/>	(JB6A2)*	<input type="checkbox"/>	(JB6AA3)*
(JB6A81)*	<input type="checkbox"/>	(JB6A82)*	<input type="checkbox"/>	(JB6A83)*
(JB6AC1)*	<input type="checkbox"/>	(JB6AC2)*	<input type="checkbox"/>	(JB6AC3)*

CONTINUED ON SEPARATE SHEET AT END

Any other exams taken? (please specify) (JB6A4)*



87. Have you had any instruction in the use of computers? (e.g. the BBC micro, Sinclair, Apple etc.)



Tick all that apply

YES at school (JB7A) ☐

YES at work experience (JB7B) ☐

YES at home (JB7C) ☐

YES elsewhere (JB7D) ☐

NO (JB7E) ☐

(where (JB7D1)*)

If YES, please answer 7(a) below:

7(a).

What can you do now with computers:

- Tick all that apply.
- I can use teaching programmes (JB7AA) ☐
- I can programme (JB7AB) ☐
- I can play games (JB7AC) ☐
- I can do other things (JB7AD) ☐
- I can't really do anything (JB7AE) ☐

What? (JB7AD2)*

88. Have you got a practical (working) knowledge of any of the following skills?

Answer a - n and tick one box only on each line

Yes and got it mainly at school

Yes, and got it mainly outside school

No, I know very little about it

a) How to write an application form (for a job, for career, etc.) (JB8A) ☐

b) How to get by at an interview (JB8B) ☐

c) How to write a letter of application (job, course, etc.) (JB8C) ☐

d) How to drive a car (JB8D) ☐

e) How to ride a motorbike (JB8E) ☐

f) How to understand information technology (eg word processors) (JB8F) ☐

g) How to understand electronics (JB8G) ☐

h) How to understand communications (JB8H) ☐

i) How to give first aid (JB8I) ☐

j) How to change plugs/fuses/bulbs etc (electrical) (JB8J) ☐

k) How to get a healthy diet (JB8K) ☐

l) How to do woodwork/metalwork (JB8L) ☐

m) How to wash clothes (JB8M) ☐

n) How to sew and mend (JB8N) ☐

89. Since September 1984 have you taken part in any of the following activities arranged by school?

Tick one box on each line Answer a - g

NO

YES in this school year

YES only in last school year

a) Concerts, plays (JB9A) ☐

b) Excursions, day trips (JB9B) ☐

c) Holidays (JB9C) ☐

d) Field Courses (JB9D) ☐

e) Clubs/Societies (JB9E) ☐

f) Charitable activities (JB9F) ☐

g) Other/what (JB9G) (JB9G1)* ☐

Please answer 9(a) below.

9(a).

Please tell us which courses/clubs/activities you have been to since September 1984

- 1 (JB9A1) *
- 2 (JB9A2) *
- 3 (JB9A3) *
- 3 (JB9A4) *
- 4 (JB9A5) *
- 5 (JB9A6) *
- 6 (JB9A7) *

It can be HELL being a CAT...



CAT'S GRIEVANCES

You have to stay out in the RAIN on COLD nights



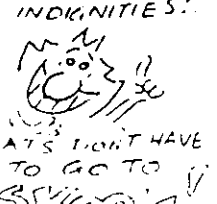
FREEDING PROBLEMS SCUM WATER eating!



And don't forget DOG TROUBLE



But one thing makes up for all these horrible INDIGNITIES!



CAT'S DON'T HAVE TO GO TO SCHOOL! (Pleasure Good 1984)

B10 Have you done any visits in the local community organised by your school since September 1984? (Include working with the elderly with young children with the handicapped etc)

YES I have (JB10) ☐
NO I haven't ☐

If YES answer 10(a) & (b)
If NO answer 10(c)

10(a)

How many times have you been? (JB10A)

10(c)

Why haven't you been? (JB10C1) Tick one box
Facility was not available ☐
Did not want to ☐
Other reason(s) ☐
What? (JB10C2) *

10(b)

What did you do? Tick all that apply
I helped/visited hospitals (JB10B1) ☐
I visited/helped elderly people (JB10B2) ☐
I helped with nurseries/playgroups (JB10B3) ☐
I visited community care centres or homes (JB10B4) ☐
I helped with handicapped people (JB10B5) ☐
Other things (JB10B6) ☐
What? (JB10B7) *

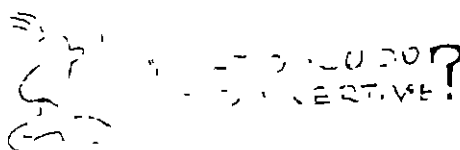
B11 Please could you tell us what you have usually done at dinner time during the Easter/Spring Term 1986?

Tick one box
Gone out of school alone (not home) (JB11A) ☐
Gone out of school with friends (JB11B) ☐
Played an outdoor sport/game (JB11C) ☐
Gone to school club/activity (JB11D) ☐
Done homework/read book (JB11E) ☐
Wandered about in school grounds with friends (JB11F) ☐
Done a school duty (JB11G) ☐
Other things (JB11H) ☐



B12 Do you think that people of your age should be allowed to stay away from school if they don't want to go?

(JB12) Tick one box
YES I do think so ☐
NO I don't think so ☐
CAN'T SAY ☐



B13 Have you stayed away from school at all since September 1985 for reasons other than illness when you should have been there?

(JB13) Tick one box
YES I have ☐
NO I haven't ☐
I am a boarder ☐

If YES please answer 13(a) and 13(b) below



13(a)

Why did you stay away from school? Tick all that apply
I was fed up with school (JB13AA) ☐
I had to help at home (JB13AB) ☐
I wanted to do something special away from school (JB13AC) ☐
I had some other reason (JB13AD) ☐
(What? (JB13AE) *)

13(b)

For how long did you stay away? (JB13B) Tick one box
Odd days ☐
As much as a week ☐
More than once a week and up to 2 weeks ☐
More than 2 weeks and up to 4 weeks ☐
Over a month ☐

B14 Below is a list of things that some people of your age have said about how they feel about school (Read each carefully and say whether it is true in your case)

Answer a-h and tick one box on each line	Very true	Partly true	Not true at all
(a) I feel school is largely a waste of time (JB14A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I am quiet in the classroom and get on with my work (JB14B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I think homework is a bore (JB14C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) I find it difficult to keep my mind on my work (JB14D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) I never take work seriously (JB14E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) I don't like school (JB14F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) I think there is no point in planning for the future you should take things as they come (JB14G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) I am always willing to help the teacher (JB14H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B15. Have you been entered for any exams or certificates for this summer term?

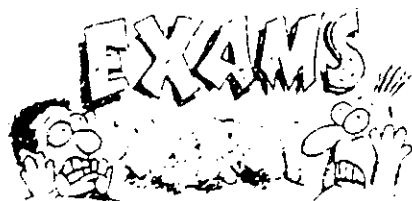
YES ☒ (JB15)
NO ☐

If YES, please answer 15(a) below:

15(a).

Please write down the subjects concerned, specify which exams (tick box) or certificates (write in space provided)

Subject	Exams entered for			Grade obtained
	CSE	O	A	
1 (JB15A1) *	<input checked="" type="checkbox"/>	(JB15A2)		(JB15A3)
2 (JB15A2) *	<input checked="" type="checkbox"/>	(JB15A3)		(JB15A4)
3 (JB15A3) *	<input checked="" type="checkbox"/>	(JB15A4)		(JB15A5)
4 (JB15A4) *	<input checked="" type="checkbox"/>	(JB15A5)		(JB15A6)
5 (JB15A5) *	<input checked="" type="checkbox"/>	(JB15A6)		(JB15A7)
6 (JB15A6) *	<input checked="" type="checkbox"/>	(JB15A7)		(JB15A8)
7 (JB15A7) *	<input checked="" type="checkbox"/>	(JB15A8)		(JB15A9)
8 (JB15A8) *	<input checked="" type="checkbox"/>	(JB15A9)		(JB15A10)
9 (JB15A9) *	<input checked="" type="checkbox"/>	(JB15A10)		(JB15A11)
10 (JB15A10) *	<input checked="" type="checkbox"/>	(JB15A11)		(JB15A12)
11 (JB15A11) *	<input checked="" type="checkbox"/>	(JB15A12)		(JB15A13)
12 (JB15A12) *	<input checked="" type="checkbox"/>	(JB15A13)		(JB15A14)



B16. Since September 1984 have you attended any timetabled classes at which careers have been discussed?

YES ☒ (JB16)
NO ☐

If YES answer 16(a) and 16(b) below:

16(a).

(a) Please say how many classes you have attended this school year (JB16A1)
Please say how many classes you have attended last school year (JB16A2)

16(b).

Did you find them helpful? (JB16B) Tick one box

YES, very helpful ☐

YES, quite helpful ☐

NO, not very helpful ☐

NO, not helpful at all ☐



B17. Apart from the above, have you, since September 1984 been present at any meetings/classes at school in which careers/jobs were discussed?

(JB17) Tick one box

YES ☐

NO ☐

DON'T KNOW ☐

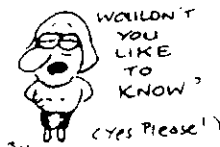
If YES, please answer 17(a) and 17(b) below:

17(a).

How many this school year? (JB17A)

17(b).

How many last school year? (JB17B)



B18. Since September 1984, has anyone come in from OUTSIDE SCHOOL to talk to you about careers/jobs etc?

(JB18) Tick one box

YES ☐

NO ☐

DON'T KNOW ☐

If YES, answer 18(a), 18(b), and 18(c) below:

18(a).

How many times this school year? (JB18A1)
How many times last school year? (JB18A2)

18(b).

Who gave the talks?

1 (JB18B1) *

2 (JB18B2) *

3 (JB18B3) *

18(c).

Were they helpful? Tick one box only (JB18C)

YES, very helpful ☒

YES, quite helpful ☐

NO, not very helpful ☐

NO, not helpful at all ☐

B19 Since September 1984 have you had any personal contact with a teacher to discuss your career/job/further education? (Exclude career lessons entered above)

YES ☒ (JB19)
NO ☐

If YES please answer 19(a) and 19(b) below



19(a)

Who did you see? Tick all that apply
Careers teacher (JB19A1)
Form teacher/tutor (JB19A2)
Year Head (JB19A3)
Other teacher (JB19A4)
(Who?) (JB19A5)*

19(b)

Where were you? Tick all that apply
On my own (JB19B1)
With my parents (JB19B2)
Somewhere else (JB19B3)
(Where?) (JB19B4)*

B20 Since September 1984 which of the following has your school arranged for you?

Answer a, b and c and tick one box on each line

	YES	NO	DON'T KNOW
(a) Information at school about choice of work YTS or further education (JB20A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Information from Careers Officer (Guidance Officer Scotland) about addresses of employers colleges of further education or YTS managing agents (JB20B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Interview(s) with a Careers Officer (Guidance Officer Scotland) about careers guidance (JB20C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B21 Since September 1984 have you visited from school any of the following?

Answer a, b and c and tick one box on each line

	YES	NO	DON'T KNOW
(a) An office factory or other workplace (JB21A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) A college of further education as part of a Link Course (JB21B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Another school for one or more timetabled class (JB21C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B22 Since September 1984 have you taken part in any work experience arranged by the school?

YES ☒ (JB22)
NO ☐

If YES answer 22(a) 22(b) and 22(c) below

22(a)

How many different work experience schemes have you been on? (JB22A)
Tick one box
1 ☐ 2 ☐ 3 or more ☐

22(b)

Please describe the type of firm work done and time spent (in days)

Type of Firm	Work done	No. of days
1 (JB22B1A)*	(JB22B1B)*	(JB22B1C)
2 (JB22B2A)*	(JB22B2B)*	(JB22B2C)
3 (JB22B3A)*	(JB22B3B)*	(JB22B3C)

22(c)

Have you found the opportunity useful in your career planning? (JB22C) Tick one box
YES ☐
NO ☐
CAN'T SAY ☐



B23. Since September 1984 who has helped/advised you about jobs/careers/further education?

Under 'Most' (A) please tick the boxes to indicate those who have helped you.
Under 'Next' (B) please tick those people who were of most help (Most 1, Next 2, and Next 3).

	A	B
I have been helped by:		
Friends	(JB23A1)	<input type="checkbox"/>
Employment agency	(JB23A2)	<input type="checkbox"/>
Parent(s)	(JB23A3)	<input type="checkbox"/>
Sister/Brother	(JB23A4)	<input type="checkbox"/>
Other member(s) of my family	(JB23A5)	<input type="checkbox"/>
Careers Officer (Guidance Officer Scotland)	(JB23A6)	<input type="checkbox"/>
Careers teacher (Guidance teacher Scotland)	(JB23A7)	<input type="checkbox"/>
Other teacher(s) at school	(JB23A8)	<input type="checkbox"/>
Staff of further education college	(JB23A9)	<input type="checkbox"/>
School Library	(JB23A10)	<input type="checkbox"/>
Other person Who? (JB23B)	(JB23A)*	<input type="checkbox"/>

B24. During this school year were your parents invited to discuss your future with the school?


<p>(JB24)</p> <p>YES they were <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>If YES, please answer 24(a)</p>	<p>24(a) Did your parents go? (JB24)</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>DON'T KNOW <input type="checkbox"/></p>
--	------------------------------------	--

B25. Summing up, to what extent has the school helped you to plan your future?

Answer a-e and tick one box on each line

	Yes Fully	Yes a bit	No not at all
Has school informed you about:			
(a) The choices for further education (JB25A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) The qualifications you need for jobs/careers (JB25B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) The opportunities under Youth Training Schemes (JB25C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) The choices and prospects of employment (JB25D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Schemes for unemployed young people (JB25E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B26. Thinking back on the subjects you have taken, how many do you think will be useful for the future?

<p>(JB26) Tick one box</p> <p>All are useful <input type="checkbox"/></p> <p>Some are useful <input type="checkbox"/></p> <p>Many are not useful <input type="checkbox"/></p>	<p>Now, please answer 26(a), 26(b), 26(c), below:</p>	
<p>26(a).</p> <p>LIST THE 3 MOST USEFUL</p> <p>1 (JB26A1) *</p> <p>2 (JB26A2) *</p> <p>3 (JB26A3) *</p>	<p>26(b).</p> <p>LIST THE 3 LEAST USEFUL</p> <p>1 (JB26B1) *</p> <p>2 (JB26B2) *</p> <p>3 (JB26B3) *</p>	<p>26(c).</p> <p>LIST ANY OTHERS YOU WISH YOU HAD TAKEN</p> <p>1 (JB26C1) *</p> <p>2 (JB26C2) *</p> <p>3 (JB26C3) *</p>

HISTORY NUMERIS LANGUAGES SPORT GEOGRAPHY


AND THE REST OF IT

	A	B
	Tick one box for each	Tick one box for each
	is nearer	you might go
Professional (needing a degree)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Managerial/Nursing/Teaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trained clerical (e.g. bank clerk)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative — office work	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worker on farm/agriculture/fishing industry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Craftsman/designer — making or designing small individual objects	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maintenance worker — repairs and service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processing worker — computing, information technology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food industry/restaurant worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Salesman/representative/shop worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transport worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worker in manufacturing, assembling products or goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service work — cleaning, dishwashing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HM Forces	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Job not included above (what?)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Can't decide	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Is there an ACTUAL JOB you would like to do as opposed to the trade, industry or profession in which you hope to work either now or when your education is complete?

If YES please complete 28(a) below

JCE 52



Why are
you
like
this?

Name or nature of job I would like to do (JB28A1)*

Industry trade or profession
in which I want to work (JB28A2)*

Remarks (JB28A3)*

YES ☒ (JB 29) Tick one box
NO ☐
DON'T KNOW ☐

If YES please answer 29(a) below

29(a) Tick all that apply

Business owned by your family ☐

Family member who is in a position to employ people or help with a job ☒ JB29A2

Other person who is in a position to employ people or help with a job ☒ JB29A3

Other type of contact (Who? ☐

JB29A4) (JB29A4-S) *



B30. Once you need to get a job, how easy or difficult do you expect it to be to get a job?

(JB30) Tick one box

Very easy ☐

Fairly easy ☐

Fairly difficult ☐

Very difficult ☐

I already have a job promised ☐

Don't know ☐

B31. What do you think are your strong points for the future?

(Answer this whether you are leaving school this year or not)

I am:

A good communicator ☐

Good with my hands ☐

A clear thinker ☐

A hard worker ☐

A clean and tidy person ☐

Reliable ☐

Good timekeeper ☐

Able to take responsibility ☐

Other strong points (What ☐

(JB31A1)

(JB31A2)

(JB31A3)

(JB31A4)

(JB31A5)

(JB31A6)

(JB31A7)

(JB31A8)

(JB31A9)*

B32. Do you think you have any educational or health problem which could make it difficult for you to follow the job/career/profession you really want?

YES (JB32) ☐

NO ☐

If YES, please answer 32(a) below:



(a) Please describe your problem:

(JB32A)*

B33. Do you expect to leave full-time education at the end of this school year?

YES (JB33) ☐

NO ☐

If YES, please answer 33(a) and 33(b) below:

33(a).

Why will you be leaving full-time education?

Tick all reasons that apply

I have always taken it for granted (JB33A1) ☐

I need to earn as soon as possible (JB33A2) ☐

I want to earn a wage and be independent as soon as I can (JB33A3) ☐

I want to do the same as most of my friends (JB33A4) ☐

I was advised to do this by my parents (JB33A5) ☐

I can't study what I want to study at school (JB33A6) ☐

I was advised to do this by my teacher(s) (JB33A7) ☐

I have a particular course or job in mind, for which I don't have to stay on at school (JB33A8) ☐

I want to leave home as soon as possible (JB33A9) ☐

I want to get married in the next year or so (JB33A10) ☐

I want to go somewhere else to learn a trade/complete my training (JB33A11) ☐

I'm not bright enough to stay on (JB33A12) ☐

33(b).

What do you plan to do? (It is appreciated that you may not be able to tell us exactly, but please make a try.)

(JB33BA)

Tick one box

I plan to look for a job ☐

I have a job fixed up ☐

I plan to try for an apprenticeship ☐

I think I will do a Youth Training Scheme (YTS) ☐

I think I will do a job then YTS ☐

I think I will be unemployed ☐

I have other plans ☐

What? (JB33BB)*

IF WORKING, WHERE DO YOU WORK? (JB33BC)*



834 What do you think you will be doing from September 1986?

(JB34A)

Leaving Full time education and doing something else as in 33(b) ☐

Doing GCE A Level Course ☐

Doing O Level or CSE Course ☐

Doing/continuing other educational course/training at School or College ☐

Something else (What?) ☐

(JB34B)*

Tick one box

Please answer 34(a) and 34(c)

Please answer 34(b) and 34(c)

34(a) Where do you think you will be studying after September 1986? (JB34AA)

Same school as now
Other school
Sixth Form College
College of Further Education
Somewhere else
(Where?) (JB34AB)*

Please give the name and address of the School College where you think you will be attending,

(JB34AC)*

34(b) What training/educational course will you be doing from September 1986?

CPVE
City & Guilds Foundation Course
B Tech Training Course
RSA Course
Continuing with T V E I
Something else
(What?)

(JB34BA1)
(JB34BA2)
(JB34BA3)
(JB34BA4)
(JB34BA5)
(JB34BA6)
(JB34BA7)*

Please give the name and address of the School College Institution which you think you will be attending

(JB34BB)*

34(c) Do you plan to go on with your education training after the age of 18?

(JB34C)

Tick one box

YES I hope to ☐
NO probably not ☐
DON'T KNOW ☐

If YES answer 34(d) below

34(d) Where do you think you might go? (JB34DA)

University/polytechnic
Teacher training college (college of education)
Technical college college of commerce or secretarial college
College of art music or drama
Somewhere else where? (JB34DB)*

Tick one box

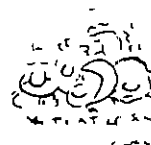
LEISURE ACTIVITIES

C1 Do you have any hobby or hobbies?

YES
NO

(JC1)

If YES please answer 1(a) (b) and 1(c) below



1(a) How many hours a week do you normally spend on your hobby/hobbies? Tick one box

(JC1A)

less than 1 hr 2 hrs 3 hrs 4 hrs 5 hrs 6 hrs 7 hrs 8 hrs 9 hrs or more

On my hobbies I spend about

1(b) Does your main hobby fit into any of the broad groups below? (JC1BA)

Tick one box only

Artistic eg drawing, photography
Making things eg model planes pottery
Collecting things eg stamps
Musical activity
An outdoor activity eg football fishing
Cooking
Keeping (or training) animals or birds
Something else
What? (JC1BB)*

1(c) What do you actually do in the course of your hobbies?

Main hobby

(JC1CA)*

Other hobby/hobbies

(JC1CB)*

C2. Do you support a particular football club? (Include Football League clubs, Amateur League clubs, but not school neighbourhood football).

YES (JC2A1) ☐
 NO ☐

If YES, which one do you support? ☐

Please write name in this box
(JC2A2) *

C3. Have you been to a soccer football match in the last 12 months?

Tick all that apply
 YES, to League Match (JC3A1)
 YES, to Amateur Match (JC3A2)
 NO, to neither (JC3A3)

If YES, please answer 3a) 3b) and 3c) below:



3(a). How often have you been this season? (JC3A)

Tick one box

About once a week ☐
 About once a month ☐
 Less than monthly ☐
 Once or twice only ☐

3(b). Do you usually go to:

Home matches (JC3B1)
 Away matches by car (JC3B2)
 Away matches by coach (JC3B3)
 Away matches by other transport (JC3B4)

3(c). Who do you usually go with?

Tick all that apply

Home Matches

I go and stay alone (JC3CA1) ☐
 I go and meet up with people (JC3CA2) ☐
 I go with my family (JC3CA3) ☐
 I go with friends (JC3CA4) ☐

Tick all that apply

Away Matches

(JC3CA5) ☐
(JC3CA6) ☐
(JC3CA7) ☐
(JC3CA8) ☐

C4. Have you actually ever seen or been involved in any disturbances in a football crowd?

(JC4) Tick one box only
 YES, seen a disturbance ☐
 YES been involved ☐
 NEVER seen/been involved ☐
 Not been to a football match ☐

If YES, please answer 4a below:

4(a). Could you say what happened? (JC4A) *

C5. Which of the following do you think are causes of football violence?

Tick all that you feel are important

Overcrowding (JC5A1) ☐
 Crowds standing and pushing (JC5A2) ☐
 Opposing and home fans getting mixed up (JC5A3) ☐
 Drink (alcohol) (JC5A4) ☐
 High unemployment rates (JC5A5) ☐
 Boredom among fans (JC5A6) ☐
 A few who are out to make trouble (JC5A7) ☐
 Bad example given by some footballers (JC5A8) ☐
 Too much sensationalism by press/TV (JC5A9) ☐
 Long time in queues to get in (JC5A10) ☐

C6. Which of the following do you think would be useful measures to improve matters?

Tick all that you feel are important

Ban alcohol at matches (JC6A1) ☐
 Search everyone for "weapons" (JC6A2) ☐
 Bring in more police (JC6A3) ☐
 Separate home and away supporters (JC6A4) ☐
 Ban away supporters (JC6A5) ☐
 Ticket-only matches (JC6A6) ☐
 Build family enclosures (JC6A7) ☐
 Provision of more seating (JC6A8) ☐
 Tougher sentences for offenders (JC6A9) ☐
 Provide jobs for young people (JC6A10) ☐
 Separate entrances/exits for home/away fans (JC6A11) ☐

C7. What do you think are the really important problems and ways of dealing with football violence?

Write here: (JC7) *
(JC7A) *
(JC7B) *

C8 Which of the following describes how you feel about your spare time?

Answer a 1 and tick one box on each line

	I agree	I disagree
(a) I usually find plenty of enjoyable things to do in my spare time	(JC8A1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) I spend most of my spare time at my home or a friend's house	(JC8A2) <input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Where I live I don't feel it's safe for people like me to be out and about on the streets	(JC8A3) <input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) I don't usually have enough money to do what I like	(JC8A4) <input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) I am often bored and don't know what to do	(JC8A5) <input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) Anything is better than staying at home even if there's nowhere special to go	(JC8A6) <input checked="" type="checkbox"/>	<input type="checkbox"/>

C9 Do you have a shared interest with your mother/father on which you spend up to several hours a week?

(JC9)

YES share interest(s) with Mother only	<input type="checkbox"/>	If YES please answer 9a below 9(a)
YES share interest(s) with Father only	<input type="checkbox"/>	
YES share interest(s) with both	<input type="checkbox"/>	
NO shared interest with either	<input type="checkbox"/>	

What is it? (JC9A) *

C10 Have you ever taken part in any of the following spare time activities? (Do not include anything if you were born)

Tick one box on each line a 1

	Never or hardly ever	Sometimes	Often
a) Babysitting for younger brothers and sisters	(JC10A1) <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Babysitting elsewhere	(JC10A2) <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Helping old people	(JC10A3) <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Voluntary conservation work (helping with nature)	(JC10A4) <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Helping single parents	(JC10A5) <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Other voluntary activities in the community	(JC10A6) <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(What?)	(JC10B) *		

C11 Is there some spare time activity which does not exist in your area that you would like to see introduced so that you could take part?

YES (JC11) ☐ If YES please answer 11a below
NO ☐

11(a)

Please describe (JC11A) *

C12 Have you in the past 12 months had any instruction in any of the following?

Tick all that apply in both columns

	At School	Outside School		At School	Outside School
Self defence	(JC12A1) <input type="checkbox"/>	<input type="checkbox"/>	Shorthand	(JC12A7) <input type="checkbox"/>	<input type="checkbox"/>
Swimming	(JC12A2) <input type="checkbox"/>	<input type="checkbox"/>	Typing	(JC12A8) <input type="checkbox"/>	<input type="checkbox"/>
Dancing	(JC12A3) <input type="checkbox"/>	<input type="checkbox"/>	Aerobics/Keep fit	(JC12A9) <input type="checkbox"/>	<input type="checkbox"/>
Music	(JC12A4) <input type="checkbox"/>	<input type="checkbox"/>	None of these	(JC12A10) <input type="checkbox"/>	<input type="checkbox"/>
Drama/Speech	(JC12A5) <input type="checkbox"/>	<input type="checkbox"/>	Other things	(JC12A11) <input type="checkbox"/>	<input type="checkbox"/>
Dressmaking	(JC12A6) <input type="checkbox"/>	<input type="checkbox"/>	(What?)	(JC12A12) *	

C13 Have you read a book(s) for pleasure in the past 4 weeks?

YES (JC13) ☐ If YES please answer 13(a) and (b) below
NO ☐

13(a)

What books?

	Tick all that apply
Novels	(JC13A1) <input type="checkbox"/>
Modern Sci Fi	(JC13A2) <input type="checkbox"/>
Books about hobbies/interests/pets	(JC13A3) <input type="checkbox"/>
Biographies	(JC13A4) <input type="checkbox"/>
Historical books	(JC13A5) <input type="checkbox"/>
Other type of book	(JC13A6) <input type="checkbox"/>
(What?)	(JC13A7) *

13(b)

Can you remember what any of them were called?

1	(JC13B1) *
2	(JC13B2) *
3	(JC13B3) *



	Tick all that apply
Usually too busy with other things	(JC14A1)
Don't find books very interesting	(JC14A2)
Interested but no library available nearby	(JC14A3)
Too few books in the house	(JC14A4)
Don't find reading easy	(JC14A5)
I have and read plenty of books	(JC14A6)
Other reason (What?)	(JC14A7)*



List of other items	
Just 17	(JCISA1)
Blue Jeans	(JCISA2)
Patches	(JCISA3)
Super Bike	(JCISA4)
What Bike	(JCISA5)
Bike	(JCISA6)
Street Machine	(JCISA7)
True Romances	(JCISA8)
SMASH HITS	(JCISA9)
Over 21	(JCISA10)
My Guy	(JCISA11)
Shoot	(JCISA12)
Radio Times	(JCISA13)
TV Times	(JCISA14)
19	(JCISA15)
Honey	(JCISA16)
Motor Cycle Sport	(JCISA17)
Marvel, Beano, other comics	(JCISA18)
Any other magazines	(JCIST)
	(JCISTII)
	(JCISTIII)

Tick all that apply

Cheapness	(JC16A1)	<input type="checkbox"/>
Fun	(JC16A2)	<input type="checkbox"/>
Fashion	(JC16A3)	<input type="checkbox"/>
Comfort	(JC16A4)	<input type="checkbox"/>
Sex appeal	(JC16A5)	<input type="checkbox"/>
Other reason	(JC16A6)	<input type="checkbox"/>
(What? _____)	(JC16G)*	<input type="checkbox"/>

YES (JC17)
NO

If YES, please answer
17a below

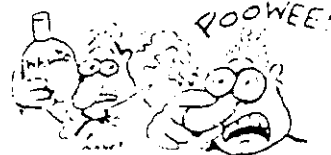


17 (a).

What do you do?

Bleaching (JC17A1)
 Highlighting (JC17A2)
 Colouring (JC17A3)
 Something else (JC17A4)
 (What? (JC17A))*

Tick one box on each line		Always	Often	Only when going out	Never
a)	I wear make-up . . . (J.C.18A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	I wear jewellery . . . (J.C.18B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



YES (JC19) ☐
NO ☐

If YES, please answer 19(a) below.

19(a).

What brand do you usually use?

1. (JC19A1) *
2. (JC19A2) *
3. (JC19A3) *

[illegible]

C21 Do you and your friends play cards for money?

YES ☒ (JC21)
NO ☐

If YES please answer 21(a)

21(a)

What is the most you have lost? (JC21A1)
What is the most you have won? (JC21A2)

C22 Did you take any exercise last Saturday?

YES ☒ (JC22)
NO ☐

If YES please answer 22(a) below

22(a)



What were you doing last Saturday?

Tick all that apply

- (a) Walking over 1 mile (JC22A1)
(b) Running/jogging over 1 mile (JC22A2)
(c) Bicycling over 1 mile (JC22A3)
(d) Swimming 4 lengths over (JC22A4)
(e) Dancing (disc) (JC22A5)
(f) Indoor sport(s) (What? (JC22A6) (JC22AE2)*)
(g) Outdoor sport(s) (What? (JC22A7) (JC22AE2)*)
(h) Exercise/Keep Fit class (JC22A8)
(i) Other form of exercise (JC22A9)
(What? (JC22AI2)*)

C23 Different areas in Britain provide more or less facilities recreation for young people. We would like to know how it is for you?

Have you been to a sports centre or a community centre in the past 12 months?

(JC23) Tick one box
YES to Sports Centre only ☐
YES to Community Centre only ☐
YES to both ☐
NO to both ☐
NO to both though went before 12 months ago to one or the other ☐

If YES please answer 23(a) below

If NO please answer 23(b) below



23(a)

How often have you been in the last 12 months? Tick one box for Sports Centre (JC23AA) and one box for Community Centre (JC23AB)

More than once a week	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	<input type="checkbox"/>
Once or twice a month	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Not been at all	<input type="checkbox"/>	<input type="checkbox"/>

23(b)

Why don't/didn't you go? Tick all that apply

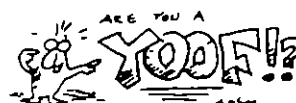
No longer have time (JC23B1)
Don't want to (JC23B2)
Too far away (JC23B3)
None in area now (JC23B4)
No transport (JC23B5)
Too expensive (JC23B6)
None of my friends go (JC23B7)
No longer interested in sport (JC23B8)
Other reasons (JC23B9)
What? (JC23BI2) *

C24 Have you been to a youth club(s) in the past 12 months?

YES ☒ (JC24)
NO ☐

If YES please answer 24(a) and 24(b)

24(a) 24(b)



24(a)

On how many occasions have you been? (JC24A) Tick one box

More than once a week ☐
Once a week ☐
Once or twice a month ☐
Less than once a month ☐

24(b)

What sort of things do/did you do there?

1 (JC24B1) *
2 (JC24B2) *
3 (JC24B3) *
4 (JC24B4) *

C25. Have you been/belonged to any uniformed youth organisations in the past 12 months?



(JC25) Tick one box

YES belong/go to one or more ☐

NO used to go, but not now ☐

NO, never been or belonged ☐

If YES, please answer 25(a) and 25(b) below:

25(a).

Tick one box

How often have you been in the last 12 months? (JC25A)

More than once a week ☐

Once a week ☐

Once or twice a month ☐

Less than once a month ☐

25(b).

Where did you go?

Army Cadets T.A. (JC25B1) ☐

Boys Brigade Girls Brigade (JC25B2) ☐

Salvation Army (JC25B3) ☐

Sea Cadets Rangers (JC25B4) ☐

Boy Scouts Girl Guides (JC25B5) ☐

Air Training Corps (JC25B6) ☐

Red Cross Cadets (JC25B7) ☐

St. John's Ambulance Cadets (JC25B8) ☐

Other organisation(s) (What?) (JC25B9) * ☐

C26. Have you been to any 'church' activities etc. in the past 12 months? (i.e. activities to do with your religion or place of worship, whatever its nature or denomination)

(JC26)

YES ☐

NO ☐

If YES, please answer 26(a) and 26(b) below:



26(a).

(JC26A) Tick one box

On how many occasions in the past 12 months?

More than once a week ☐

Once a week ☐

Once or twice a month ☐

Occasionally ☐

26(b).

What sort of activities?

Youth Club Fellowship or Group (JC26B1) ☐

Tuition Group(s) (JC26B2) ☐

Trips/outings (JC26B3) ☐

Sports activities (JC26B4) ☐

Concert (JC26B5) ☐

Choir (JC26B6) ☐

Attend services (or equivalent) (JC26B7) ☐

Other activities connected with your religion (JC26B8) ☐

What? (JC26B9) * ☐

C27. Apart from the above do you belong to any clubs, organisations or groups?

(JC27)

YES ☐

NO ☐

If YES, please answer 27(a) below:

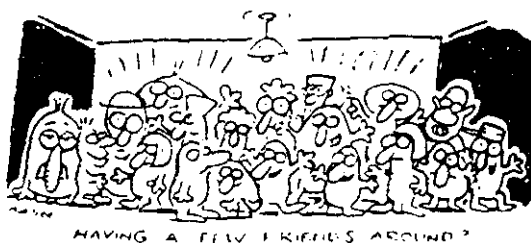
27(a).



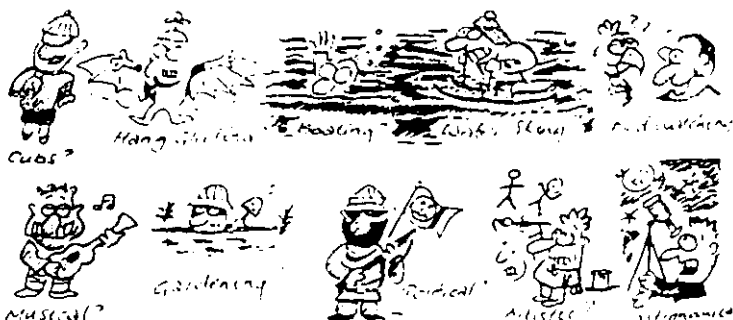
What are they and how often do you go and what do you do? _____

(JC27A1) * _____

(JC27A2) * _____



HAVING A FEW FRIENDS AROUND?



Musical? Gardening? Football? Artistic? Astronomical?

A lot is said nowadays about Drug Abuse Would you like to say why, in your opinion some young people take hard or soft drugs what they sometimes take how harmful you think each one can be and what can be done to help people with a drug problem?

What do you understand by the term drug abuse?	(JD1 I)	*
	(JD1 II)	*
	(JD1 III)	*
Why do some young people take drugs?	(JD2 I)	*
	(JD2 II)	*
	(JD2 III)	*
What sort of drugs do they take?	(JD3 I)	*
	(JD3 II)	*
	(JD3 III)	*
How harmful can they be?	(JD4 I)	*
	(JD4 II)	*
	(JD4 III)	*
What can be done to help people with a drug problem?	(JD5 I)	*
	(JD5 II)	*
	(JD5 III)	*

The following is a list of major world problems often in the news Which of these problems do you think we should work towards solving first Put the list in your order of importance

Famine / The Arms Race / Racism / Pollution of the Environment / Terrorism / Violent Crime / Unemployment

Place in order of importance	
1	(JE1)
2	(JE2)
3	(JE3)
4	(JE4)
5	(JE5)
6	(JE6)
7	(JE7)
8 Any other issues you feel very strongly about?	(JE8 I) *
	(JE8 II) *

Which three people would you most like to be like? (locally or anywhere)
(eg. Famous People, Celebrities, Entertainers, Relatives, Friends etc.)

Give in order of preference

1. (JF1) *
2. (JF2) *
3. (JF3) *

What are the three things you like doing the most/the least?

Things I like doing the most

1. (JG1) *
2. (JG2) *
3. (JG3) *

Things I like doing the least

1. (JH1) *
2. (JH2) *
3. (JH3) *

What are the three sorts of holiday you would like most?

(eg. beach, camping, countryside, adventure, foreign travel, doing hobby, etc.)

Give in order of preference

1. (JI1) *
2. (JI2) *
3. (JI3) *

THANK YOU VERY MUCH FOR YOUR HELP

CONTINUATION OF DOCUMENT J

JB6

<u>Subject taken</u>	<u>CSE/O's/A's/H's</u>	<u>Grade obtained</u>
(JB6AD1)*	(JB6AD2)	(JB6AD3)
(JB6AE1)*	(JB6AE2)	(JB6AE3)
(JB6AF1)*	(JB6AF2)	(JB6AF3)
(JB6AG1)*	(JB6AG2)	(JB6AG3)
(JB6AH1)*	(JB6AH2)	(JB6AH3)
(JB6AI1)*	(JB6AI2)	(JB6AI3)
(JB6AJ1)*	(JB6AJ2)	(JB6AJ3)

DOCUMENT

K

DIETARY DIARY

YOUTHSCAN UK



YOUTHSCAN

1986/87

DIETARY
DIARYThis Dietary Diary is filled in by

Date of Birth

		0	4	7	0
--	--	---	---	---	---

Sex Male ☐ Female ☐

Name & Address of School

--	--	--	--	--	--

--

--	--

--	--	--	--	--

--	--

If found, please return to owner or to

Professor Neville Butler

MD, FRCP, FRCOG, DCH

Director of Youthscan

International Centre for Child Studies

Ashley Down House

16 Cotham Park

Bristol BS6 6BU



We would like you to keep the diary for four days. The first day should be a *Friday*. So you keep a record of all you eat and all you drink on *Friday, Saturday, Sunday* and *Monday*. Try to keep the Diary with you and fill it in each day as you go along, don't leave it until the evening.

Please write down everything you eat and everything you drink, at mealtimes and in-between meals.

READ THROUGH THESE INSTRUCTIONS AND THE EXAMPLE CAREFULLY
ONCE OR TWICE BEFORE YOU START

NOTES ON HOW TO COMPLETE THE DIARY

Write in the time on each occasion you have something to eat or drink.

Put down *how much* food or drink you have had. You do not need to weigh everything, but give a good description.

FOR EXAMPLE:

*When you have a slice of bread or meat say if it was a thin, medium or thick slice and give approximate size of slice

*Put down whether drinks were in glasses, cups or mugs e.g. half mug of milk

*Write tablespoon or teaspoon, not just spoonful.

*When you know the weight and brand of something, write it down. e.g. 150g carton of Yoghurt (St. Ivel), 180g Steak & Kidney Pie (Bowyers), ½ pint Shandy (Top Deck).

For crisps and snacks write down the cost, eq. 15p packet of crisps

DESCRIBE THE FOOD OR DRINK, GIVING AS MUCH INFORMATION AS POSSIBLE

How was the food prepared – fried, boiled or grilled?

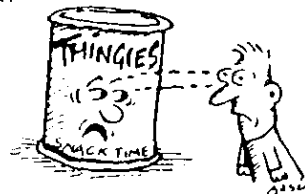
Is bread white, wholemeal or brown?

What type of cereal was it?

Was it butter or margarine?

Did you cut the fat off the meat?

What type of biscuit did you eat?



GIVE BRAND NAMES WHERE POSSIBLE FOR FOODS AND DRINKS

Looking at wrappers and labels will help to fill this in accurately.

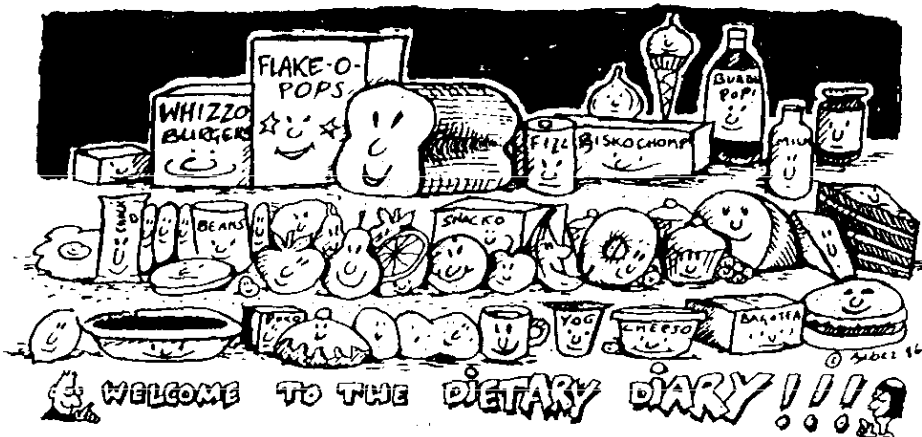
REMEMBER TO

Fill in the day of the week and the date at the top of each page.

Include everything – snacks, tidbits – however small.

Put down all your drinks, even water.

Look at the example pages. You might not eat all the things written on them, but it will show you how to use the diary.



DAY

DATE

BEFORE BREAKFAST	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
7 45am	1 mug of Tea with ordinary (silver-top) milk and two sugars (white)
	2 Chocolate Digestive biscuits (Crawfords)
8 00am	1 Apple

BREAKFAST	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
8 15am	1 mug of tea with ordinary milk and two sugars (white)
	2 Weetabix
	2 (tablespoons) Shreddies-Nabisco
	1 boiled egg
	2 (Large medium slices) of toast - white bread with a lot of butter

MID-MORNING BETWEEN BREAKFAST AND MIDDAY MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
10 15am	1/2 Pint glass of Lemonade
	1 bar of Cadbury's Wuspa
11 00am	1 small packet of plain crisps (Walkers)

MIDDAY MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
12 45 pm	4 large medium slices of wholemeal bread with margarine - blue band 4 slices of Cheddar cheese and 1 Tomato (sliced) } SANDWICHES
	1 portion of chips
	1 Cornish and apple pie
	1/2 Pint of orange juice Squash



MID AFTERNOON BETWEEN MIDDAY MEAL AND EVENING MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
4 15 pm	1 large Kit Kat
	1 mug of coffee with 1 teaspoonful of sugar (white)
	1 cup of Tea with ordinary milk and two sugars (white)
5 30 pm	2 Digestive Biscuits (McVities)

DAY..... DATE.....

EVENING MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
6.45 P.M	<p>1 large Pork-chop cooked in the oven - with oxo gravy.</p> <p>3 Medium Boiled Potatoes</p> <p>2 Tablespoons of Peas - tinned (co-op)</p> <p>2 Tablespoons of Swede</p> <p>1 individual Chocolate Mousse - St. Ivel.</p> <p>1 Glass of Water</p>



EVENING SNACKS & DRINKS UP TO BEDTIME OR DURING NIGHT	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
7.30 P.M	1 mug of Coffee with ordinary milk and two sugars (white?)
8.30 P.M	1 Packet of Chips from take-away.
9.45 P.M	1 tin of Shandy (top-deck)
10.00 P.M	1 Packet of Potato Crisps (13p.)

HAVE YOU FORGOTTEN ANYTHING?	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND



PLEASE TURN OVER AND BEGIN YOUR OWN DIARY



DAY

DATE

BEFORE BREAKFAST	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

BREAKFAST	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
MID MORNING BETWEEN BREAKFAST AND MIDDAY MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

MIDDAY MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
MID-AFTERNOON BETWEEN MIDDAY MEAL AND EVENING MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

DAY..... DATE.....

EVENING MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
EVENING SNACKS & DRINKS UP TO BEDTIME OR DURING NIGHT	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

HAVE YOU FORGOTTEN ANYTHING?	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

IS THERE ANYTHING YOU WANT TO TELL US?

END OF THE DAY
PLEASE TURN OVER TO FILL IN THE NEXT DAY'S DIARY



DAY

DATE

BEFORE BREAKFAST

TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

BREAKFAST

TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

MID MORNING BETWEEN BREAKFAST AND MIDDAY MEAL

TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

MIDDAY MEAL

TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

MID AFTERNOON BETWEEN MIDDAY MEAL AND EVENING MEAL

TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

EVENING MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

EVENING SNACKS & DRINKS UP TO BEDTIME OR DURING NIGHT	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

HAVE YOU FORGOTTEN ANYTHING?	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

IS THERE ANYTHING YOU WANT TO TELL US?

END OF THE DAY
PLEASE TURN OVER TO FILL IN THE NEXT DAY'S DIARY



DAY

DATE

BEFORE BREAKFAST	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

BREAKFAST	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
MID-MORNING BETWEEN BREAKFAST AND MIDDAY MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

MIDDAY MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
MID-AFTERNOON BETWEEN MIDDAY MEAL AND EVENING MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

DAY..... DATE.....

EVENING MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

EVENING SNACKS & DRINKS UP TO BEDTIME OR DURING NIGHT	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

HAVE YOU FORGOTTEN ANYTHING?	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

IS THERE ANYTHING YOU WANT TO TELL US?

END OF THE DAY

PLEASE TURN OVER TO FILL IN THE NEXT DAY'S DIARY



DAY

DATE

BEFORE BREAKFAST	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

BREAKFAST	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
MID-MORNING BETWEEN BREAKFAST AND MIDDAY MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

MIDDAY MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
MID-AFTERNOON BETWEEN MIDDAY MEAL AND EVENING MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

EVENING MEAL	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND
EVENING SNACKS & DRINKS UP TO BEDTIME OR DURING NIGHT	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

HAVE YOU FORGOTTEN ANYTHING?	
TIME	AMOUNT OF FOOD & DRINK TAKEN AND BRAND

IS THERE ANYTHING YOU WANT TO TELL US?

END OF THE DAY

THANK YOU VERY MUCH FOR YOUR HELP





This has been a Youthscan Dietary Diary Production
©1986

Goodbye and Happy Eating!!!

DOCUMENT L

EDUCATIONAL (TEACHER'S) QUESTIONNAIRE

YOUTHSCAN U.K.

An Initiative of the International Centre for Child Studies

A national study of all children born 5-11 April 1970 in England, Wales and Scotland originating from the 1970 Birth Cohort of the National Birthday Trust Fund

EDUCATIONAL (TEACHER'S) QUESTIONNAIRE

CONFIDENTIAL



Director Professor Neville Butler
MD, FRCP, FRCOG, DCH
International Centre for Child Studies
Ashley Down House
16 Cotham Park
Bristol BS6 6BU
Tel (0272) 739783/743405

BLOCK CAPITALS PLEASE																					
Pupil's Surname																					
Pupil's Forename(s)																					
Pupil's Home Address																					
Pupil's Sex		Male <input type="checkbox"/>		Tick one box		Female <input type="checkbox"/>		Date of birth		Date		Month		Year							
				(SEX86)						(DOB86)		April		1970							
										-- Date		Month		Year							
										Todays Date						1986					
												(LDOC-MT)		(LDOC-YR)							
Name of school																					
Address of school																					
Name of your Education Authority										(LEA86)											
Name of your District Health Authority										(DHA86)											
Designation of teacher completing this form										(DESIG)*											

TO THE TEACHERS AND OTHERS HELPING TO COMPLETE THIS FORM

We should like to thank you for your co-operation in this study of teenagers. All the information will be treated in the strictest confidence. This form will not be seen by anyone other than the survey staff, and no names of pupils, teachers or schools will be mentioned in any report of the study. The parents and teenagers concerned have participated in the Study up to three times already and have recently been approached individually to ensure their consent for the present sweep.

The questions are addressed to the pupil's Form Teacher or Tutor, but we realise that you may wish to consult with your Year Head or House Head or whoever has the most knowledge of the pupil.

IF YOU HAVE ANY DIFFICULTY FILLING IN ANY PART OF THE FORM, PLEASE CONTACT YOUTHSCAN AT THE ABOVE ADDRESS

Q1. How long have you known the study pupil?

Please specify number of terms

(L1)

terms

Q2. Is this pupil:

(L2.1)

Tick one box only

LEA
School

Independent
School

- a) A day pupil ☐
- b) A weekly boarder ☐
- c) A term-time boarder ☐
- d) Other answer (please specify (L2.2)*) ☐

Q3. Has this pupil sat for any exams up to the end of the spring term 1986?

YES
NO

(L3.1)

If YES, which of the following?

- CSEs (L3.2) ☐
- 'O' levels ('O' Grades Scotland) (L3.4) ☐
- Prevocational certs/exams (L3.6) ☐
- Other certificates or exams (L3.8) ☐
- (please specify (L3.10)*) ☐

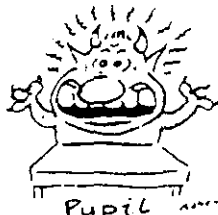
Tick all that apply

Number taken

(L3.3)
(L3.5)
(L3.7)
(L3.9)



Q4. Which of the following describes most accurately this pupil's present examination status?



(L4.1)

Tick one only

- Taking 'O' Levels only ☐
- (Taking 'O' Grade Scotland) ☐
- Taking some 'O' Levels plus CSEs ☐
- (Taking 'O' or standard Grade Scotland) ☐
- Taking some 'O' levels plus CSEs ☐
- with some 'vocational' exams ☐
- Taking several CSEs ☐
- Taking a few CSEs ☐
- Not being examined ☐
- Other answer ☐
- What? (L4.2) * ☐
- (L4.3) * ☐

Q5. Could you please supply any predictions of examination grades in respect of this pupil?

Subject Please write down each subject to be taken	Predicted 'O' grade, if appropriate							Predicted CSE grade, if appropriate							
	A	B	C	D	E	F	Can't say	1	2	3	4	5	U	Can't say	
(LS.1) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.3)
(LS.4) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.6)
(LS.7) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.9)
(LS.10) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.12)
(LS.13) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.15)
(LS.16) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.18)
(LS.19) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.21)
(LS.22) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.24)
(LS.25) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.27)
(LS.28) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.30)
(LS.31) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.32)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.33)
(LS.34) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.35)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(LS.36)

Any other exams/certificates being taken?
(LS.37) *

ACADEMIC ASSESSMENT OF PUPIL

- Q6** We would like you to grade the pupil on his/her **ACTUAL PERFORMANCE** and **UNDERLYING ABILITY** compared with other youngsters of a similar age
- Please choose the grade in each of the two columns which in your judgement most closely reflects the pupil's standing for (a) performance and (b) ability
- Performance alone may not be an accurate measure of underlying ability. Some pupils underperform because of poor motivation or emotional difficulties while by dint of hard work manage to achieve a grade above what might be expected given their natural talents



		Grade	Tick one box Performance	Tick one box Ability
Top	5%	A	<input type="checkbox"/>	<input type="checkbox"/>
Well above average	10%	B	<input type="checkbox"/>	<input type="checkbox"/>
Above average	20%	C	<input type="checkbox"/>	<input type="checkbox"/>
Average	30%	D	<input type="checkbox"/>	<input type="checkbox"/>
Below average	20%	E	<input type="checkbox"/>	<input type="checkbox"/>
Well below average	10%	F	<input type="checkbox"/>	<input type="checkbox"/>
Bottom	5%	G	<input type="checkbox"/>	<input type="checkbox"/>
No assessment possible				
Give reasons			(L6 1)	(L6 2)
If there is a difference between the two grades please comment			(L6 3)*	(L6 4)*

ABILITIES IN SUBJECTS

Reading Ability

- Q7** Is the pupil's reading ability appropriate for his/her age?
(e.g. up to reading an average paperback)

(L7 1)

Tick one box

YES above average ☐

YES average ☐

NO slightly impaired ☐

NO moderately impaired ☐

NO severely impaired ☐



If NO, please answer 7(a) and 7(b) below



7(a) What can he/she read?

Yes No Don't know

Tick one box on each line

Simple printed instructions {L7 2} ☐ ☐ ☐

Tabloid newspapers {L7 3} ☐ ☐ ☐

Any other comments about reading ability? (L7 4)*

7(b) Is any special educational help being given? (L7 5)

YES ☐ NO ☐

If YES, please give details (L7 6)*

Writing Ability

Q8. Is the Pupil's writing ability appropriate for his/her age?
(e.g. able to write short piece of creative text)

(L8.1)

YES, above average ☐

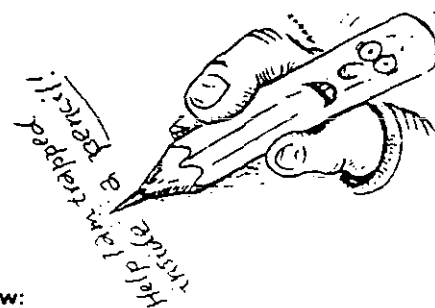
YES, average ☐

NO, below average ☐

NO, well below average ☐

Tick
one
box

→ If No, please answer 8(a) below:



8(a) What can he/she write? Yes No Don't know

Tick one box on each line

Can write his/her own name (L8.2) ☐ ☐ ☐

Can write sentences (L8.3) ☐ ☐ ☐

Can write a simple letter (L8.4) ☐ ☐ ☐

Any comments about writing ability? (L8.5) *

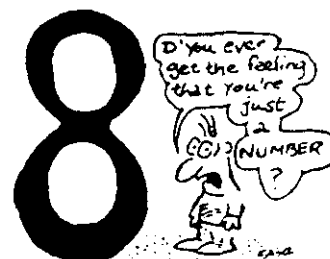
Q9. Maths Ability

Has this pupil been in a setted class for mathematics in this school year?

YES (L9.1) ☐

NO ☐

→ If YES, answer 9a below:



9(a) What is this pupil's grade? (L9.2) Tick one box

Highest level ☐

Middle level ☐

Lowest level ☐

Can't say ☐

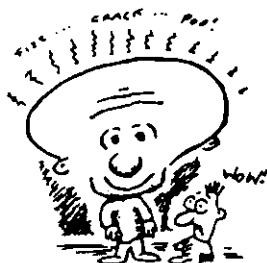
Q10. To your knowledge has this pupil any special skills or talents apart from any mentioned above, either inside or outside the school curriculum?

YES (L10.1) ☐

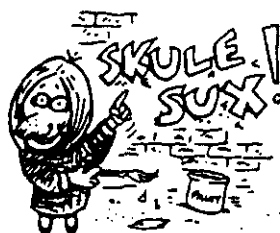
NO ☐

CAN'T SAY ☐

→ If YES, please answer 10a and b below:



Interlektule?



Artisstick?



Sportinge?



Otheres?

(This item contains Youlthson U.K.'s series of Special spellings in order to confuse you...)

10(a) In which sphere do these special skills lie?

Tick all that apply

Intellectual (L10.2) ☐

Sporting (L10.3) ☐

Artistic (L10.4) ☐

Other(s) (L10.5) ☐

What? (L10.6) *

10(b) Please give a short description:

(L10.7) *

SPECIAL EDUCATIONAL ASSESSMENT

Q11 Has this pupil been assessed with a view to special educational provision?

YES action taken (L11 1) ☐
 YES no action taken ☐
 NO ☐
 DON'T KNOW ☐

If YES answer 11a b, c, d e and f below



CLASS OF '86



11(a) When was the most recent assessment made? Date (L11 2A) (L11 2B)

11(b) Was it done under the 1981 Education Act? (L11 3)
 Yes ☐ No ☐ Can't say ☐

11(c) Please describe findings of assessment(s)

(L11 4) *
 (L11 5) *

11(d) Was there any involvement of outside agencies?

YES ☐
 NO ☐

(L11 6)

→ If YES, what were they?

(L11 7) *



FAMOUS PUB SIGNS WE HAVE KNOWN

11(e) What type of disposal was recommended? (L11 8)

tick one box

- Stay within the normal school process ☐
- Stay at the same school with support ☐
- Go to another school with support ☐
- Stay at a special school ☐
- Go to a special school ☐

11(f) Please summarise below the action recommended and implemented and present status

(L11 9) *
 (L11 10) *
 (L11 11) *

Q12. Has this pupil had any remedial or special educational help in school since September 1985?

YES (L12.1) ☐

NO ☐

CAN'T SAY ☐

If YES, please answer 12a) and 12b) below:



12(a) Please give the nature of any special educational help given this School year:

Tick all that apply

Remedial or special class	(L12.2)	<input type="checkbox"/>
Remedial group writing (Reading)	(L12.3)	<input type="checkbox"/>
Remedial group working (Maths)	(L12.4)	<input type="checkbox"/>
Special group (behaviour problems)	(L12.5)	<input type="checkbox"/>
Small group vocational course	(L12.6)	<input type="checkbox"/>
Individual remedial tuition	(L12.7)	<input type="checkbox"/>
Individual school counselling	(L12.8)	<input type="checkbox"/>
Other help (please specify)	(L12.9) (L12.10)* (L12.11)*	<input type="checkbox"/>

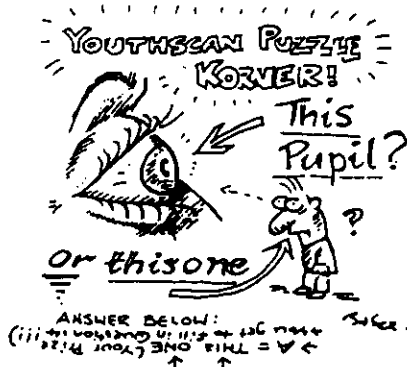
12(b) How many hours a week is help given?

Reading	(L12.12)	hours
Maths	(L12.13)	hours
Other	(L12.14)	hours
Please specify	(L12.15) *	

Q13. Has the pupil received any outside specialist help to your knowledge since September 1985?

YES (L13.1) ☐
NO ☐
CAN'T SAY ☐

- If YES, please answer 13a and 13b below:

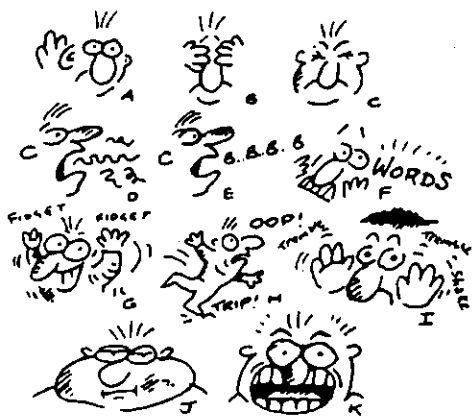


13(a) What type of specialist help is/was being given? Tick all that apply

Child Guidance attendance	(L13.2)	<input type="checkbox"/>
Psychiatric Counselling	(L13.3)	<input type="checkbox"/>
Speech Therapy attendance	(L13.4)	<input type="checkbox"/>
Reading Centre attendance	(L13.5)	<input type="checkbox"/>
Multi-cultural education centre	(L13.6)	<input type="checkbox"/>
English language centre (include holiday periods)	(L13.7)	<input type="checkbox"/>
Sensory disability help (visual)	(L13.8)	<input type="checkbox"/>
Sensory disability help (auditory)	(L13.9)	<input type="checkbox"/>
Education welfare intervention	(L13.10)	<input type="checkbox"/>
Social work intervention	(L13.11)	<input type="checkbox"/>
Attendance at Special Unit (behaviour difficulties)	(L13.12)	<input type="checkbox"/>
Probation Officer guidance/care	(L13.13)	<input type="checkbox"/>
Other help	(L13.14)	<input type="checkbox"/>
(What? _____)	(L13.15)*	

13(b) Please give a short description:
(L13.16)*

Q14. From school records, 10 BM and your own observations, does this pupil have any of the following?



Tick one box on each line		Answer (a)-(k)	Yes	No	Can't say
Appears:-					
a)	To have hearing difficulty	(L14.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	To have bad eyesight	(L14.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	To have a squint	(L14.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Speech which is difficult to understand	(L14.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	To have stammer/stutter	(L14.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	To have dyslexia	(L14.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	To be hyperactive	(L14.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	To be clumsy in his/her movements	(L14.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i)	To have poor control of hands (eg in writing, drawing, handwork)	(L14.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j)	To be overweight	(L14.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k)	To be aggressive	(L14.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15 Taking into account the above has this pupil any physical, mental, educational or social problems which impair or might interfere with his/her everyday life?

YES	(L15.1)	<input type="checkbox"/>
NO		<input type="checkbox"/>
CAN T SAY		<input type="checkbox"/>

If YES please summarise any problems which have been identified and any action taken

(L15.2) *

BEHAVIOUR AND DISCIPLINE

Q16 Has this pupil ever had to be removed from class because of behaviour problems?



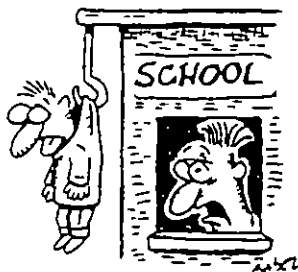
NO need	(L16.1)	<input type="checkbox"/>
YES occasionally to informal school provision	(L16.2)	<input type="checkbox"/>
YES to rescue unit on-site centre etc	(L16.3)	<input type="checkbox"/>
YES to an off-site centre	(L16.4)	<input type="checkbox"/>
YES other answer (please specify _____)	(L16.5)	<input type="checkbox"/>
	(L16.6) *	<input type="checkbox"/>

Tick all that apply

7 Has this pupil ever been suspended from school?

YES	(L17.1)	<input type="checkbox"/>
NO		<input type="checkbox"/>

If YES, please answer 17a below



17(a) What was the reason?

(L17.2) *

CASE CONFERENCES

Q18 Has there been a "Case Conference" between the school and outside agencies about this pupil in the last 2 years?

YES	(L18.1)	<input type="checkbox"/>
NO		<input type="checkbox"/>

If YES, please answer 18a below

18(a) Why was there a Case Conference?

For Behaviour/social problem(s)	(L18.2)	<input type="checkbox"/>	Who attended and why?
What? ←	(L18.3) *		→ _____
For Medical problem(s)	(L18.4)	<input type="checkbox"/>	
What? ←	(L18.5) *		→ _____
For Other reason(s)	(L18.6)	<input type="checkbox"/>	
What? ←	(L18.7) *		→ _____

Give any other relevant information

(L18.8) *

ABSENCES FROM SCHOOL

Q19. Did this pupil miss as much as a day's schooling in the Spring Term 1986?



YES (L19.1) ☐
 NO ☐

If YES, please answer 19a and b below.

19(a). Total number of days absent during Spring Term 1986. Please add up the total number of days missed (add half days as well, rounding up to full days) but do not include days pupil was away on school courses.

(L19.2) days

19(b). Where known, please indicate reasons given for absences

(L19.3) *

Q20. Do you know if this pupil has to the school's knowledge, been in contact with the law since his/her 11th birthday?

YES (L20.1) ☐
 NO ☐
 CAN'T SAY ☐

If YES, please answer 20a and b below:

20a) Please describe type of problem:

(L20.2) *

20b) Has the school had to prepare reports on this pupil for:

Tick one box for each line
 Yes No Don't know

a) The Police Service

(L20.3)

☐
☐
☐

b) The Courts

(L20.4)

☐
☐
☐

c) Social Services Department

(L20.5)

☐
☐
☐

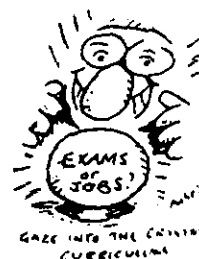
Q21. Please is there anything else about this survey pupils progress, behaviour, health or educational ability which you feel we should know?

(L21.1) *

(L21.2) *

FUTURE

Q22. Is this pupil expected to continue full time education next year?



YES (L22.1) ☐
 NO ☐
 CAN'T SAY ☐

If NO, please answer 22a below:

22(a). In your opinion, would the pupil have benefitted from continuing in full-time education?

Tick one box

Yes, academically

☐

No

☐

Yes, other reasons

☐

Don't know

☐

(What?

(L22.3) *

DOCUMENT M

HEAD TEACHER QUESTIONNAIRE

YOUTHSCAN U.K.

DOCUMENT M

An initiative of the International Centre for Child Studies

A national study of all children born 5–11 April 1970 in England, Wales and Scotland originating from the 1970 Birth Cohort of the National Birthday Trust Fund

HEAD TEACHER QUESTIONNAIRE



1986/87

CONFIDENTIAL

Director Professor Neville Butler
MD FRCP FRCOG, DCH
International Centre for Child Studies
Ashley Down House
16 Cotham Park
Bristol BS6 6BU
Tel (0272) 739783 743405

We should be grateful if you would complete this questionnaire whether or not you have any pupils born between 5th and 11th April 1970 in your school. A national picture is absolutely vital.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOCK CAPITALS PLEASE							
School name _____							
School address _____							
Name of your Local Education Authority _____							
Name of your District Health Authority _____							
POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
TYPE OF SCHOOL							
(Tick one box only)							
<input type="checkbox"/> L E A. Comprehensive	<input type="checkbox"/> Independent School						
<input type="checkbox"/> L E A Grammar School (selective)	<input type="checkbox"/> Special School L E A						
<input type="checkbox"/> L E A. Secondary Modern School	<input type="checkbox"/> Special School Independent						
<input type="checkbox"/> L E A. Technical School							
<input type="checkbox"/> Other type of school	(specify _____)						

TO THE HEAD TEACHER AND ANY OTHERS HELPING TO COMPLETE THIS FORM

We should like to thank you for your co-operation in this study of 15,000 teenagers

All the information will be treated in the strictest confidence. This form will not be seen by anyone other than the survey staff. No names of pupils, teachers or schools will be mentioned in any report of the study.

The questions are addressed to you as Head Teacher, but we realise that you may wish to pass some of the questions to other staff for completion

IF THERE IS ANY DIFFICULTY IN FILLING IN ANY PART OF THE FORM, PLEASE CONTACT ME AT THE ABOVE ADDRESS

PROFESSOR NEVILLE BUTLER

THE SCHOOL

Q1. WHEN WAS YOUR SCHOOL FOUNDED?

Founded _____ give year Originally _____	Founded in its present form _____
---	-----------------------------------

→ If prior to 1955, are some of the original buildings still used by this school?

Yes ☐
No ☐

Q2. WHICH STATEMENT(S) IS/ARE MOST APPLICABLE TO THE SCHOOL?

Purpose built (please give date _____) Buildings that have been adapted to existing school premises _____ Several buildings on one site _____ Split into more than one site _____ Other structure (please specify _____)	Tick all that apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
--	---

IF SCHOOL IS A COMPREHENSIVE, PLEASE ANSWER THE FOLLOWING QUESTION.
IF NOT PLEASE PROCEED TO QUESTION 4.

Q3. HAS THE SCHOOL BEEN:

Purpose-built as a comprehensive? Formed by amalgamating two or more existing schools? Formed by introducing an unselective entry into a secondary modern or junior secondary school? Formed by producing an unselective entry into a grammar or secondary school?	Tick all that apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	---

THE PUPILS

Q4. WOULD YOU MIND GIVING THE FOLLOWING DETAILS ABOUT THE PUPILS (AS AT THE BEGINNING OF THE SPRING TERM 1986)? IF NONE WRITE 0.

4a Age range of pupils _____ to _____ years 4b Number of boys on register _____ Number of girls on register _____ 4c Number of boarders (boys) _____ Number of boarders (girls) _____ 4d Number of boys in 5th year _____ Number of girls in 5th year _____ (4th year Scotland) (4th year Scotland) 4e Number of Tutor classes/forms in 5th year (4th year Scotland) _____ (Please count combined classes with younger children in Special Schools as one)	
--	--

Q5. HAVE YOU ANY PUPILS BORN BETWEEN 5th AND 11th APRIL 1970 INCLUSIVE ATTENDING YOUR SCHOOL?

Yes..... ☐
No..... ☐

→ If YES
Please give names, addresses and dates of birth:

	Surname	Forenames	Sex	Date of Birth
1	_____	_____	_____	____/____/70
2	_____	_____	_____	____/____/70
3	_____	_____	_____	____/____/70
4	_____	_____	_____	____/____/70
5	_____	_____	_____	____/____/70
6	_____	_____	_____	____/____/70
7	_____	_____	_____	____/____/70
8	_____	_____	_____	____/____/70
9	_____	_____	_____	____/____/70
10	_____	_____	_____	____/____/70
11	_____	_____	_____	____/____/70
12	_____	_____	_____	____/____/70
(If more please continue on the back page)				Total Number _____

THE STAFF

Q6 WOULD YOU MIND GIVING THE FOLLOWING DETAILS ABOUT THE TEACHING STAFF AS AT THE BEGINNING OF THE SPRING TERM 1986

6a	Total number of teachers (full time equivalent)	_____
6b	Total number of teachers in the 5th Year (4th Scotland)	_____
6c	Number of teachers on scaled or equivalent posts (England and Wales only)	_____

Probationers	_____	Scale III	_____
Scale I (other than Probationers)	_____	Senior Teachers	_____
Scale II	_____	Deputy Heads	_____

(Special Schools - please ignore Special School allowance)

Q7 HOW MANY OF YOUR TEACHING STAFF WILL HAVE LEFT DURING OR AT THE END OF THIS SCHOOL YEAR?
(It is appreciated that at this stage in the school year the answers will be tentative)

Please give number _____	}	How many of these will be
--------------------------	---	---------------------------

Retiring/taking early retirement	_____
Transferring to other posts in the teaching profession	_____
Leaving for other reasons	_____

Q8 HOW MANY TEACHING STAFF WILL HAVE JOINED YOUR SCHOOL DURING THIS SCHOOL YEAR?

Please give number _____

TYPE OF CLASSES AND STRUCTURE

Q9 WHAT STRUCTURE IS USED FOR PUPIL GROUPINGS IN YOUR 5th YEAR (4th SCOTLAND)?

Horizontal structure (i.e. year forms)	Tick one box only
Vertical structure (i.e. mixed groups or houses)	<input type="checkbox"/> <input type="checkbox"/>

Q 10 WHICH OF THE FOLLOWING ACADEMIC GROUPS ARE USED IN YOUR 5th YEAR (4th SCOTLAND) FOR PUPIL GROUPINGS?

Streaming	Tick all that apply
Setted classes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mixed ability classes	
Remedial classes	
Other groups (please specify _____)	

Q 11 DO YOU HAVE ANY CLASSES FOR CHILDREN WITH SPECIAL NEEDS IN YOUR SCHOOL?
(Special schools should indicate whether there are any specialist small groups)

Yes <input type="checkbox"/>	}	If YES, please state
No <input type="checkbox"/>	}	

Number of classes _____

Types of special needs catered for _____

MORE SPACE ON BACK PAGE

TEACHING METHODS

Q12 PROJECTS AND PRACTICAL WORK ARE CONSIDERED TO BE IMPORTANT IN SOME SUBJECT AREAS IN 5th YEAR (4th SCOTLAND) HOW MUCH EMPHASIS WOULD YOU SAY IS PLACED ON PROJECTS/PRACTICAL WORK IN THE FOLLOWING SUBJECTS?

	Can't Say	High	Medium	Low
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Craft, Design & Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRICULUM

Q13. WHICH OF THE FOLLOWING ARE CORE/COMPULSORY SUBJECT AREAS FOR THE 5th YEAR (4th SCOTLAND)?
ie. those which every pupil must take.

Tick all that apply		Tick all that apply	
Maths.....	<input type="checkbox"/>	Modern Languages.....	<input type="checkbox"/>
English.....	<input type="checkbox"/>	Humanities.....	<input type="checkbox"/>
Social/Pastoral Studies.....	<input type="checkbox"/>	Creative Studies.....	<input type="checkbox"/>
Science.....	<input type="checkbox"/>	P.E.....	<input type="checkbox"/>
Religious Education.....	<input type="checkbox"/>	Organised Games.....	<input type="checkbox"/>
Other core subjects (specify.....)			

MORE SPACE ON BACK PAGE

Q14. WHAT SPORTS ARE ON THE CURRICULUM FOR THE 5TH YEAR (4TH SCOTLAND)?
(Please divide into compulsory or optional.)

	Tick one box only in each row				Tick one box only in each row		
	Compul- sory	Optional	Not available		Compul- sory	Optional	Not available
Soccer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netball.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rugby Football.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basketball.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rounders.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Athletics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Table Tennis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sports (specify 1.....)							
2.....							
3.....							
4.....							

Q15. WHICH OF THE FOLLOWING SUBJECTS ARE OFFERED ON YOUR 5th YEAR (4th SCOTLAND) CURRICULUM.
(Please state whether each one is offered as an examination or non-examination subject).

	Tick only one box on each line				Tick only one box on each line		
	As an exam subject	Only as non- exam subject	Not available		As an exam subject	Only as non- exam subject	Not available
HUMANITIES				CREATIVE PRACTICAL			
History.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Art.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geography.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Music.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humanities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home Economics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needlework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craft Design & Technology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Woodwork.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify.....)	<input type="checkbox"/>	<input type="checkbox"/>		Metalwork.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		Business Studies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		Drama.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCIENCE				FOREIGN LANGUAGES			
Physics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	French.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemistry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	German.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physics with Chemistry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spanish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Italian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Russian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Biology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Science.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Classical Greek.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Science.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hindi.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urdu.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural Sciences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify.....)	<input type="checkbox"/>	<input type="checkbox"/>		Others (please specify.....)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
ENGLISH				OTHER SUBJECTS			
English Language.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Literature.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multi-cultural Studies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATHEMATICS				Child Development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Studies/Infor- mation Technology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Career Lessons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Education/life skills/ preparation for life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others (please specify.....)	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify.....)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

VOCATIONAL AND EXAMINATION COURSES

Q16 WHEN IS A DECISION MADE REGARDING OPTIONS LEADING TO VOCATIONAL AND EXAM COURSES?

Before 3rd year (2nd year Scotland)	Tick all that apply
During 3rd year (2nd year Scotland)	<input type="checkbox"/>
During 4th year (3rd year Scotland)	<input type="checkbox"/>
Other answer (please specify _____)	<input type="checkbox"/>

Q17 ARE PRE VOCATIONAL COURSES AVAILABLE IN YOUR SCHOOL?

Yes <input type="checkbox"/>	→	If Yes	indicate which courses your school does
No <input type="checkbox"/>			

City and Guilds Foundation Course	Tick all that apply
CPVE	<input type="checkbox"/>
TVEI	<input type="checkbox"/>
Other pre vocational courses (please specify _____)	<input type="checkbox"/>

Q18 ARE VOCATIONAL COURSES LEADING TO CERTIFICATES AND EXAMS AVAILABLE IN YOUR SCHOOL?

Yes <input type="checkbox"/>	→	If Yes	indicate which courses your school does
No <input type="checkbox"/>			

City and Guilds	Tick all that apply
BTEC	<input type="checkbox"/>
RSA	<input type="checkbox"/>
Courses for other certificates (please specify _____)	<input type="checkbox"/>

EXAMINATIONS

Q19 HOW MANY BOYS AND GIRLS IN THE 5th YEAR (4th SCOTLAND) ARE ENTERED THIS YEAR FOR

GCE O Levels (SCO Standard Grade) only?	Give No of _____ boys _____ girls
CSEs only?	Give No of _____ boys _____ girls
Both GCE and CSEs?	Give No of _____ boys _____ girls
Other exams? (specify _____)	Give No of _____ boys _____ girls

Q20 HAVE ANY STEPS BEEN TAKEN TO INTRODUCE STUDENT PROFILING INTO YOUR SCHOOL?

Yes <input type="checkbox"/>	→	If Yes	please describe procedures adopted
No <input type="checkbox"/>			

MORE SPACE ON BACK PAGE

Q21 PLEASE GIVE THE NUMBER OF BOYS AND GIRLS IN YOUR SCHOOL WHO IN THE LAST COMPLETE ACADEMIC YEAR ENDING JULY 1985 (Ignore if you have no pupils over 16 years)

(If none write 0)	
21a Obtained at least 2 A Level passes	No of _____ boys _____ girls
3 H grades Scotland	No of _____ boys _____ girls
21b Left to take up a place on a full time degree course	No of _____ boys _____ girls

Q22 CAN YOU MAKE AN ESTIMATE OF WHAT PROPORTION OF LAST YEAR'S 5th YEAR (4th SCOTLAND) DID THE FOLLOWING

Stayed on at school for whatever reason?	_____ %
Went onto further education elsewhere?	_____ %
Went onto a YTS scheme?	_____ %
Went into employment market?	_____ %
Did other things? (please specify _____)	_____ %

CAREERS POLICY

Q23. IS CAREERS EDUCATION (GUIDANCE EDUCATION IN SCOTLAND) INCLUDED IN YOUR 5th YEAR TIMETABLE (4th SCOTLAND)?

Yes ... ☐
No ... ☐

If YES is this:

Separate timetabled lessons ☐
Included in other lessons
(please specify) ☐
Other ways (please specify) ☐

WORK EXPERIENCE, COMMUNITY SERVICE

Q24. DO ANY OF THE PUPILS FROM THE 5th YEAR (4th SCOTLAND) PARTICIPATE IN:

	No	Yes curricular	Yes extra curricular
School/College link courses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other similar schemes? (please specify)		<input type="checkbox"/>	<input type="checkbox"/>

EXTRA-CURRICULAR ACTIVITIES

Q25. WE ARE INTERESTED TO LEARN ABOUT THE EXTRA-CURRICULAR PUPIL ACTIVITIES WHICH YOUR STAFF OR YOURSELF NORMALLY ORGANISE/PARTICIPATE IN (irrespective of whether or not temporarily suspended)

	Yes available now	Yes but suspended	No but available
Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports/Physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fieldtrips or study trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daytrips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activities (list below)	<input type="checkbox"/>	<input type="checkbox"/>	
How many extra-curricular activities are normally available to pupils in the 5th year (4th Scotland) give no.			

DISCIPLINE

Q26. BELOW IS A LIST OF DISCIPLINARY METHODS USED IN SCHOOLS TODAY. PLEASE INDICATE WHICH METHODS ARE USED IN THE 5th YEAR (4th SCOTLAND)

	Tick all that apply
Suspension and/or expulsion	<input type="checkbox"/>
Corporal punishment	<input type="checkbox"/>
Extra classwork/homework	<input type="checkbox"/>
Kept in classroom/school outside normal hours	<input type="checkbox"/>
Exclusion from sport/other activity	<input type="checkbox"/>
Report to parent — written/verbal	<input type="checkbox"/>
Physical exercise/manual work	<input type="checkbox"/>
Time out (on site unit)	<input type="checkbox"/>
Other measures (please specify)	<input type="checkbox"/>

PASTORAL CARE

Q27. DO YOUR 5th YEAR (4th SCOTLAND) PUPILS WITH SERIOUS PROBLEMS RECEIVE PERSONAL COUNSELLING IN YOUR SCHOOL?

Yes, almost always ... ☐
Yes, sometimes ☐
No, rarely or hardly ever ☐

If Yes who is likely to counsel them?

	Tick all that apply
Form Teacher/Tutor	<input type="checkbox"/>
Head of Year/House	<input type="checkbox"/>
Pastoral Care Teacher	<input type="checkbox"/>
Head of Upper School	<input type="checkbox"/>
School Head/Deputy Head	<input type="checkbox"/>
Educational Psychologist	<input type="checkbox"/>
Clinical Psychologist	<input type="checkbox"/>
Social Services	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>
Crisis Centre	<input type="checkbox"/>
Other answer (please specify)	<input type="checkbox"/>

SCHOOL INTAKE

IN THE NEXT SIX QUESTIONS WE ARE ASKING YOU TO ESTIMATE THE DISTRIBUTION OF CERTAIN CHARACTERISTICS OF YOUR SCHOOL POPULATION AND PARENTS IN THE FOLLOWING CATEGORIES

Q28 GENERAL ACADEMIC LEVEL OF PUPILS (COMPARED WITH NATIONAL AVERAGE")

High (more than 18 months ahead of age norms)	_____ %
Above average (between 6 and 18 months ahead)	_____ %
Average (between 6 months ahead and 6 months behind)	_____ %
Below average (between 6 and 18 months behind)	_____ %
Low (more than 18 months behind age norms)	_____ %
	100%
Comments _____	

Q29 OCCUPATION GROUPS OF PARENTS

Please make an estimate which clearly must be an approximation of the percentages of your pupils whose fathers (or head of household) normally fall into the following broad occupational groups (irrespective of whether employed or not)

Professional/managerial	_____ %
Clerical and other "white collar" workers	_____ %
Skilled manual workers	_____ %
Semi-skilled or unskilled manual workers	_____ %
	100%
Comments _____	

Q30 UNEMPLOYMENT RATE AMONGST PARENTS

Approximately what percentage of your pupils' fathers would you estimate are at present unemployed _____ %

Q31 CULTURAL GROUPS OF PUPILS

It would be very helpful if you feel you can estimate the proportion of your pupils who belong to the following cultural groups

European (including English Scottish Welsh Irish etc)	_____ %
West Indian (pure or mixed)	_____ %
Asian (pure or mixed)	_____ %
Any other cultural groups (specify _____)	_____ %
	100%
Comments _____	

Q32 PUPILS QUALIFYING FOR FREE SCHOOL MEALS

Are any of your 5th year (4th Scotland) pupils eligible for free school meals?

Yes ☐ No ☐ If Yes please give proportion _____ %

Q33 CATCHMENT AREA OF SCHOOL

Finally please make an estimate of the percentages of your pupils who come from the following catchment areas (Approximate figures will suffice)

Mainly rural neighbourhood with few other houses nearby	_____ %
An area with large houses set in their own ground or luxury flats occupied by wealthy families	_____ %
A neighbourhood of well-spaced housing or blocks of more expensive flats. Most families have higher than average incomes	_____ %
An area of less expensive privately owned houses/flats	_____ %
A council estate of houses flats or maisonettes	_____ %
A neighbourhood of closely packed houses many of which are in a poor state of repair. Multi-occupation is common and most families have low incomes	_____ %
	100%

NAME AND STATUS OF SENIOR PERSON WHO COMPLETED THE QUESTIONNAIRE
(e.g. Headteacher, Deputy Head):

Name _____ Status _____

Date of
Completion of
Form: _____ 86

DID YOU HAVE ANY DIFFICULTY IN ANSWERING ANY OF THE QUESTIONS?

No, no difficulty ☐

YES, some difficulty ☐ → If YES, please state which questions and why _____

YES, a lot of difficulty ☐ → _____

Youthscan will involve every maintained public and private secondary institution for secondary and special education in the UK. It thus provides an opportunity to invite head teachers masters mistresses to give their own judgement on a number of important issues concerning secondary education and the transition from adolescence to adult life. We hope you will be willing to give your own analysis about some of these issues. You may care to give your views on the following:

- a) How to maintain a balance between upholding academic standards and meeting the needs of manpower, industry and modern technology?
- b) How to ease the transition from secondary: further higher education to the adult world of the 21st century?
- c) How should schools approach preparation of pupils for the increase in disposable time consequent upon mechanisation and the lack of opportunity for conventional employment?
- d) More specifically, what if any are the special circumstances relative to your own school neighbourhood? Could you for instance, let us know the major strengths/weaknesses/needs for improvement/necessary innovations, relevant to your own school situation.

Confidentiality will be respected fully. A self-sealing container is provided in case you wish your views to remain entirely private. No school or person will be identified by name in any report. Please feel free to express your views in anyway you wish. If you would like to go on to use a separate sheet please staple it to this questionnaire.

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE

DOCUMENT O

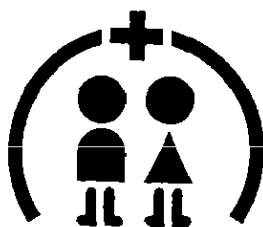
PARENTAL INTERVIEW FORM

YOUTHSCAN U.K.

DOCUMENT O

An Initiative of the International Centre for Child Studies

A national study of all children born 5th-11th April 1970 in England, Wales and Scotland
originating from the 1970 Birth Cohort of the National Birthday Trust Fund



YOUTHSCAN

1986/87

PARENTAL INTERVIEW FORM

(A MEDICAL AND SOCIAL HISTORY)

STRICTLY CONFIDENTIAL

Director Professor Neville Butler
MD FRCP FRCOG DCH
International Centre for Child Studies
Ashley Down House
16 Cotham Park
Bristol BS6 6BU
Tel (0272) 739783/743405

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PLEASE USE BLOCK CAPITALS					
Teenager's Surname					
Teenager's Forename(s)					
Teenager's Home Address					
Telephone			Postcode		
Teenager's N H S Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Date of Birth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (DOB86)		
Health District			Today's date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (DDCC-MT) (DDCC-YR)		
G P's Name			Status * (STATUS) school nurse/health visitor/doctor		
G P's Address					
Name of Interviewer			Status of respondent(s) * mother figure/father figure/other, specify (RESP) (OTHER)*		
			I delete as applicable		

INTRODUCTORY NOTES

First may we take this opportunity to thank you for carrying out these interviews on behalf of Youthscan. We are grateful to Health and Education Authorities throughout England, Wales and Scotland without whose co-operation this study would not have been possible. It is about current issues concerning the health and welfare of all teenagers and their families.

The Interview

It is hoped that this Form will be completed in an interview with the child's mother. If for any reason the mother is unavailable, please interview the person who can best answer questions about the teenager's health and development. Sometimes the teenager will not be living with his/her own (i.e. natural) mother. In this case the term mother throughout the form should be taken to imply present mother figure and similarly father should be taken to imply present father figure. In interviewing the mother please assure her at the outset that her answers will be treated in the strictest confidence and that the 16 000 teenagers concerned will not be identified by name. Please ask the questions in the way you consider to be the most appropriate to obtain the information required. If in the light of the mother's response during the interview you feel that a particular question might be best omitted, please feel free to do this although ideally we should like to have all interviews fully completed.

PLEASE ENSURE THAT EVERY QUESTION IS ANSWERED

Each question requires only one answer unless indicated otherwise. Most questions can be answered by ticking the box beside the relevant response. Other questions require a number for the answer.

Example

How long has study child lived at his/her present address?

Under six months ☐Six months to a year ☐More than a year ☒

How many years?

please specify 3 years

This means that the child has lived at the present address for 3 years

KEY: * INDICATES
ALPHANUMERIC (TEXT)
VARIABLE

For all answers requiring text it would be most helpful if you would use BLOCK CAPITALS

THANK YOU FOR YOUR HELP

ENVIRONMENT OF YOUR CHILD

A1. Has your teenager had the same surname since birth?

<p style="text-align: center;">(OA1.1)</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>NOT KNOWN <input type="checkbox"/></p>	<p>If NO, please give your teenager's full name:</p> <p>(a) at birth _____</p> <p>(b) at 10 years _____</p>
---	---

A2. What was your teenager's country of birth?

<p style="text-align: center;">(OA2.1)</p> <p style="text-align: right;">Tick one box</p> <p>England <input type="checkbox"/></p> <p>Wales <input type="checkbox"/></p> <p>Scotland <input type="checkbox"/></p> <p>Northern Ireland <input type="checkbox"/></p> <p>Irish Republic <input type="checkbox"/></p> <p>Other country <input type="checkbox"/></p> <p>(please specify (OA2.2)*)</p>	<p>If born in the United Kingdom please answer 2(a), 2(b) and 2(c)</p> <p>2(a) Your home address at time of his/her birth:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2(b) Name and address of maternity hospital or place where your teenager was born:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2(c) Your teenagers home address at age 10 years. If same as at birth, please put AS ABOVE</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---

2(d) Please give the year when he/she first came to live in UK

Year of arrival 19..... (OA2.6)

A3. What ethnic group are the study teenager and present parents?

(OA3.1) (OA3.2) (OA3.3)

Please tick one box in column A, B and C,	A Teenager	B Mother	C Father
English, Welsh, Scottish, N. Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Indian or Guyanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed parentage or any other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please describe (OA3.4)*)			
No mother/father figure		<input type="checkbox"/>	<input type="checkbox"/>
Please add any comments felt necessary (OA3.5)*			

A4. Where is the teenager's home most of the time?

<p style="text-align: center;">(OA4.1)</p> <p style="text-align: right;">Tick one box</p> <p>Private household <input type="checkbox"/></p> <p>Private boarding school <input type="checkbox"/></p> <p>Residential special school <input type="checkbox"/></p> <p>A children's home <input type="checkbox"/></p> <p>Hospital (long stay) <input type="checkbox"/></p> <p>Other place <input type="checkbox"/></p> <p>(please describe (OA4.2)*)</p>

A5. At how many addresses has your teenager lived for six months or longer since her/his 10th birthday?

(OA5)	address(es)
-------	-------------

A6. What language is usually spoken in your home?

<p style="text-align: center;">(OA6.1)</p> <p style="text-align: right;">Tick one box</p> <p>English only <input type="checkbox"/></p> <p>Mainly English, but also another language <input type="checkbox"/></p> <p>Another language with some English <input type="checkbox"/></p> <p>Another language without English <input type="checkbox"/></p> <p>(please describe other language (OA6.2)*)</p>

- A7 A household consists of a group of people who all live at the same address and who are all catered for by the same person list below all the members of this household Include the study teenager the present parents other children, relatives or lodgers who are members of this household Exclude any who are only at home for short periods

Relationship to the study teenager (eg father step brother) or status in the household (eg lodger)	Surname	First name(s)	Sex	Date of Birth
1 Study teenager			(SEX86)	(DOB86)
2 (OA72.1)			(OA72.4)	(OA72.SA) (OA72.SB)
3 (OA73.1)			(OA73.4)	(OA73.SA) (OA73.SB)
4 (OA74.1)			(OA74.4)	(OA74.SA) (OA74.SB)
5 (OA75.1)			(OA75.4)	(OA75.SA) (OA75.SB)
6 (OA76.1)			(OA76.4)	(OA76.SA) (OA76.SB)
7 (OA77.1)			(OA77.4)	(OA77.SA) (OA77.SB)
8 (OA78.1)			(OA78.4)	(OA78.SA) (OA78.SB)
9 (OA79.1)			(OA79.4)	(OA79.SA) (OA79.SB)
10 (OA710.1)			(OA710.4)	(OA710.SA) (OA710.SB)

If more than 10 please continue on back page (CONTINUED ON SEPARATE SHEET AT END)

List below any members of the family not included in the above table Record those who are only home for holidays or leave and give your reason for absence (for example at residential school or working away)

Relationship to teenager	Surname	First name(s)	Sex	Date of birth	Reason for absence from home
(OA7A1.1)			(OA7A1.4)	(OA7A1.SA) (OA7A1.SB)	(OA7A1.6)*
(OA7A2.1)			(OA7A2.4)	(OA7A2.SA) (OA7A2.SB)	(OA7A2.6)*
(OA7A3.1)			(OA7A3.4)	(OA7A3.SA) (OA7A3.SB)	(OA7A3.6)*

(CONTINUED)

A8 Answer (a) and (b) and fill in four numbers on each line (if none write 0)

	Younger than study teenager	Exactly same age as teenager	Older but under 21	Older and 21 or over
a) How many people are there in the household in all?	(OA8A.1)	(OA8A.2)	(OA8A.3)	(OA8A.4)
b) How many are blood brothers and sisters of the study teenager (or half brothers/sisters)?	(OA8B.1)	(OA8B.2)	(OA8B.3)	(OA8B.4)

- A9 What is the relationship to the teenager of the person now acting as his/her mother? (OA9.1)
- A10 What is the relationship to the teenager of the person now acting as his/her father? (OA10.1)

	Tick one box
Natural mother	<input type="checkbox"/>
Mother by legal adoption	<input type="checkbox"/>
Stepmother	<input type="checkbox"/>
Foster mother	<input type="checkbox"/>
Grandmother	<input type="checkbox"/>
Elder sister	<input type="checkbox"/>
Cohabitee of father	<input type="checkbox"/>
Other mother figure	<input type="checkbox"/>
(Please specify (OA9.2)*)	
No mother figure	<input type="checkbox"/>

	Tick one box
Natural father	<input type="checkbox"/>
Father by legal adoption	<input type="checkbox"/>
Stepfather	<input type="checkbox"/>
Foster father	<input type="checkbox"/>
Grandfather	<input type="checkbox"/>
Elder brother	<input type="checkbox"/>
Cohabitee of mother	<input type="checkbox"/>
Other father figure	<input type="checkbox"/>
(Please specify (OA10.2)*)	
No father figure	<input type="checkbox"/>

9(a) If the teenager is not living with his/her natural mother when did the natural mother leave? 19 (OA9.3)
(If teenager has never lived with natural mother write 1970)

9(b) If the teenager's present mother is not his/her natural mother when did she take up this responsibility? 19 (OA9.4)

9(c) Since the teenager's birth how many people have acted as his/her mother? (OA9.5)

10(a) If the teenager is not living with his/her natural father when did the natural father leave? 19 (OA10.3)
(If teenager has never lived with natural father write 1970)

10(b) If the teenager's present father is not his/her natural father when did he take up this responsibility? 19 (OA10.4)

10(c) Since the teenager's birth how many people have acted as his/her father? (OA10.5)

A11. With how many natural parents was the study teenager living at Birth, at 5, at 10 and at 16 years of age?

Answer a) b) c) and d) and tick one box on each line	1 Both natural parents	2 Natural mother	3 Natural father	4 Neither natural parents
a) Birth (0A11.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Five (0A11.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ten (0A11.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Sixteen (0A11.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 2, 3 or 4 are ticked at any age, please answer 11(a) - 11(h) below, and specify the changed situation and the reason for this change.

11(a).

Who was the teenager living with at birth, five, ten and sixteen years?	A At birth	B At 5	C At 10	D At 16
Natural mother and step-father/natural father and step-mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural mother and cohabitee/natural father and cohabitee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother and relative/father and relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother alone/father alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other situation(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(What? (0A11.9) *	(0A11.5)	(0A11.6)	(0A11.7)	(0A11.8)

11(b)

Reason for any change - birth-5, 5-10, 10-16	A Birth-5	B 5-10	C 10-16
Death of mother (or mother figure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death of father (or father figure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death of both mother and father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separation of parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce of parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(what (0A11.13) *	(0A11.10)	(0A11.11)	(0A11.12)

11(c).

If there has been any significant change(s) since 10 years, please specify below:

(0A11.14) *

11(d) How often did the child meet the absent natural parent? (If the absence began less than one year ago answer part (ii) only, and refer to the whole period for which it has lasted. Otherwise, answer part i and then part ii). If more than one absence refer to the most recent.

(i) During the first 6 months of the parent's absence (0A11.15)	(ii) During the last 6 months of the parent's absence (0A11.16)
YES, once a week or more	YES, once a week
YES, two or three times a month	YES, two or three times a month
YES, once a month	YES, once a month
YES 3-5 times in all	YES, 3-5 times in all
YES 1-2 times in all	YES, 1-2 times in all
NEVER	NEVER
Not known	Not known
Not applicable	
Absence began less than one year ago	

If YES, answer 11(e) below.

11(e) Did the child ever go on holiday/vacation with the absent natural parent? (during the whole period of the absence)	YES	NO	DON'T KNOW
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(0A11.17)

11(f) Did the child's natural parents (who are now living apart from each other) discuss with each other the following aspects of the child's life?

Answer (a) (d) and tick one box in each line

	Never discussed this issue	Only in an emergency or crisis	Routinely discussed this issue	Not known	Not applicable
a) Child's educational attainment (OA11.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Child's health (OA11.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Child's behaviour (OA11.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Plans for the child's future education training employment etc (OA11.21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11(g)

Does the absent natural parent pay maintenance to the child's custodial parent? (OA11.22)

YES ☐

NO but has in past ☐

NO never ☐

Not known ☐

Not applicable ☐

11(h)

Has a court ever ordered that maintenance should be paid to the child's custodial parent by the absent natural parent? (OA11.23)

YES ☐

NO ☐

Not known ☐

Not applicable ☐

A12 Has the teenager ever been subject to any of the following orders

Tick all that apply

Adoption (OA12.1) ☐

Residential care (OA12.2) ☐

Supervision order (OA12.3) ☐

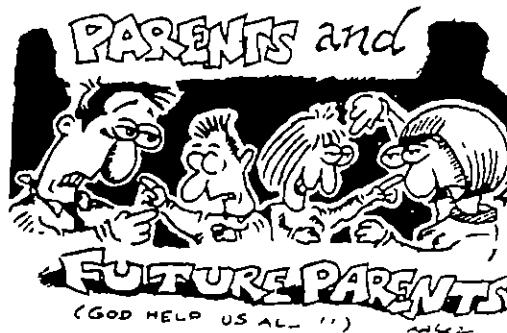
Place of safety order (OA12.4) ☐

Youth custody (OA12.5) ☐

Detention centre (OA12.6) ☐

(Name of above (OA12.7) *) ☐

None of above (OA12.8) ☐



A13 Has anyone ever had to take parental responsibility from the child's natural or adoptive parent(s)?

YES ☐

NO ☐

DON'T KNOW ☐

If YES, answer 13(a), (b), (c), (d), (e), (f), (g)

(OA13.1)

13(a) (OA13.2) Tick one box to indicate number of times

	1	2	3	4	5	6	7	8	9	10+
How many times has this occurred in all?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13(b) (OA13.3) Tick one box

	0	1	2	3	4	5	6	7	8	9	10+
How many times has this occurred since the 10th birthday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the most recent episode, please give the following information

13(c) Age of child (years and months) at onset (OA13.4)

13(d) Age (years and months) when ended (OA13.5)

13(e) Where did he/she stay? (eg fostered institution at home with friends with relatives elsewhere)

Say where (OA13.6) *

13(f) Was a statutory order made?

YES supervisory ☐

YES care ☐

NO ☐

(OA13.7)

13(g) What was the reason for the most recent episode?

Eviction ☐

Desertion ☐

Judicial Sentence ☐

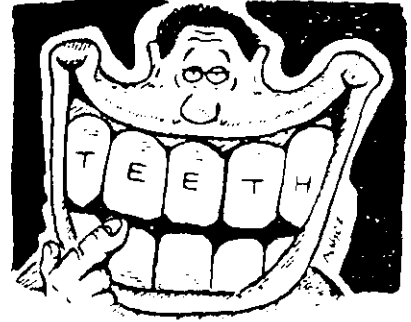
Illness ☐

Other reason (what? (OA13.9) *) ☐

Section B HEALTH

B1. Has the study teenager lost any second teeth?

	(OB1.1)	(OB1.2)	(OB1.3)	(OB1.4)	(OB1.5)	(OB1.6) *	(OB1.7)	Tick all that apply
NO								<input type="checkbox"/>
DON'T KNOW								<input type="checkbox"/>
YES, through decay								<input type="checkbox"/>
YES, as a procedure for straightening teeth								<input type="checkbox"/>
YES, for other reason								<input type="checkbox"/>
(please specify _____)								<input type="checkbox"/>
YES, reason not known								<input type="checkbox"/>



B2. Has the study teenager been seen by a dentist during the past 12 months?

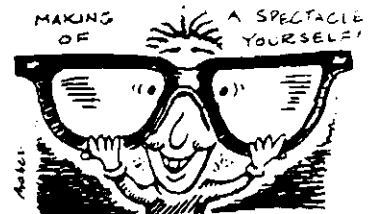
	(OB2.1)	(OB2.2)	(OB2.3)	(OB2.4)	(OB2.5)	(OB2.6)	(OB2.7)	(OB2.8) *	Tick all that apply
NO									<input type="checkbox"/>
DON'T KNOW									<input type="checkbox"/>
YES but don't know reason									<input type="checkbox"/>
YES, for inspection									<input type="checkbox"/>
YES, for fillings and/or extractions									<input type="checkbox"/>
YES, for straightening teeth									<input type="checkbox"/>
YES, other reason									<input type="checkbox"/>
(please specify _____)									<input type="checkbox"/>

If YES, please answer 2(a)

	(OB2A.1)	(OB2A.2)	(OB2A.3)	(OB2A.4)	(OB2A.5)	Tick all that apply
Was it a School dentist?						<input type="checkbox"/>
NHS dentist?						<input type="checkbox"/>
Dental hospital?						<input type="checkbox"/>
Casualty department?						<input type="checkbox"/>
Private dentist?						<input type="checkbox"/>

B3. Does the teenager wear a:

	(OB3.1)	(OB3.2)	(OB3.3)	(OB3.4)	Yes	No
Dental brace?					<input type="checkbox"/>	<input type="checkbox"/>
False tooth (or teeth)?					<input type="checkbox"/>	<input type="checkbox"/>
Capped tooth (or teeth)?					<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid?					<input type="checkbox"/>	<input type="checkbox"/>



B4. Has the teenager ever been prescribed spectacles or contact lens?

	(OB4.1)	(OB4.2)
For Column A tick one box.		
Then for Column B tick one box.		
YES, he/she wears them only for close vision (like reading)	<input type="checkbox"/>	<input type="checkbox"/>
YES, he/she wears them only for distant vision	<input type="checkbox"/>	<input type="checkbox"/>
YES, he/she wears them all the time	<input type="checkbox"/>	<input type="checkbox"/>
YES, but he/she doesn't wear them	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>

If YES, answer 4a, b, c, d

(a) When was he/she prescribed them?	(OB4.3)
(b) How many pairs has he/she had all together?	(OB4.4)
(c) If he/she doesn't wear them, when did he/she stop?	(OB4.5)
(d) Why did he/she stop?	(OB4.6) *

B5. Has the study teenager suffered in the past 12 months from any of the following?

	(OB5.1)	(OB5.2)	(OB5.3)	(OB5.4)	(OB5.5)	(OB5.6)	(OB5.7)	(OB5.8)	(OB5.9)	(OB5.10)	Tick all that apply
Hay fever or allergic rhinitis											<input type="checkbox"/>
Recurrent vomiting or bilious attacks											<input type="checkbox"/>
Dysmenorrhoea (girls only)											<input type="checkbox"/>
Travel sickness											<input type="checkbox"/>
Recurrent abdominal pain(s)											<input type="checkbox"/>
Recurrent throat and/or ear infections requiring treatment by a doctor											<input type="checkbox"/>
Acne (other than trivial)											<input type="checkbox"/>
Eczematous rashes											<input type="checkbox"/>
Psoriasis											<input type="checkbox"/>
None of the above											<input type="checkbox"/>



Migraine

B6 Has the study teenager had attacks of migraine or recurrent sick headaches in the past 12 months?

(0B6.1)

Tick one box

NO ☐

DON T KNOW ☐

YES but none in the past month ☐

YES one in the past month ☐

YES more than one in the past month ☐

YES but frequency unknown ☐

If YES please specify exact nature of attacks

(0B6.2) *

(continue at back of form if necessary)

Psychiatric and Behaviour Problems

B7 Has the study teenager ever been seen by a specialist for an emotional or behaviour problem?

(0B7.1)

Tick all that apply

NO ☐

DON T KNOW ☐

YES as an inpatient in hospital (0B7.2) ☐

YES in a hospital outpatient department (0B7.3) ☐

YES at a family guidance clinic (0B7.4) ☐

YES elsewhere (0B7.5) ☐

YES elsewhere (0B7.6) ☐

please specify (0B7.7) *

If YES please give year of attendance diagnosis and name and address of hospital/clinic attended

Year(s) of attendance(s)	Diagnosis	Name and address of hospital/clinic attended
1. (0B7.8A) (0B7.8B)	(0B7.9) *	(0B7.10) *
2. (0B7.11A) (0B7.11B)	(0B7.12) *	(0B7.13) *
3. (0B7.14A) (0B7.14B)	(0B7.15) *	(0B7.16) *
4. (0B7.17A) (0B7.17B)	(0B7.18) *	(0B7.19) *

B8 Has the study teenager ever had any form of fit convulsion epileptic attack or other turn in which consciousness was lost or has any part of the body made abnormal movements (do not include emotional faints)?

(0B8.1)

YES ☐

NO ☐

DON T KNOW ☐

If YES please answer 8(a) and (b)

8(a)

What was diagnosed? (0B8.2) *

8(b)

Tick one box for first and one box for most recent

When did the first and most recent episodes occur?

	(0B8.3) First	(0B8.4) Most recent
Before 1st birthday	<input type="checkbox"/>	<input type="checkbox"/>
Between 1st and 2nd birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Between 2nd and 5th birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Between 5th and 10th birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Since 10th birthday but not in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
In past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Don t know age	<input type="checkbox"/>	<input type="checkbox"/>

If any episode since 10 years please answer 8(c) below

8(c)

If episode(s) have taken place since the age of 10, please enter details below

Age and nature of attack type duration disposal and treatment (0B8.5) *

(0B8.6) *

Name and address of any hospital or specialist attended (0B8.7) *

B9. Has the study teenager ever had any attacks of wheezing or whistling in the chest?

(089.1)

YES ☐

NO ☐

DON'T KNOW ☐

If YES, please answer 9(a), 9(b), 9(c), 9(d), 9(e), 9(f)

9(a). Please state when attacks have occurred

Answer a) - c) and tick one box on each line

	No	Yes
a) Before 5 years (089.2)	<input type="checkbox"/>	<input type="checkbox"/>
b) Between 5 and 10 years (089.4)	<input type="checkbox"/>	<input type="checkbox"/>
c) Since 10 years (089.6)	<input type="checkbox"/>	<input type="checkbox"/>

How many attacks?

If yes, give number (089.3)

If yes, give number (089.5)

If yes, give number (089.7)

9(b).

What were these thought to be due to?

Tick all that apply

Asthma (089.8) ☐

Wheezy bronchitis (089.9) ☐

Other cause(s) (089.10) ☐

Please specify (089.11) *

9(c).

Have the attack(s) ever necessitated investigation/treatment?

Tick all that apply

NO (089.12) ☐

DON'T KNOW (089.13) ☐

YES, admitted to hospital (089.14) ☐

YES, seen by a specialist in an outpatient department/clinic (089.15) ☐

YES, investigated by a GP (089.16) ☐

9(d).

When did (A) the first attack occur and (B) the most recent attack occur?

Tick one box under A and one under B

	First attack	Most recent
Before first birthday (089.17)	<input type="checkbox"/>	<input type="checkbox"/>
Between 1st and 2nd birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Between 2nd and 5th birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Between 5th and 7th birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Between 7th and 10th birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Since 10th birthday but not in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
In past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Don't know age	<input type="checkbox"/>	<input type="checkbox"/>

9(e).

If the teenager has had asthma or wheezy bronchitis in the past 12 months, did this occur (089.19)

Tick one box

At least once a week? ☐

Usually less than once a week? ☐

Less than once a month? ☐

Frequency unknown? ☐

9(f). Please describe what medication has been used in the past and/or currently. (089.20) *

continue on back pages if necessary

B10. Has the study teenager had bronchitis since his/her 10th birthday?

(0810)

YES ☐

NO ☐

DON'T KNOW ☐

B11. Has the teenager had any of the following since 10 years?

Tick all that apply

German measles (0811.1) ☐

Measles (0811.2) ☐

Mumps (0811.3) ☐

Whooping cough (0811.4) ☐

Chicken pox (0811.5) ☐

Meningitis (0811.6) ☐

Glandular fever (0811.7) ☐

None of above (0811.8) ☐



B12. Has the teenager had any operations since 10 years?

Tick all that apply

Tonsillectomy or Ts and As (0812.1) ☐

Hernia operation (0812.3) ☐

Appendisectomy (0812.5) ☐

Operation for squint (0812.7) ☐

Grommets (0812.9) ☐

Gynaecological procedure (what? (0812.11)*) ☐

Any other operation (What? (0812.15)*) ☐

(What? (0812.18)*) ☐

(What? (0812.21)*) ☐

No operation since 10 years (0812.24) ☐

at age (0812.2) years

at age (0812.4) years

at age (0812.6) years

at age (0812.8) years

at age (0812.10) years

at age (0812.13) years

at age (0812.17) years

at age (0812.20) years

at age (0812.23) years



B13 Has the study child been admitted to hospital since his/her 10th birthday?

YES (OB13.1) ☐
 NO ☐
 DON T KNOW ☐

If YES answer 13(a) 13(b) 13(c)

13(a) Please give total number of admissions since 10th birthday No (OB13.2)

13(b) Please list details of all hospital admissions since 10th birthday				Continue on back page if more than 3 admissions
	1st admission	2nd admission	3rd admission	
Age at admission (years)	<u>(OB13.3)</u>	<u>(OB13.8)</u>	<u>(OB13.13)</u>	
Number of nights in hospital	<u>(OB13.4)</u>	<u>(OB13.9)</u>	<u>(OB13.14)</u>	
Reason for admission and diagnosis	<u>(OB13.5) *</u>	<u>(OB13.10) *</u>	<u>(OB13.15) *</u>	
Treatment including operations and other procedures	<u>(OB13.6) *</u>	<u>(OB13.11) *</u>	<u>(OB13.16) *</u>	
Name and full address of hospital	<u>(OB13.7) *</u>	<u>(OB13.12) *</u>	<u>(OB13.17) *</u>	

13(c) Please indicate any conditions for which the study teenager has been admitted to hospital overnight since 10th birthday		Tick all that apply in Col 1 and Col 2	
		Col 1 In Patient	Col 2 Out Patient
Operation	<u>(OB13.23)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Accident	<u>(OB13.24)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Wheezy bronchitis	<u>(OB13.25)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Upper respiratory tract infection(s) (including E N T problems)	<u>(OB13.26)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Chest infections	<u>(OB13.27)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infections/investigation	<u>(OB13.28)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Other infections	<u>(OB13.29)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<u>(OB13.30)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Heart investigation/treatment	<u>(OB13.31)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal conditions not requiring operation	<u>(OB13.32)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Disorders of bones and joints	<u>(OB13.33)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorders including leukaemia/anaemia etc	<u>(OB13.34)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Tumours neoplasms and other malignant conditions	<u>(OB13.35)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine disorders (diabetes thyroid etc)	<u>(OB13.36)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Skin conditions	<u>(OB13.37)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Eye conditions	<u>(OB13.38)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Problems of nutrition (e.g. over or underweight etc)	<u>(OB13.39)</u>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional conditions (specify <u>(OB13.40) *</u> <u>(OB13.41)</u>)		<input type="checkbox"/>	<input type="checkbox"/>
Any other conditions (What? <u>(OB13.42) *</u> <u>(OB13.43)</u>)		<input type="checkbox"/>	<input type="checkbox"/>

Hospital Outpatient Attendances

B14 Since 10 yrs, has the study teenager attended (i) a hospital outpatient department (ii) a casualty/accident department or (iii) a specialist clinic?

NO (OB14.1) ☐
 YES a hospital outpatient department (OB14.2) ☐
 YES a casualty department (OB14.3) ☐
 YES a specialist clinic (OB14.4) ☐
 DON T KNOW (OB14.5) ☐

If YES answer 14(a) below

14(a) Please give details of all conditions or illnesses resulting in attendance(s) since his/her 10th birthday			
	1st illness	2nd illness	3rd illness
Age at 1st attendance (years)	<u>(OB14.6)</u>	<u>(OB14.10)</u>	<u>(OB14.14)</u>
Total number of attendances	<u>(OB14.7)</u>	<u>(OB14.11)</u>	<u>(OB14.15)</u>
Diagnosis and treatment	<u>(OB14.8) *</u>	<u>(OB14.12) *</u>	<u>(OB14.16) *</u>
Name and address of department hospital or clinic	<u>(OB14.9) *</u>	<u>(OB14.13) *</u>	<u>(OB14.17) *</u>

Accidents

B15. Has the study child had an accident requiring medical advice or treatment since his/her 10th birthday?

(Please include accidents at home, at school, on the road and elsewhere, ingestion of medicines/poisons, burns/scalds.)

YES (OB15.1) ☐
 NO ☐
 DON'T KNOW ☐

If YES, (a) Please give total number of accidents since 10th birthday: (OB15.2) accidents
 (b) Please list below details of all accidents since 10th birthday:

	1st accident	2nd accident	3rd accident
Age (years)	<u>(OB15.3)</u>	<u>(OB15.9)</u>	<u>(OB15.15)</u>
Where did it happen? (road, home, school, etc.)	<u>(OB15.4) *</u>	<u>(OB15.10) *</u>	<u>(OB15.16) *</u>
What happened?	<u>(OB15.5) *</u>	<u>(OB15.11) *</u>	<u>(OB15.17) *</u>
Description of 'injuries' (e.g. burn/scald, fracture, head injury with unconsciousness etc)	<u>(OB15.6) *</u>	<u>(OB15.12) *</u>	<u>(OB15.18) *</u>
Treatment (including stitches, operation(s) plaster cast(s), traction etc)	<u>(OB15.7) *</u>	<u>(OB15.13) *</u>	<u>(OB15.19) *</u>
Where treated (GP, casualty, in-patient)?	<u>(OB15.8) *</u>	<u>(OB15.14) *</u>	<u>(OB15.20) *</u>

(more spaces available at back of this form)

Medical causes of school absence

C1. How much time altogether has the study child missed from school in the past 12 months for reasons of ill-health or emotional disturbance?

(OC1.1) Tick one box

None, or less than one week in all ☐
 Over one week and up to one month in all ☐
 Over one month and up to three weeks in all ☐
 Over three months in all ☐
 Missed school, but don't know for how long ☐
 Don't know whether missed school ☐
 Does not attend school ☐
 Please state why: (OC1.2) *

If YES, answer 1(a) below.

1(a). If absent for more than one week in all during the past 12 months, please indicate reason(s). (If not applicable, leave blank; otherwise tick all that apply).

Colds, catarrh, sore throats, ear infections (OC1.3) ☐
 Bronchitis or chest infections, including pneumonia or influenza (OC1.4) ☐
 Asthma or wheeziness (OC1.5) ☐
 Headaches (OC1.6) ☐
 Emotional or nervous problems (OC1.7) ☐
 (What? (OC1.8) *) ☐
 Bilious attacks or diarrhoea (OC1.9) ☐
 Dysmenorrhoea (OC1.10) ☐
 Abdominal pain (OC1.11) ☐
 Infectious diseases (OC1.12) ☐
 (What? (OC1.13) *) ☐
 Accident or injury (OC1.14) ☐
 (Please specify: (OC1.15) *) ☐
 Convulsions, fits or turns (OC1.16) ☐
 Other cause(s) (OC1.17) ☐
 (What? (OC1.18) *) ☐
 (What? (OC1.19) *) ☐

D1 Has this teenager used any of the following services since 10 years of age?

Answer each one and tick all that apply	Yes in past 12 months	Yes between 10 15 years	Yes but not known when	Not known
Child/family guidance service child psychiatrist or educational psychologist (OD1.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General practitioner service for (a) a check up (OD1.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) immunisation (what against? (OD1.3) * (OD1.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) injury/illness (what? (OD1.5) * (OD1.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental hygienist (OD1.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapist (what for? (OD1.8) * (OD1.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health visitor (OD1.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other service(s) used (OD1.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(What? (OD1.12) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2 Has this teenager your husband or yourself been to any of the following in the past 12 months?

Tick all that apply	My Teenager	My Husband	Other Member of family	My self
Acupuncturist (Why? (OD2.1) *	<input type="checkbox"/> (OD2.2)	<input type="checkbox"/> (OD2.3)	<input type="checkbox"/> (OD2.5)	<input type="checkbox"/> (OD2.4)
Homeopath (Why? (OD2.7) *	<input type="checkbox"/> (OD2.8)	<input type="checkbox"/> (OD2.9)	<input type="checkbox"/> (OD2.11)	<input type="checkbox"/> (OD2.10)
Faith healer (Why? (OD2.13) *	<input type="checkbox"/> (OD2.14)	<input type="checkbox"/> (OD2.15)	<input type="checkbox"/> (OD2.17)	<input type="checkbox"/> (OD2.16)
Osteopath/chiropractor (Why? (OD2.19) *	<input type="checkbox"/> (OD2.20)	<input type="checkbox"/> (OD2.21)	<input type="checkbox"/> (OD2.23)	<input type="checkbox"/> (OD2.22)
Hypnotist (Why? (OD2.25) *	<input type="checkbox"/> (OD2.26)	<input type="checkbox"/> (OD2.27)	<input type="checkbox"/> (OD2.29)	<input type="checkbox"/> (OD2.28)
Other alternative medical helper (Who? (OD2.36) *	<input type="checkbox"/> (OD2.31)	<input type="checkbox"/> (OD2.32)	<input type="checkbox"/> (OD2.34)	<input type="checkbox"/> (OD2.33)

Private Medical Care

D3 During the last 12 months, which if any of the family has been treated on a private basis by a qualified medical doctor?

Answer (a) (c) and tick one box on each line	No (OD3.4)	Don't know	Yes & privately insured	Yes but not privately insured
(d) other family member (OD3.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) My teenager (OD3.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) My husband (OD3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ If YES, answer 3(a) below

3(a) What was the condition/illness?	(OD3.5) *
Study teenager	(OD3.6) *
My husband	(OD3.7) *
Myself	(OD3.8) *
Other family member	(OD3.9) *

D4 Please enquire or state from your own knowledge if (a) the study teenager and (b) any other member of the family, has had any contact with any of the following services since the study child's 10th birthday?

Tick all that apply separately for A and B	A Teenager	B Other member(s) of the family
Social Services or Social Work Department (including former Children's Department) (OD4.1)	<input type="checkbox"/>	<input type="checkbox"/>
Educational Welfare Department (OD4.2)	<input type="checkbox"/>	<input type="checkbox"/>
Careers Officer/Youth Employment Officer (OD4.3)	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Social Work Agency (OD4.4)	<input type="checkbox"/>	<input type="checkbox"/>
(Please state which (OD4.5) *	<input type="checkbox"/>	<input type="checkbox"/>
Police (OD4.6)	<input type="checkbox"/>	<input type="checkbox"/>
Probation Office (OD4.7)	<input type="checkbox"/>	<input type="checkbox"/>

If there has been any such contact please state why and who arranged the contact in the first instance (OD4.8) * (OD4.9) *

(more space available at back of this form)

D5 Has the study teenager ever been taken to court (or a children's hearing in Scotland) to your knowledge?

YES (OD5.1)	<input type="checkbox"/>	If YES please give as many details as you can (OD5.2) *
NO	<input type="checkbox"/>	
DON'T KNOW	<input type="checkbox"/>	

D6. Please list all pills, medicines and other forms of medication bought/prescribed for/taken by your teenager, your husband and yourself in the past 4 weeks (Include maintenance or other medicines, contraceptives or medicaments prescribed by doctor or hospital, or bought directly from chemist, supermarket, etc. Also tranquilisers, sedatives, hypnotics, analgesics, medicinal products obtained direct from shops, etc.)

TEENAGER		Where	How often taken
Name/brand of substance	Reason taken	prescribed/obtained	
1. (OD6.1) *	(OD6.2) *	(OD6.3) *	(OD6.4) *
2. (OD6.5) *	(OD6.6) *	(OD6.7) *	(OD6.8) *
3. (OD6.9) *	(OD6.10) *	(OD6.11) *	(OD6.12) *
4. (OD6.13) *	(OD6.14) *	(OD6.15) *	(OD6.16) *
5. (OD6.17) *	(OD6.18) *	(OD6.19) *	(OD6.20) *
MY HUSBAND			
1. (OD6.21) *	(OD6.22) *	(OD6.23) *	(OD6.24) *
2. (OD6.25) *	(OD6.26) *	(OD6.27) *	(OD6.28) *
3. (OD6.29) *	(OD6.30) *	(OD6.31) *	(OD6.32) *
4. (OD6.33) *	(OD6.34) *	(OD6.35) *	(OD6.36) *
5. (OD6.37) *	(OD6.38) *	(OD6.39) *	(OD6.40) *
MYSELF			
1. (OD6.41) *	(OD6.42) *	(OD6.43) *	(OD6.44) *
2. (OD6.45) *	(OD6.46) *	(OD6.47) *	(OD6.48) *
3. (OD6.49) *	(OD6.50) *	(OD6.51) *	(OD6.52) *
4. (OD6.53) *	(OD6.54) *	(OD6.55) *	(OD6.56) *
5. (OD6.57) *	(OD6.58) *	(OD6.59) *	(OD6.60) *

D7. Does your teenager have an impairment, a disability or a handicap? (By 'Impairment' we mean a physical or mental abnormality/illness. By 'Disability' we mean difficulty in doing one or more mental or physical activities that average 16 year olds can do. By 'Handicap' we mean a disability which interferes with the opportunities that others take for granted, e.g. problems with access/facilities in public buildings; not being considered for jobs he or she could manage if given a chance; other people are put off without even knowing what he or she is like.)

Tick all that apply

NO (OD7.1) ☐

YES, an impairment (OD7.2) ☐

YES, a disability (OD7.3) ☐

YES, a handicap (OD7.4) ☐

NOT KNOWN (OD7.5) ☐

If YES, please answer 7(a) below.

7(a). Please describe his or her condition:

(OD7.6) *



Section E FAMILY FINANCES

Please explain that knowledge of the economic circumstances of families with teenage children is vital in this study of the development of teenagers in Britain

E1 What have been the source(s) of income of the household during the past 12 months? Tick all that apply but exclude student earnings (if any)

Father's employment (OE1.1) <input type="checkbox"/> Mother's employment (OE1.2) <input type="checkbox"/> Brother's/sister's employment (OE1.3) <input type="checkbox"/> Other adult member(s) of household's employment (OE1.4) <input type="checkbox"/> Investments and/or private income (OE1.5) <input type="checkbox"/> Annuities and pensions (other than Social Security) (OE1.6) <input type="checkbox"/> Supplementary Benefit (OE1.7) <input type="checkbox"/> Unemployment Benefit (OE1.8) <input type="checkbox"/> Widow's Pension/Widowed mother's allowance (OE1.9) <input type="checkbox"/> Sickness Benefit (OE1.10) <input type="checkbox"/>	One parent Benefit (OE1.11) <input type="checkbox"/> Housing Benefit (OE1.12) <input type="checkbox"/> Mobility Allowance (OE1.13) <input type="checkbox"/> Rent or Rates Rebate (OE1.14) <input type="checkbox"/> Retirement Pension (OE1.15) <input type="checkbox"/> Disability Pension (OE1.16) <input type="checkbox"/> Attendance Allowance (OE1.17) <input type="checkbox"/> Family Income Supplement (OE1.18) <input type="checkbox"/> Any other source(s) (OE1.19) <input type="checkbox"/> (Please specify (OE1.20) *) _____
--	---

Combined Income of present parents

E2 Please show the following table of incomes to the respondent and ask her to mark the income band which is appropriate. The figures refer to the COMBINED GROSS INCOME OF THE CHILD'S MOTHER AND FATHER (Do not include Child Benefit but include all other earned and unearned income before deductions for tax, national insurance, etc.) Enter either as weekly or yearly sum (OE2)

WEEKLY INCOME	Tick one box	YEARLY INCOME	Tick one box
Less than £50	<input type="checkbox"/>	Less than £2600	<input type="checkbox"/>
£50 - £99	<input type="checkbox"/>	£2600 - £5199	<input type="checkbox"/>
£100 - £149	<input type="checkbox"/>	£5200 - £7799	<input type="checkbox"/>
£150 - £199	<input type="checkbox"/>	£7800 - £10399	<input type="checkbox"/>
£200 - £249	<input type="checkbox"/>	£10400 - £12999	<input type="checkbox"/>
£250 - £299	<input type="checkbox"/>	£13000 - £15599	<input type="checkbox"/>
£300 - £349	<input type="checkbox"/>	£15600 - £18199	<input type="checkbox"/>
£350 - £399	<input type="checkbox"/>	£18200 - £20799	<input type="checkbox"/>
£400 - £449	<input type="checkbox"/>	£20800 - £23399	<input type="checkbox"/>
£450 - £499	<input type="checkbox"/>	£23400 - £25999	<input type="checkbox"/>
£500 and over	<input type="checkbox"/>	£26000 and over	<input type="checkbox"/>
REFUSE TO ANSWER	<input type="checkbox"/>		<input type="checkbox"/>
UNCERTAIN	<input type="checkbox"/>		<input type="checkbox"/>



Family Expenditure

E3 How much money is spent each week/month by your household on the following goods, and how many people share the goods? (It is realised that this will be an estimate and very approximate.)

Item	Answer (a) (f) On each line answer A or B and C If don't know write DK	A Weekly Expenditure	OR B Monthly Expenditure	C Number of people sharing goods
(a) Food and household sundries		£ _____	£ (OE3.2) <u>ANNUAL</u>	(OE3.3)
(b) Alcohol		£ _____	£ (OE3.5)	(OE3.6)
(c) Tobacco		£ _____	£ (OE3.8)	(OE3.9)
(d) Clothing		£ _____	£ (OE3.11)	(OE3.12)
(e) Travel		£ _____	£ (OE3.14)	(OE3.15)
(f) Entertainment		£ _____	£ (OE3.17)	(OE3.18)

E4 Have you, as a family, been seriously troubled by financial hardship in the past 12 months?

YES (OE4.1) <input type="checkbox"/> NO <input type="checkbox"/> Uncertain <input type="checkbox"/> Don't know <input type="checkbox"/> Other reply <input type="checkbox"/> (What? (OE4.3) *) _____	If YES please answer 4(a) 4(a) Please can you give us any details? (OE4.3) * _____ _____ _____
---	--

Section F: ACCOMMODATION

F1. What accommodation do you occupy?

(OF1.1) Tick one box

House or bungalow occupied by us ☐

Flat or maisonette with our own front door ☐

Flat or rooms in building shared with other households (i.e. not self-contained) ☐

Mobile home, houseboat, caravan or tent ☐

Other type of accommodation ☐

(What? (OF1.2) *)

- If House or Bungalow, answer 1(a).
 — If Flat, maisonette or rooms, answer 1(b) below.

Tick one box

1(a). Is the house or bungalow: (OF1.3)

Detached? ☐

Semi-detached? ☐

Terraced (including end of terrace)? ☐

F2. When was your present accommodation built?

(OF2) Tick one box

In past 10 years ☐

Between 10 and 25 years ago ☐

Between 25 and 40 years ago ☐

1914-1945 ☐

Pre-1914 ☐

Don't know ☐

Tick one box

1(b) Please give the lowest floor on which living (OF1.4) room(s) or bedroom(s) are situated:

Basement ☐

Ground ☐

Above ground (give floor (OF1.5)) ☐

F3. Is your accommodation owned/rented by you?

(OF3.1) Tick all that apply

It is Owned outright ☐

Being bought on mortgage or loan (OF3.2) ☐

Rented from local authority/council (OF3.3) ☐

Privately rented (unfurnished) (OF3.4) ☐

Privately rented (furnished) (OF3.5) ☐

Tied to occupation of a household member (OF3.6) ☐

Other situation (OF3.7) ☐

(What? (OF3.8) *)

- If YES, if owned outright/being bought/rented from Local Authority answer 3(a) below.

Tick one box

3(a) Could you/did you buy as a sitting tenant of the Council? YES ☐

(OF3.9) NO ☐

DON'T KNOW ☐

F4. How many rooms are there within your accommodation? (Do not count kitchen, bathroom or toilets, or any room used solely for business or trade purposes.)

	0	1	2	3	4	5	6	7	8	9+
Number of bedrooms (OF4.1) Tick one box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of other rooms (OF4.2) Tick one box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F5. Have you the use of the following?

Answer (a)-(d) and tick one box on each line

	Sole Use	Shared Use	Lack this amenity
a) Bathroom... (OF5.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Indoor lavatory (OF5.2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hot water supply (OF5.3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Garden/yard... (OF5.4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



F6. Please describe the kitchen. Which of the following applies?

(OF6) Tick one box

Kitchen less than 6 feet wide and not used as a living room ☐

Kitchen less than 6 feet wide and used as a living room ☐

Kitchen 6 feet or more wide and not used as a living room ☐

Kitchen 6 feet or more wide and used as a living room ☐

No kitchen ☐

Don't know ☐



F7 What methods of heating are regularly used at home in the winter and which of these do you use most often?

		Tick all that apply	Tick the one you use most often
Central heating	(OF7.1)		
Oil	(OF7.2)	<input type="checkbox"/>	<input type="checkbox"/>
Gas	(OF7.3)	<input type="checkbox"/>	<input type="checkbox"/>
Electric (night storage)	(OF7.4)	<input type="checkbox"/>	<input type="checkbox"/>
Other electric heating	(OF7.5)	<input type="checkbox"/>	<input type="checkbox"/>
Solid fuel	(OF7.6)	<input type="checkbox"/>	<input type="checkbox"/>
Communal supply	(OF7.7)	<input type="checkbox"/>	<input type="checkbox"/>
Other type of heating	(OF7.8)		
Gas (bottled) paraffin	(OF7.9)	<input type="checkbox"/>	<input type="checkbox"/>
Gas fires	(OF7.10)	<input type="checkbox"/>	<input type="checkbox"/>
Oil-filled radiators	(OF7.11)	<input type="checkbox"/>	<input type="checkbox"/>
Solid fuel	(OF7.12)	<input type="checkbox"/>	<input type="checkbox"/>
Other heating	(OF7.13)	<input type="checkbox"/>	<input type="checkbox"/>
(What _____)	(OF7.14)	<input type="checkbox"/>	<input type="checkbox"/>
No method of heating	(OF7.15)	<input type="checkbox"/>	<input type="checkbox"/>

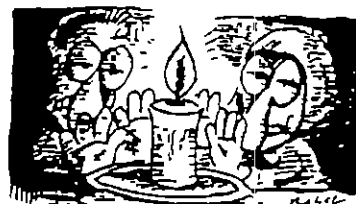


F8 How much of your home is heated regularly in winter?

(OF8)

Tick one box

All	<input type="checkbox"/>
More than half	<input type="checkbox"/>
Half	<input type="checkbox"/>
Less than half	<input type="checkbox"/>
None	<input type="checkbox"/>



F9 How many other people share the same bedroom as the study teenager? (If teenager has own bedroom tick 0)

Tick one box only (OF9)

0	1	2	3+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



F10 How many people sleep in the same bed as the study teenager? (If teenager has own bed, tick 0)

Tick one box only (OF10)

0	1	2	3+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F11 Does your teenager your husband or yourself have a cough and do any of you spit up phlegm?

	MY TEENAGER			MY HUSBAND			MYSELF		
	No	Yes for up to 3 months each year	Yes for 3 months or more each year	No	Yes for up to 3 months each year	Yes for 3 months or more each year	No	Yes for up to 3 months each year	Yes for 3 months or more each year
In early morning on waking									
(a) Cough	<input type="checkbox"/>	<input type="checkbox"/> (OF11.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (OF11.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (OF11.9)	<input type="checkbox"/>
(b) Phlegm	<input type="checkbox"/>	<input type="checkbox"/> (OF11.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (OF11.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (OF11.10)	<input type="checkbox"/>
During day/night									
(c) Cough	<input type="checkbox"/>	<input type="checkbox"/> (OF11.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (OF11.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (OF11.11)	<input type="checkbox"/>
(d) Phlegm	<input type="checkbox"/>	<input type="checkbox"/> (OF11.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (OF11.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (OF11.12)	<input type="checkbox"/>



Section G: FAMILY HEALTH



- G1. Since the teenager's tenth birthday has anyone in the household had any severe or prolonged illness (medical, surgical or psychiatric) or any handicap or disability? Please include illness in mother, father, other adults and children in household; exclude study teenager).

	(OG-1.1)	(OG-1.2)	(OG-1.3)	(OG-1.4)	(OG-1.5)
YES, mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES, father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES, other adult or child (exclude study teenager)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO, no one in the household has been ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick all that apply

If YES, please answer 1(a).

	1st person	2nd person	3rd person
Relationship to the teenager	(OG-1.6)	(OG-1.12)	(OG-1.18)
Year of onset	(OG-1.7)	(OG-1.13)	(OG-1.19)
Diagnosis or nature of the condition	(OG-1.8) *	(OG-1.14) *	(OG-1.20) *
Duration of condition and months	(OG-1.9)	(OG-1.15)	(OG-1.21)
Outcome (e.g. recovered, died, condition still present)	(OG-1.10) *	(OG-1.16) *	(OG-1.22) *
In what way, if any, has the condition caused any interference with the teenager's everyday life?	(OG-1.11) *	(OG-1.17) *	(OG-1.23) *

If more than three people affected, please continue on back page.

- G2. As far as you know, does your teenager smoke cigarettes and do you and your husband smoke?

Cigarette smoking is defined as one or more cigarettes daily on average.

(OG-2.1) (OG-2.6) (OG-2.11)

	My Teenager	My Husband	Myself
1. Yes, cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Smokes cigars/cheroots/pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Not sure but probably smokes cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No, non-smoker always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. No, non-smoker now, but smoked in past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	My Teenager	My Husband	Myself
2(a) How many cigarettes a day on average are smoked?	(OG-2.2) cigs	(OG-2.7) cigs	(OG-2.12) cigs
2(b) At what age did smoking commence?	(OG-2.3) yrs	(OG-2.8) yrs	(OG-2.13) yrs

	My Teenager	My Husband	Myself
2(c) At what age was smoking last given up?	(OG-2.4) yrs	(OG-2.9) yrs	(OG-2.14) yrs
2(d) How many cigarettes a day smoked just before gave up	(OG-2.5) cigs	(OG-2.10) cigs	(OG-2.15) cigs

- G3. Will the interviewer during the course of the home visit please make the following three confidential assessments?

- (a) Tidiness of home

(OG-3.1)

The home appears to be:-	Tick one box
Over tidy	<input type="checkbox"/>
Very tidy	<input type="checkbox"/>
Average	<input type="checkbox"/>
Untidy	<input type="checkbox"/>
Chaotic	<input type="checkbox"/>
Can't assess	<input type="checkbox"/>

- (b) Furniture/equipment in home

VARIABLES NOT AVAILABLE

The home appears to be:-	Tick one box
Luxurious	<input type="checkbox"/>
Well equipped	<input type="checkbox"/>
Adequate	<input type="checkbox"/>
Low standard	<input type="checkbox"/>
Very low standard	<input type="checkbox"/>
Can't assess	<input type="checkbox"/>

- (c) Relationship of family with neighbours

(OG-3.3)

This family and the neighbours seem to be on	Tick one box
Very good terms	<input type="checkbox"/>
Good terms	<input type="checkbox"/>
Satisfactory terms	<input type="checkbox"/>
Don't mix well	<input type="checkbox"/>
Bad terms	<input type="checkbox"/>
Can't assess	<input type="checkbox"/>

Section H: NEIGHBOURHOOD

H1 In order to get some impression of the kind of district the teenager lives in please mark which one of the following descriptions best characterised the neighbourhood

(OH.1)

- 1 In this district houses are closely packed together and are in a poor state of repair Multi-occupation is a common feature and most families have low incomes ☐
- 2 This district consists largely of council houses and flats or less expensive privately owned houses for example older terrace houses Multi occupation is unusual and families have average incomes Include New Towns here ☐
- 3 In this district houses are well spaced and the majority are well maintained Multi occupation is rare and most families have average incomes Include New Towns here ☐
- 4 This district is part of a small market town rural community or village Some families may lack basic amenities but others may be fairly well to-do It is mainly characterised by the fact that the well to-do and poorer families live close together in the community
This community could be (a) A rural area with hardly any other houses nearby and some distance from any town or village ☐
(b) A country neighbourhood but in or close to a village ☐
- 5 If none of these descriptions seem to characterise the district the teenager lives in please describe in your own words what it is like (OH1 2) *

Section J ASSESSMENT

PLEASE GIVE YOUR OWN ASSESSMENT OF THE TEENAGER'S HEALTH DEVELOPMENT, PROGRESS AND ALSO THE SOCIAL AND FAMILY BACKGROUND, INCLUDING WHERE POSSIBLE A COMMENT ON FAMILY ATTITUDES AND EXPECTATIONS

(OJ1) FLAG INDICATING TEXT IS PRESENT

- PLEASE ENTER BELOW
1. ANY FURTHER DETAILS ABOUT HOUSEHOLD MEMBERS, ACCIDENTS, HOSPITAL ADMISSIONS, OUTPATIENT ATTENDANCES, CHRONIC FAMILY ILLNESSES ETC. FOR WHICH THERE WAS INSUFFICIENT SPACE IN THE FORM.
 2. ANY COMMENTS OR INFORMATION YOU FEEL ARE RELEVANT.

THIS VARIABLE IS NOT AVAILABLE

IMPORTANT

It may be helpful for the doctors on the survey to consult in confidence medical records about a child's admission(s) to hospital or attendance(s) at outpatients or illnesses treated by the family doctor. Would you please ask the parent for her/his permission to do this should it prove necessary now or at a later date.

*I am willing/I am not willing for medical records about my child's illnesses to be consulted if it should prove necessary.
(*delete as applicable)

Signature of parent/guardian

(OK2)

PLEASE THANK THE PARENT(S) FOR HER/HIS HELP

DOCUMENT 0 CONTINUATION SHEET

OA7 FAMILY MEMBERS IN HOUSEHOLD LIST CONTINUED

Relationship to study teenager - 11th listed person	OA711 1
Sex - 11th listed person	OA711 4
Date of Birth - 11th listed person	OA711 5A OA711 5B

Relationship to study teenager - 12th listed person	OA712 1
Sex - 12th listed person	OA712 4
Date of Birth - 12th listed person	OA712 5A OA712 5B

OA7 FAMILY MEMBERS NOT INCLUDED IN HOUSEHOLD LIST CONTINUED

Relationship to study teenager - 4th absent	OA7A4 1
Sex - 4th absent	OA7A4 4
Date of birth - 4th absent	OA7A4 5A OA7A4 5B
Reason for absence from home - 4th absent	OA7A4 6*

Relationship to study teenager - 5th absent	OA7A5 1
Sex - 5th absent	OA7A5 4
Date of birth - 5th absent	OA7A5 5A OA7A5 5B
Reason for absence from home - 5th absent	OA7A5 6*

Relationship to study teenager - 6th absent	OA7A6 1
Sex - 6th absent	OA7A6 4
Date of birth - 6th absent	OA7A6 5A OA7A6 5B
Reason for absence from home - 6th absent	OA7A6 6*

OB13 CONTINUED

Age at admission (years)	4TH ADMISSION OB13 18
Number of nights in hospital	OB13 19
Reason for admission and diagnosis	OB13 20*
Treatment including operations and other procedures	OB13 21*
Name and full address of hospital	OB13 22*

OB14 CONTINUED

Age at 1st attendance (years)	4TH ILLNESS OB14 18
Total number of attendances	OB14 19
Diagnosis and treatment	OB14 20*
Name and address of dept, hospital or clinic	OB14 21*

OB15 CONTINUED

Age (years)	4TH ACCIDENT OB15 21
Where did it happen?	OB15 22*
What happened?	OB15 23*
Description of 'injuries'	OB15 24*
Treatment	OB15 25*
Where treated	OB15 26*

OG1 CONTINUED

Relationship to the teenager

Year of onset

Diagnosis or nature of the condition

Duration of condition and months

Outcome

In what way, if any, has the condition caused
any interference with the teenager's everyday life?

4TH PERSON ILLNESS

OG1.24

OG1.25

OG1.26*

OG1.27

OG1.28*

OG1.29*

DOCUMENT P

MATERNAL SELF-COMPLETION FORM

MATERNAL SELF COMPLETION FORM

STRICTLY CONFIDENTIAL



1986/87

Director Professor Neville Butler
MD, FRCP, FRCOG, DCH
International Centre for Child Studies
Ashley Down House
16 Cotham Park
Bristol BS6 6BU
Tel (0272) 739783/743405

--	--	--	--	--	--	--	--	--	--

BLOCK CAPITALS PLEASE

Study teenager's Surname

Study teenager's Forename(s)

Study teenager's Home Address

(SEX86)
Sex of teenager Male ☐ Female ☐

Postcode

Study teenager's NHS number
(if known)

Date of Birth (DOB86) ____/____/70

Today's Date (PDOC-MT)
(PDOC-YR)

TO THE MOTHER OR PERSON COMPLETING THIS FORM

This national survey is about the health and education of children whose sixteenth birthday was between the 5th-11th April 1986 inclusive. In this form, we are asking your help in telling us about the activities, skills, diet and behaviour of your teenager. This is in strict confidence and no names will ever be divulged under any circumstances whatsoever.

Please note the questions are addressed to the mother, this is for convenience as it will be the mother answering the questions in the vast majority of cases, however, please do not let the actual wording of the questions interfere with the completion of the form, if the person filling in the form is not the actual mother.

If you should have any difficulty in filling in any part of the form, please consult the Health Visitor, School Nurse or other Study Representative who gave it to you. Please return the completed form to the person who gave it to you.

HOW TO COMPLETE THIS FORM

MOST OF THE QUESTIONS ARE ANSWERED BY TICKING A BOX BESIDE THE CORRECT ANSWER.

Examples

1 Do you eat take-aways?

NO ☐

YES ☒

This indicates that you do eat takeaways

2 Have you ever been on a plane journey?

NO ☐

YES ☒

☐ If YES please answer 2(a)

2(a) How many times?

Once ☐

More than once ☒

Don't know ☐

This indicates that you have been on a plane journey more than once

Some questions require a number for the answer

Examples

a) How many days last week did you drink tea? 0 1 2 3 4 5 6 7

☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐

b) How long have you been going to the golf club? NINE MONTHS

This indicates that you drank tea on 6 days last week

This indicates that you have been going to the golf club for 9 months

For all answers requiring text it would be helpful if you would use BLOCK CAPITALS

KEY: * INDICATES ALPHANUMERIC (TEXT) VARIABLE

Section A: HEALTH & BEHAVIOUR

- A1. Is your teenager well in every possible way? (Include any changes in health, behaviour, education problems, illness, handicaps etc).

YES (PA1.1) ☐
NO ☐

If NO, answer 1(a) and 1(b) below

1(a).

What is the matter? (PA1.2) *

1(b).

Does it affect every day life at home or at school? (PA1.3) ☐
NO ☐
YES, slightly ☐
YES, quite a lot ☐
YES, severely ☐

- A2. Has your teenager any present or past difficulty with speech?

(PA2.1) Tick one box
YES, at present ☐
YES, in past only ☐
NO, never ☐
DON'T KNOW ☐

If YES, please answer 2(a) below

2(a).

What is/was the difficulty? (PA2.2) Tick all that apply
Severe stammer ☐
Slight stammer ☐
Cannot say words properly ☐
Other difficulty (please describe) (PA2.5) ☐
(PA2.6) *



- A3. Does your teenager have any present or past eating/appetite problems?

(PA3.1) Tick one box
YES, at present ☐
YES, in past only ☐
NO, never ☐
DON'T KNOW ☐

If YES, please answer (a) and (b) below

3(a)

What is/was the eating problem? (PA3.2) Tick all that apply
Refuses to eat ☐
Not eating enough ☐
Over-eating for more than the occasional meal (PA3.4) ☐
Other eating problem (PA3.5) ☐

3(b)

Please describe (PA3.6) *



- A4. Does your teenager have any present or past sleeping difficulty?

(PA4.1) Tick one box
YES, at present ☐
YES, in past only ☐
NO, never ☐
DON'T KNOW ☐

If YES, please answer 4(a)

4(a).

Which of the following difficulties is/was present? (PA4.2) Tick all that apply
Can't get off to sleep ☐
Complains of nightmares/night terrors ☐
Other sleeping difficulty (please describe) (PA4.4) ☐
(PA4.5) *



A5 Below is a series of descriptions of behaviour sometimes shown by young people. Please say whether in respect of your teenager the descriptions certainly applies, applies somewhat or doesn't apply

Answer (11-19) and tick one box on each line		Certainly Applies	Applies Somewhat	Doesn't Apply
1	Very restless. Often running about or jumping up and down. <i>Hardly ever still</i> (PAS.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is squirmy/fidgety (PAS.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Often destroys others or own belongings (PAS.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Frequently fights with others (PAS.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Not much liked by others (PAS.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Often worried. worries about many things (PAS.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Tends to do things on own. rather solitary (PAS.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Irritable. Is quick to fly off the handle (PAS.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Often appears miserable. unhappy. tearful or distressed (PAS.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Sometimes takes things belonging to others (PAS.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Has twitches. mannerisms or tics of the face and body (PAS.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Frequently sucks thumb or fingers (PAS.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Frequently bites nails or fingers (PAS.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Is often disobedient (PAS.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Cannot settle to anything for more than a few moments (PAS.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Tends to be fearful or afraid of new things or new situations (PAS.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Is fussy or overparticular (PAS.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Often tells lies (PAS.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Bulies others (PAS.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A6 Below is a series of further statements which can apply to young people. Please say whether your teenager behaves not at all like each statement, just a little like it, pretty much like it or very much like it

Answer (11-19) and tick one box on each line		Not at all	Just a little	Pretty much	Very much
1	Is noticeably clumsy (PA6.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Trips or falls easily or bumps into objects or other people (PA6.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Inattentive. easily distracted (PA6.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Hums or makes other odd noises at inappropriate times (PA6.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Has difficulty picking up small objects (PA6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Drops things which are being carried (PA6.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Becomes obsessional about unimportant things (PA6.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Requests must be met immediately. easily frustrated (PA6.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Shows restless or over-active behaviour (PA6.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Is impulsive. excitable (PA6.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Interferes with the activity of others (PA6.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Is sullen or sulky (PA6.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Fails to finish things he/she starts. short attention span (PA6.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Given to rhythmic tapping or kicking (PA6.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Cries for little cause (PA6.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Changes mood quickly and drastically (PA6.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Displays outbursts of temper, explosive or unpredictable behaviour (PA6.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Has difficulty in using scissors (PA6.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Has difficulty concentrating on any particular task though may return to it frequently (PA6.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section B: THE SCHOOL

B1. Have you or your husband been to your teenager's school since September 1985?

(PB1.1) Tick one box

YES, my husband ☐

YES, myself ☐

YES, both of us ☐

NO, neither of us ☐

If YES, please answer 1(a) and 1(b) below.



1(a).

How many times? Tick one box (PB1.2)

1 2 3 4 5 6 7 8 9+

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

1(b).

What did you go for? Tick all that apply

To a Parent Teacher Association (PB1.3) ☐

To a School function (PB1.4) ☐

To discuss your teenager's future (PB1.5) ☐

Other reasons (PB1.6) ☐

(What? (PB1.7)*)

B2. Since September 1985, other than visits to school, have you received any advice/literature about your teenager's job, career, or further education?

Tick all that apply

NO (PB2.1) ☐

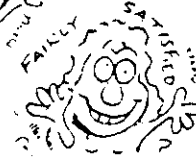
YES, completed an interest inventory (PB2.2) ☐

YES, had an interview with careers officer(s) (PB2.3) ☐

YES, received literature (PB2.4) ☐

YES, in other ways (PB2.5) ☐

(What? (PB2.6)*)



B3. How satisfied have you been with your teenager's progress and advice given to him/her in the past 2 years?

Answer (a) - (f) and tick one box on each line

	Very satisfied	Fairly satisfied	Not satisfied	Can't say
(a) With my teenager's school progress (PB3.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) With decisions about exams (PB3.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) With advice/help on getting a job etc. (PB3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) With the teacher's interest in him/her (PB3.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) With school discipline (PB3.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) With school's readiness to see parents (PB3.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3(a).

If you have answered 'Not satisfied' or 'Can't say' to any, could you explain why it is? (PB3.7)

B4. Which of the following would you like your teenager to do (A), and what do you think he/she will actually do, after this school year? (B)

Tick all that apply under A and then under B

	(A) I would like her/him to do this	(B) I think he/she will do this
Leave at end of this term (PB4.1)	<input type="checkbox"/>	<input type="checkbox"/>
Stay in full-time education and do vocational training (PB4.2)	<input type="checkbox"/>	<input type="checkbox"/>
Stay in full-time education and do 'A' levels etc. (PB4.3)	<input type="checkbox"/>	<input type="checkbox"/>
Continue some form of full-time education beyond age of 18 (PB4.4)	<input type="checkbox"/>	<input type="checkbox"/>
Other (PB4.5)	<input type="checkbox"/>	<input type="checkbox"/>
(What? (PB4.6)*)		
Don't know (PB4.7)	<input type="checkbox"/>	<input type="checkbox"/>

B5. During this school year, how much time, if any, has your teenager missed at school because of ill health/emotional disturbance, etc.?

(PB5.1) Tick one box

Missed none or less than one week in all ☐

Over one week and up to one month ☐

Over one month and up to three months ☐

Over three months ☐

Missed school but not known how long ☐

Not known if missed school ☐

If has missed over one week schooling answer 5(a).

5(a).

Give the reason(s) why schooling missed (PB5.2) *

Section C THE HOME



C1 Is anyone usually at home when your teenager gets back from school at the end of the day?

YES (PC1)	Tick one box
NO	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
eg boarder etc	<input type="checkbox"/>

C2 Right now how often do you/the family spend time with your teenager? (Of course you are bound to come into contact with all your children who live at home but we mean more than that. We mean talking together doing hobbies and other things together and going out together etc because you want to.) Please tick how many times each week yourself your husband or both of you together have done things with your teenager

Answer (a) (c) and tick one box on each line	Every day	3 5 times a week	1 2 times a week	Occasionally	Quite rare
(a) Myself (PC2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) My husband (PC2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) As a family (PC2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3 Right now who would you say your teenager has listened to most for advice? Tick all sources which apply in Col. A and then select the three persons who are listened to the most in Col. B

	A Tick all that apply	B Put in order 1 2 3
Your husband (PC3.1)	<input type="checkbox"/>	_____
Yourself (PC3.2)	<input type="checkbox"/>	_____
Brother(s)/Sister(s) (PC3.3)	<input type="checkbox"/>	_____
School Teacher(s) (PC3.4)	<input type="checkbox"/>	_____
Friend(s) (own) (PC3.5)	<input type="checkbox"/>	_____
Someone else (PC3.6)	<input type="checkbox"/>	_____
(Who? _____) (PC3.7)*	<input type="checkbox"/>	_____
Nobody (PC3.8)	<input type="checkbox"/>	_____



C4 On the whole are you and your husband happy with the way your teenager is turning out?

YES definitely (PC4.1)	Tick one box only
YES in some ways but not in others	<input type="checkbox"/>
NO not happy	<input type="checkbox"/>
CAN'T SAY	<input type="checkbox"/>

4(a) Would you like to tell us more? (PC4.2)

C5 If you could bring your teenager up again, would you do anything differently?

NO (PC5.1)	Tick one box only
YES I might/am undecided	<input type="checkbox"/>
YES definitely	<input type="checkbox"/>
CAN'T SAY	<input type="checkbox"/>

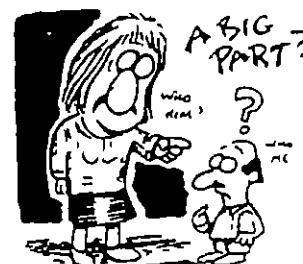
If YES please answer 5(a) below

5(a) Would you like to tell us in what way? (PC5.2)



C6 Do you feel that your husband plays a big part in the life of your teenager?

My husband takes a big part or an equal part with myself (PC6.1)	Tick one box only
My husband takes a smaller part than myself but I still feel it to be a significant part	<input type="checkbox"/>
My husband takes a very small part or leaves it to me	<input type="checkbox"/>
Can't say	<input type="checkbox"/>
Other answer	<input type="checkbox"/>
(Please give details _____) (PC6.2)*	<input type="checkbox"/>





Section D: YOUR HEALTH



- D1. Many mothers find caring for their family difficult if their own health is not very good. Listed below are a number of common symptoms that mothers often describe to doctors. We would like you to say if these happen to you most of the time, some of the time, or rarely/never, as in the examples given below.

Here are two EXAMPLES		Most of the time	Some of the time	Rarely or never
Do your hands often tremble?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you worried about travelling long distances		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This means my hands do not tremble but I am worried about travelling long distances most of the time.

Please tick the correct box on each line

		Most of the time	Some of the time	Rarely or never
Do you have backache?	(PDI.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel tired?	(PDI.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel miserable or depressed?	(PDI.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have bad headaches?	(PDI.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get worried about things?	(PDI.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have great difficulty in falling asleep or staying asleep?	(PDI.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wake unnecessarily early in the morning?	(PDI.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear yourself out worrying about your health?	(PDI.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get into a violent rage?	(PDI.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do people annoy and irritate you?	(PDI.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you at times had a twitching of the face, head or shoulders?	(PDI.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you suddenly become scared for no good reason?	(PDI.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you scared to be alone when there are no friends near you?	(PDI.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you easily upset or irritated?	(PDI.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you frightened of going out alone or of meeting people?	(PDI.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you keyed up and jittery?	(PDI.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from indigestion?	(PDI.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from an upset stomach?	(PDI.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your appetite poor?	(PDI.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does every little thing get on your nerves and wear you out?	(PDI.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your heart race like mad?	(PDI.21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have bad pains in your eyes?	(PDI.22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you troubled with rheumatism or fibrositis?	(PDI.23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a nervous breakdown?	(PDI.24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other health problems worrying you?	(PDI.25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If positive to last item please describe the problem(s) in your own words:

(PDI.26) *
(PDI.27) *
(PDI.28) *

- D2. Here are a series of statements about how some people feel. Could you tell us what you think regarding yourself?

Answer (a) - (h) and tick one box on each line	Yes, I agree a lot	Yes, I agree a little	Not sure	No, I disagree a little	No, I disagree a lot
(a) I can do things as well as most people of my age	(PD2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I'm a useful person to have around	(PD2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I haven't got much to be proud of	(PD2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Sometimes I think I'm no good at all	(PD2.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) I feel I'm as good a person as anybody else	(PD2.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) I feel I can't do anything right	(PD2.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) When I do something I always do it well	(PD2.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) I'm not really getting anywhere with my life	(PD2.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section E FOOD



E1 Please enter here how often the teenager eats the following —

Answer each line by ticking one box only

	Never	Eats it rarely	About once a month	About 1 day a week	About 2 days a week	About 3 days a week	About 4 days a week	About 5 days a week	About 6 days a week	Every day
Breakfast Cereal (PE1.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Bread (PE1.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wholemeal/Granary Bread (PE1.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordinary Brown Bread (PE1.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs/Egg Dishes (PE1.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordinary Meat (PE1.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processed Meat (PE1.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken/Turkey (PE1.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver/Kidney (PE1.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish (PE1.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes (Chips) (PE1.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes (Not Chips) (PE1.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisps (PE1.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baked Beans (PE1.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peas/Green Beans (PE1.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Green Vegetables (PE1.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Root Vegetables (PE1.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green Salad (PE1.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Fruit (PE1.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margarine (PE1.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter (PE1.21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese/Cheese Dishes (PE1.22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cake/Buns/Biscuits (PE1.23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Cream (PE1.24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate/Sweets (PE1.25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puddings (PE1.26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2 Which type of milk do you take and which does your teenager drink?

Tick all that apply for Col A then Col B

	A I buy	B My teenager drinks
Gold Top (Channel Island) (PE2.1)	<input type="checkbox"/>	<input type="checkbox"/>
Silver Top (include UHT or carton pasteurised) (PE2.2)	<input type="checkbox"/>	<input type="checkbox"/>
Semi skimmed (fresh or UHT) (PE2.3)	<input type="checkbox"/>	<input type="checkbox"/>
Skimmed (fresh or UHT) (PE2.4)	<input type="checkbox"/>	<input type="checkbox"/>
Other types of milk (PE2.5)	<input type="checkbox"/>	<input type="checkbox"/>
(which (PE2.6)*)	<input type="checkbox"/>	<input type="checkbox"/>
I do not buy milk (PE2.8)	<input type="checkbox"/>	<input type="checkbox"/>
Teenager doesn't drink it (PE2.9)	<input type="checkbox"/>	<input type="checkbox"/>

E3 What type(s) of bread do you buy and what does your teenager eat?

Tick all that apply for Col A then Col B

	A I buy	B My teenager eats	Brand
White bread (PE3.1)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.2)*
Wholemeal bread (PE3.3)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.4)*
Granary bread (PE3.5)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.6)*
Ordinary brown bread (PE3.7)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.8)*
Other types of bread (PE3.9)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.10)*
(which? (PE3.11)*)			
Which brand(s) do you usually buy? (PE3.12)*			

E4 Which cereals do you buy/does your teenager eat?



Tick all that apply for Column A and then for Column B

	A I buy	B My teenager eats
Cornflakes (PE4.1)	<input type="checkbox"/>	<input type="checkbox"/>
Weetabix/Shredded Wheat/Bran Flakes (PE4.2)	<input type="checkbox"/>	<input type="checkbox"/>
All Bran and similar products (PE4.3)	<input type="checkbox"/>	<input type="checkbox"/>
Muesli/Porridge Oats (exclude instant types) (PE4.4)	<input type="checkbox"/>	<input type="checkbox"/>
Rice Krispies and similar products (PE4.5)	<input type="checkbox"/>	<input type="checkbox"/>
Other cereals (PE4.6)	<input type="checkbox"/>	<input type="checkbox"/>
(what? (PE4.7)*)		

E5 Some people ask for/select lean cuts of meat. What about you?

(PE5.1)

Tick one box

Makes no difference to me ☐

I ask for lean meat ☐

I prefer meat to have some fat ☐

Other answer (what? (PE5.2)*) ☐

E6 Some people trim their meat before cooking. In preparing meat for cooking. Do you?

(PE6.1)

Tick one box

Leave it as it is ☐

Trim off some fat ☐

Try to remove all fat ☐

Buy lean meat anyway ☐

Other answer (what? (PE6.2)*) ☐

E7. Have you served any of these in the past 4 weeks

Tick all that apply in Column A and then Column B	A I have bought for family	B My Teenager eats	Brand if known
PROCESSED FOODS			
Meat pies/pasties (PE7.1)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.2) *
Sausages (PE7.3)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.4) *
Faggots, etc. (PE7.5)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.6) *
Fish fingers (PE7.7)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.8) *
Burgers (PE7.9)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.10) *
Pizzas (PE7.11)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.12) *
TAKE-AWAYS			
Fish (and chips) (PE7.13)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.14) *
Chicken (and chips) (PE7.15)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.16) *
Baked potatoes as a meal (PE7.17)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.18) *
Hamburgers/ beefburgers (PE7.19)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.20) *
Chinese takeaway (PE7.21)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.22) *
Indian takeaway (PE7.23)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.24) *
Other takeaway (PE7.25)	<input type="checkbox"/>	<input type="checkbox"/>	(PE7.26) *

E8. Which type of flour do you use when cooking?

Tick all that apply	
White flour (PE8.1)	<input type="checkbox"/>
Wholemeal flour (PE8.2)	<input type="checkbox"/>
Mixture of the two (PE8.3)	<input type="checkbox"/>
Other type(s) of flour (PE8.4)	<input type="checkbox"/>
(what? (PE8.5) *)	<input type="checkbox"/>

E9. What about fish (other than fish and chips)

Tick all that apply	I have bought in past month
White Fish e.g. Plaice, Haddock, Cod (PE9.1)	<input type="checkbox"/>
Herring, Trout, Mackerel (fresh/frozen) (PE9.2)	<input type="checkbox"/>
Tinned Fish (PE9.3)	<input type="checkbox"/>
Smoked Fish (PE9.4)	<input type="checkbox"/>
Fish fingers/cakes (PE9.5)	<input type="checkbox"/>
Other types of fish (PE9.6)	<input type="checkbox"/>
(what? (PE9.7) *)	<input type="checkbox"/>

E10. Do you add salt when cooking?



(Don't include salt substitutes and seasonings)		I usually add salt	I sometimes add salt	I never add salt
Answer (a) - (g) and tick one box on each line				
(a) Meat/Poultry (PE10.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Fish (PE10.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Egg dishes (PE10.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Potatoes (PE10.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Vegetables (PE10.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Salad (PE10.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Other foods to which you add salt				
(namely (PE10.7) * (PE10.8))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(namely (PE10.9) * (PE10.10))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



E11. What does your teenager put on bread/toast?

Answer (a) - (e) and tick one box on each line	Usually	Occasionally	Never
For spreading on bread/toast, he/she uses			
(a) Soft margarine (PE11.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hard margarine (PE11.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Low fat spread (PE11.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Butter (PE11.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other or doubtful as to type (PE11.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(what? (PE11.6) *)			

E12. For frying, which of the following do you do?

Tick all that apply	
I shallow fry (PE12.1)	<input type="checkbox"/>
I deep fry (PE12.2)	<input type="checkbox"/>
I use little or no fat/non-stick pan (PE12.3)	<input type="checkbox"/>
I grill (PE12.4)	<input type="checkbox"/>



E13 We would like to find out what sort of fat and oil you use for frying Put a tick in the correct boxes for the types you use for A and B

	A Shallow Frying		B Deep Frying		State brand if known
	Tick one box	Tick all that apply	Tick one box	Tick all that apply	
	Main one	Sometimes used	Main one	Sometimes used	
Soft Margarine (tub)	<input type="checkbox"/>	(PE13.1) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.14) <input type="checkbox"/>	(PE13.28) *
Hard Margarine	<input type="checkbox"/>	(PE13.2) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.15) <input type="checkbox"/>	(PE13.29) *
Butter	<input type="checkbox"/>	(PE13.3) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.16) <input type="checkbox"/>	(PE13.30) *
Dripping	<input type="checkbox"/>	(PE13.4) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.17) <input type="checkbox"/>	(PE13.31) *
Lard	<input type="checkbox"/>	(PE13.5) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.18) <input type="checkbox"/>	(PE13.32) *
Solid Vegetable Fat (eg Pura)	<input type="checkbox"/>	(PE13.6) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.19) <input type="checkbox"/>	(PE13.33) *
Vegetable oil (blended)	<input type="checkbox"/>	(PE13.7) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.20) <input type="checkbox"/>	(PE13.34) *
Corn Oil	<input type="checkbox"/>	(PE13.8) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.21) <input type="checkbox"/>	(PE13.35) *
Soya Oil	<input type="checkbox"/>	(PE13.9) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.22) <input type="checkbox"/>	(PE13.36) *
Sunflower Oil	<input type="checkbox"/>	(PE13.10) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.23) <input type="checkbox"/>	(PE13.37) *
Sesame Oil	<input type="checkbox"/>	(PE13.11) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.24) <input type="checkbox"/>	(PE13.38) *
Olive Oil	<input type="checkbox"/>	(PE13.12) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.25) <input type="checkbox"/>	(PE13.39) *
Other Oil	<input type="checkbox"/>	(PE13.13) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.26) <input type="checkbox"/>	(PE13.40) *
What? (PE13.27) *					

E14 Has your teenager had any puddings in the past 4 weeks?

YES at home (PE14.1) ☐ If YES answer 14(a) and 14(b) below

YES outside home ☐

NO ☐

14(a)

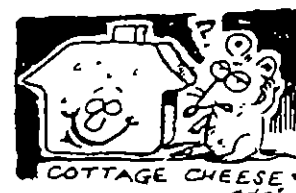
With how many meals per week does your teenager have puddings? (PE14.2)

14(b)

What sort of puddings has your teenager eaten in the past 4 weeks?

Answer (a) (i) and tick one box on each line

	Not eaten	Sometimes	Often
(a) Milk puddings e.g. rice pudding/semolina (PE14.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Stewed or cooked fruit (PE14.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Fresh fruit (PE14.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Yoghurt (PE14.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Fruit pie or crumble (PE14.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Jelly blancmange whips (PE14.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Ice cream (PE14.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Trifle gâteau cream cakes cheesecake (PE14.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Sponge cakes/puddings (PE14.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Suet puddings (PE14.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



E15 Has your teenager had any cheese(s) during the past 4 weeks?

NO (PE15.1) ☐ If YES answer 15(a) below

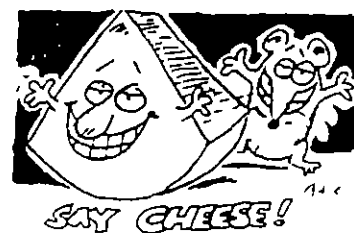
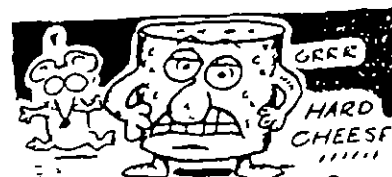
YES ☐

DON T KNOW ☐

15(a)

What was the type? (PE15.2)

	Tick all that apply	Brand if known
Cottage Cheese (PE15.3)	<input type="checkbox"/>	(PE15.3) *
Soft cheese (eg Brie Camembert) (PE15.4)	<input type="checkbox"/>	(PE15.5) *
Hard cheese (eg Edam Cheddar) (PE15.6)	<input type="checkbox"/>	(PE15.7) *
Cheese Spread (PE15.8)	<input type="checkbox"/>	(PE15.9) *
Other cheese (PE15.10)	<input type="checkbox"/>	(PE15.11) *
(what? (PE15.12) *)		



E16. Was the arrangement for your teenager's mid-day meal in the last week that he/she has been at school?

Tick all that apply

Went to school cafeteria (PE16.1) ☐

Received free school meal(s) (PE16.2) ☐

Teenager took snack(s) to school (PE16.3) ☐

Teenager came home for mid-day meal (PE16.4) ☐

Teenager bought snacks outside school (PE16.5) ☐

Other type of meal (PE16.6) ☐

(Please give details: (PE16.7) *)



16(a).

Has this arrangement changed at any time in the past year, for whatever reason?

(PE16.8) *

(PE16.9) *

E17. How many weekdays and how many days at weekends does the family 'sit down together' to eat a meal each week? (Exclude members of household away temporarily/permanently)

Tick one box for each line for weekdays and one for weekends

Family sits down together at:	A Number of weekdays							B Number of days at weekends		
	0	1	2	3	4	5	0	1	2	
a) Breakfast (PE17.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mid-day meal (PE17.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Evening meal (PE17.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(PE17.2) (PE17.4) (PE17.6)

E18. Does your teenager take any special diet(s) etc.?

YES (PE18.1) ☐

NO ☐

DON'T KNOW ☐

If YES, answer 18(a) and 18(b) below.



18(a).

Please describe how his/her diet differs from that of the average British teenager of his/her age

(PE18.2) *

18(b).

Why is this? Tick all that apply

To lose weight (PE18.3) ☐

For health/medical reasons (PE18.5) ☐

For religion/culture (PE18.7) ☐

For other reasons(s) (PE18.9) ☐

If for health reasons, what are they? (eg diabetes, obesity, cardiac)

What? (PE18.4) *

What? (PE18.6) *

Which? (PE18.8) *

What? (PE18.10) *

Section F: ACCOMMODATION

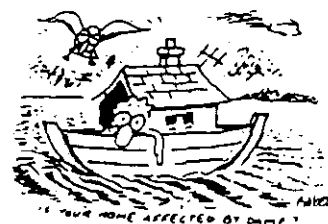
F1. Is your accommodation affected by damp?

NO, no damp (PF1.1) ☐

YES, slight dampness ☐

YES, marked dampness ☐

If YES, please answer 1(a), 1(b) and 1(c) below.



1(a).

How long has this been the case (PF1.2) ☐

Less than 1 year ☐

1-4 years ☐

5 years or more ☐

1(b).

How many room(s) are affected? (PF1.3) ☐

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

1(c).

Do you think it is a hazard to health? (PF1.4) ☐

YES ☐

NO ☐

If YES, in what way? (PF1.5) *

F2 Apart from damp problems has your accommodation deteriorated in any other way? (e.g. subsidence dilapidations decayed concrete etc.)

(PF2.1) Tick one box

NO it is in good condition ☐

YES there is a slight problem ☐

YES there is a marked problem ☐

If YES please answer 2(a) and 2(b)



Problems with Your Accommodation

2(a) How long have you experienced problem(s) in your accommodation? (PF2.2) Tick one box

Less than one year ☐

1-4 years ☐

5 years or more ☐

2(b) Please describe briefly the problem(s) (PF2.3) *

(PF2.4) *

Section G YOUR HOUSEHOLD

G1 Are there in your household any of the following?

Answers 11-23 tick one box on each line

	We own one	We would like one	We wouldn't want one		We own one	We would like one	We wouldn't want one
1 Car or Van (PG-1.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Solid Fuel Cooker (PG-1.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Telephone (PG-1.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Dishwasher (PG-1.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Television (PG-1.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Washing Machine (PG-1.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Video Recorder (PG-1.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 Tumbler Dryer (PG-1.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Video Camera (PG-1.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Spin Dryer (PG-1.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Stereo/HiFi (PG-1.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 Fridge (PG-1.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Radio (PG-1.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Freezer (PG-1.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Home Computer (PG-1.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 Food Mixer/Blender (PG-1.21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Double Glazing (PG-1.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Microwave Oven (PG-1.22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Sewing Machine (PG-1.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Vacuum Cleaner (PG-1.23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Electric Cooker (PG-1.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Paraffin Heater (PG-1.24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Gas Cooker (Piped) (PG-1.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Calor Gas (Butane) heater (PG-1.25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Gas Cooker (Bottled) (PG-1.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

G2 Do you receive any help with housework? e.g. cleaning the house washing up making beds, etc

(PG-2.1) Tick one box

YES considerable ☐

YES some ☐

YES a little ☐

Almost none ☐

If YES answer 2(a) below



COMICS



NEWSPAPERS



MAGAZINES

2(a) Tick all that apply

Who usually helps you?

My husband (PG-2.2) ☐

My teenager him/herself (PG-2.3) ☐

Others in household (PG-2.4) ☐

Relatives or friends from outside (PG-2.5) ☐

Paid help (PG-2.6) ☐

Other person (PG-2.7) ☐

(Who? (PG-2.8) *)

G3 What papers, comics, magazines are regularly at home which your teenager can read?

Tick all that apply

Comics (please name) (PG-3.1) * (PG-3.2) *

Magazines (please name) (PG-3.3) * (PG-3.4) *

Weekly papers (please name) (PG-3.5) * (PG-3.6) *

Local papers (please name) (PG-3.7) * (PG-3.8) *

Sunday papers (please name) (PG-3.9) * (PG-3.10) *

National daily papers (please tick all that apply)

Daily Mail ☐ (PG-3.11) Daily Express ☐ (PG-3.12) The Sun ☐ (PG-3.13) The Times ☐ (PG-3.14) The Guardian ☐ (PG-3.15)

Daily Star ☐ (PG-3.16) Daily Mirror ☐ (PG-3.17) Daily Telegraph ☐ (PG-3.18) None of these ☐ (PG-3.19)

G4. Have you a pet in your household?

YES (PG-4.1) ☐
NO ☐

If YES, please answer 4(a), 4(b), (c), (d), and (e) below.

4(a).

What type of pet? (Tick all that apply)

Dog (PG-4.2) ☐
Cat (PG-4.3) ☐
Parrot (PG-4.4) ☐
Budgerigar/Canary (PG-4.5) ☐
Goldfish/Tropical fish (PG-4.6) ☐
Hamster/Gerbil/Mice (PG-4.7) ☐
Other animal(s)/pet(s) (PG-4.8) ☐
(What? (PG-4.9) *) ☐

4(b).

Is anyone in your household sensitive to animal/pets?

YES (PG-4.10) ☐
NO ☐
DON'T KNOW ☐

If YES, answer 4(c), (d) and (e) below

4(c) Who is sensitive? (PG-4.11) * ☐
4(d) To what type of animal pet? (PG-4.12) * ☐
4(e) What symptoms are produced by contact or exposure? (PG-4.13) * ☐

G5. Did your teenager, yourself or your husband have any difficulty in learning to read or in reading at present?

Tick all that apply in (a), (b) and (c)

	Yes, in learning to read	Yes, in reading now	No, Neither
(a) Teenager (PG-5.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Husband (PG-5.2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Myself (PG-5.3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G6. Does your teenager, yourself or your husband read books or magazines?

	Neither Books nor Magazines	Yes reads Books	Yes reads Magazines
Teenager (PG-6.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Husband (PG-6.2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myself (PG-6.3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES to magazines, answer 6(a)

6(a). Which magazine(s)?

Teenager (PG-6.4) * ☐
Husband (PG-6.5) * ☐
Myself (PG-6.6) * ☐

If YES to books, answer 6(b)

6(b). Which type of book(s)?

Teenager (PG-6.7) * ☐
Husband (PG-6.8) * ☐
Myself (PG-6.9) * ☐

G7. Has anyone ever told you that your teenager, your husband, yourself or any relatives were dyslexic?

Which, if any, are dyslexic? (Tick all that apply)

My teenager (PG-7.1) ☐
Other children in family (who? (PG-7.3) (PG-7.2) *) ☐
Other relative(s) (who? (PG-7.5) (PG-7.4) *) ☐
Husband (teenager's father) (PG-7.6) ☐
Myself (PG-7.7) ☐
None of above (PG-7.8) ☐



G8. As far as you know how often does your teenager have an alcoholic drink, if at all, and how often do your husband or yourself?

(PG-8.1) (PG-8.2) (PG-8.3)

Tick one box in each column

	Your teenager	Your husband	Yourself
Very rarely or never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once or twice a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or 4 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyday or most days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G9 What is the usual drink if any of the teenager the mother and the father and what is sometimes consumed?

Tick one box in each column A and tick all that apply in each column B

	A Usual Drink			B Drink sometimes		
	Your teenager	Your husband	Yourself	Your teenager	Your husband	Yourself
Doesn't drink	<input type="checkbox"/> (PGA.1)	<input type="checkbox"/> (PGA.12)	<input type="checkbox"/> (PGA.23)	<input type="checkbox"/> (PGA.36)	<input type="checkbox"/> (PGA.47)	<input type="checkbox"/> (PGA.58)
Lager	<input type="checkbox"/> (PGA.2)	<input type="checkbox"/> (PGA.13)	<input type="checkbox"/> (PGA.24)	<input type="checkbox"/> (PGA.37)	<input type="checkbox"/> (PGA.48)	<input type="checkbox"/> (PGA.59)
Beer	<input type="checkbox"/> (PGA.3)	<input type="checkbox"/> (PGA.14)	<input type="checkbox"/> (PGA.25)	<input type="checkbox"/> (PGA.38)	<input type="checkbox"/> (PGA.49)	<input type="checkbox"/> (PGA.60)
Wine	<input type="checkbox"/> (PGA.4)	<input type="checkbox"/> (PGA.15)	<input type="checkbox"/> (PGA.26)	<input type="checkbox"/> (PGA.39)	<input type="checkbox"/> (PGA.50)	<input type="checkbox"/> (PGA.61)
Gin	<input type="checkbox"/> (PGA.5)	<input type="checkbox"/> (PGA.16)	<input type="checkbox"/> (PGA.27)	<input type="checkbox"/> (PGA.40)	<input type="checkbox"/> (PGA.51)	<input type="checkbox"/> (PGA.62)
Whisky	<input type="checkbox"/> (PGA.6)	<input type="checkbox"/> (PGA.17)	<input type="checkbox"/> (PGA.28)	<input type="checkbox"/> (PGA.41)	<input type="checkbox"/> (PGA.52)	<input type="checkbox"/> (PGA.63)
Sherry	<input type="checkbox"/> (PGA.7)	<input type="checkbox"/> (PGA.18)	<input type="checkbox"/> (PGA.29)	<input type="checkbox"/> (PGA.42)	<input type="checkbox"/> (PGA.53)	<input type="checkbox"/> (PGA.64)
Vodka	<input type="checkbox"/> (PGA.8)	<input type="checkbox"/> (PGA.19)	<input type="checkbox"/> (PGA.30)	<input type="checkbox"/> (PGA.43)	<input type="checkbox"/> (PGA.54)	<input type="checkbox"/> (PGA.65)
Martini	<input type="checkbox"/> (PGA.9)	<input type="checkbox"/> (PGA.20)	<input type="checkbox"/> (PGA.31)	<input type="checkbox"/> (PGA.44)	<input type="checkbox"/> (PGA.55)	<input type="checkbox"/> (PGA.66)
(Other what?)	<input type="checkbox"/> (PGA.10)	<input type="checkbox"/> (PGA.21)	<input type="checkbox"/> (PGA.32)	<input type="checkbox"/> (PGA.45)	<input type="checkbox"/> (PGA.56)	<input type="checkbox"/> (PGA.67)
(Other what?)	<input type="checkbox"/> (PGA.11)	<input type="checkbox"/> (PGA.22)	<input type="checkbox"/> (PGA.33)	<input type="checkbox"/> (PGA.46)	<input type="checkbox"/> (PGA.57)	<input type="checkbox"/> (PGA.68)



PLEASE GIVE A SHORT DESCRIPTION OF YOUR TEENAGER'S DEVELOPMENT SINCE A BABY MENTIONING THE IMPORTANT EVENTS AT HOME, SCHOOL, IN THE FAMILY WHICH HAVE INFLUENCED HIM/HER AND HIS/HER HEALTH AND DEVELOPMENT

(PHI) - FLAG INDICATING PRESENCE OF TEXT

Miscellaneous (Question 1 – Girls only)

1 What age did your teenage girl have her first menstrual period?

(PM1.1) Tick one box

Before 11th birthday ☐

When aged 11 ☐

Aged 12 ☐

Aged 13 ☐

Aged 14 ☐

Aged 15 or more ☐

Not yet commenced ☐

Commenced, but don't know age ☐

If reached puberty, answer 1(a) and 1(b).

1(a).

Have her periods been regular in past year? Tick all that apply

Regular (PM1.2) ☐

Irregular (PM1.3) ☐

Has missed more than 3 months at any time (PM1.4) ☐

(Why? (PM1.5)*)

1(b).

When was her last menstrual period?

Month Year

(PM1.6A) (PM1.6B)

2. A lot is spoken these days about early sexual experience of all sorts having an effect on children's development. Is this a thing you've thought about in regard to your teenager?

(PM2.1) Tick one box

YES, I have thought about it ☐

NO, it really doesn't come into it ☐

CAN'T SAY ☐

If YES, please answer 2(a).

2(a).

Would you like to help us form a view on this sort of thing?

(PM2.2)

3. Describe your teenager's health over the past 12 months?

(PM3.1) Tick one box

Excellent ☐

Good ☐

Fair ☐

Poor ☐

If there is a problem, what is it?

(PM3.2) *

4. Do your teenager, yourself or your husband ever do things to keep healthy?

(PM4.1) (PM4.2) (PM4.3)

Tick one box in each of Columns A, B, C.

	A / Teenager	B / Myself	C / Husband
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If occasionally or regularly answer 4(a).

4(a).

Tick all that apply in Columns A B and C

	A	B	C
	My	My	My
What form of exercise	Teenager	Myself	Husband
Go running/jogging	(PM4.4) <input type="checkbox"/>	(PM4.10) <input type="checkbox"/>	(PM4.16) <input type="checkbox"/>
Do keep fit exercises	(PM4.5) <input type="checkbox"/>	(PM4.11) <input type="checkbox"/>	(PM4.17) <input type="checkbox"/>
Weight-training	(PM4.6) <input type="checkbox"/>	(PM4.12) <input type="checkbox"/>	(PM4.18) <input type="checkbox"/>
Go for walks	(PM4.7) <input type="checkbox"/>	(PM4.13) <input type="checkbox"/>	(PM4.19) <input type="checkbox"/>
Sauna	(PM4.8) <input type="checkbox"/>	(PM4.14) <input type="checkbox"/>	(PM4.20) <input type="checkbox"/>
Other exercise	(PM4.9) <input type="checkbox"/>	(PM4.15) <input type="checkbox"/>	(PM4.21) <input type="checkbox"/>
(What? (PM4.22)*)			

Do you think the following should be taught to teenagers at school?

Answer questions 1-25 in section A and tick one of the four boxes in Section A

If your answer in Section A is 'No' proceed to Section B and tick one of the three boxes to say why you think this should not be given at school

SECTION A				SECTION B			
Tick one box only	YES		UNDECIDED	NO			
	Should be given at school	Useful if time available	Can't say	Should not be given at school	If NO is it because		
					Not important at this age?	Should be covered outside school?	Does more harm than good?
1 How the body works (PMS.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.26)	<input type="checkbox"/>	<input type="checkbox"/>
2 Staying well (PMS.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.27)	<input type="checkbox"/>	<input type="checkbox"/>
3 Immunisation (PMS.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.28)	<input type="checkbox"/>	<input type="checkbox"/>
4 Illness and recovery (PMS.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.29)	<input type="checkbox"/>	<input type="checkbox"/>
5 Talking with Doctors Nurses and Dentists (PMS.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.30)	<input type="checkbox"/>	<input type="checkbox"/>
6 Care of hair teeth skin (PMS.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.31)	<input type="checkbox"/>	<input type="checkbox"/>
7 Care of eyes (PMS.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.32)	<input type="checkbox"/>	<input type="checkbox"/>
8 Care of feet (PMS.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.33)	<input type="checkbox"/>	<input type="checkbox"/>
9 Human reproduction (PMS.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.34)	<input type="checkbox"/>	<input type="checkbox"/>
10 Menstruation (periods) (PMS.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.35)	<input type="checkbox"/>	<input type="checkbox"/>
11 Food and Health (PMS.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.36)	<input type="checkbox"/>	<input type="checkbox"/>
12 Drinking alcohol (PMS.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.37)	<input type="checkbox"/>	<input type="checkbox"/>
13 Glue-sniffing (PMS.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.38)	<input type="checkbox"/>	<input type="checkbox"/>
14 Smoking (PMS.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.39)	<input type="checkbox"/>	<input type="checkbox"/>
15 Physical fitness (PMS.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.40)	<input type="checkbox"/>	<input type="checkbox"/>
16 Understanding the needs of handicapped people (PMS.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.41)	<input type="checkbox"/>	<input type="checkbox"/>
17 Understanding the needs of old people (PMS.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.42)	<input type="checkbox"/>	<input type="checkbox"/>
18 Health and social services (PMS.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.43)	<input type="checkbox"/>	<input type="checkbox"/>
19 Safety at home (PMS.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.44)	<input type="checkbox"/>	<input type="checkbox"/>
20 Safety in traffic (PMS.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.45)	<input type="checkbox"/>	<input type="checkbox"/>
21 Water safety (PMS.21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.46)	<input type="checkbox"/>	<input type="checkbox"/>
22 First aid (PMS.22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.47)	<input type="checkbox"/>	<input type="checkbox"/>
23 Family life (PMS.23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.48)	<input type="checkbox"/>	<input type="checkbox"/>
24 Separation from parents (PMS.24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.49)	<input type="checkbox"/>	<input type="checkbox"/>
25 Death and bereavement (PMS.25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.50)	<input type="checkbox"/>	<input type="checkbox"/>

Which do you consider to be the 3 most important topics from the list above? Please enter topic numbers

1 (PMS.1) 2 (PMS.2) 3 (PMS.3)



Do you think the following should be taught to teenagers at school? (continued)

Answer questions 26-49 in section A and tick one of the four boxes in Section A

If your answer in Section A is "No" proceed to Section B and tick one of the three boxes to say why you think this should not be given at school.

	SECTION A				SECTION B		
	YES		UNDECIDED	NO	If NO, is it because:		
	Should be given at school	Useful if time available	Can't say	Should not be given at school	Not important at this age?	Should be covered outside school?	Does more harm than good?
26. Stress and relaxation	<input type="checkbox"/> (PM7.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.25)	<input type="checkbox"/>	<input type="checkbox"/>
27. The difference between boys' behaviour and girl's behaviour	<input type="checkbox"/> (PM7.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.26)	<input type="checkbox"/>	<input type="checkbox"/>
28. Normal growth and development	<input type="checkbox"/> (PM7.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.27)	<input type="checkbox"/>	<input type="checkbox"/>
29. Relationships with other boys and girls of the same age	<input type="checkbox"/> (PM7.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.28)	<input type="checkbox"/>	<input type="checkbox"/>
30. Understanding people of different race or religion	<input type="checkbox"/> (PM7.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.29)	<input type="checkbox"/>	<input type="checkbox"/>
31. Feelings (love, hate, anger, jealousy)	<input type="checkbox"/> (PM7.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.30)	<input type="checkbox"/>	<input type="checkbox"/>
32. Bullying	<input type="checkbox"/> (PM7.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.31)	<input type="checkbox"/>	<input type="checkbox"/>
33. Building self-confidence	<input type="checkbox"/> (PM7.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.32)	<input type="checkbox"/>	<input type="checkbox"/>
34. Making decisions	<input type="checkbox"/> (PM7.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.33)	<input type="checkbox"/>	<input type="checkbox"/>
35. Honesty	<input type="checkbox"/> (PM7.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.34)	<input type="checkbox"/>	<input type="checkbox"/>
36. Responsibility for your own behaviour	<input type="checkbox"/> (PM7.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.35)	<input type="checkbox"/>	<input type="checkbox"/>
37. Spare-time activities	<input type="checkbox"/> (PM7.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.36)	<input type="checkbox"/>	<input type="checkbox"/>
38. Boredom	<input type="checkbox"/> (PM7.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.37)	<input type="checkbox"/>	<input type="checkbox"/>
39. Caring for pets	<input type="checkbox"/> (PM7.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.38)	<input type="checkbox"/>	<input type="checkbox"/>
40. Vandalism	<input type="checkbox"/> (PM7.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.39)	<input type="checkbox"/>	<input type="checkbox"/>
41. Stealing	<input type="checkbox"/> (PM7.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.40)	<input type="checkbox"/>	<input type="checkbox"/>
42. Pollution	<input type="checkbox"/> (PM7.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.41)	<input type="checkbox"/>	<input type="checkbox"/>
43. Conservation	<input type="checkbox"/> (PM7.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.42)	<input type="checkbox"/>	<input type="checkbox"/>
44. Contraception	<input type="checkbox"/> (PM7.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.43)	<input type="checkbox"/>	<input type="checkbox"/>
45. Parenthood and child care	<input type="checkbox"/> (PM7.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.44)	<input type="checkbox"/>	<input type="checkbox"/>
46. Sexually transmitted diseases	<input type="checkbox"/> (PM7.21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.45)	<input type="checkbox"/>	<input type="checkbox"/>
47. Control of body weight	<input type="checkbox"/> (PM7.22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.46)	<input type="checkbox"/>	<input type="checkbox"/>
48. Violence on the television screen	<input type="checkbox"/> (PM7.23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.47)	<input type="checkbox"/>	<input type="checkbox"/>
49. Cancer	<input type="checkbox"/> (PM7.24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PM7.48)	<input type="checkbox"/>	<input type="checkbox"/>

Which do you consider to be the 3 most important topics from the list above? Please enter topic numbers.

1. (PM8.1) 2. (PM8.2) 3. (PM8.3)



YOU WILL BE VERY GLAD TO KNOW THAT
IT'S ALL OVER!
(NOW YOU KNOW WHAT YOUR KIDS WENT THROUGH!)

THANK YOU FOR YOUR HELP

Thank you for your Patient Participation !!!
© 1994 GSC

Produced and Printed by:
Printing & Graphic Services (Bristol) Limited,
Golf Course Lane, Filton, Bristol BS12 7QS

DOCUMENT Q

STUDENT SELF-COMPLETION HEALTH QUESTIONNAIRE

YOUTHSCAN U.K.

An Initiative of the International Centre for Child Studies

A national study of all children born 5th-11th April 1970 inclusive in England, Wales and Scotland originating from the 1970 Birth Cohort of the National Birthday Trust Fund

STUDENT SELF-COMPLETION HEALTH QUESTIONNAIRE

CONFIDENTIAL

Director Professor Neville Butler
MD FRCP FRCOG DCH
International Centre for Child Studies
Ashley Down House
16 Cotham Park
Bristol BS6 6BU
Tel (0272) 739783 or 743405

YOUTHSCAN PARTICIPANTS TO
COMPLETE THIS QUESTIONNAIRE
AT TIME OF MEDICAL EXAMINATION

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

BLOCK CAPITALS PLEASE

Participant's Surname _____

Participant's Forename(s) _____

Participant's Home Address _____

Sex (SEX86)

Postcode _____

Name of school attended _____

Address of school _____

Date of Birth (DOB86)/4/70

Today's Date (QDOC-MT)
(QDOC-YR)

TO THE STUDENT COMPLETING THIS FORM

This national survey concerns your health and education — also your interests, hopes and ambitions, and that of the other 15 000 friends in UK whose 16th birthdays fell between the 5th-11th April 1986. In this form we are asking your help in telling us about your views and opinions, and what you are doing and thinking. All the information you give will be treated in the strictest confidence. No names will be given out and this form will not be seen by anyone else.

If you should have any difficulty in filling in any part of this questionnaire, please consult the person who gave it to you. Please complete it as far as you can and return it to the doctor or nurse before you leave the place of the medical examination. A sealable envelope is provided in which you can place the completed questionnaire to ensure absolute privacy.

MOST OF THE QUESTIONS ARE ANSWERED IN ONE OF TWO WAYS

a) BY TICKING ONE BOX

Example 1

Are you ever depressed when you have no money?

Tick one box

YES ☐

NO ☒

Can't say ☐

This answer means that you are depressed when you have no money

b) BY TICKING ALL THE BOXES THAT ARE RELEVANT

Example 2

What sort of radio programmes do you listen to?

Tick all that apply

Pop Music ☒

News Programmes ☒

Talk Programmes ☒

Plays ☐

Classical Music ☒

Phone Ins ☐

This answer means that you listen to News Programmes and Classical Music

KEY: * INDICATES
ALPHANUMERIC TEXT

SECTION 1

- 1.1. During the past 2 years, have you had any medical attention because there was anything wrong with you or thought to be anything wrong?

YES (Q11.1) ☐
NO ☐

If YES, please answer 1(a), 1(b) and 1(c).

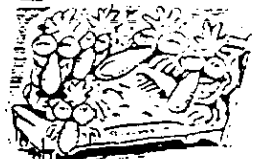


1(a) What was the matter? (Q11.2)*
1(b) What was the outcome? (Q11.3)*
1(c) How many times have you been to see your doctor in the past 12 months? 0 1 2 3 4 5 6+ times
Tick one box ☐ ☐ ☐ ☐ ☐ ☐ ☐ (Q11.4)

- 1.2. Have you had to stay away from school for a day or more for reasons connected with your health in the past 2 years? (Include illness at home, hospital and elsewhere)

YES (Q12.1) ☐
NO ☐
CAN'T REMEMBER ☐

If YES, please answer 2(a) and (b).



2(a). How many days in all spent away from school over the past 2 years for health reasons? (Q12.2)
2(b).
What was the matter? (i) (Q12.3)* (ii) (Q12.4)* (iii) (Q12.5)*

- 1.3. Have you since 10 years been to hospital outpatients or a casualty/accident department, or to a specialist clinic because there was anything wrong (or suspected to be wrong) with your health?

Yes, I have been to Outpatients (Q13.1) ☐
Yes, I have been to Casualty/Accident Dept. (Q13.2) ☐
Yes, I have been to a Specialist Clinic (Q13.3) ☐
No, I have not been to any of the above (Q13.4) ☐

Tick all that apply

If YES, answer 3(a), 3(b) and 3(c)

3(a) What was the reason(s) you went to (i) Outpatients (ii) Casualty/Accident Department (iii) Specialist Clinic?
(i) (Q13.5)*
(ii) (Q13.6)*
(iii) (Q13.7)*

3(b) At what age(s), if any have you attended each of the following since 10 years?
Answer (i) - (iii) and tick appropriate year(s) in each line
Not at 10 11 12 13 14 15+ Don't
all yrs yrs yrs yrs yrs yrs yrs know
(i) Outpatients (Q13.8)* (Q13.9)* (Q13.10)* (Q13.11)* (Q13.12)* (Q13.13)* (Q13.14)* (Q13.15)*
(ii) Casualty/Accident Dept (Q13.16)* (Q13.17)* (Q13.18)* (Q13.19)* (Q13.20)* (Q13.21)* (Q13.22)* (Q13.23)*
(iii) Specialist Clinic (Q13.24)* (Q13.25)* (Q13.26)* (Q13.27)* (Q13.28)* (Q13.29)* (Q13.30)* (Q13.31)*

3(c) On the most recent occasion what was done for you?

(Q13.31)*
(Q13.32)*

VARIABLE ABSENT FROM
ORIGINAL DATA FILE

- 1.4. Have you been admitted to hospital for one night or longer since you were 10 years of age?

YES, in past 12 months (Q14.1) ☐
YES, previous to 12 months ago ☐
NO ☐
DON'T KNOW ☐

If YES, please answer 4(a) and 4(b)



4(a). At what age(s) were you admitted (Q14.2) (Q14.3) (Q14.4) (Q14.5) (Q14.6) (Q14.7) (Q14.8)
10 11 12 13 14 15 16 yrs
Tick all that apply ☐ ☐ ☐ ☐ ☐ ☐ ☐
4(b).
On the most recent occasion, what was the reason? (Q14.1)*
What were you told was the matter? (Q14.2)*
What was the name of the hospital? (Q14.3)*

- 5 Have you had during the past 12 months any cough colds sore throats or other conditions affecting your ears nose throat or chest?

YES (Q15.1) ☐ Tick one box
 NO ☐
 DON T KNOW ☐

If YES please answer 5(a) 5(b) and 5(c)



5(a) Were you seen by a doctor for this?

YES (Q15.2) ☐ Tick one box
 NO ☐
 DON T KNOW ☐

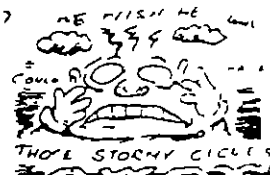
5(b) What were you told was the matter on each occasion (i) (Q15.3)* (ii) (Q15.4)* (iii) (Q15.5)*

5(c) What was done to help you? (Q15.6)*

- 1 6 Have you felt anxious/depressed/unhappy for more than a day during the past 12 months?

YES (Q16.1) ☐ Tick one box
 NO ☐
 DON T KNOW ☐

If YES please answer 6(a) 6(b) 6(c) 6(d) and 6(e)



6(a) Why did you feel like this? Describe your feelings (Q16.2)*

6(b) How often have you felt like this in the past 12 months?

Most of the time
 Often
 Some of the time
 Occasionally only

(Q16.3)

Tick one box only

6(c) Have you been seen by a doctor?

YES (Q16.4) ☐ Tick one box
 NO ☐

If YES

6(d) Who was it? (Q16.5)*

6(e) What did he/she tell you was the matter? (Q16.6)*

- 7 For as long as you can remember have you had good hearing and vision?

YES (Q17.1) ☐ Tick one box
 NO ☐
 CAN T SAY ☐

If NO please answer 7(a) and 7(b)



7(a) What was the trouble and what were you told was the cause?

(i) Hearing (Q17.2)* (ii) Vision (Q17.3)*

7(b) What treatment have you had?

(i) Hearing (Q17.4)* (ii) Vision (Q17.5)*

- 1 8 To sum up have you ever had any illnesses/accidents/operations/hospital for as long as you can remember?

YES before I was 10 (Q18.1)
 YES between 10 and 15 (Q18.2)
 YES during the past year (Q18.3)
 NO (Q18.4)

Tick all that apply

If YES please answer 8(a)

8(a) Please list all illnesses/operations/hospital admissions you have ever had

Under 10 years (Q18.5)*

10 yrs (Q18.6)*

11 yrs (Q18.7)*

12 yrs (Q18.8)*

13 yrs (Q18.9)*

14 yrs (Q18.10)*

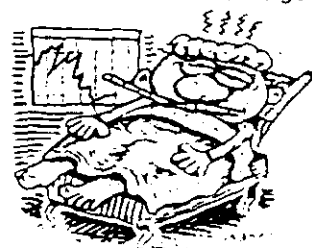
15 yrs (Q18.11)*



1.9. Have you in the past 4 weeks taken any medicine/tablets/medicinal product (a) prescribed by your doctor, (b) got direct from the chemist/supermarket and (c) got from other source?

	YES, prescribed by my doctor	YES, something bought over the counter	YES, got from other source	NO, not to my knowledge	UNCERTAIN
	(Q19.1) <input type="checkbox"/>	(Q19.2) <input type="checkbox"/>	(Q19.3) <input type="checkbox"/>	(Q19.4) <input type="checkbox"/>	(Q19.5) <input type="checkbox"/>

If YES, please answer 9(a)



9(a). Please list all medicines, tablets, medicinal products etc. you have bought/taken/been prescribed in past 4 weeks. Tell us for each one where you got them, the reason, the name and brand, and how/often/many you took.

a. First medicine, tablet etc. (Q19.6) *

b. 2nd medicine, tablet etc. (Q19.7) *

c. 3rd medicine, tablet etc. (Q19.8) *

Please continue on page 2 if necessary

1.10. Lots of people these days are talking about AIDS and many are frightened about it. Would you like to tell us briefly, what you think AIDS is and what you know about it? (Q110.1) *

(Q110.2) *

(Q110.3) *

Please continue on Page 2 if more space is needed

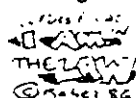
END OF SECTION 1.

SECTION 2. THE LAW

Now we'd like to ask you about some of the things young people sometimes do of which other people might not approve. We shall start by asking whether anyone you know has done any of the following — not their names but just whether they are friends or acquaintances.

2.1. Do you happen to know anyone who has done any of the following things in the past 12 months?

Please answer (1)-(13) below and tick all boxes that apply on each line.



	YES, a close friend	YES, a casual friend	YES, just someone I know	NO
(Q21.1) 1. Deliberately broken windows or smashed up property which did not belong to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.2) 2. Sold something which they had taken, shoplifted or stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.3) 3. Used physical force (like twisting an arm, or choking or worse) to get money from somebody not in their own family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.4) 4. Taken something worth less than £5 from a shop without paying for it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.5) 5. Taken money or something else from a stranger by threatening to beat them up or hurt them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.6) 6. Got into someone's house without their permission to take something that was not theirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.7) 7. Taken something worth £5 or more from a shop without paying for it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.8) 8. Taken something which wasn't theirs from a cloakroom, school desk, or other property left lying about, like a bag or purse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.9) 9. Taken a bicycle with no intention of putting it back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.10) 10. Taken something from someone's car, motorbike or moped, with no intention of putting it back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.11) 11. Broken open a bank cash-dispensing machine to get money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.12) 12. Taken a car, motorbike or moped belonging to someone else for a ride without the owner's permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.13) 13. Taken something which wasn't theirs from someone's garden, shed, garage or other outbuilding without their permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2.2 This section asks whether you yourself have ever done a number of activities. Some of these are considered to be against the law - we have also included a number of questions on harmless activities which are not punishable by law. The questions are scrambled. So unless the key is known, no one will ever know what your answers are. Only we know the key and your name will never be associated with your answers. The scrambling works like this: The things about which we want to find out are on LIST A and LIST B. Each list contains the same questions but in a different order. You answer either LIST A or LIST B, but no one but you and us knows which list you have answered. The list you should use to fill in the answers to question 2.2 is shown in a box in the lower half of page 7 of this questionnaire. Turn to this and memorise whether you are to use list A or B. If necessary, write it down on a separate piece of paper which you can destroy later. Then erase the letter A or B in the box by writing over it in ink. Then answer question 2.2. Nobody but yourself and us will know which list you have used. Remember also that you are able to seal up the questionnaire in a special envelope so that nobody will see your answers.

ITEM	LIST A (USED IN DATASET)	ITEM	LIST B
a	Deliberately broken windows or smashed up property which did not belong to you	a	Watched a video - nasty
b	Watched a video - nasty	b	Sold something which you had taken - shoplifted or stolen
c	Used physical force (like twisting an arm or choking or worse) to get money from somebody not in your own family	c	Stayed out all night
d	Lied about your age	d	Taken something worth less than £5 from a shop without paying for it
e	Taken money or something else from a stranger by threatening to beat them up or hurt them	e	Made repeated phone calls to annoy a stranger
f	Watched an X certificate film in a cinema	f	Got into someone else's house without their permission to take something that was not yours
g	Taken something worth £5 or more from a shop without paying for it	g	Watched an X certificate film in a cinema
h	Stayed away from school for more than a week without permission	h	Taken something which wasn't yours from a cloakroom, school desk or taken other property left lying about like a bag or purse
i	Taken a bicycle with no intention of putting it back	i	Had yourself tattooed
j	Gone into a betting shop	j	Taken something from someone's car, motorbike or moped with no intention of putting it back
k	Taken a car, motorbike or moped belonging to someone else for a ride without the owner's permission	k	Gone into a betting shop
l	Spent £5 or more of your own money in one visit to an amusement arcade	l	Taken something which was not yours from someone's garden shed, garage or other outbuilding without their permission
m	Broken open a bank cash-dispensing machine to get money	m	Driven a car on the road
n	Had yourself tattooed	n	Taken a car, motorbike or moped belonging to someone else for a ride without the owner's permission
o	Taken something from someone's car, motorbike or moped with no intention of putting it back	o	Bought an alcoholic drink in a pub
p	Swore at a teacher	p	Taken a bicycle with no intention of putting it back
q	Got into someone's house without their permission to take something that was not yours	q	Looked at a pornographic magazine



(LIST): INDICATES WHETHER LIST A OR LIST B WAS USED

LIST A (cont)

- r Looked at a pornographic magazine
- s Taken something which was not yours from someone's shed, garden, garage or other outbuilding without their permission
- t Bought an alcoholic drink in a pub
- u Taken something worth less than £5 from a shop without paying for it
- v Made repeated phone calls to annoy a stranger
- w Taken something which wasn't yours from a cloakroom, school desk, or taken other property left lying about, like a bag or purse
- x Drove a car on the road
- y Sold something which you had taken, shoplifted or stolen
- z Stayed out all night



LIST B (cont)

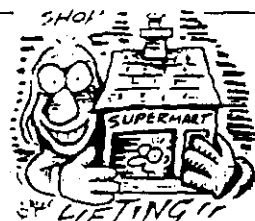
- r Taken something worth £5 or more from a shop without paying for it
- s Stayed away from school for more than a week without permission
- t Taken money or something else from a stranger by threatening to beat them up or hurt them
- u Spent £5 or more of your own money in one visit to an amusement arcade
- v Used physical force (like twisting an arm, or choking or worse) to get money from somebody else
- w Lied about your age
- x Deliberately broken windows or smashed up property which did not belong to you
- y Swore at a teacher
- z Broken open a bank cash-dispensing machine to get money

NOW PLEASE ANSWER THE FOLLOWING QUESTION 2.2.

2.2. Have you yourself ever done any of the above and if so, how often?

Answer (a) - (z) and tick one box on each line

ITEM (see key)	YES, in the past 12 months				YES, but not in past 12 months	NO
	Once	2-5 times	6-10 times	More than 10 times		
(Q22.1) a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.2) b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.3) c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.4) d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.5) e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.6) f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.7) g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.8) h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.9) i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.10) j	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.11) k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.12) l	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.13) m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.14) n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.15) o	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.16) p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.17) q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.18) r	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.19) s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.20) t	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.21) u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.22) v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.23) w	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.24) x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.25) y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.26) z	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



KEY

PLEASE
USE
LIST

(LIST A
USED IN
DATASET)

to answer question 2.2
(a)-(z)
Memorise the letter above
and then obliterate it
with ink.



NB. THE ORDER OF LIST A IS USED IN THE DATASET

NB THE ORDER OF LIST A IS USED IN THE DATASET.
 VARIABLES RELATING TO SPORTS HAVE BEEN DROPPED
 SECTION 3 SUBSTANCES

3 1 The next question 3 1 asks whether or not you have tried a number of substances some of which would under some circumstances be against the law. These are mixed in with a number of sporting activities and we have scrambled these by putting them into two lists - list A and list B. Please look at the box on this page to see whether you are to use list A or B when answering questions 3 1 to 3 8. Please memorise whether it is list A or list B you are to use then erase the letter A or B with ink. Then proceed to use the list indicated for answering 3 1 to 3 8. Remember that nobody except you and us will know which test you are using.

ITEM LIST A (USED IN DATASET)

- a Sniffed glue/solvents
- b Wind surfing
- c Taken Uppers^c
- d Parachuting
- e Taken Downers^a
- f Hang gliding
- g Taken Cannabis^f
- h Mountaineering
- i Taken LSD^c
- j Scuba diving
- k Taken Cocaine
- l Fencing
- m Taken Semeron
- n Skiing
- o Taken Heroin^d
- p Go kart racing



ITEM LIST B

- a Scuba diving
- b Taken Uppers^a
- c Skiing
- d Taken Heroin^d
- e Fencing
- f Taken Cannabis^f
- g Wind surfing
- h Taken Downers^a
- i Parachuting
- j Taken Cocaine
- k Hang gliding
- l Taken Semeron
- m Mountaineering
- n Sniffed glue/solvents
- o Go kart racing
- p Taken LSD^c

KEY

PLEASE
USE
LIST

(LIST A
USED IN
DATASET)

to answer question
3 1 3 8 inclusive
Memorise the letter above
and then obliterate it
with ink

= Speed/Wizz/Amphetamines a = Blues/Tranks/Barbiturates l = Marijuana/Dope/Joints/Grass c = Acid d = Smack Scag

3 1 Have you ever tried anything on the list above? (Whether you should use List A or List B is shown on key at the top of this page)

Tick one box under each heading (a) (p)	ITEM															
	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES but not in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES once in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES 2-9 times in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES 10 or more times in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 2 If you have tried any of the above, how did you feel about it on the last occasion? If you haven't tried any of the above how do you think you might feel about each of them? (Whether you should use List A or List B is shown on key at the top of this page)

Tick one box under each heading a p	ITEM							
	(Q32.1) b	(Q32.3) d	(Q32.5) f	(Q32.7) h	(Q32.9) i	(Q32.11) j	(Q32.13) m	(Q32.15) p
Like(d) it a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like(d) it a bit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't/wouldn't like it much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't/wouldn't like it at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 3 At what sort of place did you do this on the last occasion? (Whether you should use List A or List B is shown on key at the top of this page)

Tick one box under each heading (a) (p)	ITEM							
	(Q33.1) b	(Q33.3) d	(Q33.5) f	(Q33.7) h	(Q33.9) i	(Q33.11) j	(Q33.13) m	(Q33.15) p
Never taken this/done this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At friend's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At club/party/gig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At cafe/bar/pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anywhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) _____ (Q33.17)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never tried it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reminder - have you used the correct List to answer 3 1 3 2 and 3 3?

3.4. The first time you tried any of the following, can you tell us the reason why you did so? (Whether you should use List A or List B is shown on key at the top of page 8.)

SEE CONTINUATION SHEET FOR VARIABLE NAMES

Tick underneath headings (a) - (p) the reason(s) which apply best to you

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
I have never tried it	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I wanted to see what it would feel like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everybody else was doing it and I wanted to join in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People I like were doing it and I wanted to be like them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to show off to my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd have seemed like a killjoy if I'd refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to show I could do what I liked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not know what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People said it would relax me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People said it would help me stay awake all night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People said it would make me sexy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It seemed an exciting thing to do	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3.5. If you have tried any of the following, how did you feel on the last occasion; for those you who haven't tried can you tell us how you think you would have felt? (Whether you should use List A or List B is shown on key at the top of page 8.)

SEE CONTINUATION SHEET FOR VARIABLE NAMES

Please tick underneath each heading all that apply to you

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
I enjoyed/would enjoy the feeling it gives me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I enjoyed/would enjoy the company that goes with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It relaxed/would relax me and make me feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I forgot/would forget all the things that worry me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It made/would make me feel on top of the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It made/would make me feel energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was/would be getting back at authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot say	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3.6. If you have tried any of the following, who were you with on the last occasion? (Whether you should use List A or List B is shown on key at the top of page 8.)

(Q36.1) (Q36.3) (Q36.5) (Q36.7) (Q36.9) (Q36.11) (Q36.13) (Q36.15)

Please tick one box under each heading a - p

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
I've never tried it	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nobody. I was on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One special friend of own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A group of friends my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A special older friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A group of older friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed age group of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed age group of friends and strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Younger brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else not already mentioned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(Who? (Q36.17)*)

3.7. If you have tried any of these but decided not to do so any more, would you give the reason(s), if any? (Whether you should use List A or List B is shown on key at the top of page 8.)

SEE CONTINUATION SHEET FOR VARIABLE NAMES

Please tick all that apply under each heading a - p

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
I've never done it/tried it	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
It made me feel ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It made me feel scared/worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was concerned about the effect on my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought it was dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought I wouldn't be able to give it up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was afraid I might get into trouble with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried about the effect on my friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't have another opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(What? (Q37.16)*)

Reminder - have you used the correct List to answer 3.4, 3.5, 3.6 and 3.7

- 3 8 A large number of young people will not have tried any or all of the following. For all of the following which you haven't tried, what would be the reason(s) why you haven't tried them? (Whether you should use List A or List B is shown on key at the top of page 8.)

Tick beneath a p the most important reasons which apply to you	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
I've never even thought about trying it	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I've thought about trying it but people say there isn't any opportunity around here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've thought about trying it but the people I know who do it aren't the kind I would go around with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've thought about trying it and might if given the chance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had the opportunity but I'd be scared of my parents finding out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had the opportunity but I'd be scared of getting into trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had the opportunity but I'd be scared of not being able to give it up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had the opportunity but it's daft to risk harming myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons (What <u>(Q38.161)*</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have tried this in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3 9 Have any of the following substances ever been discussed with you at home?

Please tick one box underneath each of the 8 substances	Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeran	Heroin
YES discussed with me personally	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
YES comes up in general discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES but only mentioned when attention drawn to it e.g. from T.V. etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO never discussed with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Q39.1) (Q39.2) (Q39.3) (Q39.4) (Q39.5) (Q39.6) (Q39.7) (Q39.8)

- 3 10 On what do you think that your parents' views on the following substances are based?

Please tick all reasons that apply underneath each of the 8 substances	Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeran	Heroin
Accurate/modern information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inaccurate/old information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mainly on what I have told them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know what their opinion is based on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They don't ever discuss this with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason(s) What? <u>(Q310.49)*</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEE CONTINUATION SHEET FOR VARIABLE NAMES

- 3 11 Irrespective of present laws, do you think that taking the following substances should in future be made legal or illegal?

Answer a j and tick one box on each line depending on whether you think each one should in future be made legal or illegal	Legal	Don't know	Illegal
(a) Tobacco <u>(Q311.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Alcohol <u>(Q311.2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Glue/Solvents <u>(Q311.3)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Uppers <u>(Q311.4)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Downers <u>(Q311.5)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Cannabis <u>(Q311.6)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) LSD <u>(Q311.7)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Cocaine <u>(Q311.8)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Semeron <u>(Q311.9)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Heroin <u>(Q311.10)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3 12 Please give your opinion on the following statements

Please Answer a f and tick one box on each line	I Agree strongly	I Agree	I am not sure	I disagree	I disagree strongly
(a) Soft drugs always lead to hard drugs <u>(Q312.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Many drug addicts become criminals <u>(Q312.2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) If you try a drug once, you will become addicted <u>(Q312.3)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Most heroin addicts die from their addiction <u>(Q312.4)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Drug addicts are unstable people <u>(Q312.5)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) People with drug problems need help not punishment <u>(Q312.6)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.13. Different substances have different effects on different people at different times. Here is a list and could you tell us what effect(s) you think each would have on young people.

Answer (a) - (h) and tick all that you think apply on each line.	High/ full of go	Happy/ relaxed	Sexy/ special	Calm/ confident	Tense/ anxious	Strange/ dizzy	Drunk/ out of control	Don't know
a) Glue/solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Downers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEE CONTINUATION SHEET FOR VARIABLE NAMES

3.14. Why do you think that some people of your age sometimes take the following substances?

Tick all that apply under each of the 8 substances	Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
To find out what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because they enjoy the feelings that go with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because their friends do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because they can't do without it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(What (Q314.49)*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEE CONTINUATION SHEET FOR VARIABLE NAMES

3.15. Do you think you would try any of the following substances if someone you know well offered them to you?

Answer a-h and tick one box on each line	Yes	No	Not sure
a) Glue/Solvents (Q315.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppers (Q315.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Downers (Q315.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cannabis (Q315.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD (Q315.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine (Q315.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron (Q315.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin (Q315.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.16. Have you been offered any of these substances during the last 12 months?

Answer a-h and tick one box on each line	No	Yes once	Yes 2-5 times	Yes more than 5 times
a) Glue/Solvents (Q316.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppers (Q316.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Downers (Q316.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cannabis (Q316.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD (Q316.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine (Q316.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron (Q316.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin (Q316.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.17. Do you think that taking drugs for fun (not as medicine) is dangerous?

Answer a-h and tick one box on each line	Yes	No	Not Sure
a) Glue/Solvents (Q317.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppers (Q317.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Downers (Q317.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cannabis (Q317.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD (Q317.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine (Q317.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron (Q317.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin (Q317.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.18. If you wanted to take any one of these (not as medicines), would you know where to get it from?

Answer a-h and tick one box on each line	Yes	No	Not Sure
a) Glue/Solvents (Q318.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppers (Q318.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Downers (Q318.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cannabis (Q318.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD (Q318.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine (Q318.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron (Q318.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin (Q318.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4

4 1 In general what kind of neighbourhood do you live in?

(Q4 1)

Tick one box only

Is it a neighbourhood where people

Mainly help each other? ☐

Mainly go their own ways? ☐

A mixture of above? ☐

Don't know ☐

4 2 Do you ever walk alone in the area around your home after dark?

(Q4 2)

Tick one box only

YES ☐

NO ☐

DON'T KNOW ☐

4 3 How safe do you/would you feel about walking alone after dark in the area around your home?

(Q4 3)

Tick one box only

Very safe ☐

Fairly safe ☐

A bit unsafe ☐

Very unsafe ☐

Don't know ☐



4 In the area where you live what are the chances that the neighbours would call the police if they saw a stranger about your age doing any of the following? -

Answer (a) (c) and tick one box on each line

	Very likely	Likely	Not Sure	Unlikely	Very Unlikely	Don't Know
(a) Walking along trying car doors (Q44 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Climbing in through an open window (Q44 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Spraying slogans on someone's wall (Q44 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 5 In general how would you describe the houses and flats in the area where you live?

(Q45.1)

Tick one box only

In good condition ☐

In bad condition ☐

Somewhere in between ☐

Other answer ☐

(What? (Q45.2)*)

4 6 How often do you/did you get into trouble at school compared with others in your class?

(Q46 1)

Tick one box only

More often than the others ☐

About the same as the others ☐

Less than others ☐

Nobody in my class gets/got into trouble ☐

Other answer ☐

(What? (Q46 2)*)

4 7 Do you think the teacher(s) pick/picked on you more often than others in your class?

(Q47.1)

Tick one box only

YES ☐

NO ☐

Nobody in my class gets/got picked on ☐

Other answer ☐

(What? (Q47.2)*)

4 8 If you have/had a personal problem in school who would you/did you go to first for help?

(Q48.1)

Tick one box only

Form teacher ☐

Head of Year/House ☐

Other teacher ☐

Friend ☐

Mother/Father ☐

Brother/Sister ☐

Educational Welfare Officer ☐

School Social Worker or Counsellor ☐

Other person ☐

(Who (Q48 2)*)

I would keep my problem to myself ☐

THANK YOU FOR YOUR HELP

TURN TO PAGE 2 IF YOU NEED MORE SPACE OR WANT TO TELL US ANYTHING ABOUT YOURSELF OR YOUR VIEWS OR TO COMMENT ON THIS QUESTIONNAIRE OR ON ANYTHING ELSE ABOUT YOUTHSCAN

(PAGE 1)

FLAG INDICATING
PRESENCE OF
TEXT ON DOCUMENT

Produced and Printed by
Printing & Graphic Services (Bristol) Limited
60th Course Lane Filton Bristol BS12 7QS

CONTINUATION OF Q QUESTIONNAIRE

For questions 3.4 to 3.8 the final format of the answers is the List A format. In the editing process the List B variables have been renamed to match the List A variables. The columns a - o therefore represent the substances in List A but for the total sample. The sporting activities have been removed as they were filler questions. The drug 'semeron' did not exist.

QUESTION 3.4

a	c	e	g	i	k	m	o
Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q34.1	Q34.25	Q34.49	Q34.73	Q34.97	Q34.121	Q34.145	Q34.169
Q34.2	Q34.26	Q34.50	Q34.74	Q34.98	Q34.122	Q34.146	Q34.170
Q34.3	Q34.27	Q34.51	Q34.75	Q34.99	Q34.123	Q34.147	Q34.171
Q34.4	Q34.28	Q34.52	Q34.76	Q34.100	Q34.124	Q34.148	Q34.172
Q34.5	Q34.29	Q34.53	Q34.77	Q34.101	Q34.125	Q34.149	Q34.173
Q34.6	Q34.30	Q34.54	Q34.78	Q34.102	Q34.126	Q34.150	Q34.174
Q34.7	Q34.31	Q34.55	Q34.79	Q34.103	Q34.127	Q34.151	Q34.175
Q34.8	Q34.32	Q34.56	Q34.80	Q34.104	Q34.128	Q34.152	Q34.176
Q34.9	Q34.33	Q34.57	Q34.81	Q34.105	Q34.129	Q34.153	Q34.177
Q34.10	Q34.34	Q34.58	Q34.82	Q34.106	Q34.130	Q34.154	Q34.178
Q34.11	Q34.35	Q34.59	Q34.83	Q34.107	Q34.131	Q34.155	Q34.179
Q34.12	Q34.36	Q34.60	Q34.84	Q34.108	Q34.132	Q34.156	Q34.180

QUESTION 3.5

a	c	e	g	i	k	m	o
Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q35.1	Q35.17	Q35.33	Q35.49	Q35.65	Q35.81	Q35.97	Q35.113
Q35.2	Q35.18	Q35.34	Q35.50	Q35.66	Q35.82	Q35.98	Q35.114
Q35.3	Q35.19	Q35.35	Q35.51	Q35.67	Q35.83	Q35.99	Q35.115
Q35.4	Q35.20	Q35.36	Q35.52	Q35.68	Q35.84	Q35.100	Q35.116
Q35.5	Q35.21	Q35.37	Q35.53	Q35.69	Q35.85	Q35.101	Q35.117
Q35.6	Q35.22	Q35.38	Q35.54	Q35.70	Q35.86	Q35.102	Q35.118
Q35.7	Q35.23	Q35.39	Q35.55	Q35.71	Q35.87	Q35.103	Q35.119
Q35.8	Q35.24	Q35.40	Q35.56	Q35.72	Q35.88	Q35.104	Q35.120

QUESTION 3.7

a Glue/ Solvents	c Uppers	e Downers	g Cannabis	i LSD	k ocaine	m Semeron	o Heroin
Q37 1	Q37 21	Q37 41	Q37 61	Q37 81	Q37 101	Q37 121	Q37 141
Q37 2	Q37 22	Q37 42	Q37 62	Q37 82	Q37 102	Q37 122	Q37 142
Q37 3	Q37 23	Q37 43	Q37 63	Q37 83	Q37 103	Q37 123	Q37 143
Q37 4	Q37 24	Q37 44	Q37 64	Q37 84	Q37 104	Q37 124	Q37 144
Q37 5	Q37 25	Q37 45	Q37 65	Q37 85	Q37 105	Q37 125	Q37 145
Q37 6	Q37 26	Q37 46	Q37 66	Q37 86	Q37 106	Q37 126	Q37 146
Q37 7	Q37 27	Q37 47	Q37 67	Q37 87	Q37 107	Q37 127	Q37 147
Q37 8	Q37 28	Q37 48	Q37 68	Q37 88	Q37 108	Q37 128	Q37 148
Q37 9	Q37 29	Q37 49	Q37 69	Q37 89	Q37 109	Q37 129	Q37 149
Q37 10	Q37 30	Q37 50	Q37 70	Q37 90	Q37 110	Q37 130	Q37 150

QUESTION 3.8

a Glue/ Solvents	c Uppers	e Downers	g Cannabis	i LSD	k Cocaine	m Semeron	o Heroin
Q38 1	Q38 21	Q38 41	Q38 61	Q38 81	Q38 101	Q38 121	Q38 141
Q38 2	Q38 22	Q38 42	Q38 62	Q38 82	Q38 102	Q38 122	Q38 142
Q38 3	Q38 23	Q38 43	Q38 63	Q38 83	Q38 103	Q38 123	Q38 143
Q38 4	Q38 24	Q38 44	Q38 64	Q38 84	Q38 104	Q38 124	Q38 144
Q38 5	Q38 25	Q38 45	Q38 65	Q38 85	Q38 105	Q38 125	Q38 145
Q38 6	Q38 26	Q38 46	Q38 66	Q38 86	Q38 106	Q38 126	Q38 146
Q38 7	Q38 27	Q38 47	Q38 67	Q38 87	Q38 107	Q38 127	Q38 147
Q38 8	Q38 28	Q38 48	Q38 68	Q38 88	Q38 108	Q38 128	Q38 148
Q38 9	Q38 29	Q38 49	Q38 69	Q38 89	Q38 109	Q38 129	Q38 149
Q38 10	Q38 30	Q38 50	Q38 70	Q38 90	Q38 110	Q38 130	Q38 150

QUESTION 3.10

Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q310 1	Q310 7	Q310 13	Q310 19	Q310 25	Q310 31	Q310 37	Q310 43
Q310 2	Q310 8	Q310 14	Q310 20	Q310 26	Q310 32	Q310 38	Q310 44
Q310 3	Q310 9	Q310 15	Q310 21	Q310 27	Q310 33	Q310 39	Q310 45
Q310 4	Q310 10	Q310 16	Q310 22	Q310 28	Q310 34	Q310 40	Q310 46
Q310 5	Q310 11	Q310 17	Q310 23	Q310 29	Q310 35	Q310 41	Q310 47
Q310 6	Q310 12	Q310 18	Q310 24	Q310 30	Q310 36	Q310 42	Q310 48

QUESTION 3.13

Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q313.1	Q313.9	Q313.17	Q313.25	Q313.33	Q313.41	Q313.49	Q313.57
Q313.2	Q313.10	Q313.18	Q313.26	Q313.34	Q313.42	Q313.50	Q313.58
Q313.3	Q313.11	Q313.19	Q313.27	Q313.35	Q313.43	Q313.51	Q313.59
Q313.4	Q313.12	Q313.20	Q313.28	Q313.36	Q313.44	Q313.52	Q313.60
Q313.5	Q313.13	Q313.21	Q313.29	Q313.37	Q313.45	Q313.53	Q313.61
Q313.6	Q313.14	Q313.22	Q313.30	Q313.38	Q313.46	Q313.54	Q313.62
Q313.7	Q313.15	Q313.23	Q313.31	Q313.39	Q313.47	Q313.55	Q313.63
Q313.8	Q313.16	Q313.24	Q313.32	Q313.40	Q313.48	Q313.56	Q313.64

QUESTION 3.14

Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q314.1	Q314.7	Q314.13	Q314.19	Q314.25	Q314.31	Q314.37	Q314.43
Q314.2	Q314.8	Q314.14	Q314.20	Q314.26	Q314.32	Q314.38	Q314.44
Q314.3	Q314.9	Q314.15	Q314.21	Q314.27	Q314.33	Q314.39	Q314.45
Q314.4	Q314.10	Q314.16	Q314.22	Q314.28	Q314.34	Q314.40	Q314.46
Q314.5	Q314.11	Q314.17	Q314.23	Q314.29	Q314.35	Q314.41	Q314.47
Q314.6	Q314.12	Q314.18	Q314.24	Q314.30	Q314.36	Q314.42	Q314.48

DOCUMENT R

MEDICAL EXAMINATION FORM

An Initiative of the International Centre for Child Studies

**A national study of all children born 5th-11th April 1970 in England, Wales and Scotland
originating from the 1970 Birth Cohort of the National Birthday Trust Fund**

MEDICAL EXAMINATION FORM

STRICTLY CONFIDENTIAL



1986/87

Director Professor Neville Butler
MD, FRCP, FRCOG, DCH
International Centre for Child Studies
Ashley Down House
16 Cotham Park
Bristol BS6 6BU
Tel (0272) 739783/743405

--	--	--	--	--	--

--	--

--	--	--	--

--	--	--

PLEASE USE BLOCK CAPITALS

Teenager's Surname

Teenager's Forename(s)

Teenager's Home Address

(SEX86) Sex M ☐ F ☐

Telephone Number

Postcode

Date of Birth

		0	4	7	0
--	--	---	---	---	---

 (DDMMYY)

Health District

Today's date

--	--	--	--	--	--

 (RDOC-MT)
(RDOC-YR)

Name of Examining

Medical Officer

Status e.g. SCMO, CMO, etc MOSTAT*

INTRODUCTORY NOTES

May we take this opportunity to thank you for carrying out this examination on behalf of Youthscan UK. For your assistance, a short instruction manual for health personnel is provided with this examination form. This includes an outline of the historical background of the Study, a near-vision test sheet and some procedural details.

You will need the following equipment for the medical examination

PROCEDURE

EQUIPMENT RECOMMENDED

Height Steel/wooden measuring rod or steel tape measure If not available, stadiometer on back of weighing machine should be used

Weight Beam balance, or other accurate apparatus. Please calibrate this to zero initially.

Head Circumference Paper or plastic-covered tape measure

Distant Vision Standard Snellen Chart (or equivalent)

Near Vision Near Vision card of Sheridan-Gardiner type, reproduced in instruction manual by kind permission of the authors

Blood Pressure Mercury sphygmomanometer Please use an adult size cuff and not small cuff designed for children The bladder within the cuff should be deep enough to cover about two-thirds of the length of upper arm and long enough to circle the arm completely

Motor Co-ordination Tests Tennis or rubber ball a piece of chalk stop-watch or a watch with second hand

Audiogram Audiometer for sweep audiogram. An audiogram form is provided on this form for recording result of sweep or pure-tone audiogram.

KEY: * indicates ALPHANUMERIC (TEXT) VARIABLE. 300

In addition, access to all the following will be needed for completion of medical examination form.

Completed Parental Interview Form

This will contain some medical and family details.

Health Records etc.

School medical record cards(s); any available screening records, assessment results, hospital reports, etc.; health file on any children with handicap or disability.

NOTE: IF ONE OR MORE OF THE ABOVE ITEMS IS NOT AVAILABLE PLEASE COMPLETE THE MEDICAL EXAMINATION AS FAR AS POSSIBLE.

Introduction

Most, but not all, of the cohort and their parents have already participated in this Study, either in the perinatal period, immediately, or at five or ten years.

At five and ten years, health visitors of your DHA carried out an extensive review of the health, development and pre-school care.

At ten years we were able, through your DHA, to identify members of the cohort who had health problems, disabilities and handicaps. Health Visitors and Community Medical Officers kindly conducted interviews and examinations.

Parents of the teenagers have this time received a letter explaining the 16 year Study, inviting their co-operation and ensuring them of confidentiality.

This time some of the mothers will already have been interviewed at home by a health visitor/school nurse; for the remainder, the home interview could be done subsequently, or accomplished at the same time as the medical examination provided that the mother agrees to attend at that time. The documents needed for the maternal interview consist of The Parental Interview Form (Document O), The Maternal Self-Completion Form (Document P) and The Teenage Leisure Diary (Document S). For the medical examination the following documents are needed (i) The Medical Examination Form (Document R), (ii) The Teenage Health Self-Completion Questionnaire, which should be completed by the teenager at the time of attendance for the medical examination (iii) The Information Manual for Health Personnel (Document N), includes the necessary instructions and contains a Sheridan-Gardiner Near Vision sheet for testing near vision.

Your Local Education Authority has kindly traced the whereabouts of the cohort in your DHA and has arranged a separate school educational assessment of each teenager, including tests of reading, vocabulary, mathematics, matrices and spelling; from this, it will be possible to identify slow learners and teenagers with educational as well as health problems.

THE MEDICAL EXAMINATION FORM IS IN THREE SECTIONS

Section 1. (A) Use of Service, (B) Disabilities (pages 3 and 4)

In order to complete this section fully, you will need to assemble all the teenager's school medical records and all other relevant school health and educational documents. You are asked to pay particular attention to assembling complete records of any teenager who is handicapped, receiving special education, or who has been assessed for special educational needs. You will be asked to provide a summary from the notes of the progress and current status of each such teenager. Even if only partial records are accessible to you, please complete all Sections of this questionnaire as far as possible at the time of the medical examination.

Section 2. (A) Morbidity and Special Senses, (B) Medical Examination (pages 4-9)

Please make sure that the recommended equipment is available. Please read in advance if you have time, the medical history from the Parental Interview Form if already completed. Please read through the medical questions carefully before the examination. If you have time, please try out the co-ordination tests. The medical examination is structured to provide the maximum information while leaving you free to conduct the clinical examination in any way you find optimal. Tests such as distant and near vision and measurements of height, weight, head circumference and blood pressure have been aggregated in the medical examination form, in case it proves expedient to carry these out just prior to the actual clinical examination. Please feel free to undertake the necessary measurements, in the order which best suits the facilities available to you and anyone helping you with the examination.

Section 3: Medical Summary. This is self-explanatory (pages 10 and 11)

Section 4: The Audiogram (page 12)

An Audiogram form is on the last sheet of the examination form. It is presumed that this will be done by sweep audiometry. The form also contains space in case pure-tone audiometry is used. You are asked to record whether the results of sweep audiometry are normal or abnormal and if sweep results are abnormal, to arrange to let us have details of pure-tone audiometry. In instance where sweep audiometry is impossible to arrange, or is delayed unavoidably, the remainder of completed health documents should be sent on to us in advance of the audiogram.

EXAMPLE OF HOW TO COMPLETE QUESTIONS

Has colour vision ever been tested?

Tick one box

YES ☒
NO ☐
NOT KNOWN ☐

If YES, what was the outcome?

Tick one box

Colour vision normal ☐
Red/green vision impaired ☐
Other colour loss ☒
(please describe _____

This means that colour vision has been tested and that there is blue/green imperment.

BLUE/GREEN IMPAIRMENT

SECTION 1A USE OF SERVICES

A1 Where is this medical examination taking place?

(RA1)

Tick one box

School ☐

Child Health Clinic ☐

GP Surgery/Health Centre ☐

Young person's home ☐

Elsewhere ☐

Please specify (RA1.1) *

ONE MORE MOUNTAIN TO CLIMB!



A2 Has this study teenager ever had school medical examination/developmental checks/vision or hearing tests?

(RA2)

YES ☐

NO ☐

NOT KNOWN ☐

If YES, at what age(s) were procedures carried out? Tick all that apply on each line

SEE SEPARATE LIST AT END FOR VARIABLES

	5	6	7	8	9	10	11	12	13	14	15
Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (What? (RA2F) *)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A3 What screening or preventive procedures have been carried out since study teenager was 10 years old?

(include tests immunisations screening check ups)

Screening/Other Procedures	Reason	Venue	Age
1 (RA3A.1) *	(RA3A4.1) (RA3A4.2) (RA3A4.3) (RA3A4.4) (RA3A4.5) (RA3A4.6)		
2 (RA3B.1) *	(RA3B4.1) (RA3B4.2) (RA3B4.3) (RA3B4.4) (RA3B4.5) (RA3B4.6)		
3 (RA3C.1) *	(RA3C4.1) (RA3C4.2) (RA3C4.3) (RA3C4.4) (RA3C4.5) (RA3C4.6)		
4 (RA3D.1) *	(RA3D4.1) (RA3D4.2) (RA3D4.3) (RA3D4.4) (RA3D4.5) (RA3D4.6)		
5 (RA3E.1) *	(RA3E4.1) (RA3E4.2) (RA3E4.3) (RA3E4.4) (RA3E4.5) (RA3E4.6)		

A4 Is there any evidence that the study teenager has attended any of the following since 10 years old?

Answer (a) (f) and tick one box on each line

	Yes	No	Don't know	
a) Hearing clinic/consultant audiologist (RA4A.1) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES why? (RA4A.2) *
b) Eye clinic/consultant ophthalmologist (RA4B.1) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES why? (RA4B.2) *
c) Speech therapy (RA4C.1) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES why? (RA4C.2) *
d) Physiotherapy (RA4D.1) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Child and Family Guidance Service (RA4E.1) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES why (RA4E.1) *
f) Other psychological or psychiatric opinion or treatment (RA4F.1) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RA4F.2) *

A5 Where does this study teenager live and what type of school does he/she attend?

(RA5)

Tick one box only

At home and attends ordinary school ☐

At home and attends special unit attached to ordinary school ☐

At home and attends day special school ☐

In a residential special school ☐

In a hostel and attends day special school ☐

In a hospital for the subnormal ☐

In any other situation ☐

(What? (RA5A) *)

If attends other than ordinary school please give name address and designation of school institutions (RA5B) *



A6 Has a decision been reached by a local education authority that the teenager is in need of special education help/provision?

(RA6)

Tick one box

No and not likely to be required ☐

No but likely to be required ☐

No but decision pending ☐

Yes waiting for a place ☐

Yes receiving special educational help ☐

Yes received special educational help in past but no longer ☐

Not known ☐

If receiving/received special educational help please answer 6(a) below

6(a) What help was given why when and what has been the result? (RA6A.1) *

(RA6A.2) *

SECTION 1B. DISABILITIES

B1. Is there any evidence that the study teenager has had any emotional or behavioural problem since 10 years?

(RB1) Tick one box

YES ☐

NO ☐

DON'T KNOW ☐

If YES, please describe problem(s) and give age(s) when occurred

(RB1A.1) *

(RB1A.2) *

B2. Is there any evidence that this teenager has now or has had in the past any significant illness, developmental problem, defect or handicap?

(RB2) Tick one box

YES ☐

NO ☐

Insufficient information ☐

If YES, please list conditions in chronological order of appearance on records, starting with earliest illness, developmental problem or handicap diagnosed.

	Diagnosis	Age first recorded	Disposal
1.	(RB2A.1) * (RB2A.2) *	(RB2A.3)	(RB2A.4) *
2.	(RB2B.1) * (RB2B.2) *	(RB2B.3)	(RB2B.4) *
3.	(RB2C.1) * (RB2C.2) *	(RB2C.3)	(RB2C.4) *
4.	(RB2D.1) * (RB2D.2) *	(RB2D.3)	(RB2D.4) *
5.	(RB2E.1) * (RB2E.2) *	(RB2E.3)	(RB2E.4) *

B3. If the teenager has any disability or handicap for which he/she has had assessment for special educational help, please summarise the major findings, clinical progress and present state, from records and all other sources. Please include copies of relevant documentation, reports etc.

(RB3.1) *

(RB3.2) *

(RB3.3) *

(RB3.4) *

(if necessary, please continue on page 11)

SECTION 2A. MORBIDITY AND SPECIAL SENSES

C1. In the light of your clinical examination and the records you have seen, do you consider that there is evidence of any current hearing loss?

(RC1) Tick one box only

	Unilateral	Bilateral
YES, minimal	<input type="checkbox"/>	<input type="checkbox"/>
YES, moderate	<input type="checkbox"/>	<input type="checkbox"/>
YES, marked	<input type="checkbox"/>	<input type="checkbox"/>
NO		<input type="checkbox"/>
Uncertain		<input type="checkbox"/>
Not known		<input type="checkbox"/>

If YES, i.e. unilateral or bilateral loss, answer 1(a), 1(b) and 1(c) below

1(a) What is the probable cause?

(RC1.1) *

1(b) Do you consider that the hearing loss will interfere with normal schooling or everyday functioning?

YES, severely (RC1.2) ☐

YES, somewhat ☐

NO ☐

Unable to assess ☐

1(c) Does the teenager wear a hearing aid?

YES (RC1.3) ☐

NO ☐

C2. How intelligible have you found the teenager's speech?

(RC2) Tick one box only

Fully intelligible ☐

Almost all words are intelligible ☐

Many words unintelligible ☐

All, or nearly all, words unintelligible ☐

Unable to assess ☐

(please give reason (RC2.1) *)

C3

C3

4

4

C5

C5

C5

C5

C6. NEAR-VISION TEST

A Sheridan-Gardiner near-vision chart is provided in the instruction manual. The teenager should hold it in a good light at a distance of approximately 10 inches away from the eyes. Please occlude the other eye efficiently without pressure on the eyeball. If the teenager cannot read, ask him/her to draw the letters in the air. Test near vision in all teenagers and then retest only teenagers with glasses/lenses, wearing them.

Near Vision without glasses (all teenagers)		6	9	12	18	24	36	60	Worse than 60	Unable to test
(i)	Right eye ... (RC6A.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii)	Left eye ... (RC6A.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near vision wearing glasses/contacts										
(i)	Right eye ... (RC6B.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii)	Left eye ... (RC6B.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. In the light of your examination and the records you have seen, would you consider that there is any current visual defect, and does it result in interference with normal schooling or everyday functioning?

(RC7)		Tick one box only	
No visual defect	<input type="checkbox"/>	If visual defect, please describe below (RC7.2) * (RC7.3) * _____ _____ _____ _____ _____	
Visual defect — but no interference	<input type="checkbox"/>		
with some interference	<input type="checkbox"/>		
manages school books with difficulty	<input type="checkbox"/>		
requires special school books/visual aids	<input type="checkbox"/>		
vision insufficient for special books	<input type="checkbox"/>		
Unable to assess	<input type="checkbox"/>		
(please give reason (RC7.1) *)	<input type="checkbox"/>		
Not examined	<input type="checkbox"/>		

SECTION 2B. MEDICAL EXAMINATION

D1. INITIAL PULSE RATE

Before starting the Medical Examination, please settle the teenager for 2 minutes and take the pulse (over 1 minute) whilst the teenager is sitting.

Pulse rate (RD1) beats in 1 minute

D2. HEIGHT

Recommended technique:

Please position the teenager upright against a flat wall or a door. Encourage him/her to stretch to full height, keeping heels on the floor. Heels and buttocks should be flush against wall or door. Place a hardboard/book on the teenager's head. Mark the position of the lower edge with a pencil and then measure the height from the ground with a wood or steel measuring rod or steel tape measure. Alternatively, use measuring device on the back of weighing machine and observe precautions as above. NB. Remove shoes before height is measured.



(a) Height in cm, to nearest 0.5 cm	= (RD2.1)	cms.
If centimetre measure not available, please record height in feet and inches.		
(b) Height in feet and inches, to nearest 1/4 inch	=	feet inches

D3. HEAD CIRCUMFERENCE

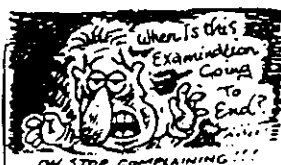
Measure with a paper or plastic tape measure, fitted closely and horizontally around the head just above the eyebrows so as to obtain a maximum circumference.



(a) Head circumference in cm, to nearest 0.5 cm	= (RD3.1)	cms.
	or =	inches

D4. WEIGHT (IN UNDERCLOTHES)

Please weigh on a beam balance, if possible. Please check that the balance is set at zero before weighing.



(a) Weight in kilograms, to nearest 0.1 kg	= (RD4.1)	kg.
If kilogram scale not available, please record in pounds and ounces to nearest 1/2 ounce.		
(b) Weight in pounds and ounces	=	pounds ounces

D5 BLOOD PRESSURE

Please postpone to later in examination if you feel teenager is nervous

Sphygmomanometer cuff must have bladder long enough to encircle the arm completely and be wide enough to cover two-thirds of the length of the upper arm. The cuff should preferably be at least 5 inches deep.

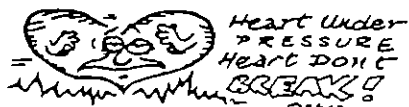
It is realised that you will be experienced in taking blood pressures, but we ask you to follow the instructions closely for uniformity —

Sit subject on chair in as relaxed a state as possible. Wrap the cuff around the right upper arm, placing the rubber tubes from the bladder posteriorly for ease of access to right antecubital fossa. Palpate the right radial pulse and inflate the cuff to about 30mm Hg above the disappearance of the pulse. Slowly deflate till the pulse reappears. Deflate the cuff.

Place the stethoscope in the antecubital fossa over the brachial artery but not in contact with any part of the cuff. Rapidly inflate the cuff to about 30mm Hg above the systolic pressure and then deflate at a rate of 2-3mm Hg per second.

The appearance of faint clear tapping sounds for 2 consecutive beats should be recorded as the *Systolic Pressure*.

Continue to deflate the cuff and the sounds will soften or may become swishing, then sharper sounds will reappear. With continuing deflation there will be a sudden muffling of sounds which will become soft and blowing. This is Korotkoff's 4th sound and represents the *Diastolic Pressure*. Do not wait until the point of complete disappearance of sounds.



(a) Systolic pressure — taken by auscultation

(RDS.1) mm

(b) Diastolic pressure — taken by auscultation

(RDS.2) mm

NOW PLEASE MAKE A GENERAL AND SYSTEMIC EXAMINATION OF THE TEENAGER AND ANSWER QUESTIONS BELOW BASED ON YOUR FINDINGS

D6 Please state whether or not any abnormal condition has been found in any of the following systems in the teenager

Answer (a) to (o) and tick one box per line	Not present	Yes present	If present describe signs	What is diagnosis?
(a) Abnormality of face or general disfiguration	<input type="checkbox"/>	<input type="checkbox"/>	(RD6A.1)	(RD6A.2)*
(b) Skin abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RD6B.1)	(RD6B.2)*
(c) Upper respiratory abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RD6C.1)	(RD6C.2)*
(d) Abnormal respiratory signs/conditions	<input type="checkbox"/>	<input type="checkbox"/>	(RD6D.1)	(RD6D.2)*
(e) Cardiovascular abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RD6E.1)	(RD6E.2)*
(f) Gastrointestinal abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RD6F.1)	(RD6F.2)*
(g) Urogenital tract abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RD6G.1)	(RD6G.2)*
(h) Neurological abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RD6H.1)	(RD6H.2)*
(i) Musculo skeletal abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RD6I.1)	(RD6I.2)*
(k) Endocrine abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RD6K.1)	(RD6K.2)*
(l) Blood or lymphatic abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RD6L.1)	(RD6L.2)*
(m) Behavioural or emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	(RD6M.1)	(RD6M.2)*
(n) Mental handicap	<input type="checkbox"/>	<input type="checkbox"/>	(RD6N.1)	(RD6N.2)*
(o) Other abnormal condition(s) or syndrome(s)	<input type="checkbox"/>	<input type="checkbox"/>	(RD6O.1)	(RD6O.2)*

D7 Did your examination reveal any of the following?

Answer (a) to (e) and tick one box on each line	No	Yes	If YES please describe
(a) Any scars (surgical burns, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	(RD7A.1) (RD7A.2)*
(b) Any hernia?	<input type="checkbox"/>	<input type="checkbox"/>	(RD7B.1) (RD7B.2)*
(c) Any heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	(RD7C.1) (RD7C.2)*
(d) Undescended/ectopic testis?	<input type="checkbox"/>	<input type="checkbox"/>	(RD7D.1) (RD7D.2)*
(e) Any other abnormality not already stated in question D6?	<input type="checkbox"/>	<input type="checkbox"/>	(RD7E.1) (RD7E.2)*

D8 Is there any evidence that this teenager has any past or present congenital abnormality? (Include both major and minor abnormalities)

YES	NO	(RDB) Tick one box	If YES please describe below
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
		(RDB.1)*	
		(RDB.2)*	

D9 On clinical impression which of the following terms do you consider to be the most accurate description of the teenager?

Grossly obese	Moderately obese	Normal build	Thin	Very thin	Not examined	(RD9) Tick one box
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. MOTOR COORDINATION TESTS

The following four tests will identify a clumsy or inco-ordinate subject as far as this is possible on clinical examination. Such tests are non-specific and difficult to validate, but will be used in conjunction with other findings and the opinions of teachers and parents, recorded elsewhere. The results will inevitably be influenced by the effects of subject's skill and experience. At the end of the tests the examiner is asked to give a considered opinion as to the degree of clumsiness or inco-ordination.

Please test all Youthscan teenagers except those who are grossly handicapped or those who are incapable of understanding the test(s). In these instances, please enter the reason after question E4.

E1. THROWING A BALL IN THE AIR

You will need a tennis ball, or a rubber ball of equivalent size and weight.

The important point about this test is to discover the subject's optimum performance. We would therefore be grateful if you would carry out the test in the following way:

Ask the subject to stand in a space so that he/she has room to move. Say 'I want you to show me if you can throw the ball up in the air and catch it'. Allow two or three initial attempts. If the subject fails to catch the ball, record the fact and do not proceed with the test.

If the subject can catch the ball, say 'Now throw the ball up in the air and clap your hands together once before you catch it.' Then repeat the procedure increasing the number of claps until the subject fails on two successive attempts. Record the greatest number of claps resulting in a successful catch.

If the greatest number of claps was 2 or more, ask him/her to repeat the test, catching with one hand only. Let him/her use preferred hand.

RESULT	INITIAL THROW	Could not catch ball	<input type="checkbox"/>
		Caught ball	<input type="checkbox"/>

If caught ball answer 1(a) and 1(b).

1(a). If caught ball successfully, please continue with test and record the maximum number of claps achieved before catching with two hands	(RE1.1) _____ claps
1(b). If caught ball after at least 2 claps, please continue test catching the ball with the preferred hand, and record the maximum number of claps achieved before catching with preferred hand	(RE1.2) _____ claps



E2. FIGURE DRAWING ON PALM OF HAND: (GRAPHESTHESIA)

You will need a blunt point, for example a biro with tip retracted.

<input type="checkbox"/>	X	0	3
--------------------------	---	---	---

Ask the subject to place both his/her hands on a table, palms uppermost. Using the blunt point, firmly describe a figure 8 on the subject's right palm. Take two seconds to draw it, and allow the subject to watch. Ask him/her what you have drawn.

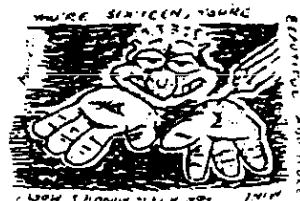
Now please show the subject the 4 figures reproduced above, and ask the subject to name each one.

Ask subject to close his/her eyes. Draw the first figure indicated in the following list on the right palm and ask what it was. Record whether correct, incorrect or uncertain. Continue drawing the figures on the palm indicated and record the results. Please do not repeat any part of the test.

If the subject is non-verbal, ask him/her to point to the correct shape rather than name it.

NOTE: DO NOT LET THE SUBJECT SEE THIS SCORE SHEET

Answer (a)-(h) and tick one box on each line.			Response correct	Response incorrect	Response uncertain
(a) Right palm	(RE2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Left palm	(RE2.2)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Right palm	(RE2.3)	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Left palm	(RE2.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Right palm	(RE2.5)	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Left palm	(RE2.6)	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Right palm	(RE2.7)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Left palm	(RE2.8)	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



E3 STANDING ON ONE LEG (30 SECONDS)

Please make sure the subject has no shoes on

Ask the subject to stand on his/her right leg with the left foot against the knee of the right leg hands on hips Ask him/her to settle for a moment then to keep the position for 30 seconds

Watch the position of hands and feet and record how soon the hands move from the hips or the feet move Repeat the test with subject standing on the left leg and time in same way

<p>Right leg 30 seconds</p> <p>a) Did foot/feet move before 30 seconds? No <input type="checkbox"/> (RE3AA1) Yes <input type="checkbox"/> If YES after how many seconds? (RE3AA2) <u>secs</u></p> <p>b) Did hand(s) move before 30 seconds? No <input type="checkbox"/> (RE3AB1) Yes <input type="checkbox"/> If YES after how many seconds? (RE3AB2) <u>secs</u></p> <p>Comments if any (RE3C)*</p>	<p>Left leg 30 seconds</p> <p>a) Did foot/feet move before 30 seconds? No <input type="checkbox"/> (RE3BA1) Yes <input type="checkbox"/> If YES after how many seconds? (RE3BA2) <u>secs</u></p> <p>b) Did hand(s) move before 30 seconds? No <input type="checkbox"/> (RE3BB1) Yes <input type="checkbox"/> If YES after how many seconds? (RE3BB2) <u>secs</u></p>
---	---

E4 WALKING BACKWARDS (10 STEPS)

Please make sure subject has no shoes on



Find a straight line on the floor at least 4 metres long e.g. the groove of a floorboard or mark one out with chalk Use a corridor if the examination room is not long enough

Ask the subject to put his/her hands on hips and then to walk backwards along the line placing one foot behind the other, toe-to-heel

First demonstrate the test, saying 'I want you to walk like this Remember your toes must touch your heel with each step you take Keep your hands on your hips Walk backwards in a straight line You may glance behind you if it helps

Let the subject have two practices by asking him/her to walk backwards for 5 steps on each occasion

Then ask the subject to walk backwards for 20 steps Count the number of steps made before any error occurs An error occurs if the subject ceases to maintain toe-to-heel or deviates from the line or moves either hand from hips If an error is made in the first 5 steps, continue to count the number of steps until the next error

<p>RESULT Number of consecutive steps taken before error (or between an error in the first 5 steps and the next error)</p>	<p>(RE4A) <u>steps</u></p>
<p>Comments if any (RE4B)*</p>	

If these tests are not done, give reason (RE4C1)* (RE4C2)*

E5 From your observations, which of the following phrases do you consider best describes the teenager?

<p>(RE5) Tick one box</p> <p>Normal limb co ordination <input type="checkbox"/></p> <p>Questionably clumsy <input type="checkbox"/></p> <p>Mildly clumsy <input type="checkbox"/></p> <p>Moderately clumsy <input type="checkbox"/></p> <p>Markedly clumsy <input type="checkbox"/></p> <p>Unable to assess <input type="checkbox"/></p>	
--	--



E6 PULSE RATE AT END OF EXAMINATION

Would you please settle the teenager and after at least 2 minutes take the teenager's pulse rate again for at least 60 seconds, with the teenager sitting

<p>Pulse rate at end of examination</p>	<p>(RE6) <u>beats in 1 minute</u></p>
---	---------------------------------------

MEDICAL SUMMARY

SUMMARY OF CONDITIONS FOUND AND CONCLUSIONS

F1 Have you found any evidence by examination or from history that this teenager had/has any impairment, disability or handicap? Please include also educational and social problems/difficulties.

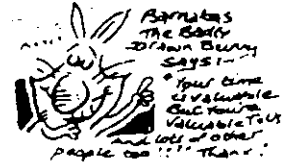
(RF1)

YES ☐

NO ☐

DON'T KNOW ☐

If YES, please answer 1(a) below.



1(a). List each condition below and assess the effect, if any, on the teenagers home or school progress.

Nature of problem/defect/handicap	Condition present but no real disability	Condition resulting in slight disability	Condition resulting in marked disability
1. (RF1A1A) *	(RF1A1B) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. (RF1A2A) *	(RF1A2B) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. (RF1A3A) *	(RF1A3B) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. (RF1A4A) *	(RF1A4B) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. (RF1A5A) *	(RF1A5B) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. (RF1A6A) *	(RF1A6B) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. Has your medical examination and scrutiny of the teenager's documents revealed the presence of any abnormal condition(s) or symptom(s) which have not previously been diagnosed or are not already under observation?

(RF2)

YES ☐

NO ☐

DON'T KNOW ☐

If YES, please answer 2(a) below.

2(a). Please list each problem/condition not previously diagnosed or not already under observation.

1. (RF2A.1) *

2. (RF2A.2) *

3. (RF2A.3) *

F3. Do you consider that this teenager has any condition(s) requiring ongoing medical observation or treatment for any reason?

(RF3)

NO ☐

YES, condition(s) for which teenager is already receiving observation or treatment ☐

YES, condition(s) present of which teenager is not receiving observation or treatment ☐

CAN'T SAY ☐

If YES, please answer 3(a) below.



3(a). Please state condition(s) and give your recommendation(s) regarding necessary ongoing observation(s) or treatment for each condition.

1. (RF3A.1) * (RF3A.2) *

2. (RF3A.3) * (RF3A.4) *

3. (RF3A.5) * (RF3A.6) *

F4

ENTER IN THIS SPACE DETAILS OF CLINICAL PROGRESS AND MAJOR FINDINGS ON ANY DEFECT DISABILITY OR HANDICAPPING CONDITION(S)

See questions B2 & 3 Please also append here or send to us any available copies of relevant child health reports and/or special educational documents relating to such condition(s)

(RF4) *

(RF4.1) *

F5

PLEASE ADD HERE FURTHER ANSWER(S) TO ANY QUESTIONS WHERE THERE WAS INSUFFICIENT SPACE ON THIS FORM

(RF5) *

(RF5.1) *

F6

SPACE FOR ANY COMMENTS BY SCM (CHILD HEALTH) OR PERSON WHO ACTS AS CENTRAL STUDY CO-ORDINATOR Please include here any details from missing or centrally held child health records

(RF6) *

(RF6.1) *

Before signing the form would you please check that ALL QUESTIONS have been answered and suitably recorded

Signature of Medical Officer

(RSIG)

Date

THANK YOU VERY MUCH FOR YOUR HELP

Thank you!
We won't
forget this
in a hurry

And I doubt
you will
forget it
in a hurry
Y.O. 11.11.11



Survey Number

Please photostat this form
rather than detach, if separate
completion is indicated.

SECTION 4. AUDIOGRAM

Teenager's Surname Sex: M ☐ F ☐
Teenager's Forename(s) Date of birth /4/70
Teenager's Home Address

• Please check the teenager's hearing by using either sweep audiometry or pure-tone audiometry, and record the results below.

(a) SWEEP AUDIOMETRY

Please tick one box in each row

	Normal	Abnormal	Give reason
Right ear (R-AUD101)	<input type="checkbox"/>	<input type="checkbox"/>	(REASON1) *
Left ear (R-AUD102)	<input type="checkbox"/>	<input type="checkbox"/>	(REASON2) *

If you are satisfied that the teenager has abnormal or possibly abnormal hearing, please undertake pure-tone audiometry and record the results below.

(b) PURE-TONE AUDIOMETRY

If carried out, please record results below, for air conduction and bone conduction.

RIGHT EAR**LEFT EAR**

	250	500	1000	2000	4000	8000
-10						
0						
10						
20						
30						
40						
50						
60						
70						
80						
90+						

	250	500	1000	2000	4000	8000
-10						
0						
10						
20						
30						
40						
50						
60						
70						
80						
90+						

Please complete the details below for sweep audiometry, and for pure-tone audiometry if done.

Audiogram recorded at (PTONE) *
Name of recorder
Professional status (PROFST) *
Make of audiometer (MAUD10) *
Frequencies tested by sweep (RFREQ1) (RFREQ2) (RFREQ3) (RFREQ4) (RFREQ5) (RFREQ6) (RFREQ7) (RFREQ8)
Date /86
Level of sweep (RSWEEP) *
dB's

NOTE CAREFULLY

* If it is impossible to arrange for audiometry to be carried out for this survey, please enter date and result of most recent audiogram below, whether sweep or pure-tone. Alternatively, give result of recent clinical assessment, if any.

Type of test (TYPE) *
Result (RESULT) *
Date tested (RHT-MT) (RHT-YR)

CONTINUATION OF R QUESTIONNAIRE

RA2

AGES

5	6	7	8	9
10	11	12	13	14
				15

EXAMS

(RA2A 1)	(RA2A 2)	(RA2A 3)	(RA2A 4)	(RA2A.5
(RA2A 6)	(RA2A 7)	(RA2A 8)	(RA2A 9)	(RA2A 10) (RA2A 11)

DEV CHECKS

(RA2B 1)	(RA2B 2)	(RA2B 3)	(RA2B.4)	(RA2B 5)
(RA2B 6)	(RA2B 7)	(RA2B 8)	(RA2B 9)	(RA2B 10) (RA2B 11)

VISION SCREEN

(RA2C 1)	(RA2C.2)	(RA2C.3)	(RA2C 4)	(RA2C.5)
(RA2C 6)	(RA2C 7)	(RA2C 8)	(RA2C 9)	(RA2C 10) (RA2C 11)

HEARING TESTS

(RA2D.1)	(RADC 2)	(RA2D.3)	(RA2D 4)	(RA2D 5)
(RA2D 6)	(RA2D 7)	(RA2D 8)	(RA2D 9)	(RA2D 10) (RA2D 11)

OTHER

(RA2E 1)	(RA2E.2)	(RA2E.3)	(RA2E.4)	(RA2E.5)
(RA2E 6)	(RA2E 7)	(RA2E 8)	(RA2E 9)	(RA2E 10) (RA2E 11)

DOCUMENT S

LEISURE AND ACTIVITY DIARY

A report on the Leisure and TV Diaries (the first and last sections of Document S respectively) is included in Appendix 7

YOUTHSCAN UK



LEISURE AND ACTIVITY DIARY

This Leisure Diary is filled in by

Home address

(00886)

Date of Birth

		0	4	7	0
--	--	---	---	---	---

Sex

Male

Tick one box

Female

(SEAS6)

Name & Address of your School

Date of commencement of Diary

(SDOC-MT) (SDOC-YR)

--	--	--	--	--

--

--	--

--	--	--	--

--	--	--

Please
leave blank

WHEN COMPLETE PLEASE RETURN AS INSTRUCTED IF IN DOUBT
PLEASE FORWARD IT TO THE YOUTHSCAN ORGANISATION BELOW
AND POSTAGE WILL BE REFUNDED

Professor Neville Butler
MD FRCP, FRCOG, DCH
Director of Youthscan
International Centre for Child Studies
Ashley Down House
16 Cotham Park
Bristol BS6 6BU



Tel (0272) 739783/743405

FILLING IN YOUR DIARY

This Diary is about your ordinary life: the interesting bits and the boring bits; the things you do, your routine if still at school, how you spend time at home; what you do on outings, about your hobbies, and about pleasurable and less pleasurable times, and what you do at work, if you already have a job, full or part-time.

Filling in the Diary will mean giving a little time to it. Why are we asking you to do this? Because, along with the diaries of all your companions born in the survey week, your record will give us a real and true picture of what it is like to be somebody your age in the late 1980's. And finding out what it is really like is the first step towards trying to improve things for you in the future.

We would like you to keep this Diary up for four days. The first day should be a Friday. You then go on to keep a record of all you do on the Saturday, the Sunday and then Monday. Try to keep the Diary with you and fill it in each day as you go along. Please note that the Diary is in two parts, Part 1 and Part 2.

In Part 1 of the Diary (from pages 4-11) you are asked to write down in your own words everything you do as you go through the day (except going to the toilet!), including when you did it, how long it took, where you were and who you were with. Please look first at the Example on page 3.

Start by recording exactly what you do on a Friday in the section marked 'Friday' (pages 4 and 5). There is space for a description of everything you do, including spare-time and leisure activities. Please write down also whenever you eat or drink anything and say whether it is a snack, a meal, an alcoholic drink, a soft drink, etc. Of course you may write down full details of the actual food and drink you take, if you have time, and this would be very useful.

Then do the same on the following day, Saturday (pages 6 and 7), then on the Sunday (pages 8 and 9) and finally on the Monday (pages 10 and 11).

In Part 2 of the Diary, (pages 12-23) there is a short questionnaire to which you are asked to give answers. This is usually done by ticking boxes. There are five short sets of questions - A, B, C, D and E.

A - These questions are about how you spend your time if you are at school for any part of the four days, covered by the diary. If you haven't been at school during any of this period, you may leave out this section.

B - These questions ask about how your day is spent, and should be answered by everyone, as should be C, D and E.

C - These are questions asking about some of your activities between waking up in the morning and early evening.

D - These questions ask what you do in the evenings.

E - This is where we ask you to write down all the TV/Video programmes you have seen day by day during the 4 days of the diary.

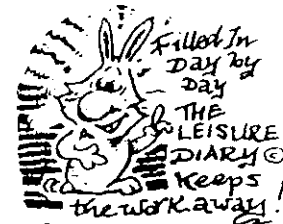
Your answers to the questions will increase the value of the narrative you have provided in Part 1. Please remember that you should make a note of all the TV/Videos you see day by day and record them on pages 22 and 23.

The more you put in the diary, the more interested we shall be. If you find yourself wondering whether you want to tell us something private - please remember that nobody except you and us will know about it. We shall analyse how many people do various leisure activities, but we shall not reveal individuals' names.

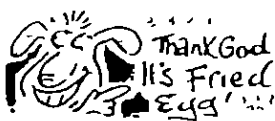


PART 1 LEISURE DIARY

EXAMPLE
DAY OF WEEK = SATURDAY



- | | | |
|------|-------|--|
| a.m. | 07.30 | Woke up. Raining! |
| | 07.40 | Had cup of coffee with milk. |
| | 07.45 | Walked to paper shop. |
| | 07.55 | Began paper round. Walked 3 miles. |
| | 08.55 | Walked back home (1 mile), got very wet. |
| | 09.05 | Had a shower. |
| | 09.30 | Cooked my own breakfast (scrambled egg on toast, cup of tea with milk). |
| | 10.05 | Tidied my room - boring! |
| | 10.25 | Wrote letter to French penfriend and posted it. |
| | 11.15 | Watched TV Saturday Superstore. |
| p.m. | 1.00 | Had 3 sandwiches, 2 biscuits, 2 cups of coffee. |
| | 1.20 | Got ready to go out. |
| | 1.40 | Walked to bus stop (½ mile). |
| | 1.50 | Took bus into town. Cost 30p. |
| | 2.10 | Visited shops. Bought 1 cassette £3. |
| | 3.20 | Met friends and went for snack and more coffee. They smoked and I coughed! |
| | 4.15 | More shopping - bought pair of shoes. Cost £7. |
| | 5.05 | Took bus to friend's house. |
| | 5.30 | Watched TV at friend's house 'The Dukes of Hazzard'. |
| | 6.30 | Had supper at friend's house (fish and chips, ice cream). |
| | 7.15 | Got ready to go out with friend. Decided on Youth Club instead of Cinema. |
| | 7.50 | We walked to Youth Club (¾ mile). |
| | 8.00 | Attended live gig/disco at Youth Club - met lots of friends there. Had 2 drinks (small glass of lager each time) |
| | 10.00 | Got involved in argument outside Youth Club and got a black eye. |
| | 10.30 | Had a lift home with friend's dad. |
| | 10.45 | Argued with my parents about how I got black eye! |
| | 11.00 | Watched video recording - 2 episodes of 'Spitting Image'. |
| a.m. | 12.00 | Had small mug of coffee and 3 biscuits. |
| | 12.15 | Went to bed and read 'Smash Hits'. |
| | 12.40 | Went to sleep. A mixed sort of day! |



ODAY IS FRIDAY

Please describe in your own words how you spent
Fill in when you did it, what you did how long it took

TODAY'S DATE

GOOD MORNII

your time between getting up and going to bed
with whom and where Please mention everything



Time of day	Activity	How long taken	Done with	Where took place
----------------	----------	----------------------	--------------	------------------------

Time of day	Activity	How long taken	Done with	Where took place
----------------	----------	----------------------	--------------	------------------------

PAGES 4 TO 11 COVER THE LEISURE DIARY

THE DATA ARE HELD IN 3 FORMS:

- 1) A TIME SLOT FILE
- 2) A DAY AGGREGATE FILE
- 3) A "WEEK" AGGREGATE FILE

BOTH AGGREGATE FILES ARE DERIVED FROM
THE TIME SLOT FILE.



TODAY IS SATURDAY.

Please describe in your own words how you spent
Fill in when you did it, what you did, how long it took,

TODAY'S DATE:

Time of day	Activity	How long taken	Done with	Where took place
----------------	----------	----------------------	--------------	------------------------

Please continue on page 7

GOOD MORNING

your time between getting up and going to bed.
with whom and where. Please mention everything.



Time of day	Activity	How long taken	Done with	Where took place
----------------	----------	----------------------	--------------	------------------------

End of Saturday



TODAY IS SUNDAY

Please describe in your own words how you spent
Fill in when you did it, what you did how long it took.

TODAY'S DATE

Time of day	Activity	How long taken	Done with	Where took place
----------------	----------	----------------------	--------------	------------------------

GOOD MORNING

your time between getting up and going to bed
with whom and where Please mention everything

Time of day	Activity	How long taken	Done with	Where took place
----------------	----------	----------------------	--------------	------------------------

Please continue on page 9

End of Sunday



TODAY IS MONDAY.

Please describe in your own words how you spent
Fill in when you did it, what you did, how long it took,

TODAY'S DATE:

GOOD MORNING

your time between getting up and going to bed.
with whom and where. Please mention everything.



Time of day	Activity	How long taken	Done with	Where took place
----------------	----------	----------------------	--------------	------------------------

Time of day	Activity	How long taken	Done with	Where took place
----------------	----------	----------------------	--------------	------------------------

Please continue on page 11

End of Monday

End of Part 1



PART 2 LEISURE QUESTIONNAIRE SECTION A – SCHOOL



A1 Did you go to school at any time on Friday Saturday or Sunday?

Tick one box under Fri/Sat/Mon	(SA1.1) - Fri	(SA1.2) - Sat	(SA1.3) - Mon
YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES for Fri or Sat or Mon
answer A2 - A13

(SA2.1A) (SA2.2A) (SA2.3A)
(SA2.1B) (SA2.2B) (SA2.3B)

A2 What time did you leave home for school?

Fri Sat Mon
a m a m a m

A3 How did you go to school? Tick all that apply for Fri/Sat/Mon. Fri Sat Mon

On foot (SA3A.1) ☐ (SA3A.2) ☐ (SA3A.3) ☐
By bike (SA3B.1) ☐ (SA3B.2) ☐ (SA3B.3) ☐
By bus (SA3C.1) ☐ (SA3C.2) ☐ (SA3C.3) ☐
Had a lift by car (SA3D.1) ☐ (SA3D.2) ☐ (SA3D.3) ☐
By train (SA3E.1) ☐ (SA3E.2) ☐ (SA3E.3) ☐
Didn't go to school (SA3F.1) ☐ (SA3F.2) ☐ (SA3F.3) ☐

A4 What time did you arrive at school? (SA4.1A) - Fri Sat Mon (SA4.3A)
(SA4.1B) a m a m a m (SA4.3B)

A5 What happened of importance or interest at school this morning? What did you learn? (SA4.2A) (SA4.2B)

Friday (SASA.1) * (SASA.2) *
Saturday (SASB.1) *
Monday (SASC.1) *
continue on back page if necessary

A6 What did you do in the lunch hour?

Tick all that apply under Fri Sat Mon. If not at school leave blank	Fri	Sat	Mon
I went to a school club choir practice or other organised practice	(SA6A.1) <input type="checkbox"/>	(SA6A.2) <input type="checkbox"/>	(SA6A.3) <input type="checkbox"/>
I just hung around on my own	(SA6B.1) <input type="checkbox"/>	(SA6B.2) <input type="checkbox"/>	(SA6B.3) <input type="checkbox"/>
I chatted to my friends doing nothing in particular	(SA6C.1) <input type="checkbox"/>	(SA6C.2) <input type="checkbox"/>	(SA6C.3) <input type="checkbox"/>
I did something a teacher asked me to do	(SA6D.1) <input type="checkbox"/>	(SA6D.2) <input type="checkbox"/>	(SA6D.3) <input type="checkbox"/>
I played a game or sport with a friend	(SA6E.1) <input type="checkbox"/>	(SA6E.2) <input type="checkbox"/>	(SA6E.3) <input type="checkbox"/>
I went out of school on my own	(SA6F.1) <input type="checkbox"/>	(SA6F.2) <input type="checkbox"/>	(SA6F.3) <input type="checkbox"/>
I went out of school with a friend or friends	(SA6G.1) <input type="checkbox"/>	(SA6G.2) <input type="checkbox"/>	(SA6G.3) <input type="checkbox"/>
I did something else (what? (SA6H.1) *)	(SA6H.1) <input type="checkbox"/>	(SA6H.2) <input type="checkbox"/>	(SA6H.3) <input type="checkbox"/>

A7 What happened of importance or interest at school this afternoon and what did you learn?

Friday (SA7A.1) *
Saturday (SA7B.1) *
Monday (SA7C.1) *
continue on back page if necessary

A8 What time did school end officially?

(SAB.1A) (SAB.1B) (SAB.2A) (SAB.2B) (SAB.3A) (SAB.3B)
Fri p m Sat p m Mon p m

A9 If you left school early why was that?

Friday (SA9A.1) *
Saturday (SA9B.1) *
Monday (SA9C.1) *

A10 If you stayed on at school late why was that?

Friday (SA10A.1) *
Saturday (SA10B.1) *
Monday (SA10C.1) *

A11 What did you do between leaving school and arriving home?

Tick all that apply under Fri/Sat/Mon	Fri	Sat	Mon
Nothing I went straight home	(SA11A.1) <input type="checkbox"/>	(SA11A.2) <input type="checkbox"/>	(SA11A.3) <input type="checkbox"/>
I spent some time chatting to friends then went home	(SA11B.1) <input type="checkbox"/>	(SA11B.2) <input type="checkbox"/>	(SA11B.3) <input type="checkbox"/>
I went to a friend's house before going home	(SA11C.1) <input type="checkbox"/>	(SA11C.2) <input type="checkbox"/>	(SA11C.3) <input type="checkbox"/>
I went to a cafe before going home	(SA11D.1) <input type="checkbox"/>	(SA11D.2) <input type="checkbox"/>	(SA11D.3) <input type="checkbox"/>
I went shopping, or to do an errand for someone in my family, before going home	(SA11E.1) <input type="checkbox"/>	(SA11E.2) <input type="checkbox"/>	(SA11E.3) <input type="checkbox"/>
I went to do a job or errand for money before going home	(SA11F.1) <input type="checkbox"/>	(SA11F.2) <input type="checkbox"/>	(SA11F.3) <input type="checkbox"/>
I did something else (What?)	(SA11G.1) <input type="checkbox"/>	(SA11G.2) <input type="checkbox"/>	(SA11G.3) <input type="checkbox"/>
Friday (SA11H.1) *	(SA11H.1) <input type="checkbox"/>		
Saturday (SA11G.2) (SA11I.1) *		(SA11I.1) <input type="checkbox"/>	
Monday (SA11G.3) (SA11J.1) *			(SA11J.1) <input type="checkbox"/>

A12 What time did you get home?

(SA12.1A) (SA12.1B) (SA12.2A) (SA12.2B) (SA12.3A) (SA12.3B)
Fri p m Sat p m Mon p m

A13 Was any member of your family in the house when you got home?

Tick one box under Fri/Sat/Mon	Fri	Sat	Mon
(SA13A.1) YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If NO at what time did the next person get home?

(SA13B.1A) (SA13B.1B) (SA13B.2A) (SA13B.2B) (SA13B.3A) (SA13B.3B)
Fri p m Sat p m Mon p m

SECTION B

EVERYONE PLEASE ANSWER SECTION B FOR ALL 4 DAYS

- B1. Are you (going) away from home for as long as half a day or overnight during these four days? (Exclude time at school or at work. If you are a boarder, notify us if you are going home this weekend.)

Tick all that apply under Fri/Sat/Sun/Mon	Fri	Sat	Sun	Mon
YES, away overnight	(SB1A.1) <input checked="" type="checkbox"/>	(SB1A.2) <input checked="" type="checkbox"/>	(SB1A.3) <input checked="" type="checkbox"/>	(SB1A.4) <input checked="" type="checkbox"/>
YES, away for a whole day or more but not overnight	(SB1B.1) <input checked="" type="checkbox"/>	(SB1B.2) <input checked="" type="checkbox"/>	(SB1B.3) <input checked="" type="checkbox"/>	(SB1B.4) <input checked="" type="checkbox"/>
YES, away for part of a day but not overnight	(SB1C.1) <input checked="" type="checkbox"/>	(SB1C.2) <input checked="" type="checkbox"/>	(SB1C.3) <input checked="" type="checkbox"/>	(SB1C.4) <input checked="" type="checkbox"/>
NO, I shall be mainly at home	(SB1D.1) <input checked="" type="checkbox"/>	(SB1D.2) <input checked="" type="checkbox"/>	(SB1D.3) <input checked="" type="checkbox"/>	(SB1D.4) <input checked="" type="checkbox"/>
Other answer; describe below. (SB1E.1) <input checked="" type="checkbox"/>	(SB1E.2) <input checked="" type="checkbox"/>	(SB1E.3) <input checked="" type="checkbox"/>	(SB1E.4) <input checked="" type="checkbox"/>	
(SBF.1) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES to any, please answer 1(a), 1(b) and 1(c) below:

1(a). If away, where are you going?	(SBG.1) *
1(b). If away, who will you be going with?	(SBH.1) *
1(c). If away, what will you be doing?	(SBI.1) *
continue on back page if necessary	

- B2. Are you:

Tick all that apply	
Still at school but home on study leave?	(SB2.1) <input checked="" type="checkbox"/>
On study leave but attending school for exams?	(SB2.2) <input checked="" type="checkbox"/>
Attending school normally?	(SB2.3) <input checked="" type="checkbox"/>
Just left/leaving school and looking for work?	(SB2.4) <input checked="" type="checkbox"/>
Just left/leaving school and already have a job?	(SB2.5) <input checked="" type="checkbox"/>
Doing anything not covered by above?	(SB2.6) <input checked="" type="checkbox"/>
(What?)	(SB2.7) *

- B3. Did you go to a paid job on any of these 4 days?

Tick one box under Fri/Sat/Sun/Mon	Fri	Sat	Sun	Mon
YES, as part of regular work	(SB3.1) <input checked="" type="checkbox"/>	(SB3.2) <input checked="" type="checkbox"/>	(SB3.3) <input checked="" type="checkbox"/>	(SB3.4) <input checked="" type="checkbox"/>
YES, a part-time job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please answer 3(a), 3(b) and 3(c) below:

3(a) What is your job?	(SB3A.1) *
3(b) How much does it pay?	(SB3B.1) *
3(c) What are your hours?	(SB3C.1) *

END OF SECTION B

SECTION C

EVERYONE PLEASE ANSWER SECTION C FOR ALL 4 DAYS

C1. What time did you get out of bed this morning?

	Fri	Sat	Sun	Mon
(SC1.1A) <input checked="" type="checkbox"/>	(SC1.2A) <input checked="" type="checkbox"/>	(SC1.3A) <input checked="" type="checkbox"/>	(SC1.4A) <input checked="" type="checkbox"/>	
(SC1.1B) <input checked="" type="checkbox"/>	(SC1.2B) <input checked="" type="checkbox"/>	(SC1.3B) <input checked="" type="checkbox"/>	(SC1.4B) <input checked="" type="checkbox"/>	

- C2. Early this morning (before 9 a.m.) what activities/jobs did you do?

	Fri	Sat	Sun	Mon
(SC2.1) *	(SC2.2) *			
(SC2.3) *	(SC2.4) *			

continue on back page if necessary

- C3. Did you have breakfast this morning?



Tick one box under Fri, Sat, Sun, Mon	Fri	Sat	Sun	Mon
YES (SC3.1) <input checked="" type="checkbox"/>	(SC3.2) <input checked="" type="checkbox"/>	(SC3.3) <input checked="" type="checkbox"/>	(SC3.4) <input checked="" type="checkbox"/>	
NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- C4. What did you do this morning (between 9.00 a.m. and 1.00 p.m.)?

Tick all that apply on Fri/Sat/Sun/Mon	Fri	Sat	Sun	Mon
I was at home all morning	(SC4A.1) <input checked="" type="checkbox"/>	(SC4A.2) <input checked="" type="checkbox"/>	(SC4A.3) <input checked="" type="checkbox"/>	(SC4A.4) <input checked="" type="checkbox"/>
I spent some of the morning at home and some of the time out	(SC4B.1) <input checked="" type="checkbox"/>	(SC4B.2) <input checked="" type="checkbox"/>	(SC4B.3) <input checked="" type="checkbox"/>	(SC4B.4) <input checked="" type="checkbox"/>
I was at work all morning	(SC4C.1) <input checked="" type="checkbox"/>	(SC4C.2) <input checked="" type="checkbox"/>	(SC4C.3) <input checked="" type="checkbox"/>	(SC4C.4) <input checked="" type="checkbox"/>
I went to school all morning	(SC4D.1) <input checked="" type="checkbox"/>	(SC4D.2) <input checked="" type="checkbox"/>	(SC4D.3) <input checked="" type="checkbox"/>	(SC4D.4) <input checked="" type="checkbox"/>
I was out all morning, but not at work or school	(SC4E.1) <input checked="" type="checkbox"/>	(SC4E.2) <input checked="" type="checkbox"/>	(SC4E.3) <input checked="" type="checkbox"/>	(SC4E.4) <input checked="" type="checkbox"/>
Other answer, (What?)	(SC4F.1) <input checked="" type="checkbox"/>	(SC4F.2) <input checked="" type="checkbox"/>	(SC4F.3) <input checked="" type="checkbox"/>	(SC4F.4) <input checked="" type="checkbox"/>
(SC4G.1) *				



C5 Did you stay at home for any part of the 4 mornings (9 a.m. - 1 p.m.)?

Tick one box for Fri/Sat/Sun/Mon				
Fri	Sat	Sun	Mon	
YES (SCS1) <input checked="" type="checkbox"/>	(SCS2) <input checked="" type="checkbox"/>	(SCS3) <input checked="" type="checkbox"/>	(SCS4) <input checked="" type="checkbox"/>	If YES answer 5(a)
NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5(a) Did you do any of the following this morning at home?

Tick all that apply for Fri/Sat/Sun/Mon				
Fri	Sat	Sun	Mon	
Had friend(s) into the house (SCSA.1) <input checked="" type="checkbox"/>	(SCSA.2) <input checked="" type="checkbox"/>	(SCSA.3) <input checked="" type="checkbox"/>	(SCSA.4) <input checked="" type="checkbox"/>	
Chatted to friend(s) on the phone (SCSB.1) <input checked="" type="checkbox"/>	(SCSB.2) <input checked="" type="checkbox"/>	(SCSB.3) <input checked="" type="checkbox"/>	(SCSB.4) <input checked="" type="checkbox"/>	
Watched TV (SCSC.1) <input checked="" type="checkbox"/>	(SCSC.2) <input checked="" type="checkbox"/>	(SCSC.3) <input checked="" type="checkbox"/>	(SCSC.4) <input checked="" type="checkbox"/>	
Messed around in the house or garden (SCSD.1) <input checked="" type="checkbox"/>	(SCSD.2) <input checked="" type="checkbox"/>	(SCSD.3) <input checked="" type="checkbox"/>	(SCSD.4) <input checked="" type="checkbox"/>	
Listened to radio records or tapes (SCSE.1) <input checked="" type="checkbox"/>	(SCSE.2) <input checked="" type="checkbox"/>	(SCSE.3) <input checked="" type="checkbox"/>	(SCSE.4) <input checked="" type="checkbox"/>	
Read a book (SCSF.1) <input checked="" type="checkbox"/>	(SCSF.2) <input checked="" type="checkbox"/>	(SCSF.3) <input checked="" type="checkbox"/>	(SCSF.4) <input checked="" type="checkbox"/>	
Read a newspaper (SCSG.1) <input checked="" type="checkbox"/>	(SCSG.2) <input checked="" type="checkbox"/>	(SCSG.3) <input checked="" type="checkbox"/>	(SCSG.4) <input checked="" type="checkbox"/>	
Read a magazine (SCSH.1) <input checked="" type="checkbox"/>	(SCSH.2) <input checked="" type="checkbox"/>	(SCSH.3) <input checked="" type="checkbox"/>	(SCSH.4) <input checked="" type="checkbox"/>	
Had a bath and/or washed hair (SCSI.1) <input checked="" type="checkbox"/>	(SCSI.2) <input checked="" type="checkbox"/>	(SCSI.3) <input checked="" type="checkbox"/>	(SCSI.4) <input checked="" type="checkbox"/>	
Did homework (SCSJ.1) <input checked="" type="checkbox"/>	(SCSJ.2) <input checked="" type="checkbox"/>	(SCSJ.3) <input checked="" type="checkbox"/>	(SCSJ.4) <input checked="" type="checkbox"/>	
Did exercises, practiced sport (SCSK.1) <input checked="" type="checkbox"/>	(SCSK.2) <input checked="" type="checkbox"/>	(SCSK.3) <input checked="" type="checkbox"/>	(SCSK.4) <input checked="" type="checkbox"/>	
Played game(s) (What? (SCSL.1) <input checked="" type="checkbox"/>	(SCSL.2) <input checked="" type="checkbox"/>	(SCSL.3) <input checked="" type="checkbox"/>	(SCSL.4) <input checked="" type="checkbox"/>	
Cooked food including for fun (SCSM.1) <input checked="" type="checkbox"/>	(SCSM.2) <input checked="" type="checkbox"/>	(SCSM.3) <input checked="" type="checkbox"/>	(SCSM.4) <input checked="" type="checkbox"/>	
Looked after pet(s) (SCSN.1) <input checked="" type="checkbox"/>	(SCSN.2) <input checked="" type="checkbox"/>	(SCSN.3) <input checked="" type="checkbox"/>	(SCSN.4) <input checked="" type="checkbox"/>	
Maintained bicycle/motorbike/moped (SCSO.1) <input checked="" type="checkbox"/>	(SCSO.2) <input checked="" type="checkbox"/>	(SCSO.3) <input checked="" type="checkbox"/>	(SCSO.4) <input checked="" type="checkbox"/>	
Writing/drawing/painting for pleasure (SCSP.1) <input checked="" type="checkbox"/>	(SCSP.2) <input checked="" type="checkbox"/>	(SCSP.3) <input checked="" type="checkbox"/>	(SCSP.4) <input checked="" type="checkbox"/>	
Did something connected with a hobby (which hobby? (SCSY.1) <input checked="" type="checkbox"/>	(SCSY.2) <input checked="" type="checkbox"/>	(SCSY.3) <input checked="" type="checkbox"/>	(SCSY.4) <input checked="" type="checkbox"/>	
I was at school all morning (SCSR.1) <input checked="" type="checkbox"/>	(SCSR.2) <input checked="" type="checkbox"/>	(SCSR.3) <input checked="" type="checkbox"/>	(SCSR.4) <input checked="" type="checkbox"/>	
I did something else (SCSS.1) <input checked="" type="checkbox"/>	(SCSS.2) <input checked="" type="checkbox"/>	(SCSS.3) <input checked="" type="checkbox"/>	(SCSS.4) <input checked="" type="checkbox"/>	
(What? (SCSW.1) <input checked="" type="checkbox"/>				

C6 Did you go anywhere/do anything outside your home (except go to work or school) on any of the 4 mornings (9 a.m. - 1.00 p.m.)?

Tick one box for Fri/Sat/Sun/Mon				
Fri	Sat	Sun	Mon	
Yes (SC6.1) <input checked="" type="checkbox"/>	(SC6.2) <input checked="" type="checkbox"/>	(SC6.3) <input checked="" type="checkbox"/>	(SC6.4) <input checked="" type="checkbox"/>	If YES answer 6(a) and 6(b)
No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6(a) With whom did you go out?

Tick one box under Fri/Sat/Sun/Mon				
Fri	Sat	Sun	Mon	
By myself (SC6A.1) <input checked="" type="checkbox"/>	(SC6A.2) <input checked="" type="checkbox"/>	(SC6A.3) <input checked="" type="checkbox"/>	(SC6A.4) <input checked="" type="checkbox"/>	
With my family (SC6B.1) <input checked="" type="checkbox"/>	(SC6B.2) <input checked="" type="checkbox"/>	(SC6B.3) <input checked="" type="checkbox"/>	(SC6B.4) <input checked="" type="checkbox"/>	
With my friend(s) (SC6C.1) <input checked="" type="checkbox"/>	(SC6C.2) <input checked="" type="checkbox"/>	(SC6C.3) <input checked="" type="checkbox"/>	(SC6C.4) <input checked="" type="checkbox"/>	
With girl/boyfriend (SC6D.1) <input checked="" type="checkbox"/>	(SC6D.2) <input checked="" type="checkbox"/>	(SC6D.3) <input checked="" type="checkbox"/>	(SC6D.4) <input checked="" type="checkbox"/>	
With someone else (SC6E.1) <input checked="" type="checkbox"/>	(SC6E.2) <input checked="" type="checkbox"/>	(SC6E.3) <input checked="" type="checkbox"/>	(SC6E.4) <input checked="" type="checkbox"/>	
(Who? (SC6F.1) <input checked="" type="checkbox"/>				

6(b) Where did you go away from home? Tick all that apply under Fri/Sat/Sun/Mon

	Fri	Sat	Sun	Mon
I went -				
To a friend's house (SCB6A.1) <input checked="" type="checkbox"/>	(SCB6A.2) <input checked="" type="checkbox"/>	(SCB6A.3) <input checked="" type="checkbox"/>	(SCB6A.4) <input checked="" type="checkbox"/>	
To a relative's house (SCB6B.1) <input checked="" type="checkbox"/>	(SCB6B.2) <input checked="" type="checkbox"/>	(SCB6B.3) <input checked="" type="checkbox"/>	(SCB6B.4) <input checked="" type="checkbox"/>	
Shopping/window shopping (SCB6C.1) <input checked="" type="checkbox"/>	(SCB6C.2) <input checked="" type="checkbox"/>	(SCB6C.3) <input checked="" type="checkbox"/>	(SCB6C.4) <input checked="" type="checkbox"/>	
To do an errand (eg laundry) (SCB6D.1) <input checked="" type="checkbox"/>	(SCB6D.2) <input checked="" type="checkbox"/>	(SCB6D.3) <input checked="" type="checkbox"/>	(SCB6D.4) <input checked="" type="checkbox"/>	
To keep an appointment (eg at doctor's) (SCB6E.1) <input checked="" type="checkbox"/>	(SCB6E.2) <input checked="" type="checkbox"/>	(SCB6E.3) <input checked="" type="checkbox"/>	(SCB6E.4) <input checked="" type="checkbox"/>	
To take part in a sporting event (SCB6F.1) <input checked="" type="checkbox"/>	(SCB6F.2) <input checked="" type="checkbox"/>	(SCB6F.3) <input checked="" type="checkbox"/>	(SCB6F.4) <input checked="" type="checkbox"/>	
To watch a sporting event (SCB6G.1) <input checked="" type="checkbox"/>	(SCB6G.2) <input checked="" type="checkbox"/>	(SCB6G.3) <input checked="" type="checkbox"/>	(SCB6G.4) <input checked="" type="checkbox"/>	
To a library (SCB6H.1) <input checked="" type="checkbox"/>	(SCB6H.2) <input checked="" type="checkbox"/>	(SCB6H.3) <input checked="" type="checkbox"/>	(SCB6H.4) <input checked="" type="checkbox"/>	
To do a paid job (SCB6I.1) <input checked="" type="checkbox"/>	(SCB6I.2) <input checked="" type="checkbox"/>	(SCB6I.3) <input checked="" type="checkbox"/>	(SCB6I.4) <input checked="" type="checkbox"/>	
To a sports centre/swimming pool (SCB6J.1) <input checked="" type="checkbox"/>	(SCB6J.2) <input checked="" type="checkbox"/>	(SCB6J.3) <input checked="" type="checkbox"/>	(SCB6J.4) <input checked="" type="checkbox"/>	
To a cafe or take away (SCB6K.1) <input checked="" type="checkbox"/>	(SCB6K.2) <input checked="" type="checkbox"/>	(SCB6K.3) <input checked="" type="checkbox"/>	(SCB6K.4) <input checked="" type="checkbox"/>	
Out for a walk (SCB6L.1) <input checked="" type="checkbox"/>	(SCB6L.2) <input checked="" type="checkbox"/>	(SCB6L.3) <input checked="" type="checkbox"/>	(SCB6L.4) <input checked="" type="checkbox"/>	
Out for a cycle ride (SCB6M.1) <input checked="" type="checkbox"/>	(SCB6M.2) <input checked="" type="checkbox"/>	(SCB6M.3) <input checked="" type="checkbox"/>	(SCB6M.4) <input checked="" type="checkbox"/>	
To mess around in park/street(s) (SCB6N.1) <input checked="" type="checkbox"/>	(SCB6N.2) <input checked="" type="checkbox"/>	(SCB6N.3) <input checked="" type="checkbox"/>	(SCB6N.4) <input checked="" type="checkbox"/>	
Somewhere else (Where? (SCB6O.1) <input checked="" type="checkbox"/>	(SCB6O.2) <input checked="" type="checkbox"/>	(SCB6O.3) <input checked="" type="checkbox"/>	(SCB6O.4) <input checked="" type="checkbox"/>	
(SCB6P.1) <input checked="" type="checkbox"/>				

C7 Did you have a midday meal today?

Tick one box under Fri/Sat/Sun/Mon				
Fri	Sat	Sun	Mon	
YES (SC7.1) <input checked="" type="checkbox"/>	(SC7.2) <input checked="" type="checkbox"/>	(SC7.3) <input checked="" type="checkbox"/>	(SC7.4) <input checked="" type="checkbox"/>	If YES answer 7(a)
NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7(a) If YES what type of mid day meal did you have?

Tick one box under Fri/Sat/Sun/Mon				
Fri	Sat	Sun	Mon	
A snack at school (SC7A.1) <input checked="" type="checkbox"/>	(SC7A.2) <input checked="" type="checkbox"/>	(SC7A.3) <input checked="" type="checkbox"/>	(SC7A.4) <input checked="" type="checkbox"/>	
A school meal (SC7B.1) <input checked="" type="checkbox"/>	(SC7B.2) <input checked="" type="checkbox"/>	(SC7B.3) <input checked="" type="checkbox"/>	(SC7B.4) <input checked="" type="checkbox"/>	
A packed meal/sandwiches from home (SC7C.1) <input checked="" type="checkbox"/>	(SC7C.2) <input checked="" type="checkbox"/>	(SC7C.3) <input checked="" type="checkbox"/>	(SC7C.4) <input checked="" type="checkbox"/>	
Food in a cafe/restaurant (SC7D.1) <input checked="" type="checkbox"/>	(SC7D.2) <input checked="" type="checkbox"/>	(SC7D.3) <input checked="" type="checkbox"/>	(SC7D.4) <input checked="" type="checkbox"/>	
Food from a take away (SC7E.1) <input checked="" type="checkbox"/>	(SC7E.2) <input checked="" type="checkbox"/>	(SC7E.3) <input checked="" type="checkbox"/>	(SC7E.4) <input checked="" type="checkbox"/>	
Food at home (SC7F.1) <input checked="" type="checkbox"/>	(SC7F.2) <input checked="" type="checkbox"/>	(SC7F.3) <input checked="" type="checkbox"/>	(SC7F.4) <input checked="" type="checkbox"/>	
Something else What? (SC7G.1) <input checked="" type="checkbox"/>	(SC7G.2) <input checked="" type="checkbox"/>	(SC7G.3) <input checked="" type="checkbox"/>	(SC7G.4) <input checked="" type="checkbox"/>	
Fri (SC7H.1) <input checked="" type="checkbox"/>				
Sat (SC7I.1) <input checked="" type="checkbox"/>				
Sun (SC7J.1) <input checked="" type="checkbox"/>				
Mon (SC7K.1) <input checked="" type="checkbox"/>				



C8. Were you at home for a part of any afternoon (1.00 p.m. - 6.00 p.m.) during these 4 days? (SC8.2) (SC8.3)

	Tick one box for Fri/Sat/Sun/Mon			
	(SC8.1) Fri	Sat	Sun	Mon
YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(SC8.4) If YES, answer 8(a)

8(a). Did you do any of the following at home during any of the 4 afternoons (1.00 p.m. - 6 p.m.)?

While I was at home this afternoon, I did the following:—

	Fri	Sat	Sun	Mon
Had friend(s) into the house (SC8A.1)	<input type="checkbox"/>	(SC8A.2)	(SC8A.3)	(SC8A.4)
Chatted to friend(s) on the phone (SC8B.1)	<input type="checkbox"/>	(SC8B.2)	(SC8B.3)	(SC8B.4)
Watched TV (SC8C.1)	<input type="checkbox"/>	(SC8C.2)	(SC8C.3)	(SC8C.4)
Messed around in house or garden (SC8D.1)	<input type="checkbox"/>	(SC8D.2)	(SC8D.3)	(SC8D.4)
Listened to radio, records or tapes (SC8E.1)	<input type="checkbox"/>	(SC8E.2)	(SC8E.3)	(SC8E.4)
Read a book (SC8F.1)	<input type="checkbox"/>	(SC8F.2)	(SC8F.3)	(SC8F.4)
Read a newspaper (SC8G.1)	<input type="checkbox"/>	(SC8G.2)	(SC8G.3)	(SC8G.4)
Read a magazine (SC8H.1)	<input type="checkbox"/>	(SC8H.2)	(SC8H.3)	(SC8H.4)
Had a bath and/or washed hair (SC8I.1)	<input type="checkbox"/>	(SC8I.2)	(SC8I.3)	(SC8I.4)
Did homework (SC8J.1)	<input type="checkbox"/>	(SC8J.2)	(SC8J.3)	(SC8J.4)
Did exercises, practiced sport (SC8K.1)	<input type="checkbox"/>	(SC8K.2)	(SC8K.3)	(SC8K.4)
Played game(s) (SC8L.1)	<input type="checkbox"/>	(SC8L.2)	(SC8L.3)	(SC8L.4)
Cooked food including for fun (SC8M.1)	<input type="checkbox"/>	(SC8M.2)	(SC8M.3)	(SC8M.4)
Looked after pet(s) (SC8N.1)	<input type="checkbox"/>	(SC8N.2)	(SC8N.3)	(SC8N.4)
Maintained bicycle/motorbike/moped (SC8O.1)	<input type="checkbox"/>	(SC8O.2)	(SC8O.3)	(SC8O.4)
Writing/drawing/painting for pleasure (SC8P.1)	<input type="checkbox"/>	(SC8P.2)	(SC8P.3)	(SC8P.4)
Did something to do with hobby (SC8Q.1)	<input type="checkbox"/>	(SC8Q.2)	(SC8Q.3)	(SC8Q.4)

(What hobby? (SC8R.1) *)

Did something else. What?

Fri (SC8S.1) (SC8T.1) * ☐

Sat (SC8S.2) (SC8U.1) * ☐

Sun (SC8S.3) (SC8V.1) * ☐

Mon (SC8S.4) (SC8W.1) * ☐

C9. Did you do anything outside home on part of any afternoon during these 4 days (except going to school or work)?

	Tick one box under Fri/Sat/Sun/Mon			
	(SC9.1) Fri	(SC9.2) Sat	(SC9.3) Sun	(SC9.4) Mon
YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES, answer 9(a)

9(a). Where did you go in the afternoon? Tick all that apply under Fri/Sat/Sun/Mon

I went:—

	Fri	Sat	Sun	Mon
To a friend's house (SC9A.1)	<input type="checkbox"/>	(SC9A.2)	(SC9A.3)	(SC9A.4)
To a relative's house (SC9B.1)	<input type="checkbox"/>	(SC9B.2)	(SC9B.3)	(SC9B.4)
Shopping/window shopping (SC9C.1)	<input type="checkbox"/>	(SC9C.2)	(SC9C.3)	(SC9C.4)
To do an errand (eg launderette) (SC9D.1)	<input type="checkbox"/>	(SC9D.2)	(SC9D.3)	(SC9D.4)
To keep an appointment, eg at doctors (SC9E.1)	<input type="checkbox"/>	(SC9E.2)	(SC9E.3)	(SC9E.4)
To take part in a sporting event (SC9F.1)	<input type="checkbox"/>	(SC9F.2)	(SC9F.3)	(SC9F.4)
To watch a sporting event (SC9G.1)	<input type="checkbox"/>	(SC9G.2)	(SC9G.3)	(SC9G.4)
To a library (SC9H.1)	<input type="checkbox"/>	(SC9H.2)	(SC9H.3)	(SC9H.4)
To do a paid job (SC9I.1)	<input type="checkbox"/>	(SC9I.2)	(SC9I.3)	(SC9I.4)
To a sports centre/swimming pool (SC9J.1)	<input type="checkbox"/>	(SC9J.2)	(SC9J.3)	(SC9J.4)
To a cafe or take-away (SC9K.1)	<input type="checkbox"/>	(SC9K.2)	(SC9K.3)	(SC9K.4)
Out for a walk (SC9L.1)	<input type="checkbox"/>	(SC9L.2)	(SC9L.3)	(SC9L.4)
Out for a cycle ride (SC9M.1)	<input type="checkbox"/>	(SC9M.2)	(SC9M.3)	(SC9M.4)
To mess around in park/streets (SC9N.1)	<input type="checkbox"/>	(SC9N.2)	(SC9N.3)	(SC9N.4)

Somewhere else. Where?

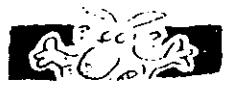
Fri (SC9O.1) (SC9P.1) * (SC9P.2) *

Sat (SC9O.2) (SC9O.1) * ☐

Sun (SC9O.3) (SC9O.1) * ☐

Mon (SC9O.4) (SC9S.1) * ☐

END OF SECTION C



SECTION D

EVERYONE PLEASE ANSWER SECTION D FOR ALL 4 DAYS

We would like to know how you spent your evenings

D1 Did you have an evening meal?

	Tick one box under Fri/Sat/Sun/Mon			
	Fri (SD1 1)	Sat (SD1 2)	Sun (SD1 3)	Mon (SD1 4)
YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES answer 1(a)



1(a) What did you have and where, for your evening meal?

Fri (SDA 1) *
Sat (SDA 2) *
Sun (SDA 3) *
Mon (SDA 4) *

D2 Did you go anywhere outside home after 6 00 pm on any of the 4 days?

	Tick one box under Fri/Sat/Sun/Mon			
	Fri	Sat	Sun	Mon
YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES answer 2(a)

SEE CONTINUATION SHEET FOR VARIABLE NAMES

2(a) Tick all that apply for Fri/Sat/Sun/Mon, first for Col A then for Col B

If you went out any part of this evening where did you go?

	A On my own				B With friends			
	Fri	Sat	Sun	Mon	Fri	Sat	Sun	Mon
I went -								
To a friend's house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a relative's house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a private party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a school function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a disco or dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a concert/ gig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a sports centre/ swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For a walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other please describe	(SD20 1) *				(SD20 2) *			

D3 Were you home for part of any evening during the 4 days?

	Tick one box under Fri/Sat/Sun/Mon			
	Fri	Sat	Sun	Mon
YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES answer 3(a)

SEE CONTINUATION SHEET FOR VARIABLE NAMES

3(a)

Tick all that apply under Fri/Sat/Sun/Mon

If at home for any part of the evening what did you do?

	Fri	Sat	Sun	Mon
Had friend or friends round to the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chatted to friend on the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chatted to member(s) of my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Messed around on my own in house or garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listened to radio record or tape recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read a book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a bath and/or washed hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did exercises or trained for a sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watched TV/video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What? Friday (SD3M 1) *	<input type="checkbox"/>			
Saturday (SD3N 1) *		<input type="checkbox"/>		
Sunday (SD3O 1) *			<input type="checkbox"/>	
Monday (SD3P 1) *				<input type="checkbox"/>

D4 What has been the best thing about today? Please answer for Fri/Sat/Sun/Mon

Fri	(SD4 1) *
Sat	(SD4 2) *
Sun	(SD4 3) *
Mon	(SD4 4) *

D5 What has been the worst thing about today? Please answer for Fri/Sat/Sun/Mon

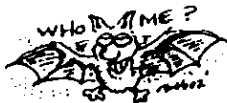
Fri	(SD5 1) *
Sat	(SD5 2) *
Sun	(SD5 3) *
Mon	(SD5 4) *

D6 What time did you go to bed? Fill in for Fri/Sat/Sun/Mon

(SD6 1A) (SD6 1B)	(SD6 2A) (SD6 2B)	(SD6 3A) (SD6 3B)	(SD6 4A) (SD6 4B)
Fri a m / p m	Sat a m / p m	Sun a m / p m	Mon a m / p m

END OF EVENING SECTION

P T O FOR
T V DIARY



SECTION E

SUNDAY

Please tell us what you have watched on TV or video through the 4 days.

Time

Duration

Name of programme viewed

Did you enjoy it?

FRIDAY

Time

Duration

Name of programme viewed

Did you enjoy it?

THE TV/VIDEO DIARIES ARE HELD IN A
SEPARATE FILE

SATURDAY

Time

Duration

Name of programme viewed

Did you enjoy it?

MONDAY

Time

Duration

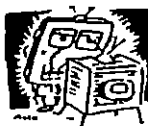
Name of programme viewed

Did you enjoy it?

THE BACK PAGE

Please use this back page to tell us observations, remarks or views on how you think leisure time should be used best. Please feel free to say exactly what you feel about Youthscan, how you think we should go about improving life for young people as a result of Youthscan.

BPAGE (FLAG INDICATING PRESENCE OF TEXT)



THANKYOU FOR YOUR HELP!

CONTINUATION SHEET FOR DOCUMENTS

SD2(a) If you were out any part of this evening, where did you go?

A: On my own

	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Monday</u>
To a friend's house	SD2A1.1	SD2A1.2	SD2A1.3	SD2A1.4
To a relative's house	SD2A2.1	SD2A2.2	SD2A2.3	SD2A2.4
To a private party	SD2A3.1	SD2A3.2	SD2A3.3	SD2A3.4
To a school function	SD2A4.1	SD2A4.2	SD2A4.3	SD2A4.4
To a disco or dance	SD2A5.1	SD2A5.2	SD2A5.3	SD2A5.4
To a cafe	SD2A6.1	SD2A6.2	SD2A6.3	SD2A6.4
To a pub	SD2A7.1	SD2A7.2	SD2A7.3	SD2A7.4
To a club	SD2A8.1	SD2A8.2	SD2A8.3	SD2A8.4
To a cinema	SD2A9.1	SD2A9.2	SD2A9.3	SD2A9.4
To the theatre	SD2A10.1	SD2A10.2	SD2A10.3	SD2A10.4
To a concert/'gig'	SD2A11.1	SD2A11.2	SD2A11.3	SD2A11.4
To a sports centre/ swimming pool	SD2A12.1	SD2A12.2	SD2A12.3	SD2A12.4
For a walk	SD2A13.1	SD2A13.2	SD2A13.3	SD2A13.4
Other description	SD2A14.1	SD2A14.2	SD2A14.3	SD2A14.4

B: With friends

	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Monday</u>
To a friend's house	SD2B1.1	SD2B1.2	SD2B1.3	SD2B1.4
To a relative's house	SD2B2.1	SD2B2.2	SD2B2.3	SD2B2.4
To a private party	SD2B3.1	SD2B3.2	SD2B3.3	SD2B3.4
To a school function	SD2B4.1	SD2B4.2	SD2B4.3	SD2B4.4
To a disco or dance	SD2B5.1	SD2B5.2	SD2B5.3	SD2B5.4
To a cafe	SD2B6.1	SD2B6.2	SD2B6.3	SD2B6.4
To a pub	SD2B7.1	SD2B7.2	SD2B7.3	SD2B7.4
To a club	SD2B8.1	SD2B8.2	SD2B8.3	SD2B8.4
To a cinema	SD2B9.1	SD2B9.2	SD2B9.3	SD2B9.4
To the theatre	SD2B10.1	SD2B10.2	SD2B10.3	SD2B10.4
To a concert/'gig'	SD2B11.1	SD2B11.2	SD2B11.3	SD2B11.4
To a sports centre/ swimming pool	SD2B12.1	SD2B12.2	SD2B12.3	SD2B12.4
For a walk	SD2B13.1	SD2B13.2	SD2B13.3	SD2B13.4
Other description	SD2B14.1	SD2B14.2	SD2B14.3	SD2B14.4

D3(a) If at home for any part of the evening what did you do?

	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Monday</u>
Had friend(s) round to house	SD3A 1	SD3A 2	SD3A 3	SD3A 4
Chatted to friends on 'phone	SD3B 1	SD3B 2	SD3B 3	SD3B 4
Chatted to family member(s)	SD3C 1	SD3C 2	SD3C 3	SD3C 4
Messed around on own	SD3D 1	SD3D 2	SD3D 3	SD3D 4
Listened to radio etc	SD3E 1	SD3E 2	SD3E 3	SD3E 4
Read a book	SD3F 1	SD3F 2	SD3F 3	SD3F 4
Had bath/washed hair	SD3G 1	SD3G 2	SD3G 3	SD3G 4
Did homework	SD3H 1	SD3H 2	SD3H 3	SD3H 4
Exercises/sport training	SD3I 1	SD3I 2	SD3I 3	SD3I 4
Watched TV/Video	SD3J 1	SD3J 2	SD3J 3	SD3J 4
Did something else	SD3K 1	SD3K 2	SD3K 3	SD3K 4

DOCUMENT T

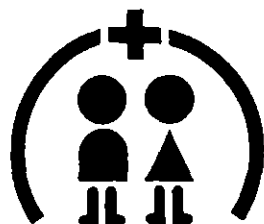
FAMILY FOLLOW-UP FORM

YOUTHSCAN U.K.

DOCUMENT T

An Initiative of the International Centre for Child Studies

A national study of all children born 5th-11th April 1970 in England, Wales and Scotland originating from the 1970 Birth Cohort of the National Birthday Trust Fund



YOUTHSCAN

1986/87

FAMILY FOLLOW-UP FORM

STRICTLY CONFIDENTIAL

Director Professor Neville Butler
MD, FRCP, FRCOG, DCH
International Centre for Child Studies
Ashley Down House
16 Cotham Park
Bristol BS6 6BU
Tel (0272) 739783/743405

OFFICE USE ONLY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PLEASE USE BLOCK CAPITALS (TDOC-MT) (TDOC-YR) Today's Date	
Teenager's Surname	(DOB86) Date of Birth 14/70
Teenager's Forename(s)	(SEX86) Sex M <input type="checkbox"/> F <input type="checkbox"/>
Teenager's Home Address	
Telephone Number	
Name of school attended in Summer term	

1 Please say what teenager is doing/will be doing shortly

Please answer (a) (b), (c) and if necessary, (d)

(a) Is teenager now (or about to be) continuing his/her education eg in 6th Form, 6th Form College College of Further Education, Technical College, etc

Tick one box
YES ☐ NO ☐ (T1A.1)

If YES, give nature of establishment attended (or will attend) i.e. Same school, 6th Form College FE College, Technical College or other establishment (T1A.2)*

Give Name & Address of establishment (T1A.3)*

Give date when started (is starting) (T1A.4A) (T1A.4B)

What Examination(s)/Certificate(s)/Diplomas(s), if any, is he/she studying for? (T1A.5)*

(b) Is teenager in (or about to be in) a youth training scheme (YTS)?

Tick one box
YES ☐ NO ☐ (T1B.1)

If YES, give Name and Address of YTS Scheme (T1B.2)*

Give Nature of YTS Training (T1B.3)*

Give date when started (is starting) (T1B.4A) (T1B.4B)

(c) Is teenager already in (or about to be in) employment? (T1C.1)

Tick one box
YES ☐ NO ☐

If YES, give actual job (T1C.2)*

Give Trade or Industry (T1C.3)*

Give Name & Address of Place of Employment (T1C.4)*

(d) If teenager is not in any of the above, what is he/she doing (about to do)? (T1D.1)

Tick one box
UNEMPLOYED ☐

DOING SOMETHING ELSE ☐ (WHAT? (T1D.2)*

2. Please give study teenager's exam results, if applicable. (Include all exams taken). If did no exams, please write "No Exams".

	Tick all that apply 'O' or Equivalent	Enter Grading obtained	Tick all that apply CSE or Equivalent	Enter Grading obtained
English Language	<input type="checkbox"/> (T2A1.1)	(T2A1.2)	<input type="checkbox"/> (T2A2.1)	(T2A2.2)
English Literature	<input type="checkbox"/> (T2B1.1)	(T2B1.2)	<input type="checkbox"/> (T2B2.1)	(T2B2.2)
Mathematics	<input type="checkbox"/> (T2C1.1)	(T2C1.2)	<input type="checkbox"/> (T2C2.1)	(T2C2.2)
Science	<input type="checkbox"/> (T2D1.1)	(T2D1.2)	<input type="checkbox"/> (T2D2.1)	(T2D2.2)
Physics	<input type="checkbox"/> (T2E1.1)	(T2E1.2)	<input type="checkbox"/> (T2E2.1)	(T2E2.2)
Biology	<input type="checkbox"/> (T2F1.1)	(T2F1.2)	<input type="checkbox"/> (T2F2.1)	(T2F2.2)
History	<input type="checkbox"/> (T2G1.1)	(T2G1.2)	<input type="checkbox"/> (T2G2.1)	(T2G2.2)
Geography	<input type="checkbox"/> (T2H1.1)	(T2H1.2)	<input type="checkbox"/> (T2H2.1)	(T2H2.2)
Chemistry	<input type="checkbox"/> (T2I1.1)	(T2I1.2)	<input type="checkbox"/> (T2I2.1)	(T2I2.2)
French	<input type="checkbox"/> (T2J1.1)	(T2J1.2)	<input type="checkbox"/> (T2J2.1)	(T2J2.2)
German	<input type="checkbox"/> (T2K1.1)	(T2K1.2)	<input type="checkbox"/> (T2K2.1)	(T2K2.2)
Business Comm.	<input type="checkbox"/> (T2L1.1)	(T2L1.2)	<input type="checkbox"/> (T2L2.1)	(T2L2.2)
RE	<input type="checkbox"/> (T2M1.1)	(T2M1.2)	<input type="checkbox"/> (T2M2.1)	(T2M2.2)
Home Economics	<input type="checkbox"/> (T2N1.1)	(T2N1.2)	<input type="checkbox"/> (T2N2.1)	(T2N2.2)
Other subject(s) please specify:				
1 (T2O1.1) *	<input type="checkbox"/> (T2O1.2)	(T2O1.3)	<input type="checkbox"/> (T2O2.1)	(T2O2.2)
2 (T2P1.1) *	<input type="checkbox"/> (T2P1.2)	(T2P1.3)	<input type="checkbox"/> (T2P2.1)	(T2P2.2)
3 (T2Q1.1) *	<input type="checkbox"/> (T2Q1.2)	(T2Q1.3)	<input type="checkbox"/> (T2Q2.1)	(T2Q2.2)
4 (T2R1.1) *	<input type="checkbox"/> (T2R1.2)	(T2R1.3)	<input type="checkbox"/> (T2R2.1)	(T2R2.2)
5 (T2S1.1) *	<input type="checkbox"/> (T2S1.2)	(T2S1.3)	<input type="checkbox"/> (T2S2.1)	(T2S2.2)
6 (T2T1.1) *	<input type="checkbox"/> (T2T1.2)	(T2T1.3)	<input type="checkbox"/> (T2T2.1)	(T2T2.2)

Please continue on a separate sheet of paper if more than six others. **CONTINUED ON**

NB. If in Scotland and no grade has been given, please write N/G under 'Grading'. **SEPARATE SHEET**

3. Have the Youthscan School Questionnaires yet been filled in by teenager?

YES, all of them	YES, part of them	YES, but don't know how much	NO, didn't hear anything from school	NO, teenager has left school already	NO, teenager was doing exams	NO, teenager was on study leave	NO, for other reason
<input type="checkbox"/> (T3.1)	<input type="checkbox"/> (T3.2)	<input type="checkbox"/> (T3.3)	<input type="checkbox"/> (T3.4)	<input type="checkbox"/> (T3.5)	<input type="checkbox"/> (T3.6)	<input type="checkbox"/> (T3.7)	<input type="checkbox"/> (T3.8)
(Please say why) (T3A) *							

IF NOT YET DONE, is the teenager willing to do this at home (or elsewhere if more convenient)?

YES ☐ (T3.10)

NO ☐

Remarks (T3.11) *

4. Has the home interview yet been done/or already arranged?

YES, everything completed and given back	YES, part of it completed and given back	YES, appointment being arranged but not yet done	NO, nothing heard yet	NO, suitable appointment couldn't be fixed or nobody in	NO, for other reasons
<input type="checkbox"/> (T4.1)	<input type="checkbox"/> (T4.2)	<input type="checkbox"/> (T4.3)	<input type="checkbox"/> (T4.4)	<input type="checkbox"/> (T4.5)	<input type="checkbox"/> (T4.6)
(Please say why) (T4.2) *					

IF NOT YET DONE, may we please arrange to do it at a convenient time? (T4.3)

YES ☐

NO ☐

Remarks (T4.4) *

5. Has teenager's medical check yet been done/or already arranged?

YES	YES, appointment being arranged, but not yet done	NO and nothing heard yet	NO, for other reasons
<input type="checkbox"/> (T5.1)	<input type="checkbox"/> (T5.2)	<input type="checkbox"/> (T5.3)	<input type="checkbox"/> (T5.4)
(Please say why) (T5.2) *			

IF NOT YET DONE, may we please arrange to do it at a convenient time? (T5.3)

YES ☐

NO ☐

Remarks (T5.4) *

Qualifications if any obtained by the teenager's father and mother

6 What are the educational or occupational qualifications of the father and mother?

Fill in column A and column B and tick all that apply in each column		A FATHER	B MOTHER
Trade Apprenticeship or other occupational training (e.g. shorthand typing, State Enrolled Nurse etc.)		<input type="checkbox"/> (T6.1)	<input type="checkbox"/>
O Level or equivalent (e.g. Scottish Certificate of Education (SCE) O' grade, C S E, City and Guilds Intermediate Tech Cert Final Craft Cert etc)		<input type="checkbox"/> (T6.2)	<input type="checkbox"/>
A Level or equivalent (e.g. Scottish Certificate of Education (SCE) higher grade OND ONC, City and Guilds Final Tech Cert)		<input type="checkbox"/> (T6.3)	<input type="checkbox"/>
Nurse (SEN or State Registered Nurse)		<input type="checkbox"/> (T6.4)	<input type="checkbox"/>
Teacher (Certificate of Education or equivalent)		<input type="checkbox"/> (T6.5)	<input type="checkbox"/>
Holder of Degree, or Diploma, or Membership of Professional Institute (e.g. BSc, BEd PhD, HND HNC, FAC FRICS, MIEE)		<input type="checkbox"/> (T6.6)	<input type="checkbox"/>
Other Qualification(s)		<input type="checkbox"/> (T6.7)	<input type="checkbox"/>
(please specify (T6.8) *)			
No qualification(s)		<input type="checkbox"/> (T6.9)	<input type="checkbox"/>
Qualification(s) not known		<input type="checkbox"/> (T6.10)	<input type="checkbox"/>

7 At what age did the teenager's father and mother finish full time education?

(a) Age father finished	(T7.1)	_____ years
(b) Age mother finished	(T7.2)	_____ years

8 Present employment situation of teenager's father and mother

Fill in Column A and then Column B	Tick one box A FATHER	Tick one box B MOTHER
WORKING	(T8.1)	(T8.2)
In a regular paid job or family business (even if temporarily absent from work for any reason as long as there is a job to return to)	<input type="checkbox"/>	<input type="checkbox"/>
Works occasionally or on a casual basis only	<input type="checkbox"/>	<input type="checkbox"/>
Other employment situation (please specify (T8.3) *)	<input type="checkbox"/>	<input type="checkbox"/>
NOT WORKING		
Out of work but seeking work	<input type="checkbox"/>	<input type="checkbox"/>
Out of work because of sickness or injury but intending to seek work	<input type="checkbox"/>	<input type="checkbox"/>
Looks after home/family (e.g. housewife)	<input type="checkbox"/>	<input type="checkbox"/>
Permanently sick or injured, not intending to seek work	<input type="checkbox"/>	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
No father/mother figure	<input type="checkbox"/>	<input type="checkbox"/>

9 Number of weeks teenager's father and mother have been off work in past 12 months due to (A) Unemployment (B) Illness/Injury (if none, write 0)

FATHER		MOTHER	
Write number		Write number	
(T9.1.1)	(A) Unemployment	_____ weeks	(T9.2.1)
(T9.1.2)	(B) Illness/Injury	_____ weeks	(T9.2.2)

10 If teenager's father and mother not working now, how many years (months) since last employed regularly?

FATHER		MOTHER	
Write number		Write number	
(T10.1)	_____ yrs _____ mths	(T10.2)	_____ yrs _____ mths

11. Present or most recent occupation of teenager's father and mother

Please give for teenager's father and mother the actual job/occupation, trade/profession followed (or most recent if out of current work). Then describe the type of industry worked in or type of service given. Please avoid vague terms such as 'mechanic', 'foreman' and use precise terms such as 'radio-mechanic', 'toolroom foreman'. If special name is used within trade or profession, please include this. (If in H.M. Forces, please give rank in addition to actual job or type of industry).

FATHER (OR FATHER FIGURE)

Actual job, occupation, trade or profession (T11.5) *

Type of industry, business or profession worked in (T11.6) *

(Give where necessary details of what is made, materials used or type of service given) (T11.7) *

MOTHER (OR MOTHER FIGURE)

Actual job, occupation, trade or profession (T11.12) *

Type of industry, business or profession worked in (T11.13) *

(Give where necessary details of what is made, materials used or type of service given) (VARIABLE ABSENT FROM ORIGINAL DATA FILE)

12. Employment status of teenager's father and mother

Please say whether employee or self-employed in present (or most recent) job.

	Tick one box only FATHER (T12.1)	Tick one box only MOTHER (T12.2)
Employee —		
not supervising others	<input type="checkbox"/>	<input type="checkbox"/>
not supervising others	<input type="checkbox"/>	<input type="checkbox"/>
as foreman, supervisor, chargehand	<input type="checkbox"/>	<input type="checkbox"/>
manager in establishments employing up to 24 persons	<input type="checkbox"/>	<input type="checkbox"/>
manager in establishments employing 25 or more persons	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed —		
without employees other than family	<input type="checkbox"/>	<input type="checkbox"/>
with up to 24 employees	<input type="checkbox"/>	<input type="checkbox"/>
with 25 or more employees	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

13. Number of hours worked by teenager's father and mother

(T13.1) FATHER MOTHER (T13.2)

Please state how many hours worked during the last week worked . . . ____ hrs ____ hrs

THE END

THANK YOU FOR YOUR HELP

Please give this completed form to your interviewer, or return to Youthscan using Freepost label provided.

CONTINUATION OF DOCUMENT T

T2

Other subject(s) please specify

7	T2U1 1*	T2U1 2	T2U1 3	T2U2 1	T2U2 2
8	T2V1 1*	T2V1 2	T2V1 3	T2V2 1	T2V2 2
9	T2W1 1*	T2W1 2	T2W1 3	T2W2 1	T2W2 2
10	T2X1 1*	T2X1 2	T2X1 3	T2X2 1	T2X2 2

T11 DERIVED VARIABLES

T11 1	Father's occupation unit group
T11 2	Father's social class
T11 3	Father's socio-economic group
T11 4	Father's industrial classification
T11 8	Mother's occupation unit group
T11 9	Mother's social class
T11 10	Mother's socio-economic group
T11 11	Mother's industrial classification