

QUESTIONNAIRE FOR PUPILS

Anonymous code sheet

The form consists of several rows of boxes for entering personal information. Colored boxes and arrows indicate the flow of information from the code sheet to the questionnaire:

- Your last name:** 13 boxes. The first box is blue, and the fourth box is yellow. A blue arrow points from the blue box to the top right, and a yellow arrow points from the yellow box to the top right.
- Your first name:** 13 boxes. The third box is orange. An orange arrow points from the orange box to the top right.
- Your date of birth:** 10 boxes. The first box is brown, and the second box is also brown. A brown arrow points from the brown boxes to the top right. Below the boxes are labels: "day" under the first box, "month" under the second box, and "year" under the last four boxes. Slashes are placed between the second and third boxes, and between the fifth and sixth boxes.
- Your mother's first name:** 13 boxes. The third box is green. A green arrow points from the green box to the top right.
- Your father's first name:** 13 boxes. The third box is pink. A pink arrow points from the pink box to the top right.

Dear Pupil,

Thank you very much for taking part in this survey.

Remember:

- This is not a test. There are no right or wrong answers.
- Your answers are totally confidential. They will be looked at by the study team and nobody else. You can fill in the questionnaire completely honestly without worrying that anybody will be able to find out which questionnaire is yours and what answers you have given.
- Filling in the questionnaire is voluntary.
- If you have questions, please raise your hand.

Instructions for filling in the anonymous code sheet. *(Please read carefully.)*

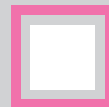
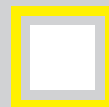
- Please complete this sheet carefully, including the individual code in the coloured boxes down the side.
- Before you hand in your completed questionnaire, we will rip off the front sheet with your personal information.
- **This means your name isn't on the questionnaire. No-one will know who filled it in.**

How to fill in the boxes:

- Put only one letter in each box.
- Use only capital letters - i.e. 'A' not 'a' and 'B' not 'b' etc.
- Do not use hyphens or leave blanks between words - i.e. write **ANNEMARIE** not **ANNE-MARIE** or **ANNE MARIE**.
- Write your date of birth like this: **04 / 09 / 1996** - i.e. day and month two-digit, year four-digit.
- If your name is longer than the number of boxes, don't worry, just stop where the boxes end.
- If a coloured box stays empty because you don't know the answer or the answer is too short, please leave it and its code box down the side blank.

Thank you very much!

Time 2 questionnaire



Some easy questions to get you started.


What is the name of your School?

_____ (Please write the name.)

Which year group are you in? (Please mark one box.)

S2	S3	S4
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

**How to fill in
questionnaire
answer boxes.**



What is the name of your registration class? For example, S2DM; S3MAC1; S4B etc.

_____ (Please write the name.)

PLEASE DO NOT WRITE BELOW THE LINE

Survey worker signatures

ID code checked

Questionnaire checked

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About you

1.) Are you a boy or a girl?

Boy	Girl
<input type="checkbox"/> 1	<input type="checkbox"/> 2

2.) How old are you today?

		Years old
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And your family

3.) How many brothers and step-brothers, and sisters and step-sisters do you have?
(Write in the number of each – or 0 for none.)

How many ...



OLDER
brothers (or
step-brothers)



YOUNGER
brothers (or
step-brothers)



OLDER
sisters (or
step-sisters)



YOUNGER
sisters (or
step-sisters)

4.) These questions are about what parents or guardians do. How would you describe yours?
(Please mark a box on every line.)

My parents / guardians ...

Almost
always

Sometimes

Never

Help me as much as I need

₁
₂
₃

Let me do the things I like doing

₁
₂
₃

Are loving

₁
₂
₃

Understand my problems and worries

₁
₂
₃

Like me to make my own decisions

₁
₂
₃

Try to control everything I do

₁
₂
₃

Treat me like a baby

₁
₂
₃

Make me feel better when I am upset

₁
₂
₃

5.) Here is a list of things which some families do together. How often do you usually do each thing all together? *(Please mark a box on every line.)*

My family ...	Every day	Most days	Weekly	Less often	Never
Watch TV, DVDs or films together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Eat a meal together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Go places together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅


6.) How often do you have disagreements or arguments with your parents about each of these things? *(Please mark a box on every line.)*

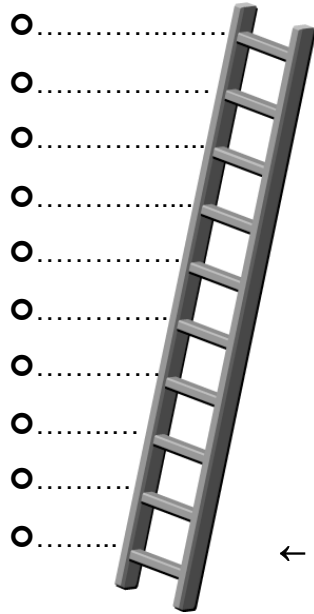
I disagree or argue with my parents about ...	Every day	Most days	Weekly	Less often	Never
Homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Tidiness in the house and my room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Who my friends are	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
About me smoking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
About me drinking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
What I'm allowed to watch on TV, DVD, internet or at the cinema	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

7.) These questions are about rules in your house about going out in your spare time (evenings, weekends or holidays). *(Please mark a box on every line.)*

When you go out ...	Always	Usually	Sometimes	Never
Do you have to be back by a certain time?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Does anybody stay up until you get home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Do you have to phone / text home if there's a change of plan?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Do your parents / guardians really know where you are?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

- 8.) Imagine that this ladder shows how Scottish society is set up.
Now think about your family. Please tell us where you think your family would be on this ladder.

Put a cross over the circle - like this  which shows best where your family would be.



← **Top** = the best off people in Scotland – they have the most money, the most education, and the jobs that bring most respect.

← **Bottom** = the worst-off people in Scotland – they have the least money, not much education and no job, or a job that no-one wants or respects.

- 9.) Do you know your postcode?

(If so, write it down. If you don't know it mark 'don't know it'.)

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Don't know it

Examples

E	H	2	4
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9	H	S
---	---	---

	G	6	7
--	---	---	---

4	K	H
---	---	---

Watching stuff

- 10.) If you wanted to, how easy would it be for you to get to see a film that is rated for people older than you are? *(Please mark a box on every line.)*

	Very difficult	Quite difficult	Quite easy	Very easy
At the cinema	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
At home (on TV, DVD, internet or online etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
At friends' homes (on TV, DVD, internet etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

- 11.) Have you ever used false ID at the cinema to get into a film that is rated for people older than you?

Yes	No
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

- 12.) Some families have rules about watching TV, DVDs, going on the internet or playing video or computer games or games consoles (Xbox, PlayStation, Wii, etc). Are there any rules in your home? *(Please mark "true for me" or "not true for me" for each.)*

	True for me	Not true for me
I can watch anything I like	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I'm only allowed to watch a certain amount of TV / DVDs, go on the internet or play video / computer games or consoles for a certain amount of time (e.g. 1 hour a day)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I have to finish my homework or special jobs first	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I'm allowed to watch films rated 15	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I'm allowed to watch films rated 18	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I'm allowed to watch things or play games with a lot of violence in them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I'm allowed to watch things or play games with a lot of nudity in them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I'm allowed to watch things or play games with a lot of sexual activity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

- 13.) If your family has rules about watching things, going on the internet or playing games consoles, do you ever break them? *(Please mark one answer.)*

₁ I always follow the rules

₂ I sometimes follow the rules

₃ I sometimes break the rules

₄ I often break the rules

₅ We have no rules

Films – part 1

14.) Below is a list of films. For each one, please tell us if you have seen it, and if so, how many times, how much you liked it, where you've seen it and who with.

The example shows you how to do it.

EXAMPLE FILM

<p>Have you seen 'Example Film'?</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>If yes –please answer questions below</p>	<p>No <input type="checkbox"/></p>	<p>If no – please go to next film</p>	
How many times have you seen it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
How many stars would you give it?	*****	****	***	**	*
***** = great, * = rubbish	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have you seen it ...	Never	Once	More than once		
At the cinema?	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3		
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3		
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3		
With your parents / guardians?	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		

Here is the first film for you to tell us about.

WHAT HAPPENS IN VEGAS

<p>Have you seen 'What Happens in Vegas'?</p>	<p>Yes <input type="checkbox"/></p>	<p>If yes –please answer questions below</p>	<p>No <input type="checkbox"/></p>	<p>If no – please go to next film</p>	
How many times have you seen it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
How many stars would you give it?	*****	****	***	**	*
***** = great, * = rubbish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have you seen it ...	Never	Once	More than once		
At the cinema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With your parents / guardians?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		

AMERICAN GANGSTER

Yes **If yes** –please answer questions below

No **If no** – please go to next film

Have you seen 'American Gangster'?

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *

***** = great, * = rubbish

Have you seen it ...

At the cinema? Never _1 Once _2 More than once _3

On DVD, on TV or on computer? _1 _2 _3

With any of your friends? _1 _2 _3

With your parents / guardians? _1 _2 _3

UP

Yes **If yes** –please answer questions below

No **If no** – please go to next film

Have you seen 'Up'?

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *

***** = great, * = rubbish

Have you seen it ...

At the cinema? Never _1 Once _2 More than once _3

On DVD, on TV or on computer? _1 _2 _3

With any of your friends? _1 _2 _3

With your parents / guardians? _1 _2 _3

FINAL DESTINATION

Yes **If yes** –please answer questions below

No **If no** – please go to next film

Have you seen 'Final Destination'?

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *

***** = great, * = rubbish

Have you seen it ...

At the cinema? Never _1 Once _2 More than once _3

On DVD, on TV or on computer? _1 _2 _3

With any of your friends? _1 _2 _3

With your parents / guardians? _1 _2 _3

IRON MAN

Have you seen 'Iron Man'? Yes **If yes** – please answer questions below No **If no** – please go to next film

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *

***** = great, * = rubbish

Have you seen it ...

	Never	Once	More than once
At the cinema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
With your parents / guardians?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

MAMMA MIA!

Have you seen 'Mamma Mia!?' Yes **If yes** – please answer questions below No **If no** – please go to next film

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *

***** = great, * = rubbish

Have you seen it ...

	Never	Once	More than once
At the cinema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
With your parents / guardians?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

BRUNO

Have you seen 'Bruno'? Yes **If yes** – please answer questions below No **If no** – please go to next film

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *

***** = great, * = rubbish

Have you seen it ...

	Never	Once	More than once
At the cinema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
With your parents / guardians?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

HOT FUZZ

Yes **If yes** –please answer questions below

No **If no** – please go to next film

Have you seen 'Hot Fuzz'?

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *
***** = great, * = rubbish

Have you seen it ...

	Never	Once	More than once
At the cinema?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
On DVD, on TV or on computer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With any of your friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With your parents / guardians?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

TOY STORY 3

Yes **If yes** –please answer questions below

No **If no** – please go to next film

Have you seen 'Toy Story 3'?

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *
***** = great, * = rubbish

Have you seen it ...

	Never	Once	More than once
At the cinema?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
On DVD, on TV or on computer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With any of your friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With your parents / guardians?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

NEW MOON

Yes **If yes** –please answer questions below

No **If no** – please go to question 15

Have you seen 'New Moon'?

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *
***** = great, * = rubbish

Have you seen it ...

	Never	Once	More than once
At the cinema?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
On DVD, on TV or on computer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With any of your friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With your parents / guardians?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Some questions about smoking

15.) How many cigarettes have you smoked in your life?

None	Just a few puffs	1-19 cigarettes	20-100 cigarettes	More than 100 cigarettes
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

16.) How often do you smoke at present?

I don't smoke	Less than once a month	At least once a month, but not weekly	At least once a week, but not daily	Every day
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

17.) Do you think you will smoke cigarettes one year from now?

Definitely yes	Probably yes	Probably not	Definitely not
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

18.) If one of your best friends were to offer you a cigarette, would you smoke it?

Definitely yes	Probably yes	Probably not	Definitely not
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

19.) How many adults do you think smoke cigarettes?

None	A few	Some	Most	All
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

20.) How many people your age do you think smoke cigarettes?

None	A few	Some	Most	All
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

21.) How many of your friends smoke cigarettes?

None	A few	Some	Most	All
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

22.) Do any of your brothers or sisters smoke cigarettes?

Yes	No	I have no brothers or sisters
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

23.) Does your mother/female guardian smoke cigarettes?

Yes	No	I don't know	I don't have a mother/female guardian
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

24.) Does your father/male guardian smoke cigarettes?

Yes	No	I don't know	I don't have a father/male guardian
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

25.) Here are some statements about smoking. How much do you agree with each one?
(Please mark a box on every line.)

	Disagree	Agree a bit	Agree a lot	Fully agree
Smoking is relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking helps you make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking makes you feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good things about smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking keeps you slim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And some questions about alcohol

By alcohol we mean beer, wine, alcopops, breezers, spirits like vodka and rum, or other drinks e.g. Buckfast.

26.) Have you ever drunk any alcohol, even just a sip?

Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2

27.) Have you ever drunk alcohol that your parents/guardians did not know about?

Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2

28.) During the last 30 days, on how many days, if any, have you drunk alcohol?

Never	On 1-2 days	On 3-5 days	On 6-9 days	On 10-19 days	On 20-29 days	Every day
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

29.) And was this pretty normal for you?

Yes - normal	No - MORE than usual	No - LESS than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

30.) If you drink alcohol, how many drinks do you **usually** drink at one time?

A drink would be: a glass or a small bottle/can of beer or cider; a glass of wine; a small glass of spirits (vodka etc); a small bottle of a breezer or mixer.

If you drank a whole bottle or can, then ...

Beer or cider from a larger bottle or can = 2 drinks

a whole very big (2 litre) bottle = 8 drinks

Wine from a whole bottle = 9 drinks

Spirits from a whole bottle = 25 drinks

Breezers or mixers from a whole larger bottle = 4 drinks

Buckfast or MD 20/20 from a half bottle = 5 drinks

a normal bottle = 10 drinks

₁ I never drink alcohol

₂ Less than 1 drink

₃ 1-2 drinks

₄ 3-4 drinks

₅ 5-6 drinks

₆ More than 6 drinks

31.) And how much did you drink **last week**?

₁ no alcohol

₂ Less than 1 drink

₃ 1-2 drinks

₄ 3-4 drinks

₅ 5-6 drinks

₆ 6-10 drinks

₇ 10-20 drinks

₈ More than 20 drinks

32.) And was this a pretty normal amount for you?

Yes - normal

No – **MORE**
than usual

No – **LESS**
than usual

₁
₂
₃

33.) How often have you had 5 or more drinks of alcohol on one occasion?

Never

Once

2-5 times

More than 5
times

₁
₂
₃
₄

34.) Do you think you will drink alcohol one year from now?

Definitely yes	Probably yes	Probably not	Definitely not
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

35.) How many of your friends drink alcohol?

None	A few	Some	Most	All
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

36.) If one of your best friends were to offer you alcohol, would you drink it?

Definitely yes	Probably yes	Probably not	Definitely not
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

37.) How many adults do you think drink alcohol?

None	A few	Some	Most	All
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

38.) How many people your age do you think drink alcohol?

None	A few	Some	Most	All
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

39.) Do any of your brothers or sisters drink alcohol?

Yes	No	I have no brothers or sisters
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

40.) How often does your mother/female guardian drink alcohol?

1 Never

2 Seldom

3 Often, but not every day

4 Every day

5 I don't have a mother/female guardian

41.) How often does your father/male guardian drink alcohol?

1 Never

2 Seldom

3 Often, but not every day

4 Every day

5 I don't have a father/male guardian

42.) Here are some statements about drinking alcohol. How much do you agree with each one?
(Please mark a box on every line.)

	Disagree	Agree a bit	Agree a lot	Fully agree
Alcohol is relaxing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Alcohol helps you make friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Alcohol makes you feel happy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are good things about alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

43.) Which of these statements about drinking alcohol are true for you?
(Please mark a box on every line.)

	True for me	Not true for me
I'm not allowed to drink any alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I'm allowed to drink alcohol if my parents/ guardians are present	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I'm allowed just one or two drinks when I go out e.g. at parties with my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I'm allowed to drink as much as I like when I go out	<input type="checkbox"/> 1	<input type="checkbox"/> 2
My parents/guardians and I have never talked about drinking alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Your health

44.) Over **the last 12 months** would you say your health on the whole has been excellent, good, fair or poor?

₁ Excellent

₂ Good

₃ Fair

₄ Poor

45.) In **the last month**, have you had any of these things?

(Please mark 'yes' or 'no' for each.)

In the last month have you ...

	Yes	No
Had a headache	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Had asthma or a wheezy chest	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Felt nervous, worried or anxious	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Had a stomach ache or felt sick	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Felt dizzy or faint	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Had an aching back, legs or arms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Felt sad, unhappy or low	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Had a cold or flu	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Felt irritable or bad tempered	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Had difficulty getting to sleep	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Had spots, rashes or other skin problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

46.) We would like to know if you have had any medical complaints and how your health has been in general **over the past few weeks**. (Please mark a box on every line.)

Remember - we want to know about **present** and **recent** complaints, not those which you have had in the past.

Have you recently ...

Been able to concentrate on whatever you're doing?

 Better than usual

 Same as usual

 Less than usual

 Much less than usual

Lost much sleep over worry?

 Not at all

 No more than usual

 Rather more than usual

 Much more than usual

Felt you were playing a useful part in things?

 More so than usual

 Same as usual

 Less useful than usual

 Much less useful

Felt capable about making decisions about things?

 More so than usual

 Same as usual

 Less so than usual

 Much less capable

Felt constantly under strain?

 Not at all

 No more than usual

 Rather more than usual

 Much more than usual

Felt you couldn't overcome your difficulties?

 Not at all

 No more than usual

 Rather more than usual

 Much more than usual

Been able to enjoy your normal day-to-day activities?

 More so than usual

 Same as usual

 Less so than usual

 Much less than usual

Been able to face up to your problems?

 More so than usual

 Same as usual

 Less able than usual

 Much less able

Been feeling unhappy or depressed?

 Not at all

 No more than usual

 Rather more than usual

 Much more than usual

Been losing confidence in yourself?

 Not at all

 No more than usual

 Rather more than usual

 Much more than usual

Been thinking of yourself as a worthless person?

 Not at all

 No more than usual

 Rather more than usual

 Much more than usual

Been feeling reasonably happy, all things considered?

 More so than usual

 About the same as usual

 Less so than usual

 Much less than usual

Things and money

47.) How much do you agree or disagree with these statements?
(Please mark a box on every line.)

	Strongly agree	Agree	Disagree	Strongly disagree
I feel like other kids have more stuff than I do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I wish my family could afford to buy me more of what I want	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I have pretty much everything I need in terms of possessions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I wish my parents gave me more money to spend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
When I decide who to be friends with, I don't care what toys or stuff the person has	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I usually have something in mind that I want to buy or get	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I want to make a lot of money when I grow up	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I care a lot about my games, toys and other possessions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
When I go somewhere special I usually like to buy something	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I don't care too much about what I wear	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Brand names matter to me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I like clothes with popular labels	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Being cool is important to me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
It doesn't matter to me what kind of car my family has	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I like shopping and going to stores	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I wish my parents earned more money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

48.) How about money? How much money do you have **to spend as you like** each week?

Examples:




£		7	5	0	p
---	--	---	---	---	---



£	1	0	0	0	p
---	---	---	---	---	---

Put '0' in the boxes if it's none.

Each week I have ...



£					p
---	--	--	--	--	---

49.) And how do you get your spending money? (Please mark 'yes' or 'no' for each.)

	Yes	No
Regular pocket money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Jobs around the house	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Any other paid job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I just ask for money when I want something	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Dinner or bus money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Birthday, Christmas or other presents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

School ...

50.) Here are some things that teenagers sometimes say about school. What do you think?
(Please mark a box on every line.)

	Strongly agree	Agree	Disagree	Strongly disagree
I like school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I get on well with most of my teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I think school is a waste of time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am worried about my school-work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
If I get the chance to skip school, I do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

51.) How would you describe your grades last year at school?

Excellent	Good	Average	Below average
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

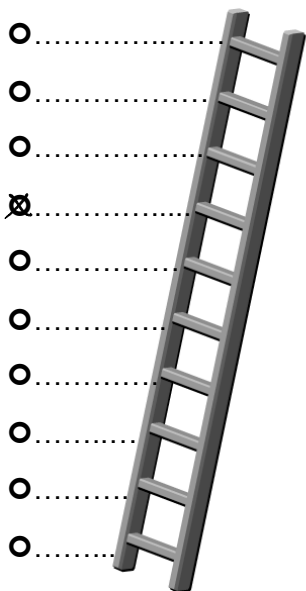
Where do you fit in your year group?

52.) Imagine these ladders show where people fit in your year group. Where would you put yourself?
Put a cross over the circle - like this - ~~⊗~~ - which shows best where you would be on each ladder.

FOR EXAMPLE ...

How TALL are you compared with the rest of your year group? (Not just compared with your own friends.)

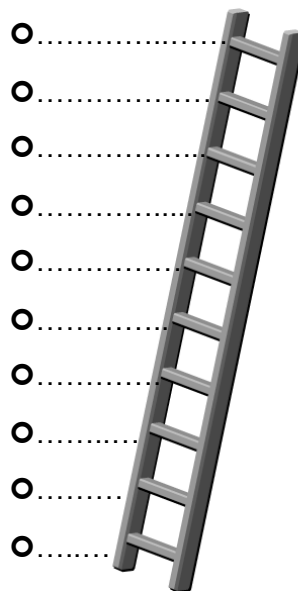
Top = tallest people in your year group.



OK, HOW ABOUT ...

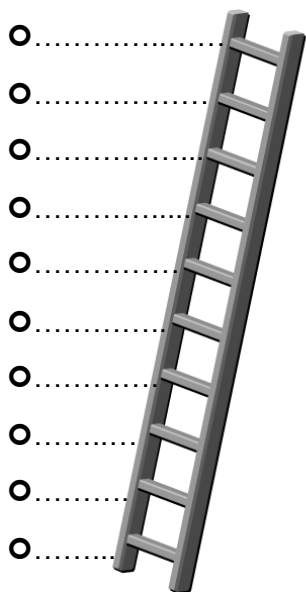
How POPULAR are you compared with the rest of your year group? (Not just compared with your own friends.)

Top = most popular people in your year.



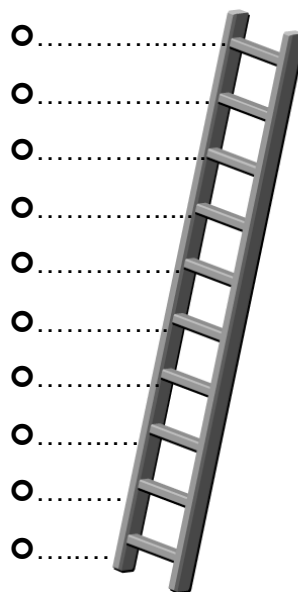
How WELL ARE YOU DOING AT SCHOOL compared with the rest of your year group?

Top = people who get the best grades.



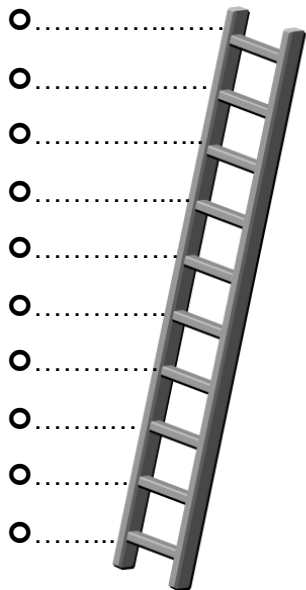
How POWERFUL are you compared with the rest of your year group?

Top = most powerful people – can get others to do what they want, in good or bad ways.



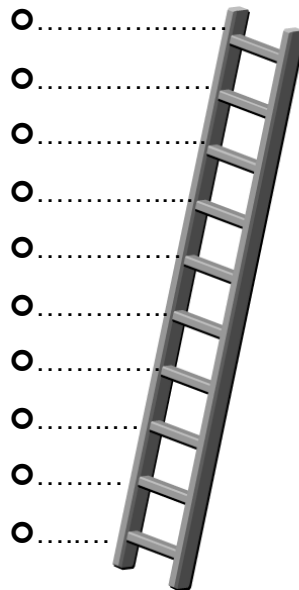
How much of a TROUBLE-MAKER are you compared with the rest of your year group?

Top = people who make the most trouble.



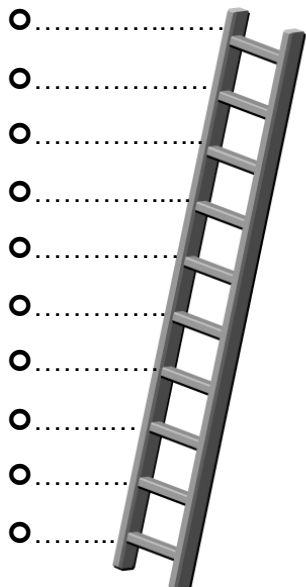
How ATTRACTIVE OR STYLISH are you compared with the rest of your year group?

Top = most attractive, stylish people.



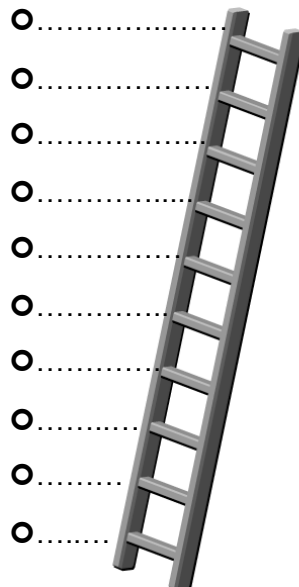
How RESPECTED are you compared with the rest of your year group?

Top = people who are most respected by others.



How SPORTY are you compared with the rest of your year group?

Top = most sporty people.



Some more about you

53.) How would you describe yourself? *(Please mark a box on every line.)*

	Very true	True	Untrue	Very untrue
I stand up for myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am kind	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am a leader	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am gentle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I care about others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am tough	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

54.) These statements are about how you see yourself. Do you strongly agree, agree, disagree or strongly disagree with each one? *(Please mark a box on every line.)*

	Strongly agree	Agree	Disagree	Strongly disagree
I am pretty sure of myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I often wish I was someone else	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am easy to like	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I have a low opinion of myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am a failure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
There are a lot of things about myself I would like to change	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am able to do things well	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Most of the time I'm satisfied with myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I like myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I feel I have a number of good qualities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

55.) How well does this statement describe you?

It describes me...	Not at all	A bit	Quite well	Very well
I get angry when anybody tells me what to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

The internet

56.) What do you use the internet for? It doesn't matter if it's via PC, laptop, ipod or phone.
(Please mark a box on every line.)

I use the internet to ...	Every day	Most days	Weekly	Less often	Never
Look for information for schoolwork	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Look for information about health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Look for any other information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Watch TV programmes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Watch films	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Watch other stuff (e.g. YouTube)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Search for things I want to buy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Catch up with friends on Facebook, bebo, MySpace, etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Go onto my own profile page on Facebook, bebo, MySpace, etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

57.) What about buying things over the internet? Have you ordered stuff in the past year?

In the past year ...	Yes	No
A parent / guardian has ordered stuff for me over the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I've ordered stuff using a parent/guardian's credit/debit card or paypal details without them being there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I've ordered stuff using my own credit/debit card or paypal details	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

58.) Have you got your own profile page on Facebook, bebo, MySpace etc? If so, does it show any of these?

<p>Yes</p> <p>Have you got your own profile page? <input type="checkbox"/></p> <p>If yes –please answer questions below</p>	<p>No</p> <p><input type="checkbox"/> If no – please go to question 60 </p>	
<p>↓</p>		
<p>Do any of your profile pages show ...</p>	<p>Yes</p>	<p>No</p>
Your first name?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
The name of your school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Your correct age or date of birth?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Any photos of you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Any status updates or comments about you smoking ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Any photos of you smoking ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Any status updates or comments about you drinking ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Any photos of you drinking ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Anything about your favourite music?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Anything about your favourite films?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

59.) Who can see personal stuff about you on your profile? We mean reading everything on your wall or seeing all your photos.

- ₁ Anyone
- ₂ Just my friends
- ₃ No-one
- ₄ I don't know
-

Films – part 2

60.) Here are some more films.

SLUMDOG MILLIONAIRE

	Yes		No		
Have you seen 'Slumdog Millionaire'?	<input type="checkbox"/>	If yes –please answer questions below	<input type="checkbox"/>	If no – please go to next film	
		↓			
How many times have you seen it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
How many stars would you give it?	*****	****	***	**	*
***** = great, * = rubbish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have you seen it ...	Never	Once	More than once		
At the cinema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With your parents / guardians?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		

INGLORIOUS BASTERDS

	Yes		No		
Have you seen 'Inglorious Basterds'?	<input type="checkbox"/>	If yes –please answer questions below	<input type="checkbox"/>	If no – please go to next film	
		↓			
How many times have you seen it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
How many stars would you give it?	*****	****	***	**	*
***** = great, * = rubbish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have you seen it ...	Never	Once	More than once		
At the cinema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With your parents / guardians?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		

SEX AND THE CITY 1

Have you seen 'Sex and the City 1'?	Yes <input type="checkbox"/>	If yes –please answer questions below	No <input type="checkbox"/>	If no – please go to next film	
How many times have you seen it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
How many stars would you give it?	*****	****	***	**	*
***** = great, * = rubbish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have you seen it ...	Never	Once	More than once		
At the cinema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With your parents / guardians?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		

I AM LEGEND

Have you seen 'I am Legend'?	Yes <input type="checkbox"/>	If yes –please answer questions below	No <input type="checkbox"/>	If no – please go to next film	
How many times have you seen it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
How many stars would you give it?	*****	****	***	**	*
***** = great, * = rubbish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have you seen it ...	Never	Once	More than once		
At the cinema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With your parents / guardians?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		

THE SIMPSONS MOVIE

Have you seen 'The Simpsons Movie'?	Yes <input type="checkbox"/>	If yes –please answer questions below	No <input type="checkbox"/>	If no – please go to next film	
How many times have you seen it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
How many stars would you give it?	*****	****	***	**	*
***** = great, * = rubbish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have you seen it ...	Never	Once	More than once		
At the cinema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
On DVD, on TV or on computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With any of your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
With your parents / guardians?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		

SWEENEY TODD

Yes **If yes** –please answer questions below

No **If no** – please go to next film

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *

***** = great, * = rubbish

Have you seen it ...

	Never	Once	More than once
At the cinema?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
On DVD, on TV or on computer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With any of your friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With your parents / guardians?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

P.S. I LOVE YOU

Yes **If yes** –please answer questions below

No **If no** – please go to next film

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *

***** = great, * = rubbish

Have you seen it ...

	Never	Once	More than once
At the cinema?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
On DVD, on TV or on computer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With any of your friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With your parents / guardians?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SHREK THE THIRD

Yes **If yes** –please answer questions below

No **If no** – please go to next film

How many times have you seen it? 0 1 2 3-5 6 or more

How many stars would you give it? ***** **** ** *

***** = great, * = rubbish

Have you seen it ...

	Never	Once	More than once
At the cinema?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
On DVD, on TV or on computer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With any of your friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With your parents / guardians?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

WANTED

Have you seen 'Wanted'?	Yes <input type="checkbox"/>	If yes –please answer questions below	No <input type="checkbox"/>	If no – please go to next film
--------------------------------	---------------------------------	--	--------------------------------	--

↓

How many times have you seen it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
How many stars would you give it?	*****	****	***	**	*
***** = great, * = rubbish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Have you seen it ...	Never	Once	More than once
At the cinema?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
On DVD, on TV or on computer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With any of your friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With your parents / guardians?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

THE HANGOVER

Have you seen 'The Hangover'?	Yes <input type="checkbox"/>	If yes –please answer questions below	No <input type="checkbox"/>	If no – please go to question 61
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↓

How many times have you seen it?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
How many stars would you give it?	*****	****	***	**	*
***** = great, * = rubbish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Have you seen it ...	Never	Once	More than once
At the cinema?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
On DVD, on TV or on computer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With any of your friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
With your parents / guardians?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Now please try to think of **all the films** that you have seen in your life.

61.) Have you ever seen any films that made **smoking** look really attractive?

Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2

If yes, what were they called? _____

62.) Have you ever seen any films that made **drinking** look really attractive?

Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2

If yes, what were they called? _____

Your friends

63.) What are your close friends like? *(Please mark a box on every line.)*

My close friends are ...

All Some None

Boys

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
----------------------------	----------------------------	----------------------------

Girls

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
----------------------------	----------------------------	----------------------------

In my school year

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
----------------------------	----------------------------	----------------------------

In school years below me

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
----------------------------	----------------------------	----------------------------

In school years above me (or have left school)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
----------------------------	----------------------------	----------------------------

At another school

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
----------------------------	----------------------------	----------------------------

A bit more about you and your friends

64.) Look at the list and find your own name. Now write down the ID number shown beside it.

Your ID

65.) Now tell us about your friends. For each one, write their ID number and answer the questions to tell us what you do together. If you have one friend, just tell us about them, if you have two friends, tell us about both of them, and so on, up to six friends if you want.

1st friend ID

Do you and this friend do any of these things together?	Often	Sometimes	Never
Watch films together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hang around together out of school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Go shopping together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoke together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Drink alcohol together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

2nd friend ID

Do you and this friend do any of these things together?	Often	Sometimes	Never
Watch films together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hang around together out of school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Go shopping together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoke together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Drink alcohol together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

3rd friend ID

Do you and this friend do any of these things together?	Often	Sometimes	Never
Watch films together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hang around together out of school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Go shopping together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoke together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Drink alcohol together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

4th friend ID

Do you and this friend do any of these things together?	Often	Sometimes	Never
Watch films together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hang around together out of school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Go shopping together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoke together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Drink alcohol together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃



5th friend ID

Do you and this friend do any of these things together?	Often	Sometimes	Never
Watch films together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hang around together out of school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Go shopping together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoke together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Drink alcohol together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

6th friend ID

Do you and this friend do any of these things together?	Often	Sometimes	Never
Watch films together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hang around together out of school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Go shopping together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoke together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Drink alcohol together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

66.) Looking at the list, who would you say are the MOST POPULAR boys and girls in your school year?
Write down their ID numbers.

BOYS		GIRLS	
1 st most popular BOY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 st most popular GIRL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 nd most popular BOY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2 nd most popular GIRL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Thank you for filling in the questionnaire.