

# QUESTIONNAIRE FOR PUPILS

## Anonymous code sheet

The form consists of five rows of input boxes. Each row has a colored box on the left and a series of boxes to its right. Arrows point from the colored boxes to the right, indicating the flow of information. The rows are:

- Your last name:** A blue box followed by 8 white boxes. A blue arrow points from the blue box to the right.
- Your first name:** A green box followed by 8 white boxes. A green arrow points from the green box to the right.
- Your date of birth:** A red box followed by a slash, two white boxes, a slash, and four white boxes. Below the boxes are the labels 'day', 'month', and 'year'. An orange arrow points from the red box to the right.
- Your mother's first name:** A grey box followed by 8 white boxes. A yellow arrow points from the grey box to the right.
- Your father's first name:** A pink box followed by 8 white boxes. A pink arrow points from the pink box to the 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.

Once you have done this, rip off the front sheet with your personal information. Take care to leave the first page of the questionnaire.

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. ANNEMARIE instead of 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!**



**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)

S1	S2	S3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the name of your class? For example, S1.3; S2c; S3.H etc.

\_\_\_\_\_ (Please write the name)

\_\_\_\_\_

**PLEASE DO NOT WRITE IN THESE BOXES**

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**A) Some questions about you**

1.) Are you a boy or a girl?

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

2.) How old are you today?

		Years old
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3.) Where was your mother born?

UK	Another country	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.) Where was your father born?

UK	Another country	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.) Does your family own a car, van or truck?

No	Yes, one	Yes, two or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.) Do you have your own bedroom for yourself?

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

7.) During the past 12 months, how many times did you travel away on holiday with your family?

Not at all	Once	Twice	More than twice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.) How many computers does your family own?

None	One	Two	More than two
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.) Do you have a TV in your bedroom?

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

10.) On a school day, how many hours a day do you usually spend watching TV?

*Please do not include the time you use the TV to play video games.*

None	Less than 1 hour	1-2 hours	3-4 hours	More than 4 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.) Are you allowed to watch anything you want on TV?

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

12.) Below is a list of film titles. Please mark how often you have seen each film.  
(Mark one box for each film. If you have never seen a film mark the 0 box.)

**Title 1**

0     1     2     3-5     6 or more times    [ ID 1 ]

**Title 2**

0     1     2     3-5     6 or more times    [ ID 2 ]

**Title 3**

0     1     2     3-5     6 or more times    [ ID 3 ]

**Title 4**

0     1     2     3-5     6 or more times    [ ID 4 ]

**Title 5**

0     1     2     3-5     6 or more times    [ ID 5 ]

**Title 6**

0     1     2     3-5     6 or more times    [ ID 6 ]

**Title 7**

0     1     2     3-5     6 or more times    [ ID 7 ]

**Title 8**

0     1     2     3-5     6 or more times    [ ID 8 ]

**Title 9**

0     1     2     3-5     6 or more times    [ ID 9 ]

**Title 10**

0     1     2     3-5     6 or more times    [ ID 10 ]

13.) When you watch films, how often do you watch them with your parents/guardians?

Never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14.) How often do your parents/guardians let you watch films that are rated for people older than you are?

Never	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15.) How well does each of the following statements describe you?  
(Please mark a box on every line)

	It describes me...	Not at all	A bit	Quite well	Very well
I believe in following rules.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get angry when anybody tells me what to do.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the whole, I am satisfied with myself.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times, I think I am no good at all.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at waiting my turn.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get my homework done first so I can have fun later.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16.) How often do you do dangerous things for fun?

Not at all	Once in a while	Sometimes	Often	Very often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17.) How often do you do exciting things, even if they are dangerous?

Not at all	Once in a while	Sometimes	Often	Very often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Excellent	Good	Average	Below average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.) Below is a list of film titles. Please mark how often you have seen each film.  
(Mark one box for each film. If you have never seen a film mark the 0 box.)

**Title 11**

0     1     2     3-5     6 or more times    [ ID 11 ]

**Title 12**

0     1     2     3-5     6 or more times    [ ID 12 ]

**Title 13**

0     1     2     3-5     6 or more times    [ ID 13 ]

**Title 14**

0     1     2     3-5     6 or more times    [ ID 14 ]

**Title 15**

0     1     2     3-5     6 or more times    [ ID 15 ]

**Title 16**

0     1     2     3-5     6 or more times    [ ID 16 ]

**Title 17**

0     1     2     3-5     6 or more times    [ ID 17 ]

**Title 18**

0     1     2     3-5     6 or more times    [ ID 18 ]

**Title 19**

0     1     2     3-5     6 or more times    [ ID 19 ]

**Title 20**

0     1     2     3-5     6 or more times    [ ID 20 ]

**B) Some questions about smoking**

20.) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21.) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Definitely yes	Probably yes	Probably not	Definitely not
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23.) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

None	A few	Some	Most	All
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

None	A few	Some	Most	All
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26.) How many of your friends smoke cigarettes?

None	A few	Some	Most	All
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

30.) Below is a list of film titles. Please mark how often you have seen each film.  
(Mark one box for each film. If you have never seen a film mark the 0 box.)

**Title 21**

0     1     2     3-5     6 or more times    [ ID 21 ]

**Title 22**

0     1     2     3-5     6 or more times    [ ID 22 ]

**Title 23**

0     1     2     3-5     6 or more times    [ ID 23 ]

**Title 24**

0     1     2     3-5     6 or more times    [ ID 24 ]

**Title 25**

0     1     2     3-5     6 or more times    [ ID 25 ]

**Title 26**

0     1     2     3-5     6 or more times    [ ID 26 ]

**Title 27**

0     1     2     3-5     6 or more times    [ ID 27 ]

**Title 28**

0     1     2     3-5     6 or more times    [ ID 28 ]

**Title 29**

0     1     2     3-5     6 or more times    [ ID 29 ]

**Title 30**

0     1     2     3-5     6 or more times    [ ID 30 ]



31.) Which of these statements best describes any rules about people smoking in your home?

- Smoking is not allowed anywhere, even outside on the balcony or in the garden.
- Smoking is allowed outside on the balcony or in the garden but not inside the flat/house.
- Smoking is allowed inside the flat/house in certain rooms and outside on the balcony or garden
- Smoking is allowed everywhere.
- I've never seen anybody smoking at my house, so I don't know.

32.) 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"/>

**C) And now some questions about alcohol. By alcohol we mean beer, wine, alcopops, breezers, spirits like vodka and rum, or any other drinks e.g. Buckfast.**

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

Yes                      No

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

Yes                      No

35.) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36.) How many of your friends drink alcohol?

None                      A few                      Some                      Most                      All

37.) Below is a list of film titles. Please mark how often you have seen each film.  
(Mark one box for each film. If you have never seen a film mark the 0 box.)

**Title 31**

0     1     2     3-5     6 or more times    [ ID 31 ]

**Title 32**

0     1     2     3-5     6 or more times    [ ID 32 ]

**Title 33**

0     1     2     3-5     6 or more times    [ ID 33 ]

**Title 34**

0     1     2     3-5     6 or more times    [ ID 34 ]

**Title 35**

0     1     2     3-5     6 or more times    [ ID 35 ]

**Title 36**

0     1     2     3-5     6 or more times    [ ID 36 ]

**Title 37**

0     1     2     3-5     6 or more times    [ ID 37 ]

**Title 38**

0     1     2     3-5     6 or more times    [ ID 38 ]

**Title 39**

0     1     2     3-5     6 or more times    [ ID 39 ]

**Title 40**

0     1     2     3-5     6 or more times    [ ID 40 ]



45.) Below is a list of film titles. Please mark how often you have seen each film.  
(Mark one box for each film. If you have never seen a film mark the 0 box.)

**Title 41**

0     1     2     3-5     6 or more times    [ ID 41 ]

**Title 42**

0     1     2     3-5     6 or more times    [ ID 42 ]

**Title 43**

0     1     2     3-5     6 or more times    [ ID 43 ]

**Title 44**

0     1     2     3-5     6 or more times    [ ID 44 ]

**Title 45**

0     1     2     3-5     6 or more times    [ ID 45 ]

**Title 46**

0     1     2     3-5     6 or more times    [ ID 46 ]

**Title 47**

0     1     2     3-5     6 or more times    [ ID 47 ]

**Title 48**

0     1     2     3-5     6 or more times    [ ID 48 ]

**Title 49**

0     1     2     3-5     6 or more times    [ ID 49 ]

**Title 50**

0     1     2     3-5     6 or more times    [ ID 50 ]

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

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

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

- Never
- Seldom
- Often, but not every day
- Every day
- I don't have a mother/female guardian

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

- Never
- Seldom
- Often, but not every day
- Every day
- I don't have a father/male guardian

49.) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol helps you make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol makes you feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good things about alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50.) Which of these statements best describes any rules your parents/guardians have established about drinking alcohol?

- I'm not allowed to drink any alcohol
- I'm allowed to drink alcohol if my parents/ guardians are present
- I'm allowed to drink one drink of alcohol when I go out e.g. at parties with my friends
- I'm allowed to drink several drinks of alcohol when I go out
- My parents/guardians and I have never talked about drinking alcohol

**Thank you very much for filling in these questions**

**Please DO NOT  
write in these boxes →**


**This page is about your health.**

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

- <sub>1</sub> Excellent
- <sub>2</sub> Good
- <sub>3</sub> Fair
- <sub>4</sub> Poor

52.) 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Had asthma or a wheezy chest	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Felt nervous, worried or anxious	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Had a stomach ache or felt sick	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Felt dizzy or faint	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Had an aching back, legs or arms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Felt sad, unhappy or low	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Had a cold or flu	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Felt irritable or bad tempered	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Had difficulty getting to sleep	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Had spots, rashes or other skin problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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

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54) How about money? Write in how much you get from these each week.

Example:

£	7	50	p
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Put '0' in the boxes if it's none.

Each week I get ...

£	P	
£	p	as pocket money

£	p	as money for doing jobs round the house
---	---	---

£	p	as money from a regular paid job
---	---	----------------------------------

55.) Which of these do you have? (Please mark 'yes' or 'no' for each.)

I HAVE ...

	Yes	No
An Xbox 360, PS3 or Wii	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Any other games console	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A PSP	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
An ipod touch or iphone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Any other MP3 player	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
An ipod dock	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Your own laptop	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Your own PC	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
LCD TV in your bedroom	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Any other TV in your bedroom	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A touch screen phone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Any other mobile	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>



56.) What about buying things over the internet? Have you ordered stuff in the past year?  
*(Please mark 'yes' or 'no' for each.)*

IN THE PAST YEAR ...

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

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57.) 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I am kind	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I am a leader	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I am gentle	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I care about others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I am tough	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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58) 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

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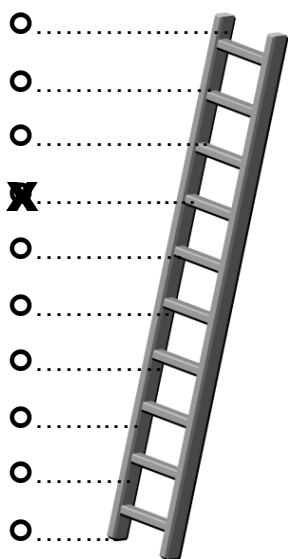
# WHERE DO YOU FIT IN YOUR YEAR GROUP?

59) 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.)

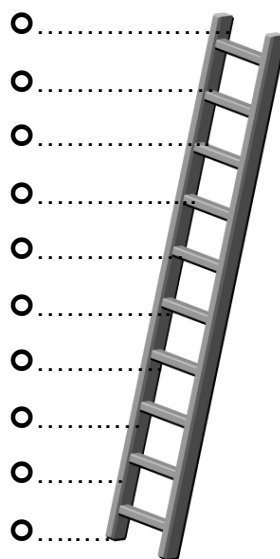
Top = tallest people in your year group.



OK, HOW ABOUT ...

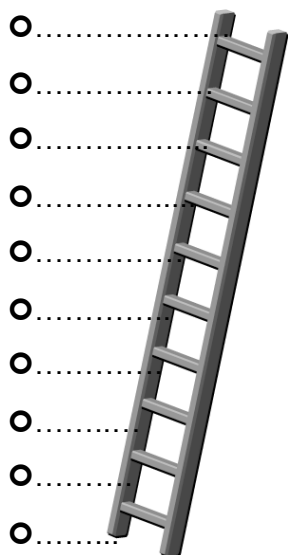
How POPULAR are you compared with the rest of your year group? (Not just compared with your own friends.)

Top = most popular people in your year.



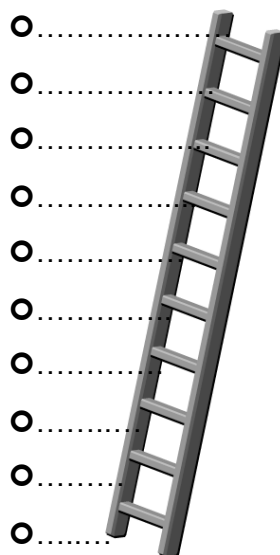
How WELL ARE YOU DOING AT SCHOOL compared with the rest of your year group?

Top = people who get the best grades.



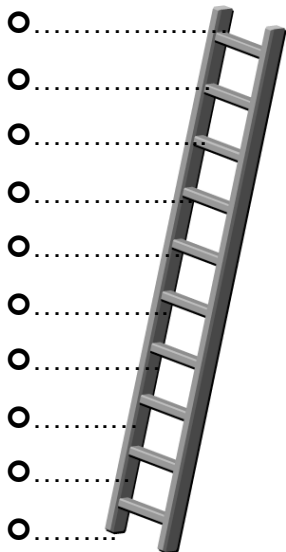
How POWERFUL are you compared with the rest of your year group?

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



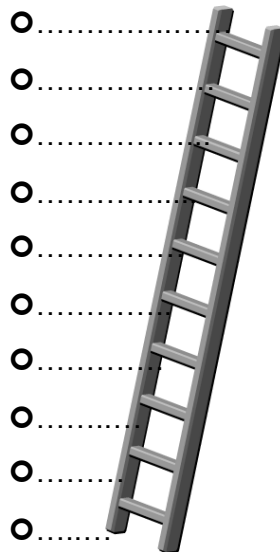
How much of a TROUBLE-MAKER are you compared with the rest of your year group?

Top = people who make the most trouble.



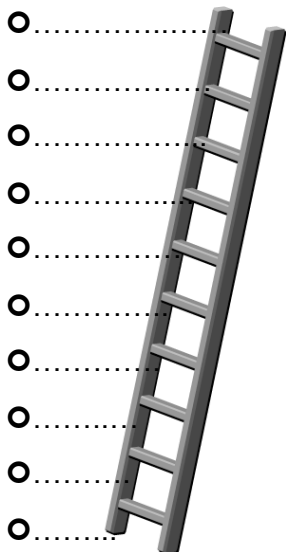
How ATTRACTIVE OR STYLISH are you compared with the rest of your year group?

Top = most attractive, stylish people.



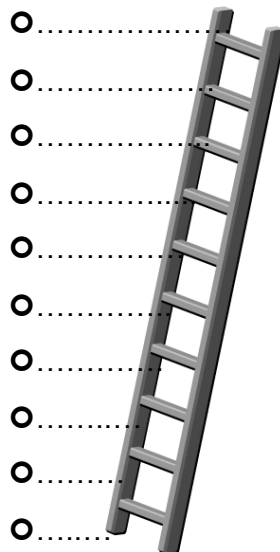
How RESPECTED are you compared with the rest of your year group?

Top = people who are most respected by others.



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

Top = most sporty people.



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

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**Thank you for filling in the questionnaires.**

