

DOCUMENT

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An initiative of the International Centre for Child Studies

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



1986

STUDENT SELF-COMPLETION QUESTIONNAIRE

HEALTH-RELATED BEHAVIOUR

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PLEASE COMPLETE IN BLOCK CAPITALS

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Forenames																						
Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>																			
	(SEX86)				Date of Birth	<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">DAY</td> <td style="border: 1px solid black; width: 20px; text-align: center;">MTH</td> <td style="border: 1px solid black; width: 20px; text-align: center;">YR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;">0 4</td> <td style="border: 1px solid black; text-align: center;">7 0</td> </tr> </table>			DAY	MTH	YR		0 4	7 0	(DOB86)								
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DAY	MTH	YR																					
Name of School																						
Address of School																						
Local Education Authority	(LEA86).....																						
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To the student

You are among 15,000 boys and girls in England, Wales and Scotland who are being asked to answer these questions in your own writing.

We want to find out what young people of your age are doing and thinking. We should be very pleased if you would answer all the questions as well as you can. It will help us in our work, and that means that we shall be able to do more for the teenagers of tomorrow. Whatever you write will not be shown to anybody.

Thank you for your help

NEVILLE BUTLER
DIRECTOR OF YOUTHSCAN

IMPORTANT: BEFORE HANDING THIS FORM TO THE STUDENT PLEASE SEE THE APPROPRIATE PART OF THIS BOOKLET FOR ADVICE ON ADMINISTRATION OF THE FORM.

HEALTH RELATED BEHAVIOUR

Practice Page

In this questionnaire there are different types of questions. These are the commonest:

*Please do NOT
write in the boxes*

TYPE 1

These ask you to write in information about yourself.

60. What was the time when you got up this morning?

(Please write the time.)

--	--	--	--

TYPE 2

These ask you to indicate your answer by drawing a circle around one number.

51. When did you last go to a disco or dance in school or outside school?

- | | | |
|-----------------------------------|---|---------------|
| Within the last week..... | 1 | |
| Within the last 2 weeks..... | 2 | |
| Within the last month..... | 3 | <i>Circle</i> |
| Within the last 6 months..... | 4 | <i>ONE</i> |
| Not within the last 6 months..... | 5 | <i>number</i> |
| I have never been to either..... | 6 | <i>only</i> |

TYPE 3

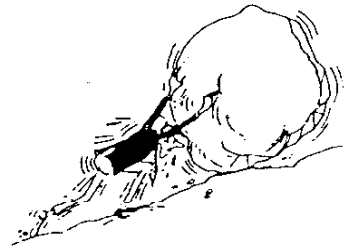
For these questions you are asked to answer Yes or No by circling 1 or 0 against each of the possible answers. Please remember to answer each line.

28b. When do you use an anti-perspirant or deodorant?

(Please circle an answer on each line.)

- | | Yes | No |
|----------------------|-----|----|
| After washing | 1 | 0 |
| At other times | 1 | 0 |

HEALTH RELATED BEHAVIOUR



- (1) Please answer all questions honestly.
 (2) Do NOT write your name on any page.

Please do NOT write in the boxes

			S
D			M

- (F1) 1. Today is: Tues. Wed. Thur. Fri. (please circle)
2. Your sex is (male/female)
- (F3) 3. Which year group are you in? 1 2 3 4 5 6 7 (please circle)
- (F4) 4. English set Maths set
- (F5) 5. Your age is years months
- (F6) 6. Your shoe size is
- (F7) 7. You have brothers and sisters
- (F8) 8. How many brothers and sisters are older than you?

	X	
	Yr	
	Set	
A		
S		
	FS	
	FP	
	16	

9a. During the last 2 weeks, have you used a bicycle for any of these purposes? (Please circle an answer on each line.)

		Yes	No
Going to school	(F9A1)	1	0
To do a paid job	(F9A2)	1	0
Going to see friends, do shopping, riding round, etc.	(F9A3)	1	0
For enjoyment (outings)	(F9A4)	1	0
BMX type activities	(F9A5)	1	0
For racing on road or track	(F9A6)	1	0
9b. Have you ever been on a Cycling Proficiency Training Course? (F9B)		1	0
9c. If the answer to 9b is "No", could you have gone on one if you had wanted to?	(F9C)	1	0
9d. Would you go on an Advanced Cycling Training Course if you knew about one?	(F9D)	1	0

10a. Have you ever been a passenger on a motorcycle? (F10A)

Never	0	<i>Circle ONE number only</i>
A few times	.....	1
Often	.....	2

		Yes	No
10b.	Do you intend learning to ride a moped or motorcycle? (F10B)	1	0

10c.	Have you signed up for motorcycle training by an expert, either at school or as a special course? (F10C)	1	0
------	--	---	---

10d.	Are you an "L" driver with a provisional licence for a moped or motorcycle? (F10D)	1	0
------	--	---	---

10e.	Have you taken a driving test for a moped or motorcycle?		
	Part 1 (F10E1)	1	0
	Part 2 (F10E2)	1	0

10f.	Do you own a moped or motorcycle? (F10F)	1	0
------	--	---	---

11a.	Do you intend learning to drive a car? (F11A)	1	0
------	---	---	---

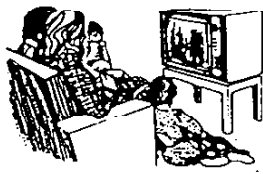
11b.	Have you ever tried to drive a car, even for a VERY short distance? (F11B)	1	0
------	--	---	---

11c.	Have you had driving lessons on the highway from any of these? (Please circle an answer on each line.)		
	Your parents (F11C1)	1	0
	A relative or friend (F11C2)	1	0
	A qualified driving instructor (F11C3)	1	0

11d.	Have you taken a driving test for a car? (F11D)	1	0
------	---	---	---

12.	Was any homework set for you yesterday? (F12)	1	0
-----	---	---	---

13.	For how long did you watch television programmes (live or home-recorded) after school yesterday? (F13)		
	Not at all	.....	0
	Less than 1 hour	.....	1
	More than 1 hour	.....	2
	More than 2 hours	.....	3
	More than 3 hours	.....	4
	More than 4 hours	.....	5
	More than 5 hours	.....	6



14.	For how long did you watch video films (bought or borrowed) after school yesterday? (F14)		
	Not at all	.....	0
	Less than 1 hour	.....	1
	More than 1 hour	.....	2
	More than 2 hours	.....	3
	More than 3 hours	.....	4
	More than 4 hours	.....	5
	More than 5 hours	.....	6

15. How long did you spend playing computer games after school yesterday? (F15)



- Not at all 0
- Less than 1 hour 1
- More than 1 hour 2
- More than 2 hours 3
- More than 3 hours 4
- More than 4 hours 5
- More than 5 hours 6

Circle ONE number only

16. How long did you spend doing homework after school yesterday? (F16)



- Not at all 0
- Less than 1 hour 1
- More than 1 hour 2
- More than 2 hours 3
- More than 3 hours 4
- More than 4 hours 5

Circle ONE number only

17. How long did you spend reading a book for pleasure at home yesterday? (F17)



- Not at all 0
- Less than 1 hour 1
- More than 1 hour 2
- More than 2 hours 3
- More than 3 hours 4
- More than 4 hours 5

Circle ONE number only

18. Do you help at home (e.g. housework, gardening)? (F18)

- Never 0
- Sometimes 1
- Most days 2
- Every day 3

Circle ONE number only

19a. Do you do a regular job DURING TERM TIME for which you earn money? (F19A)

- Yes 1
- No 0

Circle ONE number only

19b. If you do a regular job DURING TERM TIME, please describe the work you do as accurately as possible.

(F19B)

19c. When do you do this regular work?

(F19C)

19d. How many hours did you work for money last week?

(F19D) hours


20. DURING THE PAST YEAR, which of the following sports did you play when they were in season, and how often?

(Please tick the appropriate boxes. If you play the same sport IN SCHOOL and OUT OF SCHOOL, you will need to tick two boxes.)

TEAM ACTIVITIES		IN SCHOOL (including school clubs)		OUT OF SCHOOL		
		At least once a week	At least once a month	At least once a week	At least once a month	
TEAM ACTIVITIES	Baseball (F20A1)					(F20B1)
	Basketball (F20A2)					(F20B2)
	Cricket (F20A3)					(F20B3)
	Football (F20A4)					(F20B4)
	Hockey (F20A5)					(F20B5) In
	Netball (F20A6)					(F20B6)
	Rounders (F20A7)					(F20B7) In
	Rugby (F20A8)					(F20B8)
	Volleyball (F20A9)					(F20B9)
	Other (please state) (F20A10)					(F20B10)
INDIVIDUAL ACTIVITIES	Aerobics (F20A11)					(F20B11)
	Track / field events (F20A12)					(F20B12)
	Badminton (F20A13)					(F20B13)
	Canoeing (F20A14)					(F20B14)
	Cross-country (F20A15)					(F20B15)
	Cycling (F20A16)					(F20B16)
	Dancing (F20A17)					(F20B17)
	Gymnastics (F20A18)					(F20B18)
	Horse riding (F20A19)					(F20B19)
	Jogging (F20A20)					(F20B20)
	Fitness exercises (F20A21)					(F20B21)
	Motorcycling (F20A22)					(F20B22) In
	Roller or ice skating (F20A23)					(F20B23) Out
	Rowing (F20A24)					(F20B24)
	Sailing (F20A25)					(F20B25)
	Scrambling (F20A26)					(F20B26)
	Skiing (F20A27)					(F20B27) In
	Squash (F20A28)					(F20B28)
	Swimming (F20A29)					(F20B29) In
	Table tennis (F20A30)					(F20B30)
Tennis (F20A31)					(F20B31)	
Walking (F20A32)					(F20B32)	
Water-skiing (F20A33)					(F20B33) In	
Weight-training (F20A34)					(F20B34) Out	
Wind-surfing (F20A35)					(F20B35)	
Other (please state) (F20A36)					(F20B36)	
OTHER SPORTS	Billiards (F20A37)					(F20B37)
	Darts (F20A38)					(F20B38)
	Fishing (F20A39)					(F20B39)
	Pool (F20A40)					(F20B40)
	Shooting (F20A41)					(F20B41)
	Snooker (F20A42)					(F20B42)
	Other (please state) (F20A43)					(F20B43)

VT

		(F20VTIN)
		(F20VTOU)



VI

		(F20VIN)
		(F20VOUT)

NVI

		(F20NVIN)
		(F20NVOUT)

TOT

		(F20TOT-I)
		(F20TOT-O)

68

Please do NOT write in the boxes

21a. Within the last year, have you represented your school in any sporting activities? Yes/No
 If "Yes", please list the sports:
 (F21A1) (F21A2) (F21A3) (F21A4)

21b. Within the last year, have you represented a club outside school in any sporting activities? Yes/No
 If "Yes", please list the sports:
 (F21B1) (F21B2) (F21B3)

	2



C

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 →

- 22a. Are there lots of things about yourself you would like to change? (F22A)
 Yes 0
 No 2
 Don't know .. 1
Circle ONE number only
- 22b. Do you think that your parents usually like to hear about your ideas? (F22B)
 Yes 2
 No 0
 Don't know .. 1
Circle ONE number only
- 22c. When you have to say something (F22C) in front of teachers, do you usually feel uneasy?
 Yes 0
 No 2
 Don't know .. 1
Circle ONE number only
- 22d. Do other pupils in the school often (F22D) fall out with you?
 Yes 0
 No 2
 Don't know .. 1
Circle ONE number only
- 22e. Do you often feel lonely at school? (F22E)
 Yes 0
 No 2
 Don't know .. 1
Circle ONE number only
- 22f. Do you think that other pupils (F22F) in the school often say nasty things about you?
 Yes 0
 No 2
 Don't know .. 1
Circle ONE number only
- 22g. When you want to tell a teacher (F22G) something, do you usually feel silly?
 Yes 0
 No 2
 Don't know .. 1
Circle ONE number only
- 22h. Do you often have to find new (F22H) friends because your old friends are with somebody else?
 Yes 0
 No 2
 Don't know .. 1
Circle ONE number only

Please do NOT write in the boxes

22i. Do you usually feel foolish when (F22I) you talk to your parents?
 Yes 0
 No 2
 Don't know ... 1

Circle ONE number only

22j. Do other people often think that you tell lies? (F22J)

Yes 0
 No 2
 Don't know ... 1

Circle ONE number only

Est (F22 SCORE)

23. Are you confident when swimming out of your depth? (F23)

Yes 1
 No 0

Circle ONE number only

24. Do you wash your hands after visiting the lavatory? (F24)

Never or almost never 1
 Sometimes 2
 Whenever possible 3

Circle ONE number only

25. How many times did you clean your teeth yesterday? (F25)

Not at all 0
 Once 1
 Twice 2
 More than twice 3

Circle ONE number only

26. How many times in the last 7 days have you washed your hair with soap, shampoo, or shower gel?

(F26) times

27a. How many times in the last 7 days have you had a bath or shower at school? (F27A)

Not at all 0
 Once 1
 2 or 3 times ... 2
 4 or 5 times ... 4
 6 or 7 times ... 6

Circle ONE number only

27b. How many times in the last 7 days have you had a bath or shower at home or elsewhere? (F27B)



Not at all 0
 Once 1
 2 or 3 times ... 2
 4 or 5 times ... 4
 6 or 7 times ... 6

Circle ONE number only

28a. How often do you use an anti-perspirant or deodorant? (F28A)

Never	.....	0	
Some days	.....	1	Circle ONE number only
Most days	.....	2	
Every day	.....	3	

28b. When do you use an anti-perspirant or deodorant?
(Please circle an answer on each line.)

		Yes	No
After washing	(F28B1)	1	0
At other times	(F28B2)	1	0

29. Prescribed medicines

During the last 7 days, have you taken any pills or medicine, or used lotions or creams, on doctor's orders? (F29)

Not at all	.....	0	
On 1 or 2 days	...	1	Circle ONE number only
On 3 to 6 days	...	3	
Every day	.....	7	

30. Medicines not prescribed

During the last 7 days, on how many days have you used any of the following, which were not on doctor's orders?

Aspirin, Anadin, etc. (for headaches and pains)	(F30A) days	
Cough drops or cough medicine	(F30B) days	
Iron tablets, vitamin tablets	(F30C) days	
Lemsip, Beecham's Powder, etc. (for colds)	(F30D) days	
Milk of Magnesia, Milpar, etc. (for indigestion)	(F30E) days	
Lotions or creams	(F30F) days	

31. When did you last use aspirin, Anadin, paracetamol, or other similar pain-killer? (F31)

In the last 7 days	1	
In the past 2 weeks	2	Circle ONE number only
In the past month	.....	3
In the past 3 months	.....	4
More than 3 months ago	....	5

32. When you last took medicine or pills that were not on doctor's orders, who decided that you should do so? (F32)

You did	1	Circle ONE number only
Someone else did	2	

33a. When did you last visit your doctor? (F33A)

Within the last week	.....	1	
Within the last month	.....	2	
Within the last 3 months	....	3	Circle ONE number only
Within the last 6 months	....	4	
Within the last year	.....	5	
More than a year ago	.....	6	

33b. When you last visited your doctor, did you go into the surgery (F33B)
on your own?

Yes	.....	1	Circle ONE number only
No	.....	0	

33c. On this last visit, was the doctor a man or a woman? (F33C)

Man	.....	1	Circle ONE number only
Woman	.....	2	

33d. Did you feel at ease with your doctor on this last visit? (F33D)

Yes	.....	3	Circle ONE number only
No	.....	1	
Don't know	.....	2	

34. Have you been vaccinated against:

(a) Polio (F34A)

Yes	.....	3	Circle ONE number only
No	.....	1	
Don't know	.....	2	

(b) Tetanus (F34B)

Yes	.....	3	Circle ONE number only
No	.....	1	
Don't know	.....	2	

(c) Tuberculosis (BCG) (F34C)

Yes	.....	3	Circle ONE number only
No	.....	1	
Don't know	.....	2	

Girls only

(d) Rubella (German Measles) (F34D)

Yes	.....	3	
No	.....	1	
Don't know	.....	2	Circle ONE number only

Boys only

Please circle this number 9

35. When did you last have a school dental inspection? (F35)

Within the last 12 months	..	1	Circle ONE number only
Within the last 2 years	....	2	
More than 2 years ago	.....	3	

36a. When did you last visit the dentist in his or her surgery? (F36A)

- | | | |
|--------------------------------|---|-------------------------------|
| Within the last week | 1 | |
| Within the last month | 2 | |
| Within the last 3 months | 3 | <i>Circle ONE number only</i> |
| Within the last 6 months | 4 | |
| Within the last year | 5 | |
| More than a year ago | 6 | |

36b. What treatment did you have then?

(Please circle an answer on each line.)

- | | Yes | No |
|---------------------------------------|-----|----|
| Fillings (F36B1) | 1 | 0 |
| Extraction (having teeth out) (F36B2) | 1 | 0 |
| Scaling and polishing (F36B3) | 1 | 0 |
| Brace fitted or checked (F36B4) | 1 | 0 |
| Other treatment (F36B5) | 1 | 0 |
| Check-up only (F36B6) | 1 | 0 |

37. What is your main reason for looking after your teeth?

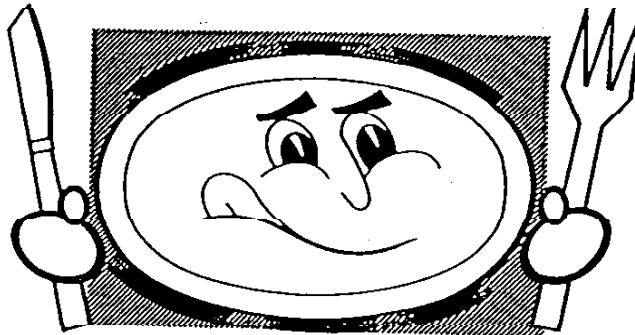
(Please circle one response only.)

- | | (F37) | |
|---|-------|-------------------------------|
| You like your teeth to look clean | 1 | |
| To avoid wearing false teeth | 2 | <i>Circle ONE number only</i> |
| You like your breath to smell clean | 3 | |
| To avoid toothache and dental treatment | 4 | |
| You like your teeth and mouth to feel clean | 5 | |

38. What sort of lunch did you have yesterday?

(F38)

- | | | |
|--|---|-------------------------------|
| In school — served over counter | 1 | |
| In school — your own packed lunch | 2 | |
| Outside school — e.g. fish & chips, burger from shop | 3 | <i>Circle ONE number only</i> |
| Outside school — your own packed lunch from home | 4 | |
| At home | 5 | |
| Did not have any lunch | 6 | |

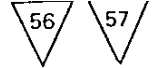


39. What did you eat and drink yesterday?

Please think back over all the meals and snacks you had yesterday, and enter the items in the table below, giving as much information as possible about the amount (e.g. drink), how cooked (e.g. eggs), brand names (e.g. chocolate bars), and any other details that help give an accurate picture of what you drank and ate yesterday.

ITEM	AMOUNT AND DESCRIPTION
Meat (also sausages, pies, beefburgers, etc.)	<i>Also as sandwich fillings</i>
Fish (also fish fingers)	
Eggs, cheese	
Milk (drinks of milk, on its own, hot or cold)	
Milk (in milk beverages, custard, etc.) or yoghurt	
Tea (number of cups)	<i>How many spoons of sugar in each cup?</i>
Coffee (number of cups)	<i>How many spoons of sugar in each cup?</i>
Cereal (brand name)	<i>Did you add sugar? Yes / No</i>
Bread (also in sandwiches, toast, or rolls)	<i>Brown bread</i>
	<i>White bread</i>
Soup (flavour)	
Potatoes (e.g. boiled, chipped)	
Baked beans	
Rice, spaghetti, or other pasta dishes	
Packets of crisps	
Ice lollies, ice cream, mousse, etc.	
Sweets, chocolate biscuits or bars	
Biscuits, cakes or tarts	
Fruit pies, puddings, etc.	
Squash or cordial	
Fizzy drinks (Please state if low calorie)	
Fruit juice	
Fresh fruit	
Raw vegetables or salads	
Cooked vegetables (not potatoes)	
Alcoholic drinks	
Other items (Please state)	

I (F39-I)
 M (F39-M)
 C (F39-C)
 Ch (F39-CH)
 Cr (F39-CR)
 Sw (F39-SW)
 St (F39-STC)
 Fat (F39-FAT)
 Fz (F39-FZ)
 VitC (F39-VITC)
 VF (F39-VF)
 Al (F39-AL)
 T (F39-T)
 SuC (F39-SUC)



40. What sort of breakfast did you have this morning? (F40)
 (Please circle the closest answer.)



- Nothing at all 0
- Just something to drink 1
- Cereal or bread/toast + drink 2
- Cereal and bread/toast + drink 3
- Just an egg + drink 4
- Cooked breakfast with cereal or bread/toast + drink 5
- Cooked breakfast with cereal **and** bread/toast + drink 6

Circle ONE number only

41a. Have you ever tried to lose weight or to avoid putting on weight? (F41A)

- Yes 1
- No 0

Circle ONE number only

41b. If so, please describe what you did.

(F41B1) (F41B2)

	D
	E

42. Have you ever tried to gain weight?

(F42)

- Yes 1
- No 0

Circle ONE number only

43a. Since this time yesterday, how many cigarettes have you smoked?

(F43 A)cigarettes

--	--

43b. Since this time last week, how many cigarettes have you smoked?

(F43 B)cigarettes

--	--

44. Smoking. Which of the following most nearly describes you? (F44)

- I have never smoked a cigarette 0
- I have only ever tried smoking once or twice .. 1
- I used to smoke sometimes, but I don't now .. 2
- I smoke and I would like to give it up 3
- I do not want to give up smoking 4

Circle ONE number only

45. Which adult do you get on best with?

(Please circle one response only.)

(F45)

- Mother 0
- Father 1
- Mother and father .. 2
- Brother or sister 3
- Other relation 4
- Teacher 5
- Friend 6
- Employer 7
- No-one 8

Circle ONE number only

46a. Have you got a regular boyfriend or girlfriend? (F46A)
Yes 1 *Circle ONE number only*
No 0

46b. If you have, how long has this relationship lasted? (F46B)
Weeks 1 *Circle ONE number only*
Months 2
A year 3
More than a year ... 4

47. When you meet new people of your own age and sex, how do you feel? (F47)
Very uneasy 1 *Circle ONE number only*
A little uneasy 2
At ease 3

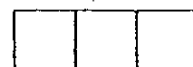
48. When you meet new people of your own age and opposite sex, how do you feel? (F48)
Very uneasy 1 *Circle ONE number only*
A little uneasy 2
At ease 3

49. For close friends, whom do you have? (F49)
More people of your own sex 1 *Circle ONE number only*
About the same number of both sexes ... 2
More people of the opposite sex 3

50a. Have you done a course in First Aid within the last 2 years? (F50A)
Yes 1 *Circle ONE number only*
No 0

50b. If so, who instructed you? (F50B)
Nurse 1 *Circle ONE number only*
Doctor 2
St John's Ambulance instructor 3
Scout/Guide leader, etc. 4
School teacher 5
Other 6

50c. Was it in school time? (F50C)
Yes 1 *Circle ONE number only*
No 0



Please do NOT write in the boxes

51. When did you last go to a disco or dance in school or outside school? (F51)



- Within the last week 1
- Within the last 2 weeks 2
- Within the last month 3
- Within the last 6 months 4
- Not within the last 6 months .. 5
- I have never been to either 6

Circle ONE number only

52. When you last went to a disco or a dance, in school or outside school, (F52) how did you go?

- Alone 1
- With your parents 2
- With a friend or relation of the same sex 3
- With a friend or relation of the opposite sex .. 4
- With a group of friends of the same sex 5
- With a group of friends of the opposite sex ... 6
- With a group of friends of both sexes 7

Circle ONE number only

53. What is your main reason for going to a disco or dance?

(Please circle one response only.)

(F53)

- Because you don't want to feel left out 1
- To see your group of friends 2
- To drink alcohol 3
- To have a dance or enjoy the music 4
- To get away from home 5
- In the hope of getting more friendly with someone of the opposite sex .. 6
- Because it is the only place where you can meet people 7

Circle ONE number only

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54a. Please indicate who or what is your main source of information about sex

(Please circle one response only.)

(F54A1)

- Your parents 1
- Your teachers 2
- Your friends 3
- Brothers, sisters, other close relations 4
- Doctor, Family Planning Association, etc. ... 5
- Books, posters, magazines, television, etc. ... 6
- Other sources (Please state which) 7

Circle ONE number only



54b. Who or what do you think should be your main source of information about sex?

(F54B)

(F55)

Please do NOT write in the boxes

55. Whenever you ride in the front seat of a car, how often do you fasten the seat-belt? *(We know you are supposed to, but that is not the question!)*

- Never 1
- A few times 2
- Most times 3
- Every time 4

Circle ONE number only.

56. If you have had any alcoholic drink since this time last week, on how many days did you do so?

(F56) days

57. Since this time last week, how much of the following have you drunk? (Assume that one small can = half a pint.)

Shandy	(F57-SH) pints	S	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Beer (including lager)	(F57-B) pints	B	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Cider	(F57-C) pints	C	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Wine	(F57-W) glasses	W	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Martini, Cinzano, vermouth, port, sherry	(F57-V) glasses	V	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Spirits (gin, whisky, vodka, brandy, Pernod, rum, Bacardi, etc.)	(F57-SP) measures	S	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

BZ (F57-TOT)

58. If you drank alcohol since this time last week, where did you get it from? *(Please circle an answer on each line.)*

	Yes	No
Supermarket	(F58A) 1	0
Off-licence	(F58B) 1	0
The pub (or bar)	(F58C) 1	0
Your home	(F58D) 1	0
Friend's home	(F58E) 1	0
Relation's home	(F58F) 1	0
Disco or party	(F58G) 1	0
Somewhere else <i>(Please state where)</i>	(F58H) 1	0

59a. Please say how many times you have visited a pub or bar within the last 2 weeks (even if you didn't drink anything)

(F59A) times

59b. When you last went to a pub or bar, how did you go? (F59B)

- I have never been in a pub 0
- Alone 1
- With your parents 2
- With a friend or relation of the same sex 3
- With a friend or relation of the opposite sex .. 4
- With a group of friends of the same sex 5
- With a group of friends of the opposite sex 6
- With a group of friends of both sexes 7
- With anyone else 8

Circle ONE number only.

Please do NOT write in the boxes

60. What was the time when you got up this morning?
(Please write the time.) (F60A) (F60B)

61. What was the time when you went to bed last night?
(Please write the time.) (F61A) (F61B)

62. Have you spent money on any of the following in the last 4 weeks?
(You will need to circle an answer on each line.)



	Yes	No
Sweets, chocolate, ice cream, etc. (F62-1)	1	0
Comics, magazines (F62-2)	1	0
Books (F62-3)	1	0
Cigarettes (F62-4)	1	0
Soft drinks (F62-5)	1	0
Alcoholic drinks (F62-6)	1	0
Going to discos, etc. (F62-7)	1	0
Bus fares, train fares (F62-8)	1	0
Clothes and footwear (F62-9)	1	0
Cosmetics (F62-10)	1	0
Records or audio tapes (F62-11)	1	0
School equipment (F62-12)	1	0
Football admission, etc. (F62-13)	1	0
Cinema (F62-14)	1	0
Video hire (F62-15)	1	0
Pets (F62-16)	1	0
Club subscriptions (F62-17)	1	0
Bicycle (F62-18)	1	0
Slot machines (space invaders, pinball, etc.)	1	0 (F62-19)
Sports equipment (F62-20)	1	0
Computer equipment or games ... (F62-21)	1	0
Presents for other people (F62-22)	1	0
Other things (Please state what) ... (F62-23)	1	0

63. How much money did you receive last week as:

(a) Pocket money/allowance (including money earned for working around your home)? .. £(F63A1) (F63A2)_p

(b) Money earned from your regular job (if any)? £(F63B1) (F63B2)_p

(c) A gift? £(F63C1) (F63C2)_p

32

Please do NOT write in the boxes

64a. How much of your money did you spend last week? £(F64A1) (F64A2)p

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64b. How much money did you put into a bank, post office savings account, building society, or other savings scheme, last week? £(F64B1) (F64B2)p

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65. Please write down the names of any newspapers, magazines, comics, or other periodicals which you read regularly.

53

National newspapers (F65-QN) (F65-W)
 Local newspapers (F65-ON) (F65-MS)
 Magazines (F65-L) (F65-HOB)
 Comics (F65-C) (F65-MUS)
 Other (F65-F) (F65-O)

QN			W
ON			M/S
L			Hob
C			Mu
G			O

Now please draw a circle round the names of any of the following national daily newspapers that are regularly in your home:

(F65A) Express (F65B) Guardian (F65C) Mail (F65D) Mirror (F65E) Telegraph
 (F65F) Times (F65G) Scotsman (F65H) Star (F65I) Sun
 (F65J) Daily Express (Scotland) (F65K) Daily Record (Scotland)

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66. If you had a personal problem, with whom would you share it? Please think about the problem areas below, and against each problem write in one answer from this list of people:

Mother, father, mother and father, brother, sister, other relation, teacher, friend, employer, or no-one.

Problem Area	Answer
School/College	(F66A)
Money	(F66B)
Family	(F66C)
Health	(F66D)
Friends	(F66E)
Career	(F66F)

71

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75 → 80

