**YOUTHSCAN U.K.**

An initiative of the International Centre for Child Studies


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**STUDENT SELF-COMPLETION QUESTIONNAIRE**

**HEALTH-RELATED BEHAVIOUR**

1986

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Bristol BS6 6BU

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PLEASE COMPLETE IN BLOCK CAPITALS

<table>
<thead>
<tr>
<th>Surname</th>
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<table>
<thead>
<tr>
<th>Sex</th>
<th>Date of Birth</th>
<th>Today's Date</th>
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<tbody>
<tr>
<td>M</td>
<td>0470</td>
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<thead>
<tr>
<th>Name of School</th>
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<table>
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<tr>
<th>Address of School</th>
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</table>

<table>
<thead>
<tr>
<th>Local Education Authority</th>
<th>LEA86</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

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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

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**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
   Within the last 6 months................. 4
   Not within the last 6 months........... 5
   I have never been to either............. 6

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.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>After washing</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>At other times</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
HEALTH RELATED BEHAVIOUR

Please answer all questions honestly.
Do NOT write your name on any page.

1. Today is: Tues Wed Thur Fri (please circle)

2. Your sex is (male/female)

3. Which year group are you in? 1 2 3 4 5 6 7 (please circle)

4. English set Maths set

5. Your age is years months

6. Your shoe size is

7. You have brothers and sisters

8. How many brothers and sisters are older than you?

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

- Going to school
- To do a paid job
- Going to see friends, do shopping, riding round, etc.
- For enjoyment (outings)
- BMX type activities
- For racing on road or track

9b. Have you ever been on a Cycling Proficiency Training Course? Yes No

9c. If the answer to 9b is "No", could you have gone on one if you had wanted to? Yes No

9d. Would you go on an Advanced Cycling Training Course if you knew about one? Yes No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10a. Have you ever been a passenger on a motorcycle? (F10A)
    Never .................. 0
    A few times .......... 1
    Often .................. 2

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? (F112) .......... 1 0

13. For how long did you watch television programmes (live or home-recorded) after school yesterday? (F113)

    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? (F114)

    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

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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

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

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

18. Do you help at home (e.g. housework, gardening)? (F18)
   Never ....................... 0
   Sometimes .................. 1
   Most days .................. 2
   Every day .................. 3

19a. Do you do a regular job DURING TERM TIME for which you earn money? (F19a)
   Yes ......................... 1
   No ........................... 0

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.)

<table>
<thead>
<tr>
<th>TEAM ACTIVITIES</th>
<th>IN SCHOOL (including school clubs)</th>
<th>OUT OF SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At least once a week</td>
<td>At least once a month</td>
</tr>
<tr>
<td>Baseball</td>
<td>(F20A1)</td>
<td></td>
</tr>
<tr>
<td>Basketball</td>
<td>(F20A2)</td>
<td></td>
</tr>
<tr>
<td>Cricket</td>
<td>(F20A3)</td>
<td></td>
</tr>
<tr>
<td>Football</td>
<td>(F20A4)</td>
<td></td>
</tr>
<tr>
<td>Hockey</td>
<td>(F20A5)</td>
<td></td>
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<tr>
<td>Netball</td>
<td>(F20A6)</td>
<td></td>
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<tr>
<td>Rounders</td>
<td>(F20A7)</td>
<td></td>
</tr>
<tr>
<td>Rugby</td>
<td>(F20A8)</td>
<td></td>
</tr>
<tr>
<td>Volleyball</td>
<td>(F20A9)</td>
<td></td>
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<tr>
<td>Other (please state)</td>
<td>(F20A10)</td>
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<table>
<thead>
<tr>
<th>INDIVIDUAL ACTIVITIES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>At least once a week</td>
<td>At least once a month</td>
</tr>
<tr>
<td>Aerobics</td>
<td>(F20A11)</td>
<td></td>
</tr>
<tr>
<td>Track/field events</td>
<td>(F20A12)</td>
<td></td>
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<tr>
<td>Badminton</td>
<td>(F20A13)</td>
<td></td>
</tr>
<tr>
<td>Canoeing</td>
<td>(F20A14)</td>
<td></td>
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<tr>
<td>Cross-country</td>
<td>(F20A15)</td>
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<tr>
<td>Cycling</td>
<td>(F20A16)</td>
<td></td>
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<tr>
<td>Dancing</td>
<td>(F20A17)</td>
<td></td>
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<tr>
<td>Gymnastics</td>
<td>(F20A18)</td>
<td></td>
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<tr>
<td>Horse riding</td>
<td>(F20A19)</td>
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<tr>
<td>Jogging</td>
<td>(F20A20)</td>
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<tr>
<td>Fitness exercises</td>
<td>(F20A21)</td>
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<tr>
<td>Motorcycling</td>
<td>(F20A22)</td>
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<tr>
<td>Roller or ice skating</td>
<td>(F20A23)</td>
<td></td>
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<tr>
<td>Rowing</td>
<td>(F20A24)</td>
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<tr>
<td>Sailing</td>
<td>(F20A25)</td>
<td></td>
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<tr>
<td>Sculling</td>
<td>(F20A26)</td>
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<tr>
<td>Skiing</td>
<td>(F20A27)</td>
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<tr>
<td>Squash</td>
<td>(F20A28)</td>
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<tr>
<td>Swimming</td>
<td>(F20A29)</td>
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<td>Table tennis</td>
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<td>Tennis</td>
<td>(F20A31)</td>
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<tr>
<td>Walking</td>
<td>(F20A32)</td>
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<tr>
<td>Water-skiing</td>
<td>(F20A33)</td>
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<tr>
<td>Weight-training</td>
<td>(F20A34)</td>
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<td>Wind-surfing</td>
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<td>Other (please state)</td>
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<th>OTHER SPORTS</th>
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<td></td>
<td>At least once a week</td>
<td>At least once a month</td>
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<tr>
<td>Billiards</td>
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<tr>
<td>Darts</td>
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<td>Fishing</td>
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<td>Pool</td>
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<td>Shooting</td>
<td>(F20A41)</td>
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<td>Snooker</td>
<td>(F20A42)</td>
<td></td>
</tr>
<tr>
<td>Other (please state)</td>
<td>(F20A43)</td>
<td></td>
</tr>
</tbody>
</table>
21a. Within the last year, have you represented your school in any sporting activities? If "Yes", please list the sports: Yes/No

(F21A1) (F21A2) (F21A3) (F21A4)

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

(F21B1) (F21B2) (F21B3)

22a. Are there lots of things about yourself you would like to change? (F22A)

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

22b. Do you think that your parents usually like to hear about your ideas? (F22B)

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

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

22d. Do other pupils in the school often (F22D) fall out with you?

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

22e. Do you often feel lonely at school? (F22E)

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

22f. Do you think that other pupils in the school often say nasty things about you? (F22F)

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

22g. When you want to tell a teacher something, do you usually feel silly? (F22G)

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

22h. Do you often have to find new friends because your old friends are with somebody else? (F22H)

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

22j. Do other people often think that you tell lies?
Yes ............ 0
No ............ 2
Don't know .. 1

23. Are you confident when swimming out of your depth? (F2.3)
Yes ............ 1
No ............ 0

24. Do you wash your hands after visiting the lavatory? (F2.4)
Never or almost never .... 1
Sometimes ............ 2
Whenever possible ...... 3

25. How many times did you clean your teeth yesterday? (F2.5)
Not at all ............ 0
Once ............ 1
Twice ............ 2
More than twice ...... 3

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

27a. How many times in the last 7 days have you had a bath or shower at school?
Not at all ............ 0
Once ............ 1
2 or 3 times .... 2
4 or 5 times .... 4
6 or 7 times .... 6

27b. How many times in the last 7 days have you had a bath or shower at home or elsewhere?
Not at all ............ 0
Once ............ 1
2 or 3 times .... 2
4 or 5 times .... 4
6 or 7 times .... 6
28a. How often do you use an anti-perspirant or deodorant? (F28A)

Never ............. 0
Some days .......... 1
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 (F2851) 1 0
At other times (F2852) 0

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

Not at all ............ 0
On 1 or 2 days ...... 1
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) (F29A) days
Cough drops or cough medicine (F29B) days
Iron tablets, vitamin tablets (F29C) days
Lemsip, Beecham’s Powder, etc. (for colds) (F29D) days
Milk of Magnesia, Milpar, etc. (for indigestion) (F29E) days
Lotions or creams (F29F) 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
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 (F32)
orders, who decided that you should do so?

You did ............... 1
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  
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  
No ................... 0  

33c. On this last visit, was the doctor a man or a woman? (F33C)  
Man .................. 1  
Woman ................. 2  

33d. Did you feel at ease with your doctor on this last visit? (F33D)  
Yes .................. 3  
No ................... 1  
Don’t know ......... 2  

34. Have you been vaccinated against:  
(a) Polio (F34A)  
Yes .................. 3  
No ................... 1  
Don’t know ....... 2  
(b) Tetanus (F34B)  
Yes .................. 3  
No ................... 1  
Don’t know ....... 2  
(c) Tuberculosis (BCG) (F34C)  
Yes .................. 3  
No ................... 1  
Don’t know ....... 2  

Girls only  
(d) Rubella (German Measles) (F34D)  
Yes .................. 3  
No ................... 1  
Don’t know ....... 2  

Boys only  
Please circle this number ........................................... 9  

35. When did you last have a school dental inspection? (F35)  
Within the last 12 months .. 1  
Within the last 2 years ..... 2  
More than 2 years ago ..... 3

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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
- Within the last 6 months .... 4
- Within the last year .......... 5
- More than a year ago ........ 0

36b. What treatment did you have then?
(Please circle an answer on each line.)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Extraction (having teeth out)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Scaling and polishing</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Brace fitted or checked</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Other treatment</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Check-up only</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

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
- 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?
(F38R)
- In school — served over counter .................. 1
- In school — your own packed lunch ............... 2
- Outside school — e.g. fish & chips, burger from shop 3
- Outside school — your own packed lunch from home 4
- At home ........................................... 5
- Did not have any lunch ............................ 0
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.

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

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Please do not write in the boxes.
40. What sort of breakfast did you have this morning? (F40)

- 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

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

- Yes ..................................................... 1
- No .................................................... 0

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

42. Have you ever tried to gain weight?

- Yes ..................................................... 1
- No .................................................... 0

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

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

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

45. Which adult do you get on best with?

(Please circle one response only.)

- Mother .................................................. 0
- Father .................................................. 1
- Mother and father .................................... 2
- Brother or sister ...................................... 3
- Other relation ........................................ 4
- Teacher ............................................... 5
- Friend .................................................. 6
- Employer .............................................. 7
- No-one .................................................. 8
46a. Have you got a regular boyfriend or girlfriend?
   Yes .... 1
   No .... 0

46b. If you have, how long has this relationship lasted?
   Weeks .............. 1
   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?
   Very uneasy ........ 1
   A little uneasy ...... 2
   At ease ............. 3

48. When you meet new people of your own age and opposite sex, how do you feel?
   Very uneasy ........ 1
   A little uneasy ...... 2
   At ease ............. 3

49. For close friends, whom do you have?
   More people of your own sex ............. 1
   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?
   Yes .... 1
   No .... 0

50b. If so, who instructed you?
   Nurse ...................... 1
   Doctor ..................... 2
   St John’s Ambulance instructor ........... 3
   Scout/Guide leader, etc. ............... 4
   School teacher ................ 5
   Other ........................ 6

50c. Was it in school time?
   Yes .... 1
   No .... 0
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

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

- 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

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

54a. Please indicate who or what is your main source of information about sex (F54a)

- 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

54b. Who or what do you think should be your main source of information about sex? (F54b)
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  

56. If you have had any alcoholic drink since this time last week, on how many days did you do so?  
(\(F_{56}\) days)  

57. Since this time last week, how much of the following have you drunk?  
(Assume that one small can = half a pint.)  
- Shandy ........................................... \(F_{57\_A}\) pints  
- Beer (including lager) ................. \(F_{57\_B}\) pints  
- Cider ..................................................... \(F_{57\_C}\) pints  
- Wine ....................................................... \(F_{57\_D}\) glasses  
- Martini, Cinzano, vermouth, port, sherry  
- Spirits (gin, whisky, vodka, brandy, Pernod, rum, Bacardi, etc.)  
- \(F_{57\_E}\) measures  

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supermarket ........................................ (F_{58_A})</td>
<td>1</td>
</tr>
<tr>
<td>Off-licence ....................................... (F_{58_B})</td>
<td>1</td>
</tr>
<tr>
<td>The pub (or bar) .................................. (F_{58_C})</td>
<td>1</td>
</tr>
<tr>
<td>Your home ......................................... (F_{58_D})</td>
<td>1</td>
</tr>
<tr>
<td>Friend's home ................................... (F_{58_E})</td>
<td>1</td>
</tr>
<tr>
<td>Relation's home .................................. (F_{58_F})</td>
<td>1</td>
</tr>
<tr>
<td>Disco or party ................................... (F_{58_G})</td>
<td>1</td>
</tr>
<tr>
<td>Somewhere else (Please state where) (F_{58_H})</td>
<td>1</td>
</tr>
</tbody>
</table>

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)  
(\(F_{59\_A}\) times)  

59b. When you last went to a pub or bar, how did you go?  
(\(F_{59\_B}\))  
- 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
60. What was the time when you got up this morning?
(Please write the time.)

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

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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweets, chocolate, ice cream, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comics, magazines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft drinks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholic drinks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going to discos, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bus fares, train fares</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothes and footwear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cosmetics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records or audio tapes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School equipment</td>
<td></td>
<td></td>
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<tr>
<td>Football admission, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cinema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Club subscriptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bicycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slope machines (space invaders, pinball, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer equipment or games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presents for other people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other things (Please state what)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

63. How much money did you receive last week as:
   (a) Pocket money/allowance (including money
      earned for working around your home)?
      £ [F3A] [F3A]
   (b) Money earned from your regular job (if any)?
      £ [F3A]
   (c) A gift?
      £ [F3A] [F3A]
64a. How much of your money did you spend last week? .......................... £
64b. How much money did you put into a bank, post office savings account, building society, or other savings scheme last week? .......................... £
65. Please write down the names of any newspapers, magazines, comics, or other periodicals which you read regularly.
National newspapers ...........................................
Local newspapers ...........................................
Magazines .....................................................
Comics ....................................................... .......................... 
Other .........................................................
Now please draw a circle round the names of any of the following national daily newspapers that are regularly in your home:
Express  Guardian  Mail  Mirror  Telegraph
Times  Scotsman  Star  Sun
Daily Express (Scotland)  Daily Record (Scotland)

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 down your 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  ...........................................
Money ..........................................
Family ..........................................
Health ..........................................
Friends ..........................................
Career .........................................