

DOCUMENT

G

YOUTHSCAN U.K.

An Initiative of the International Centre for Child Studies

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

HOME AND ALL THAT

STUDENT SELF-COMPLETION QUESTIONNAIRE



CONFIDENTIAL

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

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
BLOCK CAPITALS PLEASE Student's Surname Student's Forename(s) Sex <i>(SEX 86)</i> Student's Home Address Postcode Name of school Date of Birth <i>(DOB 86)</i> /4/70 Today's Date <i>(GDOC-MT)</i> <i>(GDOC-YR)</i>			

TO THE STUDENT COMPLETING THIS FORM:

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

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

MOST OF THE QUESTIONS ARE ANSWERED IN ONE OF TWO WAYS:

a) BY TICKING ONE BOX

Example 1

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

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

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

Example 2

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

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

PLEASE READ ALL THE EXAMPLES BEFORE YOU ANSWER ANY QUESTION. See also front cover.
 In the next type of question, you will see a number of questions are on successive lines labelled (a), (b), (c), and the answers are on the same line. You are expected to give an answer by ticking one box on each line.

Example 3

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

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

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

Example 4

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

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

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

Example 5

When you go out in the evenings, who do you go with?
 Under A please tick boxes beside each person who you go out with.
 Under B please put a number to indicate the people with whom you go out the most = 1, next commonest = 2, next = 3

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

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

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

Example 6

Do you listen to the radio?
 Tick one box

YES → If YES, answer (a) and (b) below.
 NO

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

Less than 1 hour
 1-2 hours
 2-3 hours
 3-4 hours
 4-5 hours
 More than 5 hours

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

Pop music
 Soul music
 Electro music
 Chart music
 Reggae music
 Punk music

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

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

Example 7

Who do you go out with the most?
 Tick one box

My Father
 My Mother
 My Brother(s)/Sister(s)
 Someone else Who? My best friend

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

Example 8

Please tell us which DJ you listen to:
I listen to David Smith

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

Example 9

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

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

Example 10

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

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

This answer means that you go swimming on Wednesday and Saturday

DIET

A1. Some people drink their tea, coffee, etc without milk or sugar or sweeteners. What do you do?

<p>Tick all boxes which apply a-d</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Do you add</td> <td style="width: 10%;"></td> <td style="width: 10%;">Tea</td> <td style="width: 10%;">Coffee</td> <td style="width: 10%;">Cocoa drink</td> </tr> <tr> <td>a) Milk (fresh, powdered etc.)</td> <td>(GA1A1)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) Sugar to</td> <td>(GA1A2)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Sweeteners to</td> <td>(GA1A3)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) Don't drink this</td> <td>(GA1A4)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Do you add		Tea	Coffee	Cocoa drink	a) Milk (fresh, powdered etc.)	(GA1A1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Sugar to	(GA1A2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Sweeteners to	(GA1A3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Don't drink this	(GA1A4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>How much do you add to tea, coffee, cocoa?</p> <p>How many teaspoons per cup</p> <p>How many sweeteners per cup</p> <p>Give brand of sweeteners</p> <p style="text-align: right;">Tea (GA1B1) Coffee (GA1B2) Cocoa drink (GA1B3) (GA1B4) (GA1B5) (GA1B6) (GA1B7)*</p>
Do you add		Tea	Coffee	Cocoa drink																						
a) Milk (fresh, powdered etc.)	(GA1A1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
b) Sugar to	(GA1A2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
c) Sweeteners to	(GA1A3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
d) Don't drink this	(GA1A4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						

A2. Are you a vegetarian?

<p>Tick one box</p> <p>YES, I have been as long as I can remember ... <input type="checkbox"/> (GA2)</p> <p>YES, I have been since the age of ___ years ... <input type="checkbox"/> (GA2A)</p> <p>NO ... <input type="checkbox"/></p>	<p>→ If YES, please answer 2(a) and 2(b) below.</p>
<p>2(a) Does your diet include: Tick all that apply</p> <p>Fish ... (GA2A1) <input type="checkbox"/></p> <p>Eggs ... (GA2A2) <input type="checkbox"/></p> <p>Dairy products (milk and cheese) ... (GA2A3) <input type="checkbox"/></p> <p>Other products ... (GA2A4) <input type="checkbox"/></p> <p>(What? ... (GA2A5)*)</p>	<p>2(b) For what reason are you vegetarian? Tick all that apply</p> <p>One or more of my family are vegetarian ... (GA2B1) <input type="checkbox"/></p> <p>Religious reasons ... (GA2B2) <input type="checkbox"/></p> <p>My own choice:-</p> <p style="padding-left: 20px;">because it is more healthy ... (GA2B3) <input type="checkbox"/></p> <p style="padding-left: 20px;">because it is wrong to kill animals ... (GA2B4) <input type="checkbox"/></p> <p style="padding-left: 20px;">because of factory farming ... (GA2B5) <input type="checkbox"/></p> <p>Other reasons ... (GA2B6) <input type="checkbox"/></p> <p>(What? ... (GA2B7)*)</p>

A3. How many times a week do you get something at or from a take-away? (GA3)

Tick one box	0	1	2	3	4	5	6	7	More than 7 times
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What do you usually get? 1	(GA3B1)*	2	(GA3B2)*	3	(GA3B3)*	4	(GA3B4)*	5	(GA3B5)*

A4. Do you think you are:

Tick one box	(GA4)
Underweight	<input type="checkbox"/>
Overweight	<input type="checkbox"/>
About the right weight	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

A5. Do you think you are:

Tick one box	(GA5)
Shorter than average	<input type="checkbox"/>
Taller than average	<input type="checkbox"/>
About average height	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

A6. Do you think you eat:

Tick one box	(GA6)
Less than average	<input type="checkbox"/>
More than average	<input type="checkbox"/>
About the same as average	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

A7. Have you ever had any upset after eating any kind of food or drink? (exclude food poisoning)

Tick one box	(GA7)
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

→ If YES, answer 7(a) and 7(b) below.

7(a) What form did this upset take?

	Tick all that apply
Rash	(GA7A1) <input type="checkbox"/>
Headaches	(GA7A2) <input type="checkbox"/>
Skin eczema	(GA7A3) <input type="checkbox"/>
Swelling(s)	(GA7A4) <input type="checkbox"/>
Asthma	(GA7A5) <input type="checkbox"/>
Diarrhoea	(GA7A6) <input type="checkbox"/>
Vomiting	(GA7A7) <input type="checkbox"/>
Dizziness	(GA7A8) <input type="checkbox"/>
Other	(GA7A9) <input type="checkbox"/>
(What? ...)	(GA7A10)*

If you have ticked any in 7(a) please answer 7(b).

7(b)

	Please describe what kind of food it was and what happened
1	(GA7B1)*
2	(GA7B2)*
3	(GA7B3)*
4	(GA7B4)*
5	(GA7B5)*
6	(GA7B6)*

PARENTS AND FAMILY

B1. Which of the following descriptions would you say fits best with how you get on with your parent(s)?

<p>My parents:</p> <p>Allow me freedom of action within reason (GB1.1) <input type="checkbox"/></p> <p>Are overprotective/fussing/ worrying (GB1.2) <input type="checkbox"/></p> <p>Are understanding/can talk to them (GB1.3) <input type="checkbox"/></p> <p>Treat me like a child (GB1.4) <input type="checkbox"/></p> <p>Don't understand me/my motives (GB1.5) <input type="checkbox"/></p> <p>Are loving/caring/look after me (GB1.6) <input type="checkbox"/></p>	Tick all that apply	<p>I feel I can't understand what they do want (GB1.7) <input type="checkbox"/></p> <p>Are helpful/good in a crisis (GB1.8) <input type="checkbox"/></p> <p>Are strict/bossy/have too many rules (GB1.9) <input type="checkbox"/></p> <p>Are generous/buy me clothes/things I need (GB1.10) <input type="checkbox"/></p> <p>Are nagging/moaning/complaining (GB1.11) <input type="checkbox"/></p>
--	---------------------	---

B2. Some parents are very strict, and others give lots of freedom. What about yours?

Tick one of the boxes on this line to show how strict your parents are with you. The closer to the left you go, the more strict your parents are, the closer to the right you go, the more freedom you get. If you fill in box (d) it means that you think they are neither strict nor free. (GB2)

Tick one box only

	a	b	c	d	e	f	g	
Very strict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very free

B3. Is there anything important that you really want to do very much but your parents won't let you do it?

(GB3) Tick one box YES, there is <input type="checkbox"/> NO, not really <input type="checkbox"/>	If YES, answer 3(a).	3(a). What is it you really want to do? (GB3A) * _____
---	----------------------	---

B4. Have your father or mother told you off in the last month if you did something they thought was wrong?

(GB4) Tick one box YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please answer 4(a). below:
---	------------------------------------

4(a). Tick one box if it was your mother or your father. Tick both boxes if it was mother and father. Write the reason on the right-hand side.

	Mother	Father	
My	<input type="checkbox"/>	<input type="checkbox"/>	Shouted/told me off, because I (GB4A1) (GB4A2) *
My	<input type="checkbox"/>	<input type="checkbox"/>	Hit me, because I (GB4A3) (GB4A4) *
My	<input type="checkbox"/>	<input type="checkbox"/>	Kept me in, because I (GB4A5) (GB4A6) *
My	<input type="checkbox"/>	<input type="checkbox"/>	Stopped my pocket money, because I (GB4A7) (GB4A8) *
My	<input type="checkbox"/>	<input type="checkbox"/>	Went to my school to talk, because I (GB4A9) (GB4A10) *
My	<input type="checkbox"/>	<input type="checkbox"/>	Did something else, because I (GB4A11) (GB4A12) *

(say what _____)

B5. Do your parents approve/disapprove of your spare-time activities? (GB5A)

My parent(s) disapprove of nearly everything I do <input type="checkbox"/> many of my activities <input type="checkbox"/> a few of my activities <input type="checkbox"/> My parents generally approve of all my activities <input type="checkbox"/> My parents are uninterested/don't care what I do <input type="checkbox"/> Space for your comments (GB5B) * _____	Tick one box
---	--------------

B6. Do your parents approve/disapprove of your friends?

My parents disapprove of (GB6A) Tick one box nearly all of my friends <input type="checkbox"/> many of my friends <input type="checkbox"/> a few of my friends <input type="checkbox"/> My parents generally approve of all my friends <input type="checkbox"/> My parents are uninterested/don't know my friends <input type="checkbox"/> Space for your comments (GB6B) * _____	Tick one box
---	--------------

B7. Do you care what your mother and father think about you?

(GB7A) (Tick one box) What my mother thinks of me I care a lot about <input type="checkbox"/> I care a little about <input type="checkbox"/> I don't care at all about <input type="checkbox"/>	(Tick one box) What my father thinks of me	(GB7B) I care a lot about <input type="checkbox"/> I care a little about <input type="checkbox"/> I don't care at all about <input type="checkbox"/>
---	---	---

B8. Living at home you are bound to come into contact with your parent(s), but how often do you spend time with your parent(s)? By this we mean talking together, doing things together, going out together etc., because you want to.

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

I do things together with my :

	A Most days in week	B Some days in week	C Once a week	D Occasionally	E Little or never
(a) Mother alone (GB8.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Father alone (GB8.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Both parents (GB8.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B9. Where and when in your house are you allowed to entertain your friends?

Tick all that apply for friends of same sex column (a) and then for friends of opposite sex column (b).

I am allowed to entertain...

	Tick all that apply (a) Same sex as me	Tick all that apply (b) Opposite sex
<u>During the daytime</u> -		
in my bedroom	<input type="checkbox"/> (GB9.1)	<input type="checkbox"/>
elsewhere in our house	<input type="checkbox"/> (GB9.2)	<input type="checkbox"/>
<u>During the evening</u> -		
in my bedroom	<input type="checkbox"/> (GB9.3)	<input type="checkbox"/>
elsewhere in our house	<input type="checkbox"/> (GB9.4)	<input type="checkbox"/>
<u>Overnight</u>	<input type="checkbox"/> (GB9.5)	<input type="checkbox"/>

B10. How much homework have you had in 3rd, 4th or 5th year? (Scotland 2nd, 3rd or 4th year)

Tick one box on each line a - c

Give average number of hours in each year

	None	Some	Now give	Can't
			hrs per week	remember
(a) This school year (starting September 1985) (GB10A1)	<input type="checkbox"/>	<input type="checkbox"/> (GB10A2) hours		<input type="checkbox"/>
(b) Last school year (starting September 1984) (GB10B1)	<input type="checkbox"/>	<input type="checkbox"/> (GB10B2) hours		<input type="checkbox"/>
(c) Previous school year (starting September 1983) (GB10C1)	<input type="checkbox"/>	<input type="checkbox"/> (GB10C2) hours		<input type="checkbox"/>

B11. How much interest and help have you had with your homework from your parents this school year?

Tick all boxes that apply in column (a) and column (b)

	Tick all that apply MOTHER (a)	Tick all that apply FATHER (b)
Mainly let me get on with it on my own (GB11.1)	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes help me (GB11.2)	<input type="checkbox"/>	<input type="checkbox"/>
Try but can't really help (GB11.3)	<input type="checkbox"/>	<input type="checkbox"/>
Encourage me but do not help me (GB11.4)	<input type="checkbox"/>	<input type="checkbox"/>
I don't do homework (GB11.5)	<input type="checkbox"/>	<input type="checkbox"/>

B12. What kind of things do you help with at home?

Answer a-m (Tick one box for each line)

	Regul- arly	Some- times	Rarely or never	Doesn't apply
(a) Shopping (GB12.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Washing up (GB12.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Cleaning the house (GB12.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Making the beds (GB12.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Cooking (GB12.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Looking after elderly relatives (GB12.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Looking after pets (GB12.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Washing and/or ironing clothes (GB12.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Gardening (GB12.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Cleaning car, if any (GB12.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Painting or decorating (DIY) (GB12.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Looking after younger children, if any (GB12.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Other things I help with (PLEASE WRITE IN)				
1 (GB12M1) *				
2 (GB12M2) *				
3 (GB12M3) *				

HANDEDNESS

C1. Below are a number of items about which hand you use for doing various things. Please indicate for each of the items below whether you always use your left hand, usually your left hand, have no preference, usually use your right hand, or always use your right hand. Be sure to answer every item.

Answer all questions a - k and tick one box on each line						
I use the following hand:-		Always left	Usually left	No hand preference	Usually right	Always right
(a) to write a letter legibly	(GCI.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) to throw a ball to hit a target	(GCI.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) to use a racquet for games	(GCI.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) to hold top of a broom to sweep	(GCI.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) to hold top of shovel	(GCI.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) to hold a match when striking it	(GCI.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) to hold scissors to cut paper	(GCI.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) to deal playing cards	(GCI.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) to hammer a nail into wood	(GCI.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) to unscrew the lid of a jar	(GCI.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(a) Are there any other one-handed activities for which you use your least preferred hand? (ie. NOT the hand that you use to write a letter legibly - Item a). Please record them here, if there are. If none, write none.

(GC1A) *

FAITH AND RELIGION

Please answer D1 and then D2

D1. What religion were you born into?

Were you born a:	(GD1A)		
Tick one box			
Christian			
Church of England	<input type="checkbox"/>		
Catholic	<input type="checkbox"/>		
Other Christian	<input type="checkbox"/>	(what? (GD1.2)*)	
Muslim/Islam	<input type="checkbox"/>		
Hindu	<input type="checkbox"/>		
Buddhist	<input type="checkbox"/>		
Sikh	<input type="checkbox"/>		
Jewish	<input type="checkbox"/>		
Other cultural group	<input type="checkbox"/>	(what? (GD1.3)*)	
None (atheist, agnostic etc.)	<input type="checkbox"/>		

D2. Is religion an important part of your life?

(GD2)		
Tick one box		
YES, very important	<input type="checkbox"/>	
YES, quite important	<input type="checkbox"/>	
NO, not important	<input type="checkbox"/>	
Have no religion at all	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

D3. What do you think about people with strong religious beliefs?

Answer questions a - f and tick one box on each line						
People with strong religious beliefs are:		I Agree strongly	I Agree	No opinion	I Disagree	I Disagree strongly
(a) Lucky to have something to believe in	(GD3.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Old fashioned	(GD3.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Valuable members of society	(GD3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Misguided	(GD3.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) People who go to help you in trouble	(GD3.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) No different from other people	(GD3.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEAVING HOME

E1. Some young people like living at home with their parents and others feel they need to be independent. How would you describe your feelings about living at home with your parents?

(GE1)		Tick one box only
I am very happy	<input type="checkbox"/>	
I am happy	<input type="checkbox"/>	
I am somewhat unhappy	<input type="checkbox"/>	
I don't live with my parent(s)	<input type="checkbox"/>	
Don't know or no feelings	<input type="checkbox"/>	

E2. Some people your age decide to leave home early, some later, and some never. Are you thinking of leaving home?

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">(GE2)</td> <td style="text-align: right;">Tick one box only</td> </tr> <tr> <td>Now/very soon</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>In the next year</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>From 1-3 years</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Sometime in the future</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Uncertain</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	(GE2)		Tick one box only	Now/very soon	<input type="checkbox"/>		In the next year	<input type="checkbox"/>		From 1-3 years	<input type="checkbox"/>		Sometime in the future	<input type="checkbox"/>		Uncertain	<input type="checkbox"/>		2(a)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">If leaving now, or within the foreseeable future, what is the reason?</td> <td style="text-align: right;">Tick all that apply</td> </tr> <tr> <td>To find a job</td> <td style="text-align: center;">(GE2A1)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>To take up a job</td> <td style="text-align: center;">(GE2A2)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>To go to College/University</td> <td style="text-align: center;">(GE2A3)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>To get married/live with partner</td> <td style="text-align: center;">(GE2A4)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>To have a family of my own</td> <td style="text-align: center;">(GE2A5)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>To be independent of my family</td> <td style="text-align: center;">(GE2A6)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Not happy at home generally</td> <td style="text-align: center;">(GE2A7)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Parents splitting up</td> <td style="text-align: center;">(GE2A8)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Want a place of my own</td> <td style="text-align: center;">(GE2A9)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other reason (say what)</td> <td style="text-align: center;">(GE2A10) (GE2A11)*</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	If leaving now, or within the foreseeable future, what is the reason?		Tick all that apply	To find a job	(GE2A1)	<input type="checkbox"/>	To take up a job	(GE2A2)	<input type="checkbox"/>	To go to College/University	(GE2A3)	<input type="checkbox"/>	To get married/live with partner	(GE2A4)	<input type="checkbox"/>	To have a family of my own	(GE2A5)	<input type="checkbox"/>	To be independent of my family	(GE2A6)	<input type="checkbox"/>	Not happy at home generally	(GE2A7)	<input type="checkbox"/>	Parents splitting up	(GE2A8)	<input type="checkbox"/>	Want a place of my own	(GE2A9)	<input type="checkbox"/>	Other reason (say what)	(GE2A10) (GE2A11)*	<input type="checkbox"/>
(GE2)		Tick one box only																																																			
Now/very soon	<input type="checkbox"/>																																																				
In the next year	<input type="checkbox"/>																																																				
From 1-3 years	<input type="checkbox"/>																																																				
Sometime in the future	<input type="checkbox"/>																																																				
Uncertain	<input type="checkbox"/>																																																				
If leaving now, or within the foreseeable future, what is the reason?		Tick all that apply																																																			
To find a job	(GE2A1)	<input type="checkbox"/>																																																			
To take up a job	(GE2A2)	<input type="checkbox"/>																																																			
To go to College/University	(GE2A3)	<input type="checkbox"/>																																																			
To get married/live with partner	(GE2A4)	<input type="checkbox"/>																																																			
To have a family of my own	(GE2A5)	<input type="checkbox"/>																																																			
To be independent of my family	(GE2A6)	<input type="checkbox"/>																																																			
Not happy at home generally	(GE2A7)	<input type="checkbox"/>																																																			
Parents splitting up	(GE2A8)	<input type="checkbox"/>																																																			
Want a place of my own	(GE2A9)	<input type="checkbox"/>																																																			
Other reason (say what)	(GE2A10) (GE2A11)*	<input type="checkbox"/>																																																			

E3. When you first leave home, do you expect to be living alone?

(GE3)		Tick one box only
Yes, I expect to live alone	<input type="checkbox"/>	
No, share with relatives of my own age	<input type="checkbox"/>	
No, share with adults	<input type="checkbox"/>	
No, share with friends	<input type="checkbox"/>	
No, with (marriage) partner, and possibly with children	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

E4. Looking ahead 5 years, what do you see yourself doing?

(GE4A)		Tick one box
Following a profession	<input type="checkbox"/>	
Working in an office	<input type="checkbox"/>	
Doing a skilled trade	<input type="checkbox"/>	
Working with my hands	<input type="checkbox"/>	
Working in the open air	<input type="checkbox"/>	
At a University/Polytechnic	<input type="checkbox"/>	
Doing something else	<input type="checkbox"/>	
(What? (GE4B)*)		

E5. What do you think you will be doing and where do you think you will be living in 10 years time?

Please write	(GE5)*
	(GE5A)*

VIDEOS

F1. How often have you watched TV or videos in the past 4 weeks?

Answer questions a-e and tick one box per line	Most days	2-3 times a week	1-2 times a week	Less than once a week	Never
(a) TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Video nasties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Blue films/Porn videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Video films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) TV Programmes on Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. Have you actually seen a video nasty or a blue film (porn video) in the last month?

(GF2) Tick one box

YES, I have seen a video nasty

YES, I have seen a blue film

YES, I have seen both of above

NO

→ If YES, please answer 2(a), 2(b) and 2(c) below:



2(a) Where did you watch the last one you saw? (GF2A1) Tick one box

At home

At a friend's house

Somewhere else (Where? (GF2A2) *)

2(b) Where did it/they come from? Tick all that apply

Newsagent (GF2B1)

Video Shop (GF2B2)

Sex shop (GF2B3)

Off-licence (GF2B4)

Service Station (GF2B5)

Somewhere else (Where? (GF2B6) *)

(Where? (GF2B7) *)

2(c) What was it called (GF2C) *



F3. How many video nasties/porn videos have you seen?

(GF3) Tick one box only

None

One or two

3-5

5-10

10+

If seen you've seen any video nasties/porn videos, please answer 3(a) below.

3(a) Can you name the 3 most shocking videos you have ever seen?

1. (GF3A1) *

2. (GF3A2) *

3. (GF3A3) *

F4. Do you think these 'nasties' and 'blue' films are as shocking as some people say?

(GF4) Tick one box only

Not shocking at all

Fairly shocking

Very shocking

F5. Should video nasties/blue films be banned?

(GF5) Tick one box only

YES, altogether

YES, for people my age and older

YES, for people younger than me

NO

SPENDING POWER

G1. Do you have regular spending money each week?

(GG1) Tick one box

NO

YES, regularly

YES, some weeks

→ IF NO, please answer 1(a) below

→ IF YES, please answer 1(b) below



1(a) If you don't have spending money, how do you manage? (GG1A1) Tick all that apply

Parents/relations give me it when I need it

Parents/relations sometimes pay for the chore (GG1A2)

I do occasional outside work (GG1A3)

I 'borrow' from family (GG1A4)

I 'borrow' from friends (GG1A5)

Other ways (GG1A6)

(please say what (GG1A7) *)

1(b) Where did it come from? Tick all that apply

Given by parents regularly without strings (GG1B1)

Rewards for achievement eg. passing exams (GG1B2)

Earned in the house (GG1B3)

Given by other relations (GG1B4)

Earned from other relations (GG1B5)

Earned outside the home from paid job (GG1B6)

(please say how (GG1B7) *)

G2. How do you feel about the amount of money your parents give you to spend on yourself or to do things with?

(GG2) Tick one box only, which is closest to the way you feel

My parents give me as much as I need

I'm sure they would give me more if they could

I'm sure they would give more but I'm satisfied

They could easily give me more, but they won't

I could get them to give me more, but I wouldn't ask them

They wouldn't give me any more, even if I asked them

They wouldn't be able to give me any more anyway

They don't give me any money at all

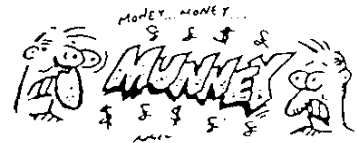
G3. Are you ever depressed when you have no money?

(GG3) Tick one box

YES

NO

CAN'T SAY



G4. Do you ever feel you miss out on things that your friends have or things they can do, because you can't afford to do the same?

(GG4) Tick one box

YES, occasionally

YES, often

NO

If you feel you miss out, please answer 4(a) and 4(b) below.

4(a) How do you feel about that? (GG4A) Tick one box

I mind very much

I mind quite a bit

It doesn't bother me

It doesn't bother me at all

4(b) What sort of things do you miss out on? Tick all that apply

Having fashionable clothes (GG4B1)

Having big possessions like a stereo or a camera (GG4B2)

Having small possessions like records or cassettes (GG4B3)

School trips (GG4B4)

Entry money for Cinema/disco (GG4B5)

Entry money for sports (GG4B6)

Going out with my friends (GG4B7)

Money for travel to go places (GG4B8)

Treating my friends (GG4B9)

Buying presents (GG4B10)

Other things (GG4B11)

(say what (GG4B12) *)

G5. Sometimes it is tempting to do things without having to pay. Have you ever found ways of going places or getting into things without paying?

Please tick any of the following ways that you have used in the past six months. Tick all that apply

Always pay for everything (GG5.1)

I sometimes go by bus without paying (GG5.2)

I sometimes go by train without paying (GG5.3)

I sometimes get into a dance or disco without paying (GG5.4)

I sometimes get into a sports centre or swimming pool without paying (GG5.5)

I sometimes get cheaper tickets by saying I'm young enough for half price (GG5.6)

Other ways? (GG5.7)

What? (GG5H) *

G6. Just suppose you had twice as much money per week, which of the things below would you spend it on?

Tick all that apply in column A. Then in Column B put a number beside the three most important things (1 = most important, 2 = next most important etc.) in the space beside the boxes you have ticked.

	A Tick all that apply	B Number as 1, 2, 3
Sweets/snacks/fizzy drinks from shops/takeaways (GG6.1)	<input type="checkbox"/>	_____
Alcohol (GG6.2)	<input type="checkbox"/>	_____
Cigarettes (GG6.3)	<input type="checkbox"/>	_____
Newspapers/magazines/books (GG6.4)	<input type="checkbox"/>	_____
Makeup/clothes (GG6.5)	<input type="checkbox"/>	_____
Sports clothes/equipment/club dues and entrances fees to sports facilities (GG6.6)	<input type="checkbox"/>	_____
Records and/or cassettes (GG6.7)	<input type="checkbox"/>	_____
Equipment for your hobby (GG6.8)	<input type="checkbox"/>	_____
Presents for your family and friends (GG6.9)	<input type="checkbox"/>	_____
Tickets for cinema/concert (GG6.10)	<input type="checkbox"/>	_____
Admission money for disco/gig/dances (GG6.11)	<input type="checkbox"/>	_____
Entrance money to sports fixtures (GG6.12)	<input type="checkbox"/>	_____
Travel fares (eg. to meet people, get to youth clubs, places of entertainment) (GG6.13)	<input type="checkbox"/>	_____
Betting/gambling (GG6.14)	<input type="checkbox"/>	_____



G7. Have you got a paid job now, or have you had a paid job in the past?

(GG7)

Tick one box

YES, now

YES, but not now

NO, never

→ If YES, answer 7(a), 7(b) and 7(c) below.



7(a)

At what age did you start your present job? (or most recent job if you haven't got one now)

At (GG7A1) years (GG7A2) months

7(b)

What is/was your part-time job? Tick all that apply

Newspaper round (GG7B1)

Baby sitting (GG7B2)

Saturday job in: Supermarket (GG7B3)

Newsagent (GG7B4)

Other shop (What? (GG7B5) (GG7B6)*)

Help with a milk round (GG7B7)

Help in a restaurant/café (GG7B8)

Help in a cleaning job (GG7B9)

Other (say what (GG7B10) (GG7B11)*)

7(c) How long have you been doing your present job (or most recent job)?

I have been doing it for (GG7C) months

G8. Do you save money?

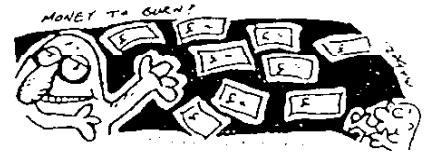
(GG8)

Tick one box

YES

NO

→ If YES, please answer 8(a) below:
→ If NO, please answer 8(b) below:



8(a) What do you save up for? Tick all that apply

Just for the sake of it (GG8A1)

Holiday (GG8A2)

Audio equipment (GG8A3)

Presents (GG8A4)

Bike/moped (GG8A5)

Sports Equipment (GG8A6)

Equipment for hobby (GG8A7)

Other thing(s) (GG8A8)

(please say what (GG8A9)*)

8(b)

What are the reasons you don't save money? Tick all that apply

I don't believe in saving money (GG8B1)

I never have enough money to be able to save (GG8B2)

It takes too long to save a worthwhile sum (GG8B3)

I find it too difficult to save (GG8B4)

My parents are saving money for me, anyway (GG8B5)

Other reason (GG8B6)

(say what (GG8B7)*)

SMOKING

A lot of people try cigarettes as children or teenagers. Some of them take up smoking regularly, others smoke a cigarette occasionally, some never smoke at all when they are older. What about you and smoking? Please answer all questions whether you smoke or not.

H1. Please tell us what kind of "smoker" you are by ticking one of the boxes below. (By "smoker" we mean someone who smokes at least one cigarette a week).

(GH1)

Tick one box

I have never smoked a cigarette

I used to smoke but I haven't for 3 months or more

I smoke sometimes, but not as much as one cigarette a week

I am a smoker (at least one cigarette a week)

→ If you've never smoked or don't smoke now; answer 1(a)

1(a)

What are the reasons you don't smoke? Tick all that apply

I don't like it (GH1A1)

It's too expensive anyway (GH1A2)

It's unhealthy (GH1A3)

My parents won't let me (GH1A4)

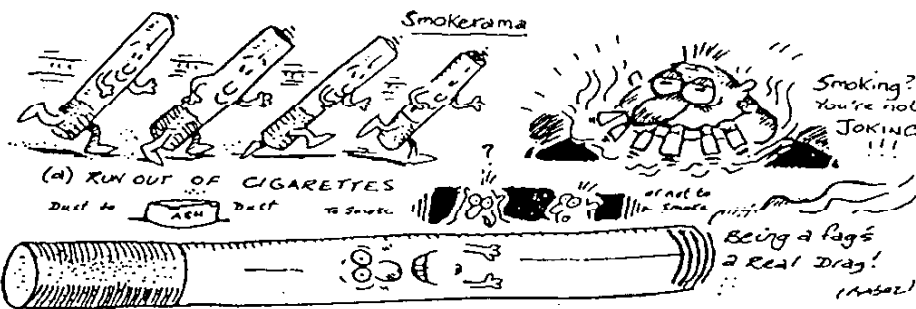
I'm afraid I would get hooked (GH1A5)

It's a dirty habit (GH1A6)

It upsets me (GH1A7)

Other reasons (GH1A8)

(What? (GH1A9)*)



H2. How many cigarettes do you smoke in a week?

(GH2)

Tick one box

I am a non-smoker

I probably smoke one whole cigarette a week on average

More than 1 and up to 5

More than 5 and up to 10

More than 10 and up to 20

More than 20 and up to 40

More than 40 and up to 70

More than 70 and up to 100

More than 100 a week on average

H3. Why do you think people smoke?

People smoke because: Tick all that apply

They can't do without it (GH3.1)

They enjoy smoking (GH3.2)

It helps them forget problems (GH3.3)

It helps them be less nervous (GH3.4)

It helps them relax (GH3.5)

It helps them feel less tense (GH3.6)

It helps them to be sociable (GH3.7)

It helps them to think they're grown up (GH3.8)

Other reasons (What? (GH3.9) (GH3.10)*)

H4. Please tell us what kind of smoker or non-smoker you are.

Tick all that apply to you

I have never smoked/I have given up smoking (GH4.1)

I never have a whole cigarette to myself but I sometimes have a puff of someone else's (GH4.2)

I never ask for or buy cigarettes but I sometimes accept one that is offered (GH4.3)

I never buy cigarettes but I sometimes ask for one when someone else is smoking (GH4.4)

I buy cigarettes sometimes to smoke myself, but I don't always buy more when they're gone (GH4.5)

I buy a new packet of cigarettes as soon as the last packet is empty (GH4.6)

If I run out of cigarettes I have to go and buy more, even if it means going out specially (GH4.7)

H5. Think back to the time you first tried smoking. How old were you at the time?

(GH5)

5 yrs 6 yrs 7 yrs 8 yrs 9 yrs 10 yrs 11 yrs 12 yrs 13 yrs 14 yrs 15 yrs Can't Never
or less remember smoked

I was.....

H6. How did you feel when you first tried smoking?

Tick all that apply

I enjoyed it (GH6.1)

I felt grand and grown up (GH6.2)

It made me sick (GH6.3)

It made me cough (GH6.4)

It made me dizzy (GH6.5)

It made me feel funny in other ways (GH6.6)

How? (GH6.7)*

I can't remember (GH6.8)

I have never had a cigarette (GH6.9)

H7. Where were you when you first tried smoking?

(GH7A)

Tick one box

I was at home

I was at a friend's home

I was out of doors somewhere

I was at a club/disco

I was at school

I was somewhere else

(Where? (GH7B)*)

I can't remember

I have never had a cigarette

H8. Who was with you when you first tried smoking?

(GH8A)

Tick one box

I was: Alone

With my parents

With my brother/sister

With friends

I was with people older than me

I was with someone else

(Who? (GH8B)*)

I can't remember

I have never tried a cigarette

H9. Where did you get your 1st cigarette?

(GH9A)

Tick one box

I bought it

I found it

I just took it

Someone gave it to me

(Who? (GH9B)*)

I can't remember

I have never had a cigarette

H10. Can you remember the brand of cigarette when you tried smoking first?

(GH10A)

Tick one box

YES If YES, please give brand

NO

Never smoked

Which brand was it? (GH10B)* _____

H11. Over the past 12 months what has been your smoking habit?

(GH11) Tick one box

Not smoking at start of year but began during the year

Smoked all through same amount

Smoked all through, but cut down

Smoked all through and increased

Smoked at beginning, but gave up some time in the year

Have not smoked throughout

H12. Looking back over the last seven days:

At what time of day have you had a smoke? Tick all that apply

Before school (GH12.1)

During morning break (GH12.2)

Lunch break (GH12.3)

Afternoon break (GH12.4)

After school (GH12.5)

In the evening (GH12.6)

In bed (GH12.7)

I don't smoke (GH12.8)

H13. Nowadays, where do you usually get your cigarettes from?

(GH13.1) Tick all that apply

I buy them from a shop (GH13.1)

I buy them from a cigarette machine (GH13.2)

I get my parents to buy them (GH13.3)

I get my friends to buy them (GH13.4)

My parents give them to me (GH13.5)

I help myself to any lying around (GH13.6)

I sometimes take them without permission (GH13.7)

I don't smoke (GH13.8)

I get them from somewhere else (GH13.9)

(Where? (GH13.10) *)

H14. Nowadays where do you usually do your smoking?

(GH14.1) Tick all that apply

I smoke at home everywhere (GH14.1)

I smoke at home, not in front of parents (GH14.2)

I smoke during school breaks etc. (GH14.3)

I smoke around town/out of doors (GH14.4)

I smoke in friends' houses (GH14.5)

I smoke somewhere else (GH14.6)

(Where? (GH14.7) *)

I don't smoke (GH14.8)

H15. Nowadays, who is usually with you when you're smoking?

(GH15.1) Tick all that apply

I usually smoke alone (GH15.1)

I smoke with one friend (GH15.2)

I smoke with other teenagers (GH15.3)

I smoke with parents (GH15.4)

With other people (GH15.5)

(Who? (GH15.6) *)

I don't smoke (GH15.7)

H16. Looking back over the last seven days:

How much money have you spent on cigarettes in the past 7 days?

If nothing, write 0 (GH16)

Put amount in figures £ _____ p

H17. What is the brand of cigarette you like the best?

If you do not smoke please write none

(i) (GH17A) *

(ii) (GH17B) *

H18. Which brand(s) of cigarettes do you usually smoke?

(GH18.1) Tick all that apply

I don't smoke (GH18.1)

I smoke Benson & Hedges (GH18.2)

I smoke John Player Special (GH18.3)

I smoke John Player Blue (GH18.4)

I smoke Players No.6 Filter Tip (GH18.5)

I smoke Players No.10 Filter Tip (GH18.6)

I smoke Silk Cut (GH18.7)

Please continue in next column

(GH18.8) Tick all that apply

I smoke Marlboro (GH18.8)

I smoke Superkings (GH18.9)

I smoke Consulate (GH18.10)

I smoke Embassy Regal (GH18.11)

I smoke Rothmans (GH18.12)

I smoke Dunhill (GH18.13)

I smoke other brand(s) (GH18.14) (GH18.16)

(What? (GH18.15) *)

(GH18.17) *

H19. Do you know the tar level of the cigarettes you usually smoke?

(GH19) Tick one box

YES

NO

I don't smoke

19(a)

If YES, answer 19(a)

(GH19A) Tick one box

Is it: (GH19A)

High Tar

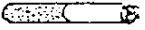
Medium Tar


Medium to Low Tar


Low Tar

H20. How far down the cigarette do you usually smoke?

(GH20) Tick one box







I can't say, it varies

I don't smoke

H21. How much smoke, if any, do you inhale?

Tick all that apply

I hold the smoke in my mouth only. (GH21.1)

I take the smoke to the back of my throat. (GH21.2)

I take smoke partly into my chest. (GH21.3)

I take smoke right back into my chest. (GH21.4)

I don't smoke. (GH21.5)

H22. How difficult would you find it to go without smoking for several days or even a week?

(GH22) Tick one box

Impossible

Very difficult

Fairly difficult

Not at all difficult

Don't know

I don't smoke

H23. Some people say smoking is a habit and they can't help themselves, other people say they can take it or leave it. What about you?

(GH23) Tick one box

I'm happy with the amount I smoke but I feel I could stop altogether if I wanted.

I suppose I smoke too much but I'm sure I could stop if I really wanted.

I smoke too much but one day I'll cut down.

I really wish I didn't smoke so much but I haven't the willpower to stop.

None of the above

I don't smoke

H24. Do you think you will be smoking twelve months from now?

(GH24) Tick one box

YES, I'm afraid so

NO

I Don't know

I don't smoke

if YES, answer 24(a) below

How much will you be smoking? (GH24A) Tick one box

More than now

Same as now

Less than now

H25. Do your parents, friends or relatives ever smoke?

Tick one box on each line, a-e

Which of the following smoke(s)	Not at all	Some-times	Often	Don't know
(a) My mother (GH25.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) My father (GH25.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) My brother(s)/sister(s) (GH25.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) My best friend (GH25.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) My boy/girl friend (GH25.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H26. How many of your friends smoke?

(GH26) Tick one box

None of them

About a quarter of them

About half of them

Most of them

H27. How would your parents feel if they saw you smoking?

(GH27A) (GH27B)

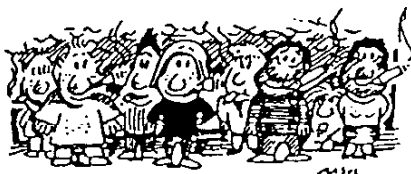
Tick one box for each parent

They would be:	My Mother	My Father
Extremely upset	<input type="checkbox"/>	<input type="checkbox"/>
Very upset	<input type="checkbox"/>	<input type="checkbox"/>
Quite upset	<input type="checkbox"/>	<input type="checkbox"/>
Not very upset	<input type="checkbox"/>	<input type="checkbox"/>
Wouldn't mind	<input type="checkbox"/>	<input type="checkbox"/>
Quite pleased	<input type="checkbox"/>	<input type="checkbox"/>
This parent doesn't live with me	<input type="checkbox"/>	<input type="checkbox"/>

H28. Lets compare smokers and non-smokers:

Tick one box on each line a-f

Which do you believe are:	Non Smokers	Smokers	Both equal
(a) Healthier? (GH28.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) More attractive to opposite sex? (GH28.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) More sociable and mix better? (GH28.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) More likely to take drugs (GH28.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) More likely to get a good job (GH28.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Better at exams (GH28.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This space is for you to tell us the ways in which you are **satisfied** about what is being done for young people of your age, and the ways in which you are **dissatisfied**. What would you like to be done to make life better and more interesting for teenagers, right now and in the future:—

(GI1)*

(GI2)*

(GI3)*

(GI4)*

(GI5)*

(GI6)*

(GI7)*

(GI8)*

(GI9)*

(GI10)*