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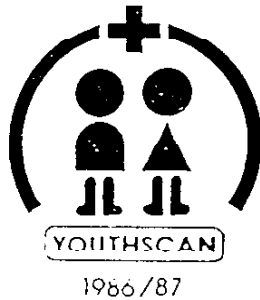
# YOUTHSCAN U.K.

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

## FRIENDS AND THE OUTSIDE WORLD

### STUDENT SELF-COMPLETION QUESTIONNAIRE



**CONFIDENTIAL**

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**BLOCK CAPITALS PLEASE**

Student's Surname .....

Student's Forename(s) ..... Sex **(SEX86)**

Student's Home Address .....

.....

..... Postcode .....

Name of school ..... Date of Birth **(DOB86)** 4/70

..... Today's Date **(HDOC\_MT)** **(HDOC\_YR)**

**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 <input checked="" type="checkbox"/>
NO .....	<input 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?	
Pop Music .....	Tick all that apply <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	B
	Tick all that apply	Number 1 2 3
My Parents .....	<input checked="" type="checkbox"/>	2
My Brother(s)/Sister(s) .....	<input checked="" type="checkbox"/>	1
My best friend .....	<input checked="" type="checkbox"/>	3
A boy/girlfriend .....	<input type="checkbox"/>	
Other friends .....	<input checked="" type="checkbox"/>	
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 parents and 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       NO

If YES, answer (a) and (b) below.

(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.

# HEALTH

A1. What is your present weight and height?

Weight:

My weight is \_\_\_\_\_ lbs  
(or \_\_\_\_\_ stones \_\_\_\_\_ lbs)  
(or (HA1.1) kilos)

Height:

My height is \_\_\_\_\_ inches  
(or \_\_\_\_\_ feet \_\_\_\_\_ inches)  
(or (HA1.2) cms)

A2. In the past 12 months, what has been done for your health at school?

Answer all questions a - d and tick one box per line

(a) Seen the School nurse	<u>(HA2.1)</u>	Yes	No
(b) Had a school medical examination	<u>(HA2.2)</u>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Had an eyesight test at school	<u>(HA2.3)</u>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Had a hearing test at school	<u>(HA2.4)</u>	<input type="checkbox"/>	<input type="checkbox"/>

A3. In the past 12 months have you been anywhere about your health.

Tick one box on each line. Answer all questions a - g

(a) Consulted family doctor	<u>(HA3A.1)</u>	Yes	No	Why?	<u>(HA3A.2) *</u>
(b) Had a dental check-up	<u>(HA3B.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	Why?	<u>(HA3B.2) *</u>
(c) Had dental treatment	<u>(HA3C.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	Why?	<u>(HA3C.2) *</u>
(d) Attended Hospital Outpatients	<u>(HA3D.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	What for?	<u>(HA3D.2) *</u>
(e) Been admitted to Hospital	<u>(HA3E.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	What for?	<u>(HA3E.2) *</u>
(f) Had an accident	<u>(HA3F.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	What?	<u>(HA3F.2) *</u>
(g) Had an operation	<u>(HA3G.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	Why?	<u>(HA3G.2) *</u>

A4. In the past 12 months have you had any of the following?

Answer every question a - j and tick box to indicate Yes or No

(a) Sore throats	<u>(HA4.1)</u>	Yes	No	(e) Wheezing on the chest	<u>(HA4.5)</u>	Yes	No
(b) Earache	<u>(HA4.2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Asthma	<u>(HA4.6)</u>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Hearing difficulty	<u>(HA4.3)</u>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Acne	<u>(HA4.7)</u>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Problems with eyesight	<u>(HA4.4)</u>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Nervous problems	<u>(HA4.8)</u>	<input type="checkbox"/>	<input type="checkbox"/>
				(i) Other problems	<u>(HA4.9)</u>	<input type="checkbox"/>	<input type="checkbox"/>
				What?	<u>(HA4.10) *</u>	<input type="checkbox"/>	<input type="checkbox"/>

A5. Have you had any illnesses or accidents requiring medical attention in the past 12 months?

(HA5)  
YES   
NO

If YES, answer (5a) and (5b) below

5(b).

5(a).

What were you told was the matter?

- (HASA.1) \*
- (HASA.2) \*
- (HASA.3) \*

Where were you treated? Tick all that apply

I visited surgery/health centre (HASB.1)

I was treated at home (HASB.2)

I attended hospital (HASB.3)

I was admitted to hospital (HASB.4)

## HERE ARE SOME QUESTIONS ABOUT COUGHS AND COLDS:

A6.

Please tick one box on each line

(a) Do you usually cough first thing in the morning in winter?	<u>(HA6.1)</u>	Yes	No
(b) Do you usually bring up any phlegm (spit) from your chest first thing in the morning in winter?	<u>(HA6.2)</u>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Do you bring up any phlegm (spit) from your chest during the day in winter?	<u>(HA6.3)</u>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Do you get short of breath when hurrying on flat ground or walking up a slight hill?	<u>(HA6.4)</u>	<input type="checkbox"/>	<input type="checkbox"/>

If YES, to any of these, please answer 6(a) below

6(a).

Do you cough or bring up phlegm (spit) for as many as 3 months each year? (HA6A.1)

YES

NO

## QUESTIONS A7 - A9 - GIRLS ONLY.

A7. Have you started your monthly periods yet?

(HA7)  
Tick one box  
YES   
NO

If YES, please answer: 7(a), 7(b) and 7(c).

Give the age when you had your first period: Tick one box

10 yrs or less (HA7.1)

11 yrs

12 yrs

13 yrs

14 yrs

15 yrs

7(b). When was the first day of your last menstrual period?  
(HA7.2A), (HA7.2B) 1986 (HA7.2C)

7(c). If you haven't had a period for over a month, can you tell us why? (HA7.3) \*



87. When you go out with friends your own age, how often do your parents ask you?

	Almost always	Mostly	Sometimes	Hardly ever
Tick one box on each line a - c				
(a) Who you are going out with? (HB7.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Where you are going? (HB7.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) What you are going to be doing? (HB7.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88. When you do go out with friends your own age, how often do you tell your parents (either of your own accord or in answer to their asking).

	Almost always	Mostly	Sometimes	Hardly ever
Tick one box on each line a - c				
(a) Who you are really going to be with? (HB8.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Where you are really going? (HB8.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) What you are really going to be doing? (HB8.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

89. A lot is talked nowadays about teenagers and sex. Please tell us about how you feel about having sex.

	Tick all that apply to you
I don't feel ready for sex (HB9.1)	<input type="checkbox"/>
I have done it once (HB9.2)	<input type="checkbox"/>
I've done it several times (HB9.3)	<input type="checkbox"/>
I've done it regularly (HB9.4)	<input type="checkbox"/>
I've only done it with one person (HB9.5)	<input type="checkbox"/>
I've done it with more than one person (HB9.6)	<input type="checkbox"/>
I've never done it (HB9.7)	<input type="checkbox"/>
I'm glad I've done it (HB9.8)	<input type="checkbox"/>
I enjoy it (HB9.9)	<input type="checkbox"/>
I wish I had done it (HB9.10)	<input type="checkbox"/>
I expect I shall do it soon (HB9.11)	<input type="checkbox"/>
My parents would be horrified at the idea (HB9.12)	<input type="checkbox"/>

90. Here are two statements about having sex. Please answer both 9(a) and 9(b).

B10(a).

I think it would be all right for me myself to do it with someone if we were: (HB10.1)	Tick one box
On a first date	<input type="checkbox"/>
After a few dates	<input type="checkbox"/>
Engaged	<input type="checkbox"/>
Married	<input type="checkbox"/>

B10(b).

I think it is all right for other people to do it together, if they were: (HB10.2)	Tick one box
On a first date	<input type="checkbox"/>
After a few dates	<input type="checkbox"/>
Engaged	<input type="checkbox"/>
Married	<input type="checkbox"/>

91. Obviously nobody wants to start a baby by mistake (and least of all the people who care about you) — whether or not this applies to you at the moment, we'd like to know your views about taking precautions against pregnancy.

Which ways do you use nowadays?	ANSWER BOTH	Which ways do you think you would use in the future?
Tick all that apply		Tick all that apply
<input type="checkbox"/> (HB11A.1)	The boy withdraws (pulls out)	<input type="checkbox"/> (HB11B.1)
<input type="checkbox"/> (HB11A.2)	The boy uses a rubber (durex)	<input type="checkbox"/> (HB11B.2)
<input type="checkbox"/> (HB11A.3)	The girl works out safe period	<input type="checkbox"/> (HB11B.3)
<input type="checkbox"/> (HB11A.4)	The girl is on the pill	<input type="checkbox"/> (HB11B.4)
<input type="checkbox"/> (HB11A.5)	The girl uses jelly/cream	<input type="checkbox"/> (HB11B.5)
<input type="checkbox"/> (HB11A.6)	The girl uses another method	<input type="checkbox"/> (HB11B.6)
<input type="checkbox"/> (HB11A.7)	Not having sex at all	<input type="checkbox"/> (HB11B.7)
<input type="checkbox"/> (HB11A.8)	Trusting to luck	<input type="checkbox"/> (HB11B.8)
<input type="checkbox"/> (HB11A.9)	None of these	<input type="checkbox"/> (HB11B.9)
<input type="checkbox"/> (HB11A.10)	Don't know	<input type="checkbox"/> (HB11B.10)

**B12. What do you think were/are the important sources of your knowledge about sexual matters?**

In Column A, tick all boxes which indicate from where you obtained help/knowledge  
 In Column B, put a number 1, 2 or 3 beside the boxes you have ticked to indicate the 3 most important sources of help

I got/get information from:	A		B		
	Tick all that apply		Number the most important sources 1 2 3		
'Sex Education' at school	<input checked="" type="checkbox"/>	(HB12.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mother	<input checked="" type="checkbox"/>	(HB12.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My father	<input checked="" type="checkbox"/>	(HB12.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends' parents	<input checked="" type="checkbox"/>	(HB12.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends	<input checked="" type="checkbox"/>	(HB12.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My girlfriend/boyfriend	<input checked="" type="checkbox"/>	(HB12.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My brother/sister	<input checked="" type="checkbox"/>	(HB12.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television/films	<input checked="" type="checkbox"/>	(HB12.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books/magazines	<input checked="" type="checkbox"/>	(HB12.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From other place (Where?)	<input checked="" type="checkbox"/>	(HB12.10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(HB12.11)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LAW AND ORDER**

**C1. Do you and your friends ever just mess about outside doing nothing in particular?**

(HC1) Tick one box

YES, often

YES, occasionally

NO

If YES, please answer 1(a), 1(b) and 1(c) below.

1(a).

Why do you do it? Tick all that apply

We talk to each other  (HC1A.1)

We meet girls/boys sometimes  (HC1A.2)

We do it because there's nothing better to do  (HC1A.3)

We do it to get out of our homes  (HC1A.4)

We do it just to mess about  (HC1A.5)

We do it to see if anything exciting turns up, even if there's a risk  (HC1A.6)

We do it because there's lots going on outside and we feel we can play a part  (HC1A.7)

1(b).

How often do you do it? (HC1B) Tick one box

Once in a while

1-3 days a month

1-3 days a week

4 or more days a week

1(c).

How many of you are usually there in all? Tick one box

One  (HC1C)

Two/three

Four/five/six

Seven or more

**C2. When you are out with friends do you ever get led into doing things that you would not consider doing on your own?**

(HC2) Tick one box

YES, often

YES, sometimes

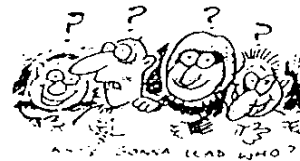
YES, but rarely

NO, never

Don't Know

NO, never

If YES, please answer 2(a) below:



2(a).

Are these things that might get you into trouble with the Police if they knew about it?

YES (HC2A.1)  If YES, would you like to tell us in confidence about it? (HC2A.2)\*

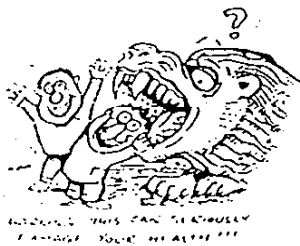
NO

DON'T KNOW

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



C3. Here are some things that people sometimes dare their friends to do. Just supposing you could do all these things with no chance of ever being found out, how tempted would you be to do them?

Answer a - g and tick one box on each line.

	Very tempted	Quite tempted	Not very tempted	Not at all tempted
(a) Take someone's bike with no intention of putting it back . . . . .	<input type="checkbox"/> (HC3.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Sniff glue or other solvents . . . . .	<input type="checkbox"/> (HC3.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Take a stranger's car or motorbike for a ride without permission . . . . .	<input type="checkbox"/> (HC3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Deliberately destroy or damage other people's property (eg break windows or paint slogans on walls) . . . . .	<input type="checkbox"/> (HC3.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Take something worth about £5 (like a book or LP) from a shop without paying for it . . . . .	<input type="checkbox"/> (HC3.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Get into someone's house without their permission . . . . .	<input type="checkbox"/> (HC3.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Use physical force to get money from someone (not in your family) . . . . .	<input type="checkbox"/> (HC3.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. In the area where you live, how common would say are the following situations?

Answer a - e and tick one box on each line

	Very common	Fairly common	Not very common	Not at all common	Don't know
(a) Noisy neighbours or loud parties . . . . .	<input checked="" type="checkbox"/> (HC4.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Graffiti/slogans on walls or buildings . . . . .	<input checked="" type="checkbox"/> (HC4.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Teenagers hanging round the streets . . . . .	<input checked="" type="checkbox"/> (HC4.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Drunks/tramps on the streets . . . . .	<input checked="" type="checkbox"/> (HC4.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Lots of rubbish/litter lying about . . . . .	<input checked="" type="checkbox"/> (HC4.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. Have you seen/taken part in a fight(s) in the last 12 months?

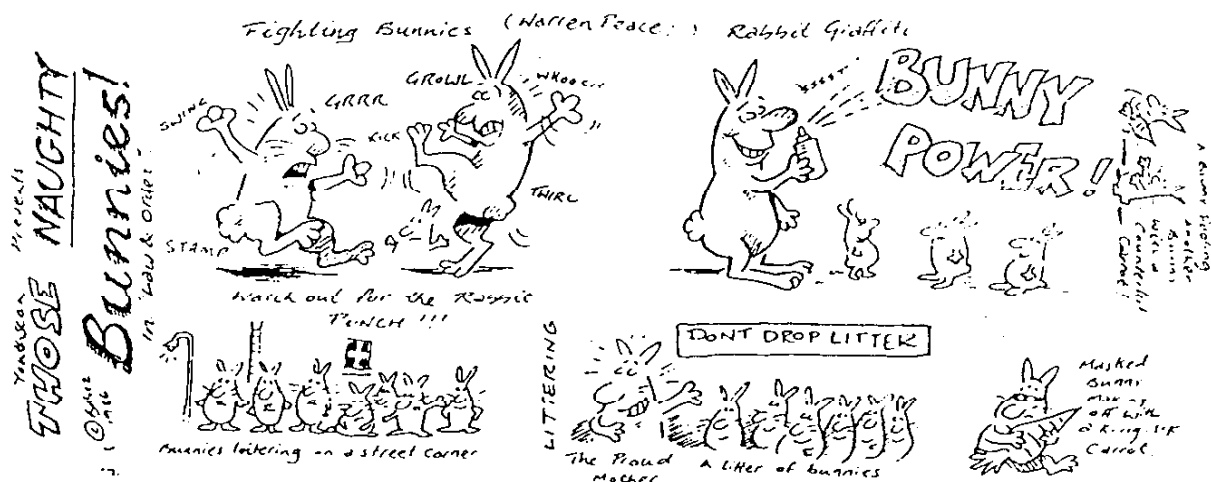
Answer a - e and tick one box on each line

	No	Saw a fight	Took part
(a) At school? . . . . .	<input checked="" type="checkbox"/> (HC5.1)	<input type="checkbox"/>	<input type="checkbox"/>
(b) At football matches . . . . .	<input checked="" type="checkbox"/> (HC5.2)	<input type="checkbox"/>	<input type="checkbox"/>
(c) Outside pubs? . . . . .	<input checked="" type="checkbox"/> (HC5.3)	<input type="checkbox"/>	<input type="checkbox"/>
(d) On buses/trains? . . . . .	<input checked="" type="checkbox"/> (HC5.4)	<input type="checkbox"/>	<input type="checkbox"/>
(e) Elsewhere, . . . . .	<input checked="" type="checkbox"/> (HC5.5)	<input type="checkbox"/>	<input type="checkbox"/>
What happened? . . . . .	<input checked="" type="checkbox"/> (HC5.6) *		
	<input checked="" type="checkbox"/> (HC5.7) *		

C6. What do you think about fights? Which of the following statements do you agree with?

Answer a - e and tick one box on each line

	Agree	Disagree	Don't Know
(a) Fighting is wrong . . . . .	<input checked="" type="checkbox"/> (HC6.1)	<input type="checkbox"/>	<input type="checkbox"/>
(b) Everyone gets into fights . . . . .	<input checked="" type="checkbox"/> (HC6.2)	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being in a fight can sometimes be exciting . . . . .	<input checked="" type="checkbox"/> (HC6.3)	<input type="checkbox"/>	<input type="checkbox"/>
(d) Sometimes I pick a fight just for the fun of it . . . . .	<input checked="" type="checkbox"/> (HC6.4)	<input type="checkbox"/>	<input type="checkbox"/>
(e) Fighting is sometimes the only way to settle an argument . . . . .	<input checked="" type="checkbox"/> (HC6.5)	<input type="checkbox"/>	<input type="checkbox"/>





C7. Here are three things that some people of your age get up to when they are with their friends. How do you feel about each of them?

On each line you have to fill in three boxes, one for shoplifting, one for taking money by force and one for breaking into a house

Answer a-h  
This will be complete when you have put 3 ticks on each line, one for shoplifting, one for using force, and one for breaking into a house.

	Shoplifting something worth less than £10		Using force to get money from a stranger		Breaking into someone's house to steal			
	Very much	Quite a bit	Not very much	Not at all	Very much	Quite a bit	Not very much	Not at all
	Tick one box on each line		Tick one box on each line		Tick one box on each line			
(a) If you knew you wouldn't be caught how tempted would you be to try this?	(HC7A.1)		(HC7B.1)		(HC7C.1)			
(b) How wrong do you think it would be to do this?	(HC7A.2)		(HC7B.2)		(HC7C.2)			
(c) How upset would your parents be if they found out you had done this?	(HC7A.3)		(HC7B.3)		(HC7C.3)			
(d) Would your friends look down on you if you had done this?	(HC7A.4)		(HC7B.4)		(HC7C.4)			
(e) How likely would you be to get caught if you did this, say next Saturday?	(HC7A.5)		(HC7B.5)		(HC7C.5)			
(f) How likely is it you would have to go to court if you were caught?	(HC7A.6)		(HC7B.6)		(HC7C.6)			
(g) How bad do you think your punishment would be if a court found you guilty?	(HC7A.7)		(HC7B.7)		(HC7C.7)			
(h) How much difference would it make to your job chances if you were caught?	(HC7A.8)		(HC7B.8)		(HC7C.8)			

C8. The following five statements are sometimes made about the police. For each statement about the police please say first whether you agree or disagree with the statement (give your answer in column 1). Then in columns 2, 3, 4 and 5 you are asked to say what has influenced the way you have just answered. Has it been influenced by something you've seen on TV or in the paper (tick the box in column 2), if by something which has happened to you personally, (tick the box in column 3), if by something you've been told about the police, (tick the box in column 4), or if by something else, (tick the box in column 5)?

WHAT HAS INFLUENCED YOUR OPINION ABOUT THE POLICE?

DO YOU AGREE WITH THESE STATEMENTS?	(1)	(2)	(3)	(4)	(5)
	Tick one box on each line Yes, I agree No, I disagree	Tick all boxes which apply	Tick all boxes which apply	Tick all boxes which apply	Tick all boxes which apply
(a) The police in this area do their job as fairly as possible	(HC8A.1)	(HC8B.1)	(HC8C.1)	(HC8D.1)	(HC8E.1)
(b) The police are generally helpful and friendly towards young people like me	(HC8A.2)	(HC8B.2)	(HC8C.2)	(HC8D.2)	(HC8E.2)
(c) The police often mistakenly suspect young people like me of wrong-doing	(HC8A.3)	(HC8B.3)	(HC8C.3)	(HC8D.3)	(HC8E.3)
(d) The police are often rough in the way they deal with young people like me	(HC8A.4)	(HC8B.4)	(HC8C.4)	(HC8D.4)	(HC8E.4)
(e) The police are always picking on young people like me	(HC8A.5)	(HC8B.5)	(HC8C.5)	(HC8D.5)	(HC8E.5)

9. Apart from the police doing these things to you, there are all sorts of other ways you can have contact with the police. Which of these things have applied to you in the past year?

Someone in my family is a police officer	(HC9.1)	<input type="checkbox"/>
Someone in my family works for the police	(HC9.2)	<input type="checkbox"/>
I know a policeman or policewoman	(HC9.3)	<input type="checkbox"/>
I've chatted to a policeman/woman	(HC9.4)	<input type="checkbox"/>
I've been in a police station to look around	(HC9.5)	<input type="checkbox"/>
I've reported something to the police that happened to me	(HC9.6)	<input type="checkbox"/>
I've reported something to the police that happened to someone else	(HC9.7)	<input type="checkbox"/>
I've asked the police for help or advice	(HC9.8)	<input type="checkbox"/>

Tick all that apply

10. In different areas, young people have different ideas about the attitude of the police and how the law treats them. Now we are thinking about how you and your friends may have come into contact with the law. Have any of the following ever happened to your close friends, other friends or yourself.

Answer all questions a-c

This will be complete when you have put 7 ticks on each line to indicate Yes or No for A, B, C, D, E, F and G which are across the top of the table.

	A Been moved on by the police		B Been stopped and questioned by the police		C Been accused of theft or shoplifting by a store detective		D Been let off with just a warning by a police officer		E Been arrested by a police officer and taken to a police station		F Been formally cautioned by a police officer at a police station		G Been found guilty by a court	
	A	B	C	D	E	F	G	A	B	C	D	E	F	G
(a) Has this ever happened to any of your close friends?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	<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"/>	<input type="checkbox"/>
	(HC10A.1)		(HC10B.1)		(HC10C.1)		(HC10D.1)		(HC10E.1)		(HC10F.1)		(HC10G.1)	
(b) Has this ever happened to any other friends?	<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"/>	<input type="checkbox"/>
	(HC10A.2)		(HC10B.2)		(HC10C.2)		(HC10D.2)		(HC10E.2)		(HC10F.2)		(HC10G.2)	
(c) Has this happened to you since you were 10 yrs of age?	<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"/>	<input type="checkbox"/>
	(HC10A.3)		(HC10B.3)		(HC10C.3)		(HC10D.3)		(HC10E.3)		(HC10F.3)		(HC10G.3)	

11. Have you yourself been formally cautioned at a police station since you were 10 years of age?

YES  (HC11)

NO

If YES, please answer 11(a), 11(b) and 11(c) below:

11(a).

How many times has this happened to you since you were 10 years of age?

	Tick one box		Tick one box	
	Up to 1 year ago		In past year	
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four times or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(HC11A.1) (HC11A.2)

11(h).

On the last occasion, how concerned were your parents about what happened to you? (HC11B.1)

Fill in one box

CARED A GREAT DEAL      DID NOT CARE AT ALL



11(c).

Please indicate here what the police said you had done:

(HC11C.1) \*

(HC11C.2) \*

C12. Have you yourself been found guilty in a court since you were 10 years of age?

YES ... (HC17) ...   
 NO ...

If YES please answer 12(a) 12(b) and 12(c) below

12(a)

How many times has this happened to you since you were 10 years of age?

Tick one box Up to 1 year ago    Tick one box In past year

Never ...       
 Once ...       
 Twice ...       
 Three times ...       
 Four times or more (HC12A.1) (HC12A.2)    

12(b)

On the last (only) occasion, how concerned were your parents about what happened to you? (HC12B.1)

Fill in one box

CARED A GREAT DEAL     DID NOT CARE AT ALL

12(c)

Please indicate here what the court said you had done on the last (only) occasion

(HC12C.1) \*

C13. Many young people worry at some time or other about being the victim of a crime. We would like to know how worried you would be about the danger of different crimes happening to you?

For each item, please mark the box which best describes your feelings. Answer a - f

How worried would you be about:	Very Worried	Fairly Worried	Not very Worried	Not at all Worried	Don't Know
(a) Having your home broken into and something stolen? (HC13.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Being mugged and robbed? (HC13.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being sexually molested or pestered? (HC13.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Having your home or property damaged by vandals? (HC13.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Being attacked by strangers? (HC13.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Being insulted or bothered by strangers? (HC13.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now can we think about what has happened to you personally in the past 12 months.

C14. If you have been treated unfairly/unjustly in the last 12 months, do you think that this was because of other people's attitudes towards any of the following?

Tick all that apply

Your sex ... (HC14.1)   
 Your skin colour ... (HC14.2)   
 The way you dress ... (HC14.3)   
 Your family background ... (HC14.4)   
 The way you speak ... (HC14.5)   
 Your religion ... (HC14.6)   
 Other reasons ... (HC14.7)   
 Do not know why treated unfairly/unjustly (HC14.8)   
 Never been treated unfairly/unjustly ... (HC14.9)

14(a).

If you feel you have been treated unfairly or unjustly in the past 12 months please tell us when and how:

(HC14A.1) \*  
 (HC14A.2) \*  
 (HC14A.3) \*

C15. In the last 12 months, has anyone broken into your home to steal or try to steal anything?

YES, once ... (HC15)   
 YES, twice ...   
 YES, three times or more ...   
 NO ...

C16. In the last 12 months, has anyone stolen anything from you?

Tick all that apply NO ..... (HC16A.1) <input type="checkbox"/> YES, I was mugged (HC16A.2) <input type="checkbox"/> If YES YES, from my person by force (HC16A.3) <input type="checkbox"/> If YES YES, from my person by threats (HC16A.4) <input type="checkbox"/> If YES YES, my pocket was picked (HC16A.5) <input type="checkbox"/> If YES YES, some of my property was taken when I wasn't there (HC16A.6) <input type="checkbox"/> If YES	Were the police told? Tick one box Yes No Don't know (HC16B.2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC16B.3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC16B.4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC16B.5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC16B.6) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	How upset were you? Tick one box Very (HC16C.2) <input type="checkbox"/> Not at all Very (HC16C.3) <input type="checkbox"/> Not at all Very (HC16C.4) <input type="checkbox"/> Not at all Very (HC16C.5) <input type="checkbox"/> Not at all Very (HC16C.6) <input type="checkbox"/> Not at all	How much was it worth? Tick one box Under £5 £5 £20 More than £20 Don't know (HC16D.2) <input type="checkbox"/> (HC16D.3) <input type="checkbox"/> (HC16D.4) <input type="checkbox"/> (HC16D.5) <input type="checkbox"/> (HC16D.6) <input type="checkbox"/>
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Please describe what happened the last time anything was stolen from you  
 (HC16E.1) \* (HC16E.2) \* (HC16E.3) \* (HC16E.4) \*

C17. The other way round, we all know we shouldn't borrow things from people unless we mean to return them. Sometimes we borrow and forget to give them back, and sometimes we borrow and don't mean to give back (i.e. steal). What about you in the past 12 months?

YES, I borrowed something and genuinely forgot to give it back (HC17.1) <input type="checkbox"/> YES, I borrowed something and didn't get around to giving it back (HC17.2) <input type="checkbox"/> YES, I have purposely taken something not belonging to me (HC17.3) <input type="checkbox"/> NO, I haven't borrowed or taken anything not belonging to me (HC17.4) <input type="checkbox"/>	Tick all that apply If YES, what was it? (HC17.5) * If YES, answer 17(a), 17(b) and 17(c) below:
--	--

17(a).  
 Tick one box  
 How often in past 12 months?  
 Once only (HC17.6)   
 2-5 times   
 More than 5 times   
 Don't know

17(b).  
 Tick all that apply  
 Why did you do it?  
 Bored (HC17.7)   
 For a dare (HC17.8)   
 Because I couldn't afford to buy the article (HC17.9)   
 Because my friends did (HC17.10)   
 For the thrill/fun of it (HC17.11)

17(c).  
 Can you tell us about what happened on the last occasion?  
 (HC17.12) \*

C18. In the past 12 months, has anyone used force on you or been violent to you for any reason?

Tick all that apply NO ..... (HC18A.1) <input type="checkbox"/> YES, to make me shoplift (HC18A.2) <input type="checkbox"/> YES YES, to make me break into a house without permission (HC18A.3) <input type="checkbox"/> YES YES, to make me do something else against the law (HC18A.4) <input type="checkbox"/> If YES YES, to make me have sex when I didn't want to (HC18A.5) <input type="checkbox"/> YES YES, to make me do petting when I didn't want to (HC18A.6) <input type="checkbox"/> YES YES, just to frighten me (HC18A.7) <input type="checkbox"/> YES YES, for other reasons (HC18A.8) <input type="checkbox"/> YES	Were the police told on the last occasion? Tick one box Yes No Don't know (HC18B.2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC18B.3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC18B.4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC18B.5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC18B.6) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC18B.7) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (HC18B.8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	How upset were you on the last occasion? Tick one box Very (HC18C.2) <input type="checkbox"/> Not at all Very (HC18C.3) <input type="checkbox"/> Not at all Very (HC18C.4) <input type="checkbox"/> Not at all Very (HC18C.5) <input type="checkbox"/> Not at all Very (HC18C.6) <input type="checkbox"/> Not at all Very (HC18C.7) <input type="checkbox"/> Not at all Very (HC18C.8) <input type="checkbox"/> Not at all	How many times has it happened in the last 12 months? Tick one box Once 2-5 times More than 5 times (HC18D.2) <input type="checkbox"/> (HC18D.3) <input type="checkbox"/> (HC18D.4) <input type="checkbox"/> (HC18D.5) <input type="checkbox"/> (HC18D.6) <input type="checkbox"/> (HC18D.7) <input type="checkbox"/> (HC18D.8) <input type="checkbox"/>
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Please describe what happened on the last occasion (HC18E.1) \* (HC18E.2) \*

C19. Apart from the above, in the past 12 months has anyone threatened they would use force or violence against you?

Tick all that apply NO, never (HC19A.1) <input type="checkbox"/> YES, to make me shoplift (HC19A.2) <input checked="" type="checkbox"/> YES YES, to make me break into a house without permission (HC19A.3) <input type="checkbox"/> IF YES YES, to make me do something else against the law (HC19A.4) <input type="checkbox"/> IF YES YES, to make me have sex when I didn't want to (HC19A.5) <input type="checkbox"/> IF YES YES, to make me do petting when I didn't want to (HC19A.6) <input type="checkbox"/> IF YES YES, just to frighten me (HC19A.7) <input type="checkbox"/> IF YES YES, for other reasons (HC19A.8) <input type="checkbox"/> YES	Were the police told on the last occasion? Tick one box Yes No know Don't (HC19B.2) (HC19B.3) (HC19B.4) (HC19B.5) (HC19B.6) (HC19B.7) (HC19B.8)	How upset were you on the last occasion? Tick one box Very (HC19C.2) Not at all Very (HC19C.3) Not at all Very (HC19C.4) Not at all Very (HC19C.5) Not at all Very (HC19C.6) Not at all Very (HC19C.7) Not at all Very (HC19C.8) Not at all	How many times has it happened in the last 12 months? Tick one box 2 5 More than 5 times (HC19D.2) (HC19D.3) (HC19D.4) (HC19D.5) (HC19D.6) (HC19D.7) (HC19D.8)
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Please describe what happened on the last occasion? (HC19E.1)\* (HC19E.2)\*

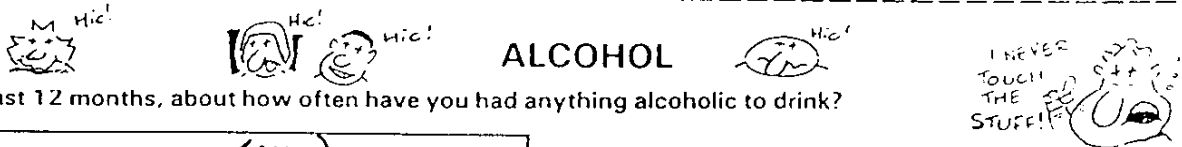
20. Apart from the above, have you ever had any unwelcome sexual approaches made to you?

(HC20) Tick one box  
 YES   
 NO

If YES, please answer 20(a)

20(a). How old were you when it happened? Tick all that apply.  
 I was under 10 (HC20A.1)  
 I was over 10 but under 15 (HC20A.2)  
 In the last 12 months (HC20A.3)  
 If it happened in the last 12 months, how many times (HC20A.4) times

20(b).  
 What happened? (HC20B.1)\* (HC20B.2)\*



21. In the last 12 months, about how often have you had anything alcoholic to drink?

(HDI) Tick one box

Every day/most days   
 4 or 5 times a week   
 2 or 3 times a week   
 About once a week   
 Once a month   
 I drink only on special occasions   
 I never drink

If you drink alcohol, please answer 1(a) below

If you don't drink alcohol, please answer 1(b) below:

1(a). Tick all that apply

If you drink alcohol can you tell us why?

I drink to be sociable (HD1A.1)   
 I drink out of habit (HD1A.2)   
 I drink because I like it (HD1A.3)   
 I drink to help me relax (HD1A.4)   
 I drink because it helps me forget my problems (HD1A.5)   
 I drink to lose my inhibitions (HD1A.6)   
 I drink to pass the time (HD1A.7)   
 Other reason (what?) (HD1A.8)\*

1(b). Tick all that apply

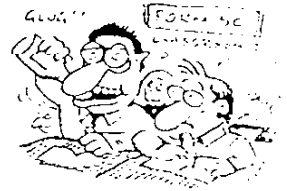
If you don't drink alcohol, can you tell us why?

I can't afford it (HD1B.1)   
 I know people who drink too much (HD1B.2)   
 I don't like the taste (HD1B.3)   
 I don't get the opportunity (HD1B.4)   
 I'm too young (HD1B.5)   
 My parents won't let me (HD1B.6)   
 I'm forbidden by my religion (HD1B.7)   
 It's a waste of money (HD1B.8)   
 None of my family drinks (HD1B.9)   
 It's unhealthy (HD1B.10)   
 None of my friends drink (HD1B.11)   
 It has bad effects on people (HD1B.12)   
 Other reason (what?) (HD1B.13)\*

D2 In the past 12 months, have you been given any information about the effects of drinking alcohol, at school or elsewhere?

YES  (HD2)  
 NO   
 Can't say

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



2(a).

What have you been told? (HD2A.1)\*  
 (HD2A.2)\*



2(b).

Where did you get the information? Tick all that apply.

Talk(s) at school	(HD2B.1)
Video/films at school	(HD2B.2)
TV Programme	(HD2B.3)
Books or leaflets	(HD2B.4)
At youth club/centre	(HD2B.5)
From my parents	(HD2B.6)
Can't remember	(HD2B.7)
Other places	(HD2B.8)
(Where?)	(HD2B.9)*

D3 Which do you prefer — alcoholic or non-alcoholic drinks (e.g. coke, Pepsi, fruit juice, etc.)?

(HD3) Tick one box

I prefer drinking alcoholic drinks   
 I prefer on the whole drinking non-alcoholic drinks   
 On the whole, I don't mind which I drink   
 I never drink alcohol

If you prefer alcoholic drinks, answer 3(a) below  
 If you prefer non-alcoholic drinks, answer 3(b) below

3(a).

If you prefer alcoholic drinks, why is this? Tick all that apply

Because alcohol tastes good to me (HD3A.1)   
 Because it gives me a good feeling (HD3A.2)   
 Because it creates a sociable atmosphere (HD3A.3)   
 Because most of my friends do (HD3A.4)   
 Because it gives me a grown-up feeling (HD3A.5)   
 Other reasons (HD3A.6)   
 (What? (HD3A.7)\*

3(b).

If you prefer non-alcoholic drinks, why is this? Tick all that apply

I don't like the effects of alcohol (HD3B.1)   
 Soft drinks are cheaper (HD3B.2)   
 Soft drinks are healthier (HD3B.3)   
 I prefer the taste of soft drinks (HD3B.4)   
 Can't say as I've not drunk alcohol (HD3B.5)   
 Other reason (HD3B.6)   
 (What? (HD3B.7)\*

D4. Can you tell us how old you were when you started to drink any alcohol?

First tick one box only on line (a)  
 Then tick one box only on line (b)

	6y or less	7y	8y	9y	10y	11y	12y	13y	14y	15y	Never drink	Can't remember
(a) When I had my first taste of an alcoholic drink, I was (HD4.1)	<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"/>
(b) When I began to drink with friends other than on special occasions, I was (HD4.2)	<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"/>

D5. During the past 7 days, on what actual days have you had one or more alcoholic drinks?

Tick all that apply

I had an alcoholic drink on

Mon (HD5.1)	Tues (HD5.2)	Wed (HD5.3)	Thur (HD5.4)	Fri (HD5.5)	Sat (HD5.6)	Sun (HD5.7)	None (HD5.8)
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D6. Here are some alcoholic drinks. Which of these have you had to drink?



For each type of drink, tick one box only.		(a)	(b)	(c)	Brand name(s) if known
(a) = I rarely or never drink these		I rarely or	I sometimes	My usual	
(b) = I sometimes drink these		never drink	drink	alcoholic	
(c) = My usual alcoholic drinks are		these	these	drinks are	
Beers	Lager	(HD6A.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6A.2) *
	Bitter	(HD6B.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6B.2) *
	Home brewed beer	(HD6C.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6C.2) *
	Shandy	(HD6D.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6D.2) *
Wines	Wine	(HD6E.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6E.2) *
	Home-made wine	(HD6F.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6F.2) *
	Babycham	(HD6G.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6G.2) *
	Sherry	(HD6H.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6H.2) *
Cider	Martini	(HD6I.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6I.2) *
	Cinzano	(HD6J.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6J.2) *
	Port	(HD6K.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6K.2) *
	Cider	(HD6L.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6L.2) *
Spirits	Whisky	(HD6M.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VARIABLE NOT AVAILABLE
	Rum/Bacardi	(HD6N.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6N.2) *
	Gin	(HD6O.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6O.2) *
	Vodka	(HD6P.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6P.2) *
Other	Brandy	(HD6Q.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HD6Q.2) *
	I also drink	(HD6R.1) *	(HD6R.2) <input type="checkbox"/>	<input type="checkbox"/>	(HD6R.3) *
	Alcoholic	(HD6S.1) *	(HD6S.2) <input type="checkbox"/>	<input type="checkbox"/>	(HD6S.3) *
	Drinks	(HD6T.1) *	(HD6T.2) <input type="checkbox"/>	<input type="checkbox"/>	(HD6T.3) *
	I also drink	(HD6U.1) *	(HD6U.2) <input type="checkbox"/>	<input type="checkbox"/>	(HD6U.3) *
	I also drink	(HD6V.1) *	(HD6V.2) <input type="checkbox"/>	<input type="checkbox"/>	(HD6V.3) *

D7. What is/was your favourite alcoholic drink?

Type of drink? (HD7) \*

D8. Have you spent any money on alcoholic drinks or buying alcohol in the past 7 days?

YES (HD8)   
NO

If YES, please answer 8(a) and 8(b)

8(a) How much did you spend on alcohol? £ (HD8.1)

8(b) What did you drink? (HD8.2) \*

D9. In the past 4 weeks, where have you had any alcohol?

Tick all that apply

At home (HD9.1)

At friends' house(s) (HD9.2)

In a wine bar (HD9.3)

In a pub (HD9.4)

At a restaurant (HD9.5)

At a disco (HD9.6)

At a club/centre (HD9.7)

Somewhere else (HD9.8)

(where?) (HD9.9) \*

I've not had any alcohol in past 4 weeks (HD9.10)

D10. In the past 4 weeks, who have you had a drink with?

Tick all that apply

With girl/boyfriend (HD10.1)

With other teenager(s) (HD10.2)

With my parents (HD10.3)

With brother/sister (HD10.4)

With other adult(s) (HD10.5)

With nobody but myself (HD10.6)

With someone else (HD10.7)

(Who?) (HD10.8) \*

I've not had any alcohol in past 4 weeks (HD10.9)

D11. What pleasant effects does drinking alcohol have on you?

Tick all that apply

It has no pleasant effects (HD11.1)

It makes me less shy/more chatty (HD11.2)

It makes me feel happy (HD11.3)

It makes me more friendly (HD11.4)

It makes me feel more relaxed and confident (HD11.5)

It makes me forget my problems (HD11.6)

It makes me feel sexy (HD11.7)

It has other effects (HD11.8)

(What?) (HD11.9) \*

I rarely or never drink (HD11.10)

D12. What unpleasant effects does it have?

Tick all that apply

It has no unpleasant effects (HD12.1)

It makes me feel depressed (HD12.2)

It makes me fall asleep (HD12.3)

It makes me feel ill (HD12.4)

It makes me actually sick (HD12.5)

It makes me black out (HD12.6)

It gives me a headache (HD12.7)

It makes me abusive (HD12.8)

It makes me violent (HD12.9)

It has other effects (HD12.10)

(What?) (HD12.11) \*

I rarely or never drink (HD12.12)

D13. When you are drinking alcohol, what is it that stops you drinking too much?

Tick all that apply

I usually can't afford any more ..... (HD13.1)

I only drink to be sociable anyway ..... (HD13.2)

I don't like the feeling of being really drunk (HD13.3)

I know I'd be sick if I drank more ..... (HD13.4)

I know I'd feel ill next day if I drank more (HD13.5)

I run out of money ..... (HD13.6)

Other people don't like it if you get drunk (HD13.7)

Can't say, as I don't drink often enough (HD13.8)

Other reason(s) ..... (HD13.9)

(What? ..... (HD13.10)\*)

I rarely or never drink ..... (HD13.11)

D14. Have you ever been really drunk?

(HD14) Tick one box

NO, never .....

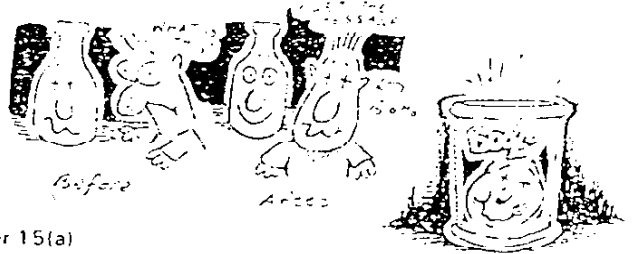
YES, but only once .....

YES, more than once .....

YES, every few weeks .....

YES, almost every week .....

I rarely or never drink .....



D15. Do you think that you drink more than you should?

(HD15) Tick one box

YES, often .....

YES, sometimes .....

YES, occasionally .....

NO .....

I rarely or never drink .....

If YES, please answer 15(a) 15(a).

Why do you drink more than you should? Tick one box

Because I like the effect it has ..... (HD15A.1)

Because I don't seem to be able to stop ..... (HD15A.2)

Because I don't like school ..... (HD15A.3)

Because I've got a lot of other problems ..... (HD15A.4)

Because I'm afraid about the future ..... (HD15A.5)

Because I get carried away by friends ..... (HD15A.6)

Because I can get hold of it easily ..... (HD15A.7)

D16. Think back over the last 2 weeks, have you during that time had four or more drinks in a row?

(HD16.1) Tick one box

YES .....

NO .....

I rarely or never drink .....

If YES, please answer 16(a) 16(a).

How often has this happened in the past 2 weeks? (HD16.2) Tick one box

Once .....

Twice .....

3-5 times .....

6-9 times .....

10 or more times .....



D17. After drinking, have you ever done any of the following?

Tick one box on each line and answer a - g

	No never	Yes once	Yes more than once	I rarely or never drink
(a) Got into an argument or a fight? ..... (HD17.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Got involved in breaking things? ..... (HD17.2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Upset your boy/girlfriend? ..... (HD17.3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Upset your friends ..... (HD17.4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Driven a car or motorbike ..... (HD17.5) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Upset your parents? ..... (HD17.6) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Thought it might be better not to go home? (HD17.7) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What else has happened to you after drinking? (HD17.8)* <input type="checkbox"/>				

D18. When people have too much to drink they sometimes come into contact with the police as a result; has this ever happened to you?

(HD18.1) Tick one box

YES, once .....

YES, more than once .....

NO, never had contact with police after drinking .....

Never had too much to drink .....

If YES, please answer 18(a) below:

Describe what happened: (HD18.2)\*

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D19. What about your mother's or your father's views on your drinking?

	Tick one box Mother	Tick one box Father
Doesn't know .....	<input type="checkbox"/>	<input type="checkbox"/>
Know(s) but doesn't worry ...	<input type="checkbox"/>	<input type="checkbox"/>
Know(s) and we have arguments .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(HD19.1)	(HD19.2)

19(a)  
Would you like to tell us more? \_\_\_\_\_

(HD19.3) \* (HD19.4) \*

D20 What do you think makes a good pub?

Tick all that apply
Don't know, don't go into any (HD20.1)
Music/entertainment/dancing (HD20.2)
Food/snacks (HD20.3) <input type="checkbox"/>
Friendly atmosphere (HD20.4) <input type="checkbox"/>
Full and busy (HD20.5) <input type="checkbox"/>
Good lager/beer (HD20.6) <input type="checkbox"/>
Fruit machine/space invaders (HD20.7) <input type="checkbox"/>
Wide range of drinks (HD20.8) <input type="checkbox"/>
Good service (HD20.9) <input type="checkbox"/>
Caters mainly for younger people (HD20.10) <input type="checkbox"/>

D21. Which of the following drink alcohol?

Answer all - tick one box on each line	Never	Occa- sionally	Some days	Most days	Don't know	Not at home or not alive
(a) My father (HD21.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) My father's father (HD21.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) My mother (HD21.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) My mother's father (HD21.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) My elder brother (HD21.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) My elder sister (HD21.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) My girl/boyfriend (HD21.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) My best friend (HD21.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) My next best friend (HD21.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU VERY MUCH FOR YOUR HELP