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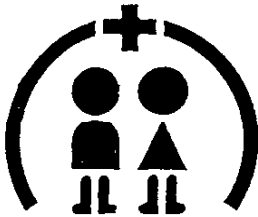
YOUTHSCAN U.K.

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

LIFE AND LEISURE

STUDENT SELF-COMPLETION QUESTIONNAIRE



YOUTHSCAN

1986/87

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)/470

..... Today's Date **THIS VARIABLE IS NOT AVAILABLE**

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

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

Example 1

Are you ever depressed when you have no money?

YES

NO

Can't say

Tick one box

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

Example 2

What sort of radio programmes do you listen to?

Pop Music

News Programmes

Talk Programmes

Plays

Classical Music

Phone-Ins

Tick all that apply

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, your 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 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	(b) Which is your favourite music? Tick all that apply
Less than 1 hour <input type="checkbox"/>	Pop music <input type="checkbox"/>
1-2 hours <input checked="" type="checkbox"/>	Soul music <input checked="" type="checkbox"/>
2-3 hours <input type="checkbox"/>	Fleetro music <input checked="" type="checkbox"/>
3-4 hours <input type="checkbox"/>	Chart music <input checked="" type="checkbox"/>
4-5 hours <input type="checkbox"/>	Reggae music <input checked="" type="checkbox"/>
More than 5 hours <input type="checkbox"/>	Punk music <input type="checkbox"/>

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	<input type="checkbox"/>
My Mother	<input type="checkbox"/>
My Brother(s)/Sister(s)	<input type="checkbox"/>
Someone else	<input checked="" type="checkbox"/> Who? <u>My best friend</u>

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.

KEY: * INDICATES ALPHANUMERIC TEXT

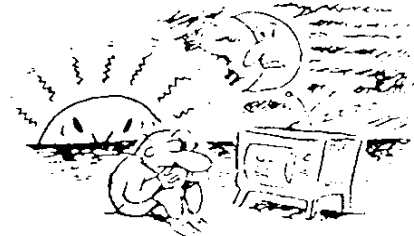
"LIFE & LEISURE"

NOW PLEASE BEGIN YOUR ANSWERS

TV AND RADIO

A1. People have all sorts of reasons for watching TV. In general, why do you do it?

I watch TV:		Tick all that apply
To help me relax	(JAIA)	<input type="checkbox"/>
To give me something to do	(JAIB)	<input type="checkbox"/>
To follow my special programmes	(JAIC)	<input type="checkbox"/>
To be sociable	(JAID)	<input type="checkbox"/>
To get me out of homework	(JAIE)	<input type="checkbox"/>
To delay going to bed	(JAIF)	<input type="checkbox"/>
To get me out of an argument	(JAIG)	<input type="checkbox"/>
To get me out of having to think	(JAIH)	<input type="checkbox"/>
Any other reason	(JAI I)	<input type="checkbox"/>
(What _____)	(JAIJ)*	<input type="checkbox"/>
I don't watch television	(JAIK)	<input type="checkbox"/>



A2. When and how often do you watch it?

Answer a/g and Tick one box on each line	Most days	2-3 times a week	Once a week	Less than once a week	Rarely or never
a) Early morning TV (before 9.00 am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Morning TV (9.00 am-12.00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lunchtime TV (12.00-2.00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Afternoon TV (2.00-6.00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Evening TV (6.00-9.00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Evening TV (9.00-11.00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Late night TV (11.00 pm - closedown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A3. What are your three favourite weekly TV programmes? (Include chat shows, serials, soap operas, pop programmes etc.)

1st (JA3A)* _____

2nd (JA3B)* _____

3rd (JA3C)* _____

A4. Please name your three favourite celebrities/media personalities (Include TV, Radio, Showbiz, Popstars, Sportsmen, other personalities)

1st (JA4A)* _____

2nd (JA4B)* _____

3rd (JA4C)* _____

A5. How much of the TV you view consists of violent programmes? (such as crime/spy/torture/thriller/Westerns)

(JA5)

Tick one box

Most of it

Quite a lot of it

Not much of it

Very little of it

None of it

→ 5(a)

List the particular programmes of this type which you enjoy in order of importance.

1 (JAS1)* _____

2 (JAS2)* _____

3 (JAS3)* _____

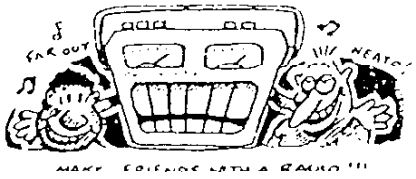
4 (JAS4)* _____



A6. Do you listen to the radio these days?

YES (JA6)
 NO

If YES, please answer 6(a).



6(a). For how long each day? (JA6A) Tick one box

Less than 1hr
 1hr but less than 2hrs
 2hrs but less than 3hrs
 3hrs but less than 4hrs
 4hrs but less than 5hrs
 5hrs or more

A7. Which radio stations have you listened to in the last 7 days?

	Tick all that apply that apply	Tick all that apply that apply	
Radio One (JA7A)	<input type="checkbox"/>	Commercial Radio (JA7F)	<input type="checkbox"/>
Radio Two (JA7B)	<input type="checkbox"/>	Radio Luxembourg (JA7G)	<input type="checkbox"/>
Radio Three (JA7C)	<input type="checkbox"/>	Pirate Radio (JA7H)	<input type="checkbox"/>
Radio Four (JA7D)	<input type="checkbox"/>	Others (JA7I)	<input type="checkbox"/>
BBC Local Radio (JA7E)	<input type="checkbox"/>	Which ones? (JA7J)*	<input type="checkbox"/>

A8. What sort of radio programmes do you listen to?

Tick all that apply

Pop Music (JA8A)
 News programmes (JA8B)
 Talk programmes (JA8C)
 Plays (JA8D)
 Classical Music (JA8E)
 Phone-ins (JA8F)

What other programmes do you listen to on the radio?

1 (JA8G)*
 2 (JA8H)*
 3 (JA8I)*
 4 (JA8J)*

A9. Shakespeare said "If music be the food of love, play on." How about you and music?

Think back, how long did you listen to music of any sort last Saturday (include radio, video and all the ways listed in question A10 below.)

(JA9)

Not at all Less than 1hr 1hr 2hr 3hr 4hr 5hr 6hr 7hr or more

I listened to music for.....

A10. What are the sources of the music you listen to usually?

Tick all that apply

Walkman (JA10A)
 Radio (JA10B)
 Video (JA10C)
 Compact disc (JA10D)
 TV (JA10E)
 Hi-fi (JA10F)
 Record player (JA10G)
 Live Concert (JA10H)
 Disco/Party (JA10I)
 Background only, at pub, cafe, etc. (JA10J)

A11. What sort of music do you listen to usually?

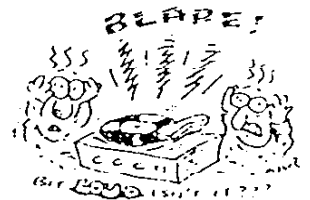
Tick all that apply

Classical (JA11A)
 Light music (JA11B)
 Folk music (JA11C)
 Disco (JA11D)
 Reggae (JA11E)
 Soul (JA11F)
 Heavy Rock (JA11G)
 Funk (JA11H)
 Electric (JA11I)
 Punk (JA11J)
 Other Pop music (JA11K)
 Other (JA11L)
 What? (JA11M)*

A12. When you listen to music how far do you turn up the volume?

(JA12) Tick one box

As loud as I can
 Moderately loud
 Louder than speaking voice
 Same as speaking voice
 Soft
 Can't say



LIFE AT SCHOOL

B1. Have you had any changes of school since you left your Primary/Prep School?



(JB1) Tick one box

NO change (same school all the time)

YES one change

YES two changes

YES three changes

YES four or more changes

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

1(a) Give name and address of the last school you went to before the present one
 (JB1A)*

1(b) Give dates that you attended that school
 From (JB1B)* till

B2. Please write down all the subjects that are on your timetable this year?

Please also RING the number(s) to indicate those you chose as options (JB2) NO. OF SUBJECTS CHOSEN AS OPTIONS

1 (JB2A2)*	6 (JB2F2)*	11 (JB2K2)*
2 (JB2B2)*	7 (JB2G2)*	12 (JB2L2)*
3 (JB2C2)*	8 (JB2H2)*	13 (JB2M2)*
4 (JB2D2)*	9 (JB2I2)*	14 (JB2O2)*
5 (JB2E2)*	10 (JB2J2)*	15 (JB2P2)*
		(JB2Q2)*
		(JB2R2)*
		(JB2S2)*
		(JB2T2)*

B3. Are there any subjects not on your timetable this year that you studied last year?

(JB3)

YES

NO

If YES, please write them down in 3(a) below.

3(a).

1 (JB3A1)*	4 (JB3A4)*
2 (JB3A2)*	5 (JB3A5)*
3 (JB3A3)*	6 (JB3A6)*

B4. Looking back to before you started your present course, whose views were taken into account as to which subjects you should study over these 2 years?

(JB4) Tick one box

School decided by themselves

My parents and I were seen

My parents were seen but not me

I was seen but not my parents

B5. Were there any subjects you wanted to take but could not do so? (for example, because they were not available or couldn't be timetabled)

NO (JB5)

YES

If YES, please answer 5(a) below:

5(a).

List the subjects you couldn't take:

1 (JB5A1)*	2 (JB5A2)*
3 (JB5A3)*	4 (JB5A4)*
(JB5A5)*	(JB5A6)*

B6. Have you already taken any examinations since September 1984? (Exclude any exams to be taken in Summer 1986 and exclude mock exams)

(JB6)

YES

NO

If YES, please answer 6(a) below:

6(a).



Please give the following details:

Subject taken	CSEs	'O's	A's/H's	Grade obtained
(JB6AA1)*	<input type="checkbox"/>	(JB6AA2)	<input type="checkbox"/>	(JB6AA3)
(JB6AB1)*	<input type="checkbox"/>	(JB6AB2)	<input type="checkbox"/>	(JB6AB3)
(JB6AC1)*	<input type="checkbox"/>	(JB6AC2)	<input type="checkbox"/>	(JB6AC3)
CONTINUED ON SEPARATE SHEET				
Any other exams taken? (please specify (JB6A4)*				

B7. Have you had any instruction in the use of computers? (e.g. the BBC micro, Sinclair, Apple etc.)

Tick all that apply

YES at school (JB7A)

YES at work experience (JB7B)

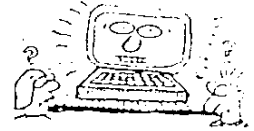
YES at home (JB7C)

YES elsewhere (JB7D)

(NO (JB7E)

(where (JB7D1)*

If YES, please answer 7(a) below.



7(a).

What can you do now with computers:

Tick all that apply:

I can use teaching programmes (JB7AA)

I can programme (JB7AB)

I can play games (JB7AC)

I can do other things (JB7AD)

I can't really do anything (JB7AE)

What? (JB7AD2)*



B8. Have you got a practical (working) knowledge of any of the following skills?

Answer a - n and tick one box only on each line

	Yes and got it mainly at school	Yes, and got it mainly outside school	No, I know very little about it
a) How to write an application form (for a job, for career, etc.) (JB8A)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) How to get by at an interview (JB8B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) How to write a letter of application (job, course, etc.) (JB8C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) How to drive a car (JB8D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) How to ride a motorbike (JB8E)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) How to understand information technology (eg word processors) (JB8F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) How to understand electronics (JB8G)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) How to understand communications (JB8H)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) How to give first aid (JB8I)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) How to change plugs/fuses/bulbs etc (electrical) (JB8J)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) How to get a healthy diet (JB8K)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) How to do woodwork/metalwork (JB8L)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) How to wash clothes (JB8M)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) How to sew and mend (JB8N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B9. Since September 1984 have you taken part in any of the following activities arranged by school?

Tick one box on each line Answer a - g

	NO	YES in this school year	YES only in last school year
a) Concerts, plays (JB9A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Excursions, day trips (JB9B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Holidays (JB9C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Field Courses (JB9D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Clubs/Societies (JB9E)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Charitable activities (JB9F)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Other/what (JB9G) (JB9G1)*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please answer 9(a) below.

9(a).

Please tell us which courses/clubs/activities you have been to since September 1984

- (JB9A1) *
- (JB9A2) *
- (JB9A3) *
- (JB9A4) *
- (JB9A5) *
- (JB9A6) *
- (JB9A7) *

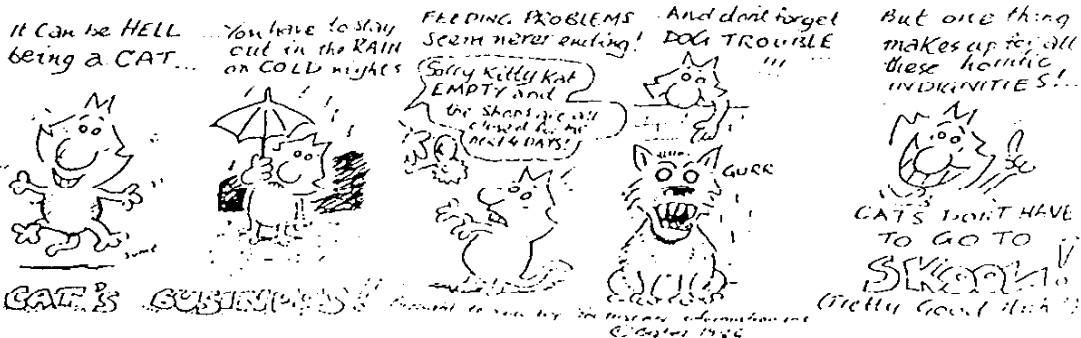


Illustration by the author, 1984

B10. Have you done any visits in the local community organised by your school since September 1984? (Include working with the elderly, with young children, with the handicapped etc...)

10(a). YES I have (JB10) If YES answer 10(a) & (b)
 NO I haven't If NO answer 10(c)

10(b). How many times have you been? (JB10A)

10(c). Why haven't you been? (JB10C1) Tick one box
 Facility was not available
 Did not want to
 Other reason(s)
 What? (JB10C2)*

10(b). What did you do? Tick all that apply
 I helped/visited hospitals (JB10B1)
 I visited/helped elderly people (JB10B2)
 I helped with nurseries/playgroups (JB10B3)
 I visited community care centres or homes (JB10B4)
 I helped with handicapped people (JB10B5)
 Other things (JB10B6)
 What? (JB10B7)*

B11. Please could you tell us what you have usually done at dinner time during the Easter/Spring Term 1986?

Tick all that apply

Gone out of school alone (not home) (JB11A)
 Gone out of school with friends (JB11B)
 Played an outdoor sport/game (JB11C)
 Gone to school club/activity (JB11D)
 Done homework/read book (JB11E)
 Wandered about in school grounds with friends (JB11F)
 Done a school 'duty' (JB11G)
 Other things (JB11H)



B12. Do you think that people of your age should be allowed to stay away from school if they don't want to go?

(JB12) Tick one box
 YES, I do think so
 NO, I don't think so
 CAN'T SAY



B13. Have you stayed away from school at all since September 1985, for reasons other than illness, when you should have been there?

(JB13) Tick one box
 YES, I have If YES, please answer 13(a) and 13(b) below.
 NO, I haven't
 I am a boarder



13(a). Why did you stay away from school? Tick all that apply
 I was fed up with school (JB13AA)
 I had to help at home (JB13AB)
 I wanted to do something special away from school (JB13AC)
 I had some other reason (JB13AD)
 (What? (JB13AE)*

13(b). For how long did you stay away? Tick one box
 Odd days (JB13B)
 As much as a week
 More than once a week and up to 2 week
 More than 2 weeks and up to 4 weeks
 Over a month

B14. Below is a list of things that some people of your age have said about how they feel about school. (Read each carefully and say whether it is true in your case)

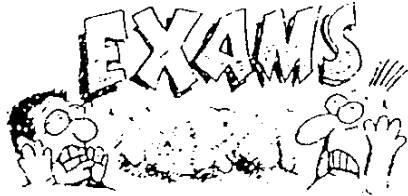
Answer	Very true	Partly true	Not true at all
(a) I feel school is largely a waste of time (JB14A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I am quiet in the classroom and get on with my work (JB14B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I think homework is a bore (JB14C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) I find it difficult to keep my mind on my work (JB14D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) I never take work seriously (JB14E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) I don't like school (JB14F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) I think there is no point in planning for the future you should take things as they come (JB14G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) I am always willing to help the teacher (JB14H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B15 Have you been entered for any exams or certificates for this summer term?

YES (JB15)
 NO

If YES, please answer 15(a) below:

15(a).



Please write down the subjects concerned; specify which exams (tick box) or certificates (write in space provided)

Subject	Exam(s) entered for			Certificates entered for (eg RSA, VEI)
	CSE	'O'	'A'	
1 (JB15AA1)*	<input checked="" type="checkbox"/>	(JB15AA2)	<input type="checkbox"/>	GRADE OBTAINED (JB15AA3)
2 (JB15AB1)*	<input checked="" type="checkbox"/>	(JB15AB2)	<input type="checkbox"/>	(JB15AB3)
3 (JB15AC1)*	<input checked="" type="checkbox"/>	(JB15AC2)	<input type="checkbox"/>	(JB15AC3)
4 (JB15AD1)*	<input checked="" type="checkbox"/>	(JB15AD2)	<input type="checkbox"/>	(JB15AD3)
5 (JB15AE1)*	<input checked="" type="checkbox"/>	(JB15AE2)	<input type="checkbox"/>	(JB15AE3)
6 (JB15AF1)*	<input checked="" type="checkbox"/>	(JB15AF2)	<input type="checkbox"/>	(JB15AF3)
7 (JB15AG1)*	<input checked="" type="checkbox"/>	(JB15AG2)	<input type="checkbox"/>	(JB15AG3)
8 (JB15AH1)*	<input checked="" type="checkbox"/>	(JB15AH2)	<input type="checkbox"/>	(JB15AH3)
9 (JB15AI1)*	<input checked="" type="checkbox"/>	(JB15AI2)	<input type="checkbox"/>	(JB15AI3)
10 (JB15AJ1)*	<input checked="" type="checkbox"/>	(JB15AJ2)	<input type="checkbox"/>	(JB15AJ3)
11 (JB15AK1)*	<input checked="" type="checkbox"/>	(JB15AK2)	<input type="checkbox"/>	(JB15AK3)
12 (JB15AL1)*	<input checked="" type="checkbox"/>	(JB15AL2)	<input type="checkbox"/>	(JB15AL3)
(JB15AM1)*	<input checked="" type="checkbox"/>	(JB15AM2)	<input type="checkbox"/>	(JB15AM3)
(JB15AN1)*	<input checked="" type="checkbox"/>	(JB15AN2)	<input type="checkbox"/>	(JB15AN3)
(JB15AO1)*	<input checked="" type="checkbox"/>	(JB15AO2)	<input type="checkbox"/>	(JB15AO3)
(JB15AP1)*	<input checked="" type="checkbox"/>	(JB15AP2)	<input type="checkbox"/>	(JB15AP3)

B16. Since September 1984 have you attended any timetabled classes at which careers have been discussed?

YES (JB16)
 NO

If YES answer 16(a) and 16(b) below:

16(a).



(a) Please say how many classes you have attended this school year (JB16A1)
 Please say how many classes you have attended last school year (JB16A2)

16(b).

Did you find them helpful?
 (JB16B) Tick one box
 YES, very helpful
 YES, quite helpful
 NO, not very helpful
 NO, not helpful at all

B17. Apart from the above, have you, since September 1984 been present at any meetings/classes at school in which careers/jobs were discussed?

(JB17) Tick one box
 YES
 NO
 DON'T KNOW

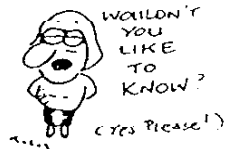
If YES, please answer 17(a) and 17(b) below:

17(a).

How many this school year? (JB17A)

17(b).

How many last school year? (JB17B)



B18. Since September 1984, has anyone come in from OUTSIDE SCHOOL to talk to you about careers/jobs etc?

(JB18) Tick one box
 YES
 NO
 DON'T KNOW

If YES, answer 18(a), 18(b), and 18(c) below:

18(a).

How many times this school year? (JB18A1)
 How many times last school year? (JB18A2)

18(b).

Who gave the talks?
 1 (JB18B1)*
 2 (JB18B2)*
 3 (JB18B3)*

18(c).

Were they helpful? Tick one box only
 YES, very helpful (JB18C)
 YES, quite helpful
 NO, not very helpful
 NO, not helpful at all

B19. Since September 1984 have you had any personal contact with a teacher to discuss your career/job/further education? (Exclude career lessons entered above)

YES ... (JB19)
 NO

If YES, please answer 19(a) and 19(b) below:



19(a).

Who did you see? Tick all that apply

Careers teacher (JB19A1)
 Form teacher/tutor (JB19A2)
 Year Head (JB19A3)
 Other teacher (JB19A4)
 (Who? (JB19A5)*)

19(b).

Where were you? Tick all that apply

On my own (JB19B1)
 With my parents (JB19B2)
 Somewhere else (JB19B3)
 (Where? (JB19B4)*)

B20. Since September 1984, which of the following has your school arranged for you?

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

	YES	NO	DON'T KNOW
(a) Information at school about choice of work, YTS, or further education .. (JB20A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Information from Careers Officer (Guidance Officer Scotland) about addresses of employers, colleges of further education or YTS managing agents) .. (JB20B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Interview(s) with a Careers Officer (Guidance Officer Scotland) about careers guidance (JB20C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B21. Since September 1984, have you visited from school any of the following?

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

	YES	NO	DON'T KNOW
(a) An office, factory or other workplace .. (JB21A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) A college of further education as part of a Link Course .. (JB21B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Another school for one or more timetabled class .. (JB21C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B22. Since September 1984, have you taken part in any work experience arranged by the school?

YES (JB22)
 NO

If YES answer 22(a), 22(b) and 22(c) below:

22(a).

How many different work experience schemes have you been on? (JB22A)

Tick one box

1 2 3 or more

22(b).

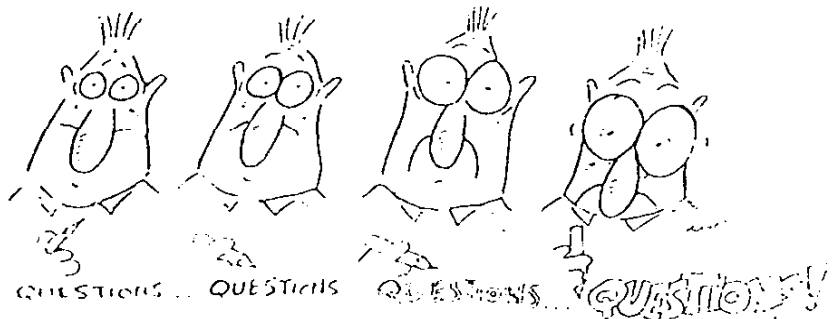
Please describe the type of firm, work done and time spent (in days)

Type of Firm	Work done	No. of days
1 (JB22B1A)*	(JB22B1B)*	(JB22B1C)
2 (JB22B2A)*	(JB22B2B)*	(JB22B2C)
3 (JB22B3A)*	(JB22B3B)*	(JB22B3C)

22(c)

Have you found the opportunity useful in your career planning? (JB22C) Tick one box

YES
 NO
 CAN'T SAY



B23. Since September 1984 who has helped/advised you about jobs/careers/further education?

Under heading A please tick the boxes to indicate those who have helped you
Under heading B enter the three people who were of most help (Most = 1, Next = 2, and Next = 3)

		A	B
		Tick all that apply	Number 1, 2, or 3
I have been helped by:			
Friends	(JB23A1)	<input type="checkbox"/>	
Employment agency	(JB23A2)	<input type="checkbox"/>	
Parent(s)	(JB23A3)	<input type="checkbox"/>	
Sister/Brother	(JB23A4)	<input type="checkbox"/>	
Other member(s) of my family	(JB23A5)	<input type="checkbox"/>	
Careers Officer (Guidance Officer Scotland)	(JB23A6)	<input type="checkbox"/>	
Careers teacher (Guidance teacher Scotland)	(JB23A7)	<input type="checkbox"/>	
Other teacher(s) at school	(JB23A8)	<input type="checkbox"/>	
Staff of further education college	(JB23A9)	<input type="checkbox"/>	
School Library	(JB23A10)	<input type="checkbox"/>	
Other person Who?	(JB23B) (JB23A)*	<input type="checkbox"/>	

B24. During this school year were your parents invited to discuss your future with the school?

YES they were (JB24)	If YES, please answer 24(a)	24(a)	Did your parents go? (JB24A)
NO		YES	<input type="checkbox"/>
			NO
			DON'T KNOW

B25. Summing up, to what extent has the school helped you to plan your future?

Answer a-e and tick one box on each line

		Yes Fully	Yes a bit	No not at all
Has school informed you about:				
(a) The choices for further education	(JB25A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) The qualifications you need for jobs/careers	(JB25B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) The opportunities under Youth Training Schemes	(JB25C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) The choices and prospects of employment	(JB25D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Schemes for unemployed young people	(JB25E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B26. Thinking back on the subjects you have taken, how many do you think will be useful for the future?

(JB26) Tick one box	Now, please answer 26(a), 26(b), 26(c), below:	
All are useful <input type="checkbox"/>		
Some are useful <input type="checkbox"/>		
Many are not useful <input type="checkbox"/>		

26(a). LIST THE 3 MOST USEFUL

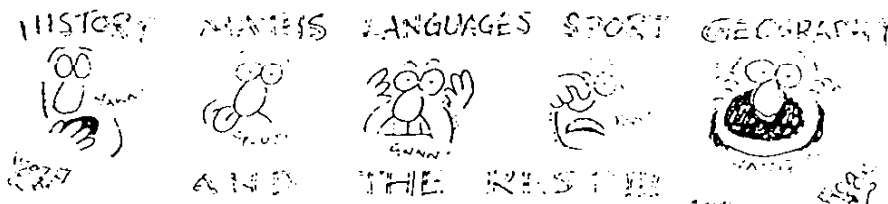
- (JB26A1) *
- (JB26A2) *
- (JB26A3) *

26(b). LIST THE 3 LEAST USEFUL

- (JB26B1) *
- (JB26B2) *
- (JB26B3) *

26(c). LIST ANY OTHERS YOU WISH YOU HAD TAKEN

- (JB26C1) *
- (JB26C2) *
- (JB26C3) *



B27. Nearly everyone of your age has some sort of idea of what they will want to do in life. Here is a list of types of jobs/careers/professions for which various amounts of training are necessary. How about your choice(s)?

In Column A, please tick one box to indicate your first choice for type of career and in Column B please tick boxes to indicate other types of jobs you feel you might do, if any.

	A	B
	Tick one box for first choice	Tick all others you might do
Professional (needing a degree)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Managerial/Nursing/Teaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trained clerical (e.g. bank clerk)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative - office work	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worker on farm/agriculture/fishing industry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Craftsman/designer - making or designing small individual objects	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maintenance worker - repairs and service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processing worker - computing, information technology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food industry/restaurant worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Salesman/representative/shop worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transport worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worker in manufacturing: assembling products or goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service work - cleaning dishwashing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HM Forces	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Job not included above (what?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Can't decide	<input type="checkbox"/>	<input type="checkbox"/>

Handwritten codes in Column A: (JB27A1) through (JB27A17).
Handwritten code in Column B: (JB27A16) (JB27A17)*

B28. Now we've just talked about the type of career/job in which you're interested. Can we now ask whether there is an ACTUAL JOB which you would like to do, within the trade, industry or profession in which you hope to work. e.g. If you said above that you want to be a transport worker, now's your chance to say driver, guard or ticket collector.

Is there an ACTUAL JOB you would like to do, as opposed to the trade, industry or profession in which you hope to work, either now or when your education is complete?

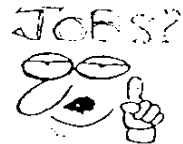
(JB28) Tick one box

YES

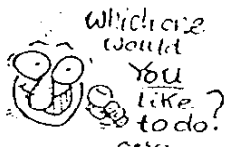
NO

DON'T KNOW

If YES, please complete 28(a) below:



28(a). Please give details:



Name or nature of job I would like to do (JB28A1)*

Industry, trade or profession in which I want to work (JB28A2)*

Remarks (JB28A3)*

B29. Once you need to get a job, do your parents or anyone you know have a contact(s) who might be able to help you?

(JB29) Tick one box

YES

NO

DON'T KNOW

If YES, please answer 29(a) below:



29(a). Tick all that apply

Business owned by your family (JB29A1)

Family member who is in a position to employ people or help with a job (JB29A2)

Other person who is in a position to employ people or help with a job (JB29A3)

Other type of contact (Who? (JB29A4) (JB29A4B)*

B30. Once you need to get a job, how easy or difficult do you expect it to be to get a job?

(JB30) Tick one box

Very easy

Fairly easy

Fairly difficult

Very difficult

I already have a job promised

Don't know

B31. What do you think are your strong points for the future?

(Answer this whether you are leaving school this year or not)

I am: Tick 3 boxes only

A good communicator (JB31A1)

Good with my hands (JB31A2)

A clear thinker (JB31A3)

A hard worker (JB31A4)

A clean and tidy person (JB31A5)

Reliable (JB31A6)

Good timekeeper (JB31A7)

Able to take responsibility (JB31A8)

Other strong points (What (JB31A9) *

B32. Do you think you have any educational or health problem which could make it difficult for you to follow the job/career/profession you really want?

YES (JB32)

NO

If YES, please answer 32(a) below:



(a) Please describe your problem:

(JB32A) *

B33. Do you expect to leave full-time education at the end of this school year?

YES (JB33)

NO

If YES, please answer 33(a) and 33(b) below:

33(a).

Why will you be leaving full-time education?

Tick all reasons that apply

I have always taken it for granted (JB33A1)

I need to earn as soon as possible (JB33A2)

I want to earn a wage and be independent as soon as I can (JB33A3)

I want to do the same as most of my friends (JB33A4)

I was advised to do this by my parents (JB33A5)

I can't study what I want to study at school (JB33A6)

I was advised to do this by my teacher(s) (JB33A7)

I have a particular course or job in mind, for which I don't have to stay on at school (JB33A8)

I want to leave home as soon as possible (JB33A9)

I want to get married in the next year or so (JB33A10)

I want to go somewhere else to learn a trade/complete my training (JB33A11)

I'm not bright enough to stay on (JB33A12)

33(b).

What do you plan to do? (It is appreciated that you may not be able to tell us exactly, but please make a try.)

(JB33BA)

Tick one box

I plan to look for a job

I have a job fixed up

I plan to try for an apprenticeship

I think I will do a Youth Training Scheme (YTS)

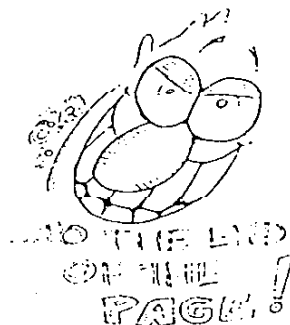
I think I will do a job then YTS

I think I will be unemployed

I have other plans

What? (JB33BB) *

IF WORKING, WHERE DO YOU WORK? (JB33BC) *



B34. What do you think you will be doing from September 1986?

(JB34A)

Tick one box

Leaving Full-time education and doing something else, as in 33(b)

Doing GCE 'A' Level Course

Doing O Level or CSE Course

Doing/continuing other educational course/training at School or College

Something else

(What? (JB34B)*)

— Please answer 34(a) and 34(c).
 — Please answer 34(b) and 34(c)

34(a) Where do you think you will be studying after September 1986? (JB34AA)

Same school as now

Other school

Sixth Form College

College of Further Education

Somewhere else

(Where? (JB34AB)*)

34(b) What training/educational course will you be doing from September 1986?

CPVE (JB34BA1)

City & Guilds Foundation Course (JB34BA2)

B.Tech. Training Course (JB34BA3)

RSA Course (JB34BA4)

Continuing with T.V.E.I. (JB34BA5)

Something else (JB34BA6)

(What? (JB34BA7)*)

Please give the name and address of the School College where you think you will be attending (JB34AC) *

Please give the name and address of the School College Institution which you think you will be attending (JB34BB) *

34(c) Do you plan to go on with your education/training after the age of 18?

(JB34C) Tick one box

YES, I hope to

NO, probably not

DON'T KNOW

If YES answer 34(d) below.

34(d) Where do you think you might go? (JB34DA) Tick one box

University/polytechnic

Teacher training college (college of education)

Technical college, college of commerce or secretarial college

College of art, music or drama

Somewhere else, where? (JB34DB) *

LEISURE ACTIVITIES

C1. Do you have any hobby or hobbies?



YES (JC1)

NO

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

1(a). How many hours a week do you normally spend on your hobby/hobbies? Tick one box (JC1A)

less than 1 hr 2 hrs 3 hrs 4 hrs 5 hrs 6 hrs 7 hrs 8 hrs 9 hrs or more

On my hobbies I spend about

1(b) Does your main hobby fit into any of the broad groups below? (JC1BA) Tick one box only

Artistic, eg drawing, photography

Making things, eg model planes, pottery

Collecting things, eg stamps

Musical activity

An outdoor activity, eg football, fishing

Cooking

Keeping (or training) animals or birds

Something else

What? (JC1BB) *

1(c) What do you actually do, in the course of your hobbies?

Main hobby (JC1CA) *

Other hobby/hobbies (JC1CB) *

C2. Do you support a particular football club? (Include Football League clubs, Amateur League clubs, but not school neighbourhood football).

YES (JC2A1)
 NO

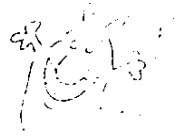
If YES, which one do you support?

Please write name in this box
 (JC2A2) *

C3. Have you been to a soccer football match in the last 12 months?

Tick all that apply
 YES, to League Match (JC3A1)
 YES, to Amateur Match (JC3A2)
 NO, to neither (JC3A3)

If YES, please answer 3a) 3b) and 3c) below:



3(a). How often have you been this season? (JC3A)
 Tick one box
 About once a week
 About once a month
 Less than monthly
 Once or twice only

3(b). Do you usually go to:
 Tick all that apply
 Home matches (JC3B1)
 Away matches by car (JC3B2)
 Away matches by coach (JC3B3)
 Away matches by other transport (JC3B4)



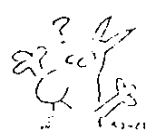
3(c). Who do you usually go with?
 Tick all that apply

	Home Matches	Away Matches
I go and stay alone	<input checked="" type="checkbox"/> (JC3CA1)	<input type="checkbox"/> (JC3CA5)
I go and meet up with people	<input checked="" type="checkbox"/> (JC3CA2)	<input type="checkbox"/> (JC3CA6)
I go with my family	<input checked="" type="checkbox"/> (JC3CA3)	<input type="checkbox"/> (JC3CA7)
I go with friends	<input checked="" type="checkbox"/> (JC3CA4)	<input type="checkbox"/> (JC3CA8)

C4. Have you actually ever seen or been involved in any disturbances in a football crowd?

(JC4) Tick one box only
 YES, seen a disturbance
 YES been involved
 NEVER seen/been involved
 Not been to a football match

If YES, please answer 4a) below:



4(a). Could you say what happened? (JC4A) *

C5. Which of the following do you think are causes of football violence?

Tick all that you feel are important

- Overcrowding (JC5A1)
- Crowds standing and pushing (JC5A2)
- Opposing and home fans getting mixed up (JC5A3)
- Drink (alcohol) (JC5A4)
- High unemployment rates (JC5A5)
- Boredom among fans (JC5A6)
- A few who are out to make trouble (JC5A7)
- Bad example given by some footballers (JC5A8)
- Too much sensationalism by press/TV (JC5A9)
- Long time in queues to get in (JC5A10)

C6. Which of the following do you think would be useful measures to improve matters?

Tick all that you feel are important

- Ban alcohol at matches (JC6A1)
- Search everyone for "weapons" (JC6A2)
- Bring in more police (JC6A3)
- Separate home and away supporters (JC6A4)
- Ban away supporters (JC6A5)
- Ticket-only matches (JC6A6)
- Build family enclosures (JC6A7)
- Provision of more seating (JC6A8)
- Tougher sentences for offenders (JC6A9)
- Provide jobs for young people (JC6A10)
- Separate entrances/exits for home/away fans (JC6A11)

C7. What do you think are the really important problems and ways of dealing with football violence?

Write here: (JC7) *
 (JC7A) *
 (JC7B) *

C8. Which of the following describes how you feel about your spare time?

Answer a-f and tick one box on each line

(a) I usually find plenty of enjoyable things to do in my spare time	(JC8A1)	<input type="checkbox"/>	I agree	<input type="checkbox"/>	I disagree
(b) I spend most of my spare time at my home or a friend's house	(JC8A2)	<input type="checkbox"/>			
(c) Where I live I don't feel it's safe for people like me to be out and about on the streets	(JC8A3)	<input type="checkbox"/>			
(d) I don't usually have enough money to do what I like	(JC8A4)	<input type="checkbox"/>			
(e) I am often bored and don't know what to do	(JC8A5)	<input type="checkbox"/>			
(f) Anything is better than staying at home, even if there's nowhere special to go	(JC8A6)	<input type="checkbox"/>			

C9. Do you have a shared interest with your mother/father on which you spend up to several hours a week?

(JC9)

Tick one box

YES, share interest(s) with Mother only

YES, share interest(s) with Father only

YES, share interest(s) with both

NO shared interest with either

If YES, please answer 9a below:

9(a).
What is it? (JC9A)*

C10. Have you ever taken part in any of the following spare-time activities? (Do not include anything if you were paid)

Tick one box on each line a-f

a) Babysitting for younger brothers and sisters	(JC10A1)	<input type="checkbox"/>	Never or hardly ever	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Often
b) Babysitting elsewhere	(JC10A2)	<input type="checkbox"/>					
c) Helping old people	(JC10A3)	<input type="checkbox"/>					
d) Voluntary conservation work (helping with nature)	(JC10A4)	<input type="checkbox"/>					
e) Helping single parents	(JC10A5)	<input type="checkbox"/>					
f) Other voluntary activities in the community (What?)	(JC10A6)	<input type="checkbox"/>					

(JC10B)*

C11. Is there some spare-time activity which does not exist in your area, that you would like to see introduced, so that you could take part?

YES (JC11)

NO

If YES, please answer 11a below:

11(a).
Please describe (JC11A)*

C12. Have you in the past 12 months, had any instruction in any of the following?

Tick all that apply in both columns			Tick all that apply in both columns		
	At School	Outside School		At School	Outside School
Self defence	(JC12A1) <input type="checkbox"/>	<input type="checkbox"/>	Shorthand	(JC12A7) <input type="checkbox"/>	<input type="checkbox"/>
Swimming	(JC12A2) <input type="checkbox"/>	<input type="checkbox"/>	Typing	(JC12A8) <input type="checkbox"/>	<input type="checkbox"/>
Dancing	(JC12A3) <input type="checkbox"/>	<input type="checkbox"/>	Aerobics/Keep fit	(JC12A9) <input type="checkbox"/>	<input type="checkbox"/>
Music	(JC12A4) <input type="checkbox"/>	<input type="checkbox"/>	None of these	(JC12A10) <input type="checkbox"/>	<input type="checkbox"/>
Drama/Speech	(JC12A5) <input type="checkbox"/>	<input type="checkbox"/>	Other things	(JC12A11) <input type="checkbox"/>	<input type="checkbox"/>
Dressmaking	(JC12A6) <input type="checkbox"/>	<input type="checkbox"/>	(What?)	(JC12A12)* <input type="checkbox"/>	

C13. Have you read a book(s) for pleasure in the past 4 weeks?

YES (JC13)

NO

If YES, please answer 13(a) and (b) below

13(a) What books? Tick all that apply

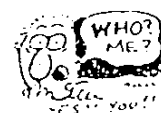
Novels	(JC13A1) <input type="checkbox"/>
Modern Sci-Fi	(JC13A2) <input type="checkbox"/>
Books about hobbies/interests/pets	(JC13A3) <input type="checkbox"/>
Biographies	(JC13A4) <input type="checkbox"/>
Historical books	(JC13A5) <input type="checkbox"/>
Other type of book	(JC13A6) <input type="checkbox"/>
(What?)	(JC13A7)* <input type="checkbox"/>

13(b). Can you remember what any of them were called?

1 (JC13B1)*

2 (JC13B2)*

3 (JC13B3)*



C14. Here are some reasons people give for not reading more books than they do. Tell us which of these might be true in your case.

	Tick all that apply
Usually too busy with other things	<input checked="" type="checkbox"/> (JC14A1)
Don't find books very interesting	<input checked="" type="checkbox"/> (JC14A2)
Interested but no library available nearby	<input checked="" type="checkbox"/> (JC14A3)
Too few books in the house	<input checked="" type="checkbox"/> (JC14A4)
Don't find reading easy	<input checked="" type="checkbox"/> (JC14A5)
I have and read plenty of books	<input checked="" type="checkbox"/> (JC14A6)
Other reason (What?)	<input checked="" type="checkbox"/> (JC14A7)*



C15. Have you read any of the following magazines in the past 4 weeks?

Tick all that apply		Tick all that apply	
Just 17	<input checked="" type="checkbox"/> (JC15A1)	Over 21	<input checked="" type="checkbox"/> (JC15A10)
Blue Jeans	<input checked="" type="checkbox"/> (JC15A2)	My Guy	<input checked="" type="checkbox"/> (JC15A11)
Patches	<input checked="" type="checkbox"/> (JC15A3)	Shoot	<input checked="" type="checkbox"/> (JC15A12)
Super Bike	<input checked="" type="checkbox"/> (JC15A4)	Radio Times	<input checked="" type="checkbox"/> (JC15A13)
What Bike	<input checked="" type="checkbox"/> (JC15A5)	TV Times	<input checked="" type="checkbox"/> (JC15A14)
Bike	<input checked="" type="checkbox"/> (JC15A6)	19	<input checked="" type="checkbox"/> (JC15A15)
Street Machine	<input checked="" type="checkbox"/> (JC15A7)	Honey	<input checked="" type="checkbox"/> (JC15A16)
True Romances	<input checked="" type="checkbox"/> (JC15A8)	Motor Cycle Sport	<input checked="" type="checkbox"/> (JC15A17)
SMASH HITS	<input checked="" type="checkbox"/> (JC15A9)	Marvel, Beano, other comics	<input checked="" type="checkbox"/> (JC15A18)
Any other magazines	1. <input checked="" type="checkbox"/> (JC15I)*	2. <input checked="" type="checkbox"/> (JC15II)*	3. <input checked="" type="checkbox"/> (JC15III)*

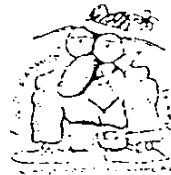
C16. The type of clothes young people wear can be very important. For what reasons do you choose your clothes?

	Tick all that apply
Cheapness	<input checked="" type="checkbox"/> (JC16A1)
Fun	<input checked="" type="checkbox"/> (JC16A2)
Fashion	<input checked="" type="checkbox"/> (JC16A3)
Comfort	<input checked="" type="checkbox"/> (JC16A4)
Sex appeal	<input checked="" type="checkbox"/> (JC16A5)
Other reason (What?)	<input checked="" type="checkbox"/> (JC16A6)*

C17. Do you do anything to the colour of your hair?

YES (JC17)
 NO

If YES, please answer 17a below



17 (a).

	Tick all that apply
What do you do?	
Bleaching	<input checked="" type="checkbox"/> (JC17A1)
Highlighting	<input checked="" type="checkbox"/> (JC17A2)
Colouring	<input checked="" type="checkbox"/> (JC17A3)
Something else (What?)	<input checked="" type="checkbox"/> (JC17A4)*

C18. How often do you wear jewellery or make-up, if at all?

Tick one box on each line	Always	Often	Only when going out	Never
a) I wear make-up	<input checked="" type="checkbox"/> (JC18A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I wear jewellery	<input checked="" type="checkbox"/> (JC18B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



C19. Do you use any form of scent or aftershave?

YES (JC19)
 NO

If YES, please answer 19(a) below.



19(a). What brand do you usually use?

1. (JC19A1) *
 2. (JC19A2) *
 3. (JC19A3) *

C20. About how much did you spend last month on the following?

Tick one box on every line	Nothing	Under £1	£1-£2	£3/4	£5/9	£10/19	£20/39	£40/59	£60 or more	Doesn't apply to me
(a) Make-up/Toiletries	<input checked="" type="checkbox"/> (JC20A1)	<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) Clothes	<input checked="" type="checkbox"/> (JC20A2)	<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"/>
(c) Hairdressing	<input checked="" type="checkbox"/> (JC20A3)	<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"/>
(d) Jewellery	<input checked="" type="checkbox"/> (JC20A4)	<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"/>
(e) Shoes	<input checked="" type="checkbox"/> (JC20A5)	<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"/>

C21. Do you and your friends play cards for money?

(JC21)

YES

NO

If YES, please answer 21(a).

21(a).

What is the most you have lost? (JC21A1)

What is the most you have won? (JC21A2)

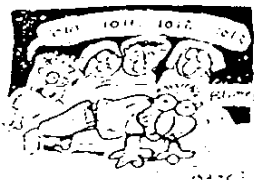
C22. Did you take any exercise last Saturday?

(JC22)

YES

NO

If YES, please answer 22(a) below:



22(a).

What were you doing last Saturday? Tick all that apply.

(a) Walking over 1 mile (JC22A1)

(b) Running/jogging over 1 mile (JC22A2)

(c) Bicycling over 1 mile (JC22A3)

(d) Swimming 4 lengths or over (JC22A4)

(e) Dancing (disco) (JC22A5)

(f) Indoor sport(s) (What? (JC22A6) (JC22AF2)*)

(g) Outdoor sport(s) (What? (JC22A7) (JC22AG2)*)

(h) Exercise: Keep Fit class (JC22A8)

(i) Other form of exercise (JC22A9)

(What? (JC22AI2)*)

C23. Different areas in Britain provide more or less facilities recreation for young people. We would like to know how it is for you?

Have you been to a sports centre or a community centre in the past 12 months?

(JC23) Tick one box

YES to Sports Centre only

YES to Community Centre only

YES to both

NO to both

NO to both, though went before 12 months ago to one or the other

If YES, please answer 23(a) below:

If NO, please answer 23(b) below:



23(a).

How often have you been in the last 12 months? Tick one box for Sports Centre (JC23AA) and one box for Community Centre (JC23AB)

More than once a week

Once a week

Once or twice a month

Occasionally

Not been at all

23(b).

Why don't/didn't you go? Tick all that apply.

No longer have time (JC23B1)

Don't want to (JC23B2)

Too far away (JC23B3)

None in area now (JC23B4)

No transport (JC23B5)

Too expensive (JC23B6)

None of my friends go (JC23B7)

No longer interested in sport (JC23B8)

Other reasons (JC23B9)

What? (JC23BI2)*

C24. Have you been to a youth club(s) in the past 12 months?

(JC24)

YES

NO

If YES, please answer 24(a) and 24(b):

24(a) 24(b)



24(a).

On how many occasions have you been? (JC24A) Tick one box

More than once a week

Once a week

Once or twice a month

Less than once a month

24(b).

What sort of things do/did you do there?

1 (JC24B1) *

2 (JC24B2) *

3 (JC24B3) *

4 (JC24B4) *

C25. Have you been/belonged to any uniformed youth organisations in the past 12 months?

(JC25) Tick one box
 YES belong/go to one or more
 NO used to go, but not now
 NO, never been or belonged

If YES, please answer 25(a) and 25(b) below:



25(a).

How often have you been in the last 12 months?
 (JC25A) Tick one box
 More than once a week
 Once a week
 Once or twice a month
 Less than once a month

25(b).

Where did you go? Tick all that apply:
 Army Cadets T.A. (JC25B1)
 Boys Brigade/Girls Brigade (JC25B2)
 Salvation Army (JC25B3)
 Sea Cadets/Rangers (JC25B4)
 Boy Scouts/Girl Guides (JC25B5)
 Air Training Corps (JC25B6)
 Red Cross Cadets (JC25B7)
 St. John's Ambulance Cadets (JC25B8)
 Other organisation(s) (What?) (JC25B9)*

C26. Have you been to any 'church' activities etc. in the past 12 months? (i.e. activities to do with your religion or place of worship, whatever its nature or denomination)

YES (JC26)
 NO

If YES, please answer 26(a) and 26(b) below



26(a).

(JC26A) Tick one box
 On how many occasions in the past 12 months?
 More than once a week
 Once a week
 Once or twice a month
 Occasionally

26(b).

What sort of activities? Tick all that apply:
 Youth Club/Fellowship or Group (JC26B1)
 Tuition Groups (JC26B2)
 Trips/outings (JC26B3)
 Sports activities (JC26B4)
 Concert (JC26B5)
 Choir (JC26B6)
 Attend services (or equivalent) (JC26B7)
 Other activities connected with your religion (JC26B8)
 What? (JC26B9)*

C27. Apart from the above do you belong to any clubs, organisations or groups?

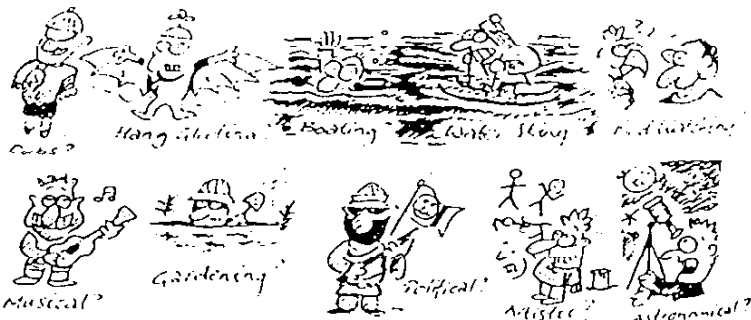
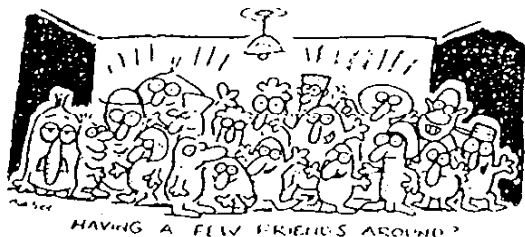
YES (JC27)
 NO

If YES, please answer 27(a) below:



27(a).

What are they and how often do you go and what do you do?
 (JC27A1)*
 (JC27A2)*



FINALLY. NOW PLEASE COMPLETE THE FIVE SMALL SECTIONS ON PAGES 18 & 19.

A lot is said nowadays about 'Drug Abuse'. Would you like to say why, in your opinion, some young people take hard or soft drugs; what they sometimes take; how harmful you think each one can be; and what can be done to help people with a drug problem?

What do you understand by the term 'drug abuse'?	(JD1 I) *
	(JD1 II) *
	(JD1 III) *
Why do some young people take drugs?	(JD2 I) *
	(JD2 II) *
	(JD2 III) *
What sort of drugs do they take?	(JD3 I) *
	(JD3 II) *
	(JD3 III) *
How harmful can they be?	(JD4 I) *
	(JD4 II) *
	(JD4 III) *
What can be done to help people with a drug problem?	(JD5 I) *
	(JD5 II) **
	(JD5 III) *

The following is a list of major world problems often in the news. Which of these problems do you think we should work towards solving first. Put the list in your order of importance.

Famine / The Arms Race / Racism / Pollution of the Environment / Terrorism / Violent Crime / Unemployment

Place in order of importance

1. (JE1)
2. (JE2)
3. (JE3)
4. (JE4)
5. (JE5)
6. (JE6)
7. (JE7)
8. Any other issues you feel very strongly about? (JE8 I) *
- (JE8 II) *

Which three people would you most like to be like? (locally or anywhere)
(eg. Famous People, Celebrities, Entertainers, Relatives, Friends etc.)

Give in order of preference

1. (JF1) *
2. (JF2) *
3. (JF3) *

What are the three things you like doing the most/the least?

Things I like doing the most	Things I like doing the least
1. (JG1) *	1. (JH1) *
2. (JG2) *	2. (JH2) *
3. (JG3) *	3. (JH3) *

What are the three sorts of holiday you would like most?
(eg. beach, camping, countryside, adventure, foreign travel, doing hobby, etc.)

Give in order of preference

1. (JI1) *
2. (JI2) *
3. (JI3) *

THANK YOU VERY MUCH FOR YOUR HELP

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CONTINUATION OF DOCUMENT I

JB6

Subject taken	CSE/O's/A's/H's	Grade obtained
(JB6AD1)*	(JB6AD2)	(JB6AD3)
(JB6AE1)*	(JB6AE2)	(JB6AE3)
(JB6AF1)*	(JB6AF2)	(JB6AF3)
(JB6AG1)*	(JB6AG2)	(JB6AG3)
(JB6AH1)*	(JB6AH2)	(JB6AH3)
(JB6AI1)*	(JB6AI2)	(JB6AI3)
(JB6AJ1)*	(JB6AJ2)	(JB6AJ3)