

DOCUMENT

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# MATERNAL SELF COMPLETION FORM

## STRICTLY CONFIDENTIAL



1986/87

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**BLOCK CAPITALS PLEASE**

Study teenager's Surname .....

Study teenager's Forename(s) ..... (SEX86) Sex of teenager: Male  Female

Study teenager's Home Address .....

Postcode: .....

Study teenager's NHS number ..... (if known) Date of Birth (DOB86) ...../4/70

Today's Date (PDOC-MT) (PDOC-YR) .....

### TO THE MOTHER OR PERSON COMPLETING THIS FORM:

This national survey is about the health and education of children whose sixteenth birthday was between the 5th-11th April 1986 inclusive. In this form, we are asking your help in telling us about the activities, skills, diet and behaviour of your teenager. This is in strict confidence and no names will ever be divulged under any circumstances whatsoever.

Please note the questions are addressed to the mother; this is for convenience as it will be the mother answering the questions in the vast majority of cases; however, please do not let the actual wording of the questions interfere with the completion of the form, if the person filling in the form is not the actual mother.

If you should have any difficulty in filling in any part of the form, please consult the Health Visitor, School Nurse or other Study Representative who gave it to you. Please return the completed form to the person who gave it to you.

### HOW TO COMPLETE THIS FORM

MOST OF THE QUESTIONS ARE ANSWERED BY TICKING A BOX BESIDE THE CORRECT ANSWER.

Examples:

1. Do you eat take-aways?  
 NO .....   
 YES .....

This indicates that you do eat takeaways

2. Have you ever been on a plane journey?  
 NO .....   
 YES .....

If YES, please answer 2(a)

2(a) How many times?  
 Once .....   
 More than once .....   
 Don't know .....

This indicates that you have been on a plane journey more than once.

Some questions require a number for the answer

Examples:

a) How many days last week did you drink tea? 0 1 2 3 4 5 6 7

b) How long have you been going to the golf club? NINE MONTHS

This indicates that you drank tea on 6 days last week

This indicates that you have been going to the golf club for 9 months

For all answers requiring text it would be helpful if you would use BLOCK CAPITALS.

Section A: HEALTH & BEHAVIOUR

A1. Is your teenager well in every possible way? (Include any changes in health, behaviour, education problems, illness, handicaps etc).

(PA1.1) Tick one box  
 YES .....   
 NO .....

If NO, answer 1(a) and 1(b) below

1(a).

What is the matter? (PA1.2) \*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1(b).

Does it affect every day life at home or at school? Tick one box (PA1.3)  
 NO .....   
 YES, slightly .....   
 YES, quite a lot .....   
 YES, severely .....

A2. Has your teenager any present or past difficulty with speech?

(PA2.1) Tick one box  
 YES, at present .....   
 YES, in past only .....   
 NO, never .....   
 DON'T KNOW .....

If YES, please answer 2(a) below



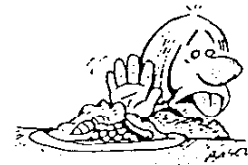
2(a).

What is/was the difficulty? Tick all that apply (PA2.2) \*  
 Severe stammer .....   
 Slight stammer .....   
 Cannot say words properly .....   
 Other difficulty (please describe) .....   
 (PA2.3) .....   
 (PA2.4) .....   
 (PA2.5) .....   
 (PA2.6) \* .....

A3. Does your teenager have any present or past eating/appetite problems?

(PA3.1) Tick one box  
 YES, at present .....   
 YES, in past only .....   
 NO, never .....   
 DON'T KNOW .....

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



3(a).

What is/was the eating problem? Tick all that apply (PA3.2) \*  
 Refuses to eat .....   
 Not eating enough .....   
 Over-eating for more than the occasional meal (PA3.4) .....   
 Other eating problem (PA3.5) .....

3(b).

Please describe (PA3.6) \*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A4. Does your teenager have any present or past sleeping difficulty?

(PA4.1) Tick one box  
 YES, at present .....   
 YES, in past only .....   
 NO, never .....   
 DON'T KNOW .....

If YES, please answer 4(a)



4(a).

Which of the following difficulties is/was present? Tick all that apply (PA4.2) \*  
 Can't get off to sleep .....   
 Complains of nightmares/night terrors .....   
 Other sleeping difficulty (please describe) (PA4.4) .....   
 (PA4.3) .....   
 (PA4.5) \* .....



A5. Below is a series of descriptions of behaviour sometimes shown by young people. Please say whether, in respect of your teenager, the descriptions certainly applies, applies somewhat or doesn't apply.

Answer (1-19) and tick one box on each line

		Certainly Applies	Applies Somewhat	Doesn't Apply
1. Very restless. Often running about or jumping up and down. Hardly ever still	(PAS.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is squirmy/fidgety	(PAS.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often destroys others or own belongings	(PAS.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Frequently fights with others	(PAS.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Not much liked by others	(PAS.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Often worried, worries about many things	(PAS.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tends to do things on own, rather solitary	(PAS.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Irritable. Is quick to fly off the handle	(PAS.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Often appears miserable, unhappy, tearful or distressed	(PAS.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sometimes takes things belonging to others	(PAS.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has twitches, mannerisms or tics of the face and body	(PAS.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Frequently sucks thumb or fingers	(PAS.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Frequently bites nails or fingers	(PAS.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is often disobedient	(PAS.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cannot settle to anything for more than a few moments	(PAS.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Tends to be fearful or afraid of new things or new situations	(PAS.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is fussy or overparticular	(PAS.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Utten tells lies	(PAS.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Bullies others	(PAS.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A6. Below is a series of further statements which can apply to young people. Please say whether your teenager behaves not at all like each statement, just a little like it, pretty much like it or very much like it.

Answer (1-19) and tick one box on each line

		Not at all	Just a little	Pretty much	Very much
1. Is noticeably clumsy	(PA6.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trips or falls easily or bumps into objects or other people	(PA6.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inattentive, easily distracted	(PA6.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hums or makes other odd noises at inappropriate times	(PA6.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty picking up small objects	(PA6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Drops things which are being carried	(PA6.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Becomes obsessed about unimportant things	(PA6.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Requests must be met immediately, easily frustrated	(PA6.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Shows restless or over-active behaviour	(PA6.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is impulsive, excitable	(PA6.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Interferes with the activity of others	(PA6.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is sullen or sulky	(PA6.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fails to finish things he/she starts, short attention span	(PA6.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Given to rhythmic tapping or kicking	(PA6.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cries for little cause	(PA6.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Changes mood quickly and drastically	(PA6.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Displays outbursts of temper, explosive or unpredictable behaviour	(PA6.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has difficulty in using scissors	(PA6.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has difficulty concentrating on any particular task though may return to it frequently	(PA6.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section B: THE SCHOOL

B1. Have you or your husband been to your teenager's school since September 1985?



(PB1.1) Tick one box

YES, my husband .....

YES, myself .....

YES, both of us .....

NO, neither of us .....

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

1(a).

How many times? Tick one box (PB1.2)

1 2 3 4 5 6 7 8 9+

1(b).

What did you go for? Tick all that apply

To a Parent-Teacher Association ..... (PB1.3)

To a School function ..... (PB1.4)

To discuss your teenager's future ..... (PB1.5)

Other reasons ..... (PB1.6)

(What? (PB1.7)\*)

B2. Since September 1985, other than visits to school, have you received any advice/literature about your teenager's job, career, or further education?

NO ..... (PB2.1)

YES, completed an interest inventory ..... (PB2.2)

YES, had an interview with careers officer(s) ..... (PB2.3)

YES, received literature ..... (PB2.4)

YES, in other ways ..... (PB2.5)

(What? (PB2.6)\*)



B3. How satisfied have you been with your teenager's progress and advice given to him/her in the past 2 years?

Answer (a) - (f) and tick one box on each line

	Very satisfied	Fairly satisfied	Not satisfied	Can't say
(a) With my teenager's school progress ..... (PB3.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) With decisions about exams ..... (PB3.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) With advice/help on getting a job etc. .... (PB3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) With the teacher's interest in him/her ..... (PB3.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) With school discipline ..... (PB3.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) With school's readiness to see parents ..... (PB3.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3(a).

If you have answered 'Not satisfied' or 'Can't say' to any, could you explain why it is?

(PB3.7)

B4. Which of the following would you like your teenager to do (A), and what do you think he/she will actually do, after this school year? (B)

Tick all that apply under A and then under B

	(A) I would like her/him to do this	(B) I think he/she will do this
Leave at end of this term ..... (PB4.1)	<input type="checkbox"/>	<input type="checkbox"/>
Stay in full-time education and do vocational training ..... (PB4.2)	<input type="checkbox"/>	<input type="checkbox"/>
Stay in full-time education and do 'A' levels etc. .... (PB4.3)	<input type="checkbox"/>	<input type="checkbox"/>
Continue some form of full-time education beyond age of 18. (PB4.4)	<input type="checkbox"/>	<input type="checkbox"/>
Other ..... (PB4.5)	<input type="checkbox"/>	<input type="checkbox"/>
(What? (PB4.6)*)		
Don't know ..... (PB4.7)	<input type="checkbox"/>	<input type="checkbox"/>

B5. During this school year, how much time, if any, has your teenager missed at school because of ill health/emotional disturbance, etc.?

(PB5.1) Tick one box

Missed none or less than one week in all .....

Over one week and up to one month .....

Over one month and up to three months .....

Over three months .....

Missed school but not known how long .....

Not known if missed school .....

If has missed over one week schooling answer 5(a).

5(a).

Give the reason(s) why schooling missed

(PB5.2) \*

## Section C: THE HOME



C1. Is anyone usually at home when your teenager gets back from school at the end of the day?

YES . . . . . (PC1)	Tick one box
NO . . . . .	<input type="checkbox"/>
Not applicable . . . . .	<input type="checkbox"/>
eg. boarder etc.	<input type="checkbox"/>

C2. Right now, how often do you/the family spend time with your teenager? (Of course, you are bound to come into contact with all your children who live at home, but we mean more than that. We mean talking together, doing hobbies and other things together and going out together etc. because you want to.) Please tick how many times each week yourself, your husband or both of you together, have done things with your teenager.

Answer (a) (c) and tick one box on each line	Every day	3-5 times a week	1-2 times a week	Occasionally	Quite rare
(a) Myself . . . . . (PC2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) My husband . . . . . (PC2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) As a family . . . . . (PC2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. Right now, who would you say your teenager has listened to most for advice? Tick all sources which apply in Col. A and then select the three persons who are listened to the most in Col. B

	A Tick all that apply	B Put in order 1, 2, 3
Your husband . . . . . (PC3.1)	<input type="checkbox"/>	_____
Yourself . . . . . (PC3.2)	<input type="checkbox"/>	_____
Brother(s)/Sister(s) . . . . . (PC3.3)	<input type="checkbox"/>	_____
School Teacher(s) . . . . . (PC3.4)	<input type="checkbox"/>	_____
Friend(s) (own) . . . . . (PC3.5)	<input type="checkbox"/>	_____
Someone else . . . . . (PC3.6)	<input type="checkbox"/>	_____
(Who? _____) (PC3.7) *	<input type="checkbox"/>	_____
Nobody . . . . . (PC3.8)	<input type="checkbox"/>	_____



C4. On the whole, are you and your husband happy with the way your teenager is turning out?

YES, definitely . . . . . (PC4.1)	Tick one box only
YES, in some ways but not in others . . . . .	<input type="checkbox"/>
NO, not happy . . . . .	<input type="checkbox"/>
CAN'T SAY . . . . .	<input type="checkbox"/>

4(a). Would you like to tell us more? (PC4.2)

\_\_\_\_\_

\_\_\_\_\_

C5. If you could bring your teenager up again, would you do anything differently?

NO . . . . . (PC5.1)	Tick one box only
YES, I might/am undecided . . . . .	<input type="checkbox"/>
YES, definitely . . . . .	<input type="checkbox"/>
CAN'T SAY . . . . .	<input type="checkbox"/>

If YES, please answer 5(a) below.

5(a). Would you like to tell us in what way? (PC5.2)

\_\_\_\_\_

\_\_\_\_\_



C6. Do you feel that your husband plays a big part in the life of your teenager?

My husband takes a big part or an equal part with myself . . . . . (PC6.1)	Tick one box only
My husband takes a smaller part than myself but I still feel it to be a significant part . . . . .	<input type="checkbox"/>
My husband takes a very small part or leaves it to me . . . . .	<input type="checkbox"/>
Can't say . . . . .	<input type="checkbox"/>
Other answer . . . . .	<input type="checkbox"/>
(Please give details _____) (PC6.2) *	





## Section D: YOUR HEALTH



D1. Many mothers find caring for their family difficult if their own health is not very good. Listed below are a number of common symptoms that mothers often describe to doctors. We would like you to say if these happen to you most of the time, some of the time, or rarely/never, as in the examples given below.

Here are two EXAMPLES:

	Most of the time	Some of the time	Rarely or never
Do your hands often tremble? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you worried about travelling long distances .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*This means my hands do not tremble but I am worried about travelling long distances most of the time.*

Please tick the correct box on each line

	Most of the time	Some of the time	Rarely or never
Do you have backache? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel tired? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel miserable or depressed? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have bad headaches? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get worried about things? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have great difficulty in falling asleep or staying asleep? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wake unnecessarily early in the morning? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear yourself out worrying about your health? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get into a violent rage? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do people annoy and irritate you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you at times had a twitching of the face, head or shoulders? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you suddenly become scared for no good reason? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you scared to be alone when there are no friends near you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you easily upset or irritated? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you frightened of going out alone or of meeting people? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you keyed up and jittery? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from indigestion? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from an upset stomach? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your appetite poor? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does every little thing get on your nerves and wear you out? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your heart race like mad? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have bad pains in your eyes? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you troubled with rheumatism or fibrositis? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a nervous breakdown? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other health problems worrying you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If positive to last item please describe the problem(s) in your own words:

(PD1.26) \*

(PD1.27) \*

(PD1.28) \*

D2. Here are a series of statements about how some people feel. Could you tell us what you think regarding yourself?

Answer (a)-(h) and tick one box on each line

	Yes, I agree a lot	Yes, I agree a little	Not sure	No, I disagree a little	No, I disagree a lot
(a) I can do things as well as most people of my age .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I'm a useful person to have around .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I haven't got much to be proud of .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Sometimes I think I'm no good at all .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) I feel I'm as good a person as anybody else .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) I feel I can't do anything right .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) When I do something I always do it well .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) I'm not really getting anywhere with my life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section E: FOOD



E1. Please enter here how often the teenager eats the following: -

Answer each line by ticking one box only	Never	Eats it rarely	About once a month	About 1 day a week	About 2 days a week	About 3 days a week	About 4 days a week	About 5 days a week	About 6 days a week	Every day
Breakfast Cereal (PE1.1)	<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"/>
White Bread (PE1.2)	<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"/>
Wholemeal/Granary Bread (PE1.3)	<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"/>
Ordinary Brown Bread (PE1.4)	<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"/>
Eggs/Egg Dishes (PE1.5)	<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"/>
Ordinary Meat (PE1.6)	<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"/>
Processed Meat (PE1.7)	<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"/>
Chicken/Turkey (PE1.8)	<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"/>
Liver/Kidney (PE1.9)	<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"/>
Fish (PE1.10)	<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"/>
Potatoes (Chips) (PE1.11)	<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"/>
Potatoes (Not Chips) (PE1.12)	<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"/>
Crisps (PE1.13)	<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"/>
Baked Beans (PE1.14)	<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"/>
Peas/Green Beans (PE1.15)	<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"/>
Other Green Vegetables (PE1.16)	<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"/>
Root Vegetables (PE1.17)	<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"/>
Green Salad (PE1.18)	<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"/>
Fresh Fruit (PE1.19)	<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"/>
Margarine (PE1.20)	<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"/>
Butter (PE1.21)	<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"/>
Cheese/Cheese Dishes (PE1.22)	<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"/>
Cake/Buns/Biscuits (PE1.23)	<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"/>
Ice Cream (PE1.24)	<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"/>
Chocolate/Sweets (PE1.25)	<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"/>
Puddings (PE1.26)	<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"/>

E2. Which type of milk do you take and which does your teenager drink?

Tick all that apply for Col A, then Col B	A	B
I buy	I buy	My teenager drinks
Gold Top (Channel Island) (PE2.1)	<input type="checkbox"/>	<input type="checkbox"/>
Silver Top (include UHT or carton-pasteurised) (PE2.2)	<input type="checkbox"/>	<input type="checkbox"/>
Semi-skimmed (fresh or UHT) (PE2.3)	<input type="checkbox"/>	<input type="checkbox"/>
Skimmed (fresh or UHT) (PE2.4)	<input type="checkbox"/>	<input type="checkbox"/>
Other types of milk (which? (PE2.5)*)	<input type="checkbox"/>	<input type="checkbox"/>
(which? (PE2.6)*)	<input type="checkbox"/>	<input type="checkbox"/>
I do not buy milk (PE2.8)	<input type="checkbox"/>	<input type="checkbox"/>
Teenager doesn't drink it (PE2.9)	<input type="checkbox"/>	<input type="checkbox"/>

E3. What type(s) of bread do you buy and what does your teenager eat?

Tick all that apply for Col A then Col B	A	B	Brand
I buy	I buy	My teenager eats	Brand
White bread (PE3.1)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.2)*
Wholemeal bread (PE3.3)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.4)*
Granary bread (PE3.5)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.6)*
Ordinary brown bread (PE3.7)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.8)*
Other types of bread (which? (PE3.9)*)	<input type="checkbox"/>	<input type="checkbox"/>	(PE3.10)*
(which? (PE3.11)*)			
Which brand(s) do you usually buy? (PE3.12)*			

E4. Which cereals do you buy/does your teenager eat?



Tick all that apply for Column A and then for Column B	A	B
I buy	I buy	My teenager eats
Cornflakes (PE4.1)	<input type="checkbox"/>	<input type="checkbox"/>
Weetabix/Shredded Wheat/Bran Flakes (PE4.2)	<input type="checkbox"/>	<input type="checkbox"/>
All Bran and similar products (PE4.3)	<input type="checkbox"/>	<input type="checkbox"/>
Muesli/Porridge Oats (exclude instant types) (PE4.4)	<input type="checkbox"/>	<input type="checkbox"/>
Rice Krispies and similar products (PE4.5)	<input type="checkbox"/>	<input type="checkbox"/>
Other cereals (what? (PE4.6)*)	<input type="checkbox"/>	<input type="checkbox"/>
(what? (PE4.7)*)		

E5. Some people ask for/select lean cuts of meat. What about you?

Tick one box
Makes no difference to me (PE5.1) <input type="checkbox"/>
I ask for lean meat <input type="checkbox"/>
I prefer meat to have some fat <input type="checkbox"/>
Other answer (what? (PE5.2)*) <input type="checkbox"/>

E6. Some people trim their meat before cooking. In preparing meat for cooking. Do you?

Tick one box
Leave it as it is (PE6.1) <input type="checkbox"/>
Trim off some fat <input type="checkbox"/>
Try to remove all fat <input type="checkbox"/>
Buy lean meat anyway <input type="checkbox"/>
Other answer (what? (PE6.2)*) <input type="checkbox"/>



E7. Have you served any of these in the past 4 weeks

Tick all that apply in Column A and then Column B	A		B	
	I have bought	for family	My Teenager eats	Brand if known
<b>PROCESSED FOODS</b>				
Meat pies/pasties	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.2)*
Sausages	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.4)*
Faggots, etc.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.6)*
Fish fingers	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.8)*
Burgers	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.10)*
Pizzas	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.12)*
<b>TAKE-AWAYS</b>				
Fish (and chips)	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.14)*
Chicken (and chips)	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.16)*
Baked potatoes as a meal	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.18)*
Hamburgers/ beefburgers	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.20)*
Chinese takeaway	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.22)*
Indian takeaway	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.24)*
Other takeaway	<input checked="" type="checkbox"/>		<input type="checkbox"/>	(PE7.26)*

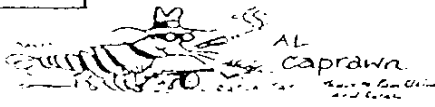
E8. Which type of flour do you use when cooking?

Tick all that apply
White flour (PE8.1) <input type="checkbox"/>
Wholemeal flour (PE8.2) <input type="checkbox"/>
Mixture of the two (PE8.3) <input type="checkbox"/>
Other type(s) of flour (PE8.4) <input type="checkbox"/>
(what? (PE8.5)*) <input type="checkbox"/>

E9. What about fish (other than fish and chips)

Tick all that apply	I have bought in past month
White Fish e.g. Plaice, Haddock, Cod (PE9.1) <input type="checkbox"/>	
Herring, Trout, Mackerel (fresh/frozen) (PE9.2) <input type="checkbox"/>	
Tinned Fish (PE9.3) <input type="checkbox"/>	
Smoked Fish (PE9.4) <input type="checkbox"/>	
Fish fingers/cakes (PE9.5) <input type="checkbox"/>	
Other types of fish (PE9.6) <input type="checkbox"/>	
(what? (PE9.7)*) <input type="checkbox"/>	

E10. Do you add salt when cooking?



(Don't include salt substitutes and seasonings)

Answer (a)-(g) and tick one box on each line

	I usually add salt	I sometimes add salt	I never add salt
(a) Meat/Poultry (PE10.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Fish (PE10.2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Egg dishes (PE10.3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Potatoes (PE10.4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Vegetables (PE10.5) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Salad (PE10.6) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Other foods to which you add salt			
(namely (PE10.7)* (PE10.8) ) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(namely (PE10.9)* (PE10.10) ) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



E11. What does your teenager put on bread/toast?

Answer (a)-(e) and tick one box on each line

For spreading on bread/toast, he/she uses

	Usually	Occasionally	Never
(a) Soft margarine (PE11.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hard margarine (PE11.2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Low fat spread (PE11.3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Butter (PE11.4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other or doubtful as to type (PE11.5) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(what? (PE11.6)*) <input type="checkbox"/>			

E12. For frying, which of the following do you do?

Tick all that apply

I shallow fry (PE12.1) <input type="checkbox"/>
I deep fry (PE12.2) <input type="checkbox"/>
I use little or no fat/non-stick pan (PE12.3) <input type="checkbox"/>
I grill (PE12.4) <input type="checkbox"/>



E13. We would like to find out what sort of fat and oil you use for frying. Put a tick in the correct boxes for the types you use for A and B.

	A		B		
	Shallow Frying		Deep Frying		
	Tick one box Main one	Tick all that apply Sometimes used	Tick one box Main one	Tick all that apply Sometimes used	State brand, if known
Soft Margarine (tub) .....	<input type="checkbox"/>	(PE13.1) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.14) <input type="checkbox"/>	(PE13.28) *
Hard Margarine .....	<input type="checkbox"/>	(PE13.2) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.15) <input type="checkbox"/>	(PE13.29) *
Butter .....	<input type="checkbox"/>	(PE13.3) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.16) <input type="checkbox"/>	(PE13.30) *
Dripping .....	<input type="checkbox"/>	(PE13.4) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.17) <input type="checkbox"/>	(PE13.31) *
Lard .....	<input type="checkbox"/>	(PE13.5) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.18) <input type="checkbox"/>	(PE13.32) *
Solid Vegetable Fat (eg Pura) .....	<input type="checkbox"/>	(PE13.6) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.19) <input type="checkbox"/>	(PE13.33) *
Vegetable oil (blended) .....	<input type="checkbox"/>	(PE13.7) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.20) <input type="checkbox"/>	(PE13.34) *
Corn Oil .....	<input type="checkbox"/>	(PE13.8) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.21) <input type="checkbox"/>	(PE13.35) *
Soya Oil .....	<input type="checkbox"/>	(PE13.9) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.22) <input type="checkbox"/>	(PE13.36) *
Sunflower Oil .....	<input type="checkbox"/>	(PE13.10) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.23) <input type="checkbox"/>	(PE13.37) *
Sesame Oil .....	<input type="checkbox"/>	(PE13.11) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.24) <input type="checkbox"/>	(PE13.38) *
Olive Oil .....	<input type="checkbox"/>	(PE13.12) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.25) <input type="checkbox"/>	(PE13.39) *
Other Oil .....	<input type="checkbox"/>	(PE13.13) <input type="checkbox"/>	<input type="checkbox"/>	(PE13.26) <input type="checkbox"/>	(PE13.40) *
What? (PE13.27) *					

14. Has your teenager had any puddings in the past 4 weeks?

YES, at home (PE14.1)   
 YES, outside home   
 NO

If YES, answer 14(a) and 14(b) below.

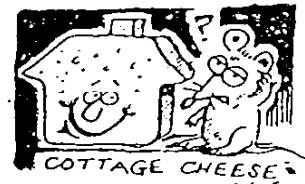
14(a).

With how many meals per week does your teenager have puddings? (PE14.2)

14(b).

What sort of puddings has your teenager eaten in the past 4 weeks?  
 Answer (a) - (j) and tick one box on each line

	No eaten	Sometimes	Often
(a) Milk puddings e.g. rice pudding/semolina (PE14.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Stewed or cooked fruit (PE14.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Fresh fruit (PE14.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Yoghurt (PE14.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Fruit pie or crumble (PE14.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Jelly, blancmange, whips (PE14.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Ice cream (PE14.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Trifle, gateau, cream cakes, cheesecake (PE14.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Sponge cakes/puddings (PE14.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Suet puddings (PE14.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



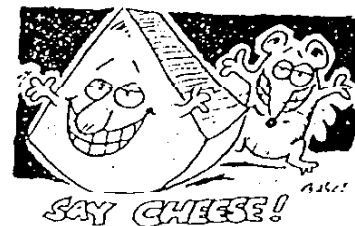
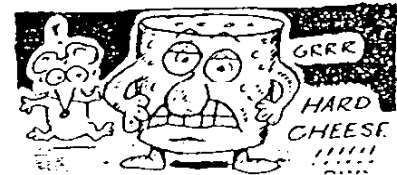
15. Has your teenager had any cheese(s) during the past 4 weeks?

NO (PE15.1)   
 YES   
 DON'T KNOW

If YES, answer 15(a) below.

15(a).

What was the type?	Tick all that apply	Brand, if known
Cottage Cheese (PE15.2)	<input type="checkbox"/>	(PE15.3) *
Soft chesse (eg Brie, Camembert) (PE15.4)	<input type="checkbox"/>	(PE15.5) *
Hard cheese (eg Edam, Cheddar) (PE15.6)	<input type="checkbox"/>	(PE15.7) *
Cheese Spread (PE15.8)	<input type="checkbox"/>	(PE15.9) *
Other cheese (PE15.10)	<input type="checkbox"/>	(PE15.11) *
(what? (PE15.12) *)		



E16. Was the arrangement for your teenager's mid-day meal in the last week that he/she has been at school?

Tick all that apply

Went to school cafeteria (PE16.1)

Received free school meal(s) (PE16.2)

Teenager took snack(s) to school (PE16.3)

Teenager came home for mid-day meal (PE16.4)

Teenager bought snacks outside school (PE16.5)

Other type of meal (PE16.6)

(Please give details: (PE16.7)\*)



16(a).

Has this arrangement changed at any time in the past year, for whatever reason?

(PE16.8) \*

(PE16.9) \*

E17. How many weekdays and how many days at weekends does the family 'sit down together' to eat a meal each week? (Exclude members of household away temporarily/permanently)

Tick one box for each line for weekdays and one for weekends

Family sits down together at:	A						B		
	Number of weekdays						Number of days at weekends		
a) Breakfast (PE17.1)	0	1	2	3	4	5	(PE17.2) 0	1	2
b) Mid-day meal (PE17.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PE17.4)	<input type="checkbox"/>	<input type="checkbox"/>
c) Evening meal (PE17.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PE17.6)	<input type="checkbox"/>	<input type="checkbox"/>

E18. Does your teenager take any special diet(s) etc.?

YES (PE18.1)

NO

DON'T KNOW

If YES, answer 18(a) and 18(b) below.



18(a).

Please describe how his/her diet differs from that of the average British teenager of his/her age

(PE18.2) \*

18(b).

Why is this? Tick all that apply

To lose weight (PE18.3)

For health/medical reasons (PE18.5)

For religion/culture (PE18.7)

For other reasons(s) (PE18.9)

If for health reasons, what are they? (eg diabetes, obesity, cardiac)

What? (PE18.4) \*

What? (PE18.6) \*

Which? (PE18.8) \*

What? (PE18.10) \*

## Section F: ACCOMMODATION

F1. Is your accommodation affected by damp?

(PF1.1) Tick one box

NO, no damp

YES, slight dampness

YES, marked dampness

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



1(a).

How long has this been the case (PF1.2) Tick one box

Less than 1 year

1-4 years

5 years or more

1(b).

How many room(s) are affected? (PF1.3) Tick one box

0

1

2

3

4

5

6

1(c).

Do you think it is a hazard to health? Tick one box (PF1.4)

YES

NO

If YES, in what way? (PF1.5) \*

F2. Apart from damp problems, has your accommodation deteriorated in any other way? (e.g. subsidence, dilapidations, decayed concrete, etc.)

(PF2.1) Tick one box

NO, it is in good condition

YES, there is a slight problem

YES, there is a marked problem

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



2(a) How long have you experienced problem(s) in your accommodation? (PF2.2) Tick one box

Less than one year

1-4 years

5 years or more

2(b) Please describe briefly the problem(s) (PF2.3) \*

(PF2.4) \*

### Section G: YOUR HOUSEHOLD

G1. Are there in your household any of the following?

Answers 11, 125 and tick the box on each line

	We own one	We would like one	We wouldn't want one		We own one	We would like one	We wouldn't want one
1. Car or Van (PG-1.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.14)	14. Solid Fuel Cooker	<input type="checkbox"/>	<input type="checkbox"/>
2. Telephone (PG-1.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.15)	15. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
3. Television (PG-1.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.16)	16. Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>
4. Video Recorder (PG-1.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.17)	17. Tumbler Dryer	<input type="checkbox"/>	<input type="checkbox"/>
5. Video Camera (PG-1.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.18)	18. Spin Dryer	<input type="checkbox"/>	<input type="checkbox"/>
6. Stereo/HiFi (PG-1.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.19)	19. Fridge	<input type="checkbox"/>	<input type="checkbox"/>
7. Radio (PG-1.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.20)	20. Freezer	<input type="checkbox"/>	<input type="checkbox"/>
8. Home Computer (PG-1.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.21)	21. Food Mixer/Blender	<input type="checkbox"/>	<input type="checkbox"/>
9. Double Glazing (PG-1.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.22)	22. Microwave Oven	<input type="checkbox"/>	<input type="checkbox"/>
10. Sewing Machine (PG-1.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.23)	23. Vacuum Cleaner	<input type="checkbox"/>	<input type="checkbox"/>
11. Electric Cooker (PG-1.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.24)	24. Paraffin Heater	<input type="checkbox"/>	<input type="checkbox"/>
12. Gas Cooker (Piped) (PG-1.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PG-1.25)	25. Calor Gas (Butane) heater	<input type="checkbox"/>	<input type="checkbox"/>
13. Gas Cooker (Bottled) (PG-1.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

G2. Do you receive any help with housework? e.g. cleaning the house, washing up, making beds, etc.

(PG-2.1) Tick one box

YES, considerable

YES, some

YES, a little

Almost none

If YES, answer 2(a) below



Comicks



Dailies



Mags! Ssck

2(a) Tick all that apply

Who usually helps you?

My husband (PG-2.2)

My teenager him/herself (PG-2.3)

Others in household (PG-2.4)

Relatives or friends from outside (PG-2.5)

Paid help (PG-2.6)

Other person (PG-2.7)

(Who? (PG-2.8) \*)

G3. What papers, comics, magazines are regularly at home which your teenager can read?

Comics (please name: (PG-3.1) \* (PG-3.2) Tick all that apply

Magazines (please name: (PG-3.3) \* (PG-3.4)

Weekly papers (please name: (PG-3.5) \* (PG-3.6)

Local papers (please name: (PG-3.7) \* (PG-3.8)

Sunday papers (please name: (PG-3.9) \* (PG-3.10)

National daily papers (please tick all that apply)

Daily Mail  (PG-3.11) Daily Express  (PG-3.12) The Sun  (PG-3.13) The Times  (PG-3.14) The Guardian  (PG-3.15)

Daily Star  (PG-3.16) Daily Mirror  (PG-3.17) Daily Telegraph  (PG-3.18) None of these  (PG-3.19)

G4. Have you a pet in your household?

YES (PG4.1)   
 NO

If YES, please answer 4(a), 4(b), (c), (d), and (e) below.

4(a).

What type of pet? Tick all that apply

Dog (PG4.2)   
 Cat (PG4.3)   
 Parrot (PG4.4)   
 Budgerigar/Canary (PG4.5)   
 Goldfish/Tropical fish (PG4.6)   
 Hamster/Gerbil/Mice (PG4.7)   
 Other animal(s)/pet(s) (PG4.8)   
 (What? (PG4.9) \*) \_\_\_\_\_

4(b).

Is anyone in your household sensitive to animal/pets?

YES (PG4.10)  If YES, answer  
 NO  4(c), (d) and (e)  
 DON'T KNOW  below.

4(c). Who is sensitive? (PG4.11) \* \_\_\_\_\_

4(d). To what type of animal pet? (PG4.12) \* \_\_\_\_\_

4(e). What symptoms are produced by contact or exposure? (PG4.13) \* \_\_\_\_\_

G5. Did your teenager, yourself or your husband have any difficulty in learning to read or in reading at present?

Tick all that apply in (a), (b) and (c)	Yes, in learning to read	Yes, in reading now	No, Neither
(a) Teenager (PG5.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Husband (PG5.2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Myself (PG5.3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G6. Does your teenager, yourself or your husband read books or magazines?

	Neither Books nor Magazines	Yes reads Books	Yes reads Magazines
Teenager (PG6.1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Husband (PG6.2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myself (PG6.3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES to magazines, answer 6(a)

6(a). Which magazine(s)?

Teenager (PG6.4) \* \_\_\_\_\_

Husband (PG6.5) \* \_\_\_\_\_

Myself (PG6.6) \* \_\_\_\_\_

If YES to books, answer 6(b)

6(b). Which type of book(s)?

Teenager (PG6.7) \* \_\_\_\_\_

Husband (PG6.8) \* \_\_\_\_\_

Myself (PG6.9) \* \_\_\_\_\_

G7. Has anyone ever told you that your teenager, your husband, yourself or any relatives were dyslexic?

Which, if any, are dyslexic? Tick all that apply

My teenager (PG7.1)   
 Other children in family (who? (PG7.5) (PG7.2) \*)   
 Other relatives (who? (PG7.5) (PG7.4) \*)   
 Husband (teenager's father) (PG7.6)   
 Myself (PG7.7)   
 None of above (PG7.8)



G8. As far as you know how often does your teenager have an alcoholic drink, if at all, and how often do your husband or yourself?

(PG8.1) (PG8.2) (PG8.3)

Tick one box in each column	Your teenager	Your husband	Yourself
Very rarely or never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once or twice a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or 4 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyday or most days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G9. What is the usual drink, if any, of the teenager, the mother and the father, and what is sometimes consumed?

	A			B		
	Usual Drink			Drink sometimes		
	Your teenager	Your husband	Yourself	Your teenager	Your husband	Yourself
Doesn't drink	<input checked="" type="checkbox"/> (PGA.1)	<input checked="" type="checkbox"/> (PGA.12)	<input checked="" type="checkbox"/> (PGA.23)	<input type="checkbox"/> (PGA.36)	<input type="checkbox"/> (PGA.47)	<input type="checkbox"/> (PGA.58)
Lager	<input checked="" type="checkbox"/> (PGA.2)	<input checked="" type="checkbox"/> (PGA.13)	<input checked="" type="checkbox"/> (PGA.24)	<input type="checkbox"/> (PGA.37)	<input type="checkbox"/> (PGA.48)	<input type="checkbox"/> (PGA.59)
Beer	<input checked="" type="checkbox"/> (PGA.3)	<input checked="" type="checkbox"/> (PGA.14)	<input checked="" type="checkbox"/> (PGA.25)	<input checked="" type="checkbox"/> (PGA.38)	<input checked="" type="checkbox"/> (PGA.49)	<input type="checkbox"/> (PGA.60)
Wine	<input checked="" type="checkbox"/> (PGA.4)	<input checked="" type="checkbox"/> (PGA.15)	<input checked="" type="checkbox"/> (PGA.26)	<input checked="" type="checkbox"/> (PGA.39)	<input checked="" type="checkbox"/> (PGA.50)	<input type="checkbox"/> (PGA.61)
Gin	<input type="checkbox"/> (PGA.5)	<input type="checkbox"/> (PGA.16)	<input type="checkbox"/> (PGA.27)	<input type="checkbox"/> (PGA.40)	<input type="checkbox"/> (PGA.51)	<input type="checkbox"/> (PGA.62)
Whisky	<input checked="" type="checkbox"/> (PGA.6)	<input checked="" type="checkbox"/> (PGA.17)	<input checked="" type="checkbox"/> (PGA.28)	<input type="checkbox"/> (PGA.41)	<input type="checkbox"/> (PGA.52)	<input type="checkbox"/> (PGA.63)
Sherry	<input checked="" type="checkbox"/> (PGA.7)	<input checked="" type="checkbox"/> (PGA.18)	<input checked="" type="checkbox"/> (PGA.29)	<input type="checkbox"/> (PGA.42)	<input type="checkbox"/> (PGA.53)	<input type="checkbox"/> (PGA.64)
Vodka	<input checked="" type="checkbox"/> (PGA.8)	<input checked="" type="checkbox"/> (PGA.19)	<input checked="" type="checkbox"/> (PGA.30)	<input type="checkbox"/> (PGA.43)	<input type="checkbox"/> (PGA.54)	<input type="checkbox"/> (PGA.65)
Martini	<input type="checkbox"/> (PGA.9)	<input type="checkbox"/> (PGA.20)	<input type="checkbox"/> (PGA.31)	<input type="checkbox"/> (PGA.44)	<input type="checkbox"/> (PGA.55)	<input type="checkbox"/> (PGA.66)
(Other, what? (PGA.34)*)	<input type="checkbox"/> (PGA.10)	<input type="checkbox"/> (PGA.21)	<input type="checkbox"/> (PGA.32)	<input type="checkbox"/> (PGA.45)	<input checked="" type="checkbox"/> (PGA.56)	<input type="checkbox"/> (PGA.67)
(Other, what? (PGA.35)*)	<input type="checkbox"/> (PGA.11)	<input type="checkbox"/> (PGA.22)	<input type="checkbox"/> (PGA.33)	<input type="checkbox"/> (PGA.46)	<input type="checkbox"/> (PGA.57)	<input type="checkbox"/> (PGA.68)



PLEASE GIVE A SHORT DESCRIPTION OF YOUR TEENAGER'S DEVELOPMENT SINCE A BABY, MENTIONING THE IMPORTANT EVENTS AT HOME, SCHOOL, IN THE FAMILY WHICH HAVE INFLUENCED HIM/HER AND HIS/HER HEALTH AND DEVELOPMENT.

(PHI)

Miscellaneous (Question 1 — Girls only)

1. What age did your teenage girl have her first menstrual period?

(PM1.1) Tick one box

Before 11th birthday

When aged 11

Aged 12

Aged 13

Aged 14

Aged 15 or more

Not yet commenced

Commenced, but don't know age

If reached puberty, answer 1(a) and 1(b).

1(a). Tick all that apply

Have her periods been regular in past year?

Regular (PM1.2)

Irregular (PM1.3)

Has missed more than 3 months at any time (PM1.4)

(Why? (PM1.5)\*)

1(b). When was her last menstrual period?

Month (PM1.6A) Year (PM1.6B)

2. A lot is spoken these days about early sexual experience of all sorts having an effect on children's development. Is this a thing you've thought about in regard to your teenager?

(PM2.1) Tick one box

YES, I have thought about it

NO, it really doesn't come into it

CAN'T SAY

If YES, please answer 2(a).

2(a). Would you like to help us form a view on this sort of thing?

(PM2.2)

3. Describe your teenager's health over the past 12 months?

(PM3.1) Tick one box

Excellent

Good

Fair

Poor

If there is a problem, what is it?

(PM3.2) \*

4. Do your teenager, yourself or your husband ever do things to keep healthy?

(PM4.1) (PM4.2) (PM4.3)

Tick one box in each of Columns A, B, C.

	A / Teenager	B / Myself	C / Husband
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If occasionally or regularly answer 4(a).

4(a). Tick all that apply in Columns A, B and C

	A	B	C
What form of exercise	Teenager	Myself	My Husband
Go running/jogging	(PM4.4)	(PM4.10)	(PM4.16)
Do keep fit exercises	(PM4.5)	(PM4.11)	(PM4.17)
Weight-training	(PM4.6)	(PM4.12)	(PM4.18)
Go for walks	(PM4.7)	(PM4.13)	(PM4.19)
Sauna	(PM4.8)	(PM4.14)	(PM4.20)
Other exercise	(PM4.9)	(PM4.15)	(PM4.21)
(What? (PM4.22)*)			

Do you think the following should be taught to teenagers at school?

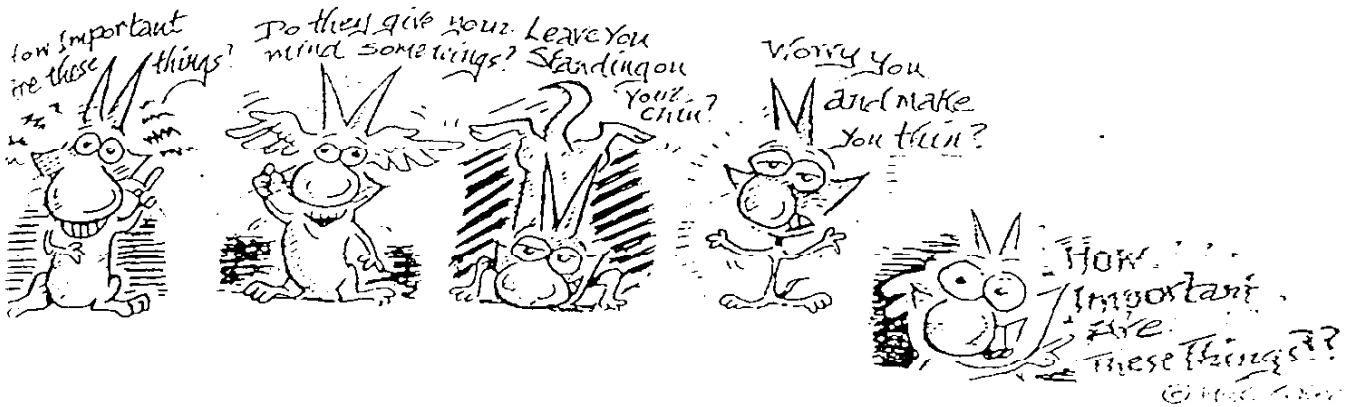
Answer questions 1-25 in section A and tick one of the four boxes in Section A

If your answer in Section A is "No" proceed to Section B and tick one of the three boxes to say why you think this should not be given at school.

Tick one box only	SECTION A				SECTION B		
	YES		UNDECIDED	NO	If NO, is it because:		
	Should be given at school	Useful if time available	Can't say	Should not be given at school	Not important at this age?	Should be covered outside school?	Does more harm than good?
1. How the body works (PMS.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.26)	<input type="checkbox"/>	<input type="checkbox"/>
2. Staying well (PMS.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.27)	<input type="checkbox"/>	<input type="checkbox"/>
3. Immunisation (PMS.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.28)	<input type="checkbox"/>	<input type="checkbox"/>
4. Illness and recovery (PMS.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.29)	<input type="checkbox"/>	<input type="checkbox"/>
5. Talking with Doctors, Nurses and Dentists (PMS.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.30)	<input type="checkbox"/>	<input type="checkbox"/>
6. Care of hair, teeth, skin (PMS.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.31)	<input type="checkbox"/>	<input type="checkbox"/>
7. Care of eyes (PMS.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.32)	<input type="checkbox"/>	<input type="checkbox"/>
8. Care of feet (PMS.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.33)	<input type="checkbox"/>	<input type="checkbox"/>
9. Human reproduction (PMS.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.34)	<input type="checkbox"/>	<input type="checkbox"/>
10. Menstruation (periods) (PMS.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.35)	<input type="checkbox"/>	<input type="checkbox"/>
11. Food and Health (PMS.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.36)	<input type="checkbox"/>	<input type="checkbox"/>
12. Drinking alcohol (PMS.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.37)	<input type="checkbox"/>	<input type="checkbox"/>
13. Glue-sniffing (PMS.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.38)	<input type="checkbox"/>	<input type="checkbox"/>
14. Smoking (PMS.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.39)	<input type="checkbox"/>	<input type="checkbox"/>
15. Physical fitness (PMS.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.40)	<input type="checkbox"/>	<input type="checkbox"/>
16. Understanding the needs of handicapped people (PMS.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.41)	<input type="checkbox"/>	<input type="checkbox"/>
17. Understanding the needs of old people (PMS.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.42)	<input type="checkbox"/>	<input type="checkbox"/>
18. Health and social services (PMS.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.43)	<input type="checkbox"/>	<input type="checkbox"/>
19. Safety at home (PMS.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.44)	<input type="checkbox"/>	<input type="checkbox"/>
20. Safety in traffic (PMS.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.45)	<input type="checkbox"/>	<input type="checkbox"/>
21. Water safety (PMS.21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.46)	<input type="checkbox"/>	<input type="checkbox"/>
22. First aid (PMS.22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.47)	<input type="checkbox"/>	<input type="checkbox"/>
23. Family life (PMS.23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.48)	<input type="checkbox"/>	<input type="checkbox"/>
24. Separation from parents (PMS.24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.49)	<input type="checkbox"/>	<input type="checkbox"/>
25. Death and bereavement (PMS.25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (PMS.50)	<input type="checkbox"/>	<input type="checkbox"/>

Which do you consider to be the 3 most important topics from the list above? Please enter topic numbers

1. (PMS.1) 2. (PMS.2) 3. (PMS.3)





Do you think the following should be taught to teenagers at school? (continued)

Answer questions 26-49 in section A and tick one of the four boxes in Section A

If your answer in Section A is "No" proceed to Section B and tick one of the three boxes to say why you think this should not be given at school.

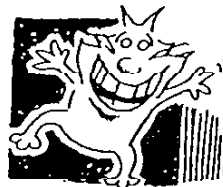
Tick one box only	SECTION A				SECTION B		
	YES		UNDECIDED	NO	If NO, is it because:		
	Should be given at school	Useful if time available	Can't say	Should not be given at school	Not important at this age?	Should be covered outside school?	Does more harm than good?
26. Stress and relaxation	<input checked="" type="checkbox"/> (PM7.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.25)	<input type="checkbox"/>	<input type="checkbox"/>
27. The difference between boys' behaviour and girl's behaviour	<input checked="" type="checkbox"/> (PM7.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.26)	<input type="checkbox"/>	<input type="checkbox"/>
28. Normal growth and development	<input checked="" type="checkbox"/> (PM7.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.27)	<input type="checkbox"/>	<input type="checkbox"/>
29. Relationships with other boys and girls of the same age	<input checked="" type="checkbox"/> (PM7.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.28)	<input type="checkbox"/>	<input type="checkbox"/>
30. Understanding people of different race or religion	<input checked="" type="checkbox"/> (PM7.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.29)	<input type="checkbox"/>	<input type="checkbox"/>
31. Feelings (love, hate, anger, jealousy)	<input checked="" type="checkbox"/> (PM7.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.30)	<input type="checkbox"/>	<input type="checkbox"/>
32. Bullying	<input checked="" type="checkbox"/> (PM7.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.31)	<input type="checkbox"/>	<input type="checkbox"/>
33. Building self-confidence	<input checked="" type="checkbox"/> (PM7.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.32)	<input type="checkbox"/>	<input type="checkbox"/>
34. Making decisions	<input checked="" type="checkbox"/> (PM7.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.33)	<input type="checkbox"/>	<input type="checkbox"/>
35. Honesty	<input checked="" type="checkbox"/> (PM7.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.34)	<input type="checkbox"/>	<input type="checkbox"/>
36. Responsibility for your own behaviour	<input checked="" type="checkbox"/> (PM7.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.35)	<input type="checkbox"/>	<input type="checkbox"/>
37. Spare-time activities	<input checked="" type="checkbox"/> (PM7.12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.36)	<input type="checkbox"/>	<input type="checkbox"/>
38. Boredom	<input checked="" type="checkbox"/> (PM7.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.37)	<input type="checkbox"/>	<input type="checkbox"/>
39. Caring for pets	<input checked="" type="checkbox"/> (PM7.14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.38)	<input type="checkbox"/>	<input type="checkbox"/>
40. Vandalism	<input checked="" type="checkbox"/> (PM7.15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.39)	<input type="checkbox"/>	<input type="checkbox"/>
41. Stealing	<input checked="" type="checkbox"/> (PM7.16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.40)	<input type="checkbox"/>	<input type="checkbox"/>
42. Pollution	<input checked="" type="checkbox"/> (PM7.17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.41)	<input type="checkbox"/>	<input type="checkbox"/>
43. Conservation	<input checked="" type="checkbox"/> (PM7.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.42)	<input type="checkbox"/>	<input type="checkbox"/>
44. Contraception	<input checked="" type="checkbox"/> (PM7.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.43)	<input type="checkbox"/>	<input type="checkbox"/>
45. Parenthood and child care	<input checked="" type="checkbox"/> (PM7.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.44)	<input type="checkbox"/>	<input type="checkbox"/>
46. Sexually transmitted diseases	<input checked="" type="checkbox"/> (PM7.21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.45)	<input type="checkbox"/>	<input type="checkbox"/>
47. Control of body weight	<input checked="" type="checkbox"/> (PM7.22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.46)	<input type="checkbox"/>	<input type="checkbox"/>
48. Violence on the television screen	<input checked="" type="checkbox"/> (PM7.23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.47)	<input type="checkbox"/>	<input type="checkbox"/>
49. Cancer	<input checked="" type="checkbox"/> (PM7.24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (PM7.48)	<input type="checkbox"/>	<input type="checkbox"/>

Which do you consider to be the 3 most important topics from the list above? Please enter topic numbers.

1. (PM8.1) 2. (PM8.2) 3. (PM8.3)



Thank you for your Patient Participation!!!



YOU WILL BE VERY GLAD TO KNOW THAT  
**IT'S ALL OVER!**  
 (Now you know what your kids went through!)  
 All drawings © Nigel '86!

THANK YOU FOR YOUR HELP

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