

DOCUMENT

Q

YOUTHSCAN U.K.

An Initiative of the International Centre for Child Studies

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

STUDENT SELF-COMPLETION HEALTH QUESTIONNAIRE

CONFIDENTIAL

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

YOUTHSCAN PARTICIPANTS TO
COMPLETE THIS QUESTIONNAIRE
AT TIME OF MEDICAL EXAMINATION

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

BLOCK CAPITALS PLEASE

Participant's Surname

Participant's Forename(s) Sex (SEX86)

Participant's Home Address

.....

..... Postcode

Name of school attended Date of Birth (DOB86)/4/70

Address of school Today's Date (QDOC-MT)
(QDOC-YR)

TO THE STUDENT COMPLETING THIS FORM:

This national survey concerns your health and education — also your interests, hopes and ambitions, and that of the other 15,000 friends in UK 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 who gave it to you. Please complete it as far as you can and return it to the doctor or nurse before you leave the place of the medical examination. A sealable envelope is provided in which you can place the completed questionnaire to ensure absolute privacy.

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

a) BY TICKING ONE BOX

Example 1

Are you ever depressed when you have no money?

YES

NO

Can't say

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

b) BY TICKING ALL THE BOXES THAT ARE RELEVANT

Example 2

What sort of radio programmes do you listen to?

Pop Music

News Programmes

Talk Programmes

Plays

Classical Music

Phone-Ins

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

KEY: * INDICATES ALPHANUMERIC TEXT

SECTION 1

1.1. During the past 2 years, have you had any medical attention because there was anything wrong with you or thought to be anything wrong?

YES (Q11.1)
 NO

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

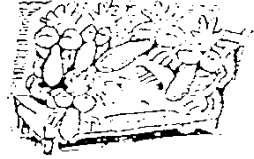


1(a) What was the matter? (Q11.2)*
 1(b) What was the outcome? (Q11.3)*
 1(c) How many times have you been to see your doctor in the past 12 months? 0 1 2 3 4 5 6 times
 Tick one box (Q11.4)

1.2. Have you had to stay away from school for a day or more for reasons connected with your health in the past 2 years? (include illness at home, hospital and elsewhere)

YES (Q12.1)
 NO
 CAN'T REMEMBER

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



2(a). How many days in all spent away from school over the past 2 years for health reasons? (Q12.2)
 2(b).
 What was the matter? (i) (Q12.3)* (ii) (Q12.4)* (iii) (Q12.5)*

1.3. Have you since 10 years been to hospital outpatients or a casualty/accident department, or to a specialist clinic because there was anything wrong (or suspected to be wrong) with your health?

Yes, I have been to Outpatients (Q13.1)
 Yes, I have been to Casualty/Accident Dept. (Q13.2)
 Yes, I have been to a Specialist Clinic (Q13.3)
 No, I have not been to any of the above (Q13.4)

Tick all that apply

If YES, answer 3(a), 3(b) and 3(c)

3(a) What was the reason(s) you went to (i) Outpatients (ii) Casualty/Accident Department (iii) Specialist Clinic?
 (i) (Q13.5)*
 (ii) (Q13.6)*
 (iii) (Q13.7)*

3(b) At what age(s), if any have you attended each of the following since 10 years?

Answer (i) - (iii) and tick appropriate year(s) in each line	Not							
	at all	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15+ yrs	Don't know
(i) Outpatients	(Q13.8)*	(Q13.9)*	(Q13.10)*	(Q13.11)*	(Q13.12)*	(Q13.13)*	(Q13.14)*	(Q13.15)*
(ii) Casualty/Accident Dept	(Q13.16)*	(Q13.17)*	(Q13.18)*	(Q13.19)*	(Q13.20)*	(Q13.21)*	(Q13.22)*	(Q13.23)*
(iii) Specialist Clinic	(Q13.24)*	(Q13.25)*	(Q13.26)*	(Q13.27)*	(Q13.28)*	(Q13.29)*	(Q13.30)*	<input type="checkbox"/>

3(c) On the most recent occasion what was done for you?
 (Q13.31)*
 (Q13.32)*

VARIABLE ABSENT FROM ORIGINAL DATA FILE

1.4. Have you been admitted to hospital for one night or longer since you were 10 years of age?

YES, in past 12 months (Q14.1)
 YES, previous to 12 months ago
 NO
 DON'T KNOW

If YES, please answer 4(a) and 4(b)



4(a). At what age(s) were you admitted (Q14.2) (Q14.3) (Q14.4) (Q14.5) (Q14.6) (Q14.7) (Q14.8)
 10 11 12 13 14 15 16 yrs
 Tick all that apply

4(b).
 On the most recent occasion, what was the reason? (Q14.1)*
 What were you told was the matter? (Q14.2)*
 What was the name of the hospital? (Q14.3)*

5. Have you had, during the past 12 months, any cough, colds, sore throats or other conditions affecting your ears, nose, throat or chest?

Tick one box

YES (Q15.1)

NO

DON'T KNOW

If YES, please answer 5(a), 5(b) and 5(c).



5(a). Were you seen by a doctor for this?

Tick one box

YES (Q15.2)

NO

DON'T KNOW

5(b). What were you told was the matter on each occasion (i) (Q15.3)* (ii) (Q15.4)* (iii) (Q15.5)*

5(c). What was done to help you? (Q15.6)*

6. Have you felt anxious/depressed/unhappy for more than a day during the past 12 months?

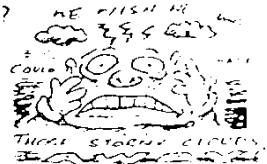
Tick one box

YES (Q16.1)

NO

DON'T KNOW

If YES, please answer 6(a), 6(b), 6(c), 6(d) and 6(e).



6(a) Why did you feel like this? Describe your feelings (Q16.2)*

6(b) How often have you felt like this in the past 12 months? (Q16.3) Tick one box

Most of the time

Often

Some of the time

Occasionally only

6(c) Have you been seen by a doctor? (Q16.4) Tick one box

YES

NO

If YES, — 6(d). Who was it? (Q16.5)*

6(e) What did he/she tell you was the matter? (Q16.6)*

7. For as long as you can remember have you had good hearing and vision?

Tick one box

YES (Q17.1)

NO

CAN'T SAY

If NO, please answer 7(a) and 7(b)



7(a). What was the trouble and what were you told was the cause?

(i) Hearing (Q17.2)* (ii) Vision (Q17.3)*

7(b). What treatment have you had?

(i) Hearing (Q17.4)* (ii) Vision (Q17.5)*

8. To sum up, have you ever had any illnesses/accidents/operations/hospital for as long as you can remember?

Tick all that apply

YES, before I was 10 (Q18.1)

YES, between 10 and 15 (Q18.2)

YES, during the past year (Q18.3)

NO (Q18.4)

If YES, please answer 8(a).



8(a). Please list all illnesses/operations/hospital admissions you have ever had.

Under 10 years (Q18.5)*

10 yrs (Q18.6)*

11 yrs (Q18.7)*

12 yrs (Q18.8)*

13 yrs (Q18.9)*

14 yrs (Q18.10)*

15 yrs (Q18.11)*

1.9. Have you in the past 4 weeks taken any medicine/tablets/medicinal product (a) prescribed by your doctor, (b) got direct from the chemist/supermarket and (c) got from other source?

Tick all that apply

YES, prescribed by my doctor (Q19.1)

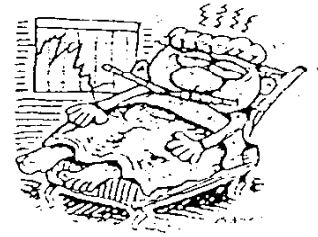
YES, something bought over the counter (Q19.2)

YES, got from other source (Q19.3)

NO, not to my knowledge (Q19.4)

UNCERTAIN (Q19.5)

If YES, please answer 9 (a)



9(a). Please list all medicines, tablets, medicinal products etc. you have bought/taken/been prescribed in past 4 weeks. Tell us for each one where you got them, the reason, the name and brand, and how/often/many you took.

a. First medicine, tablet etc. (Q19.6) *

b. 2nd medicine, tablet etc. (Q19.7) *

c. 3rd medicine, tablet etc. (Q19.8) *

Please continue on page 2 if necessary

1.10. Lots of people these days are talking about AIDS and many are frightened about it. Would you like to tell us briefly, what you think AIDS is and what you know about it?

(Q110.1) *

(Q110.2) *

(Q110.3) *

Please continue on Page 2 if more space is needed

END OF SECTION 1.

SECTION 2. THE LAW

Now we'd like to ask you about some of the things young people sometimes do of which other people might not approve. We shall start by asking whether anyone you know has done any of the following – not their names but just whether they are friends or acquaintances.

2.1. Do you happen to know anyone who has done any of the following things in the past 12 months?

Please answer (1)-(13) below and tick all boxes that apply on each line

THC LGW

	YES, a close friend	YES, a casual friend	YES, just someone I know	NO
(Q21.1) 1. Deliberately broken windows or smashed up property which did not belong to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.2) 2. Sold something which they had taken, shoplifted or stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.3) 3. Used physical force (like twisting an arm, or choking or worse) to get money from somebody not in their own family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.4) 4. Taken something worth less than £5 from a shop without paying for it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.5) 5. Taken money or something else from a stranger by threatening to beat them up or hurt them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.6) 6. Got into someone's house without their permission to take something that was not theirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.7) 7. Taken something worth £5 or more from a shop without paying for it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.8) 8. Taken something which wasn't theirs from a cloakroom, school desk, or other property left lying about, like a bag or purse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.9) 9. Taken a bicycle with no intention of putting it back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.10) 10. Taken something from someone's car, motorbike or moped, with no intention of putting it back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.11) 11. Broken open a bank cash-dispensing machine to get money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.12) 12. Taken a car, motorbike or moped belonging to someone else for a ride without the owner's permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q21.13) 13. Taken something which wasn't theirs from someone's garden, shed, garage or other outbuilding without their permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(LIST): INDICATES WHETHER LIST A OR LIST B USED.

2.2. This section asks whether you yourself have ever done a number of activities. Some of these are considered to be against the law, we have also included a number of questions on harmless activities which are not punishable by law. The questions are scrambled. So unless the key is known, no one will ever know what your answers are. Only we know the key, and your name will never be associated with your answers. The scrambling works like this. The things about which we want to find out are on LIST A and LIST B. Each list contains the same questions but in a different order. You answer either LIST A or LIST B, but no one but you and us knows which list you have answered. The list you should use to fill in the answers to question 2.2 is shown in a box in the lower half of page 7 of this questionnaire. Turn to this and memorise whether you are to use list A or B. If necessary, write it down on a separate piece of paper which you can destroy later. Then erase the letter A or B in the box by writing over it in ink. Then answer question 2.2. Nobody but yourself and us will know which list you have used. Remember also that you are able to seal up the questionnaire in a special envelope, so that nobody will see your answers.

- | ITEM | LIST A (USED IN DATASET) |
|------|---|
| a | Deliberately broken windows or smashed up property which did not belong to you |
| b | Watched a video 'nasty' |
| c | Used physical force (like twisting an arm, or choking or worse) to get money from somebody not in your own family |
| d | Lied about your age |
| e | Taken money or something else from a stranger by threatening to beat them up or hurt them |
| f | Watched an X certificate film in a cinema |
| g | Taken something worth £5 or more from a shop without paying for it |
| h | Stayed away from school for more than a week without permission |
| i | Taken a bicycle with no intention of putting it back |
| j | Gone into a betting shop |
| k | Taken a car, motorbike or moped belonging to someone else for a ride without the owner's permission |
| l | Spent £5 or more of your own money in one visit to an amusement arcade |
| m | Broken open a bank cash-dispensing machine to get money |
| n | Had yourself tattooed |
| o | Taken something from someone's car, motorbike or moped with no intention of putting it back |
| p | Swore at a teacher |
| q | Got into someone's house without their permission to take something that was not yours |



- | ITEM | LIST B |
|------|---|
| a | Watched a video 'nasty' |
| b | Sold something which you had taken, shoplifted or stolen |
| c | Stayed out all night |
| d | Taken something worth less than £5 from a shop without paying for it |
| e | Made repeated phone calls to annoy a stranger |
| f | Got into someone else's house without their permission to take something that was not yours |
| g | Watched an X certificate film in a cinema |
| h | Taken something which wasn't yours from a cloakroom, school desk, or taken other property left lying about, like a bag or purse |
| i | Had yourself tattooed |
| j | Taken something from someone's car, motorbike or moped with no intention of putting it back |
| k | Gone into a betting shop |
| l | Taken something which was not yours from someone's garden shed, garage or other outbuilding without their permission |
| m | Driven a car on the road |
| n | Taken a car, motorbike or moped belonging to someone else for a ride without the owner's permission |
| o | Bought an alcoholic drink in a pub |
| p | Taken a bicycle with no intention of putting it back |
| q | Looked at a pornographic magazine |

LIST A (cont)

- r Looked at a pornographic magazine
- s Taken something which was not yours from someone's shed, garden, garage or other outbuilding without their permission
- t Bought an alcoholic drink in a pub
- u Taken something worth less than £5 from a shop without paying for it
- v Made repeated phone calls to annoy a stranger
- w Taken something which wasn't yours from a cloakroom, school desk, or taken other property left lying about, like a bag or purse
- x Drove a car on the road
- y Sold something which you had taken, shoplifted or stolen
- z Stayed out all night



LIST B (cont)

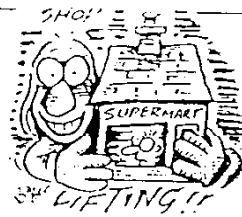
- r Taken something worth £5 or more from a shop without paying for it
- s Stayed away from school for more than a week without permission
- t Taken money or something else from a stranger by threatening to beat them up or hurt them
- u Spent £5 or more of your own money in one visit to an amusement arcade
- v Used physical force (like twisting an arm, or choking or worse) to get money from somebody else
- w Lied about your age
- x Deliberately broken windows or smashed up property which did not belong to you
- y Swore at a teacher
- z Broken open a bank cash-dispensing machine to get money

NOW PLEASE ANSWER THE FOLLOWING QUESTION 2.2.

2.2. Have you yourself ever done any of the above and if so, how often?

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

ITEM (see key)	YES, in the past 12 months				YES, but not in past 12 months	NO
	Once	2-5 times	6-10 times	More than 10 times		
(Q22.1) a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.2) b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.3) c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.4) d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.5) e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.6) f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.7) g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.8) h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.9) i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.10) j	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.11) k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.12) l	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.13) m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.14) n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.15) o	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.16) p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.17) q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.18) r	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.19) s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.20) t	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.21) u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.22) v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.23) w	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.24) x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.25) y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q22.26) z	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



KEY

PLEASE
USE
LIST

(LIST A
USED IN
DATASET)

to answer question 2.2
(a)-(z)
Memorise the letter above
and then obliterate it
with ink.

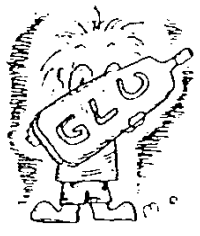


NB. THE ORDER OF LIST A IS USED IN THE DATASET

N.B. THE ORDER OF LIST A IS USED IN THE DATASET. VARIABLES RELATING TO SPORTS HAVE BEEN DROPPED.
SECTION 3. SUBSTANCES

3.1. The next question 3.1 asks whether or not you have tried a number of substances, some of which would under some circumstances be against the law. These are mixed in with a number of sporting activities and we have scrambled these by putting them into two lists – list A and list B. Please look at the box on this page to see whether you are to use list A or B when answering questions 3.1 to 3.8. Please memorise whether it is list A or list B you are to use, then erase the letter A or B with ink. Then proceed to use the list indicated for answering 3.1 to 3.8. Remember that nobody except you and us will know which test you are using.

ITEM	LIST A (USED IN DATASET)	ITEM	LIST B
a	Sniffed glue/solvents	a	Scuba diving
b	Wind surfing	b	Taken Uppers
c	Taken Uppers	c	Skiing
d	Parachuting	d	Taken Heroin
e	Taken Downers	e	Fencing
f	Hang gliding	f	Taken Cannabis
g	Taken Cannabis	g	Wind surfing
h	Mountaineering	h	Taken Downers
i	Taken LSD	i	Parachuting
j	Scuba diving	j	Taken Cocaine
k	Taken Cocaine	k	Hang gliding
l	Fencing	l	Taken Semeron
m	Taken Semeron	m	Mountaineering
n	Skiing	n	Sniffed glue/solvents
o	Taken Heroin	o	Go kart racing
p	Go kart racing	p	Taken LSD



KEY

PLEASE
USE
LIST

(LIST A
USED IN
DATASET)

to answer question
3.1 - 3.8 inclusive
Memorise the letter above
and then obliterate it
with ink

Speed/Wizz/Amphetamines = Blues/Tranks/Barbiturates I = Marijuana/Dope/Joints/Grass □ = Acid □ = Smack Scag

3.1. Have you ever tried anything on the list above? (Whether you should use List A or List B is shown on key at the top of this page)

Tick one box under each heading (a) - (p)

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES, but not in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES, once in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES, 2-9 times in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES, 10 or more times in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Handwritten annotations: (Q31.1) under c, (Q31.3) under d, (Q31.5) under e, (Q31.7) under f, (Q31.9) under g, (Q31.11) under h, (Q31.13) under m, (Q31.15) under o)

3.2. If you have tried any of the above, how did you feel about it on the last occasion? If you haven't tried any of the above, how do you think you might feel about each of them? (Whether you should use List A or List B is shown on key at the top of this page)

Tick one box under each heading a-p

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
Like(d) it a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like(d) it a bit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't/wouldn't like it much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't/wouldn't like it at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Handwritten annotations: (Q32.1) under a, (Q32.3) under b, (Q32.5) under c, (Q32.7) under d, (Q32.9) under e, (Q32.11) under f, (Q32.13) under g, (Q32.15) under h)

3.3 At what sort of place did you do this on the last occasion? (Whether you should use List A or List B is shown on key at the top of this page)

Tick one box under each heading (a) - (p)

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
Never taken this/done this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At friend's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At club/party/gig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At cafe/bar/pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anywhere else (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never tried it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Handwritten annotations: (Q33.1) under a, (Q33.3) under b, (Q33.5) under c, (Q33.7) under d, (Q33.9) under e, (Q33.11) under f, (Q33.13) under g, (Q33.15) under h, (Q33.17) under i)*

Reminder – have you used the correct List to answer 3.1, 3.2 and 3.3?

3.4. The first time you tried any of the following, can you tell us the reason why you did so? (Whether you should use List A or List B is shown on key at the top of page 8.)

SEE CONTINUATION SHEET FOR VARIABLE NAMES

Tick underneath headings (a) - (p) the reason(s) which apply best to you

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
I have never tried it	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I wanted to see what it would feel like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everybody else was doing it and I wanted to join in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People I like were doing it and I wanted to be like them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to show off to my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd have seemed like a killjoy if I'd refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to show I could do what I liked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not know what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People said it would relax me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People said it would help me stay awake all night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People said it would make me sexy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It seemed an exciting thing to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5. If you have tried any of the following, how did you feel on the last occasion; for those you who haven't tried can you tell us how you think you would have felt? (Whether you should use List A or List B is shown on key at the top of page 8.)

Please tick underneath each heading all that apply to you. **SEE CONTINUATION SHEET FOR VARIABLE NAMES**

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
I enjoyed/would enjoy the feeling it gives me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I enjoyed/would enjoy the company that goes with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It relaxed/would relax me and make me feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I forgot/would forget all the things that worry me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It made/would make me feel on top of the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It made/would make me feel energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was/would be getting back at authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3.6. If you have tried any of the following, who were you with on the last occasion? (Whether you should use List A or List B is shown on key at the top of page 8.)

Please tick one box under each heading a - p

	(Q36.1) a	(Q36.2) b	(Q36.3) c	(Q36.4) d	(Q36.5) e	(Q36.6) f	(Q36.7) g	(Q36.8) h	(Q36.9) i	(Q36.10) j	(Q36.11) k	(Q36.12) l	(Q36.13) m	(Q36.14) n	(Q36.15) o	p
I've never tried it	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nobody, I was on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One special friend of own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A group of friends my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A special older friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A group of older friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed age group of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed age group of friends and strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Younger brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else not already mentioned (Who? <u>(Q36.17)*</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.7. If you have tried any of these but decided not to do so any more, would you give the reason(s), if any? (Whether you should use List A or List B is shown on key at the top of page 8.)

Please tick all that apply under each heading a - p. **SEE CONTINUATION SHEET FOR VARIABLE NAMES**

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
I've never done it/tried it	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
It made me feel ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It made me feel scared/worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was concerned about the effect on my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought it was dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought I wouldn't be able to give it up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was afraid I might get into trouble with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried about the effect on my friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't have another opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason(s) (What? <u>(Q37.16)*</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reminder - have you used the correct List to answer 3.4, 3.5, 3.6 and 3.7

3.8. A large number of young people will not have tried any or all of the following. For all of the following which you haven't tried, what would be the reason(s) why you haven't tried them? (Whether you should use List A or List B is shown on key at the top of page 8.)

Tick beneath a-p the most important reasons which apply to you	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
I've never even thought about trying it	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've thought about trying it but people say there isn't any opportunity around here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've thought about trying it but the people I know who do it aren't the kind I would go around with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've thought about trying it and might if given the chance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had the opportunity but I'd be scared of my parents finding out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had the opportunity but I'd be scared of getting into trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had the opportunity but I'd be scared of not being able to give it up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had the opportunity but it's daft to risk harming myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons (What <u>(Q38.161)*</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have tried this in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.9. Have any of the following substances ever been discussed with you at home?

Please tick one box underneath each of the 8 substances	Glue/Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
YES, discussed with me personally	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
YES, comes up in general discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES, but only mentioned when attention drawn to it e.g. from T.V. etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO, never discussed with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Q39.1) (Q39.2) (Q39.3) (Q39.4) (Q39.5) (Q39.6) (Q39.7) (Q39.8)

3.10. On what do you think that your parents' views on the following substances are based?

Please tick all reasons that apply underneath each of the 8 substances	Glue/Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Accurate/modern information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inaccurate/old information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mainly on what I have told them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know what their opinion is based on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They don't ever discuss this with me	<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 reason(s). What? <u>(Q310.49)*</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEE CONTINUATION SHEET FOR VARIABLE NAMES

3.11. Irrespective of present laws, do you think that taking the following substances should in future be made legal or illegal?

Answer a-j and tick one box on each line depending on whether you think each one should in future be made legal or illegal.	Legal	Don't know	Illegal
(a) Tobacco <u>(Q311.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Alcohol <u>(Q311.2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Glue/Solvents <u>(Q311.3)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Uppers <u>(Q311.4)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Downers <u>(Q311.5)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Cannabis <u>(Q311.6)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) LSD <u>(Q311.7)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Cocaine <u>(Q311.8)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Semeron <u>(Q311.9)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Heroin <u>(Q311.10)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.12. Please give your opinion on the following statements:

Please Answer a-f and tick one box on each line	I Agree strongly	I Agree	I am not sure	I disagree	I disagree strongly
(a) Soft drugs always lead to hard drugs <u>(Q312.1)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Many drug addicts become criminals <u>(Q312.2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) If you try a drug once, you will become addicted <u>(Q312.3)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Most heroin addicts die from their addiction <u>(Q312.4)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Drug addicts are unstable people <u>(Q312.5)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) People with drug problems need help not punishment <u>(Q312.6)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.13. Different substances have different effects on different people at different times. Here is a list and could you tell us what effect(s) you think each would have on young people.

Answer (a) - (h) and tick all that you think apply on each line.
SEE CONTINUATION SHEET FOR VARIABLE NAMES

	High/ full of go	Happy/ relaxed	Sexy/ special	Calm/ confident	Tense/ anxious	Strange/ dizzy	Drunk/ out of control	Don't know
a) Glue/solvents	<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) Uppers	<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) Downers	<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) Cannabis	<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) LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.14. Why do you think that some people of your age sometimes take the following substances?

Tick all that apply under each of the 9 substances.
SEE CONTINUATION SHEET FOR VARIABLE NAMES
 To find out what it's like

	Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Because they enjoy the feelings that go with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because their friends do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because they can't do without it	<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 reasons: (What (Q314.49)*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.15. Do you think you would try any of the following substances if someone you know well offered them to you?

Answer a-h and tick one box on each line

	Yes	No	Not sure
a) Glue/Solvents (Q315.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppers (Q315.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Downers (Q315.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cannabis (Q315.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD (Q315.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine (Q315.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron (Q315.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin (Q315.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.16. Have you been offered any of these substances during the last 12 months?

Answer a-h and tick one box on each line

	No	Yes once	Yes 2-5 times	Yes more than 5 times
a) Glue/Solvents (Q316.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppers (Q316.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Downers (Q316.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cannabis (Q316.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD (Q316.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine (Q316.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron (Q316.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin (Q316.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.17. Do you think that taking drugs for fun (not as medicine) is dangerous?

Answer a-h and tick one box on each line

	Yes	No	NOT Sure
a) Glue/Solvents (Q317.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppers (Q317.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Downers (Q317.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cannabis (Q317.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD (Q317.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine (Q317.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron (Q317.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin (Q317.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.18. If you wanted to take any one of these (not as medicines), would you know where to get it from?

Answer a-h and tick one box on each line

	Yes	No	Not Sure
a) Glue/Solvents (Q318.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Uppers (Q318.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Downers (Q318.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cannabis (Q318.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD (Q318.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine (Q318.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Semeron (Q318.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin (Q318.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4

4.1. In general, what kind of neighbourhood do you live in?

(Q4.1) Tick one box only

Is it a neighbourhood where people

Mainly help each other?

Mainly go their own ways?

A mixture of above?

Don't know

4.2. Do you ever walk alone in the area around your home after dark?

(Q4.2) Tick one box only

YES

NO

DON'T KNOW

4.3. How safe do you/would you feel about walking alone after dark in the area around your home?

(Q4.3) Tick one box only

Very safe

Fairly safe

A bit unsafe

Very unsafe

Don't know



4.4. In the area where you live, what are the chances that the neighbours would call the police if they saw a stranger about your age doing any of the following?: -

Answer (a), (b) and tick one box on each line

	Very likely	Likely	Not Sure	Unlikely	Very Unlikely	Don't Know
(a) Walking along trying car doors (Q44.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Climbing in through an open window (Q44.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Spraying slogans on someone's wall (Q44.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.5. In general, how would you describe the houses and flats in the area where you live?

(Q45.1) Tick one box only

In good condition

In bad condition

Somewhere in between

Other answer

(What? (Q45.2)*)

4.6. How often do you/did you get into trouble at school compared with others in your class?

(Q46.1) Tick one box

More often than the others

About the same as the others

Less than others

Nobody in my class gets/got into trouble

Other answer

(What? (Q46.2)*)

4.7. Do you think the teacher(s) pick/picked on you more often than others in your class?

(Q47.1) Tick one box only

YES

NO

Nobody in my class gets/got picked on

Other answer

(What? (Q47.2)*)

4.8. If you have/had a personal problem in school who would you/did you go to first for help?

(Q48.1) Tick one box only

Form teacher

Head of Year/House

Other teacher

Friend

Mother/Father

Brother/Sister

Educational Welfare Officer

School Social Worker or Counsellor

Other person

(Who (Q48.2)*)

I would keep my problem to myself

THANK YOU FOR YOUR HELP

TURN TO PAGE 2 IF YOU NEED MORE SPACE OR WANT TO TELL US ANYTHING ABOUT YOURSELF OR YOUR VIEWS, OR TO COMMENT ON THIS QUESTIONNAIRE OR ON ANYTHING ELSE ABOUT YOUTHSCAN

(PAGE 2) : FLAG INDICATING PRESENCE OF

Produced and Printed by
 Printing & Graphic Services (Bristol) Limited
 4611 Course Lane, Filton, Bristol BS12 7QS

CONTINUATION OF Q QUESTIONNAIRE

For questions 3.4 to 3.8 the final format of the answers is the List A format. In the editing process the List B variables have been renamed to match the List A variables. The columns a - o therefore represent the substances in List A but for the total sample. The sporting activities have been removed as they were filler questions. The drug 'semeron' did not exist.

QUESTION 3.4

a	c	e	g	i	k	m	o
Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q34.1	Q34.25	Q34.49	Q34.73	Q34.97	Q34.121	Q34.145	Q34.169
Q34.2	Q34.26	Q34.50	Q34.74	Q34.98	Q34.122	Q34.146	Q34.170
Q34.3	Q34.27	Q34.51	Q34.75	Q34.99	Q34.123	Q34.147	Q34.171
Q34.4	Q34.28	Q34.52	Q34.76	Q34.100	Q34.124	Q34.148	Q34.172
Q34.5	Q34.29	Q34.53	Q34.77	Q34.101	Q34.125	Q34.149	Q34.173
Q34.6	Q34.30	Q34.54	Q34.78	Q34.102	Q34.126	Q34.150	Q34.174
Q34.7	Q34.31	Q34.55	Q34.79	Q34.103	Q34.127	Q34.151	Q34.175
Q34.8	Q34.32	Q34.56	Q34.80	Q34.104	Q34.128	Q34.152	Q34.176
Q34.9	Q34.33	Q34.57	Q34.81	Q34.105	Q34.129	Q34.153	Q34.177
Q34.10	Q34.34	Q34.58	Q34.82	Q34.106	Q34.130	Q34.154	Q34.178
Q34.11	Q34.35	Q34.59	Q34.83	Q34.107	Q34.131	Q34.155	Q34.179
Q34.12	Q34.36	Q34.60	Q34.84	Q34.108	Q34.132	Q34.156	Q34.180

QUESTION 3.5

a	c	e	g	i	k	m	o
Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q35.1	Q35.17	Q35.33	Q35.49	Q35.65	Q35.81	Q35.97	Q35.113
Q35.2	Q35.18	Q35.34	Q35.50	Q35.66	Q35.82	Q35.98	Q35.114
Q35.3	Q35.19	Q35.35	Q35.51	Q35.67	Q35.83	Q35.99	Q35.115
Q35.4	Q35.20	Q35.36	Q35.52	Q35.68	Q35.84	Q35.100	Q35.116
Q35.5	Q35.21	Q35.37	Q35.53	Q35.69	Q35.85	Q35.101	Q35.117
Q35.6	Q35.22	Q35.38	Q35.54	Q35.70	Q35.86	Q35.102	Q35.118
Q35.7	Q35.23	Q35.39	Q35.55	Q35.71	Q35.87	Q35.103	Q35.119
Q35.8	Q35.24	Q35.40	Q35.56	Q35.72	Q35.88	Q35.104	Q35.120

QUESTION 3.7

a Glue/ Solvents	c Uppers	e Downers	g Cannabis	i LSD	k cocaine	m Semeron	o Heroin
Q37.1	Q37.21	Q37.41	Q37.61	Q37.81	Q37.101	Q37.121	Q37.141
Q37.2	Q37.22	Q37.42	Q37.62	Q37.82	Q37.102	Q37.122	Q37.142
Q37.3	Q37.23	Q37.43	Q37.63	Q37.83	Q37.103	Q37.123	Q37.143
Q37.4	Q37.24	Q37.44	Q37.64	Q37.84	Q37.104	Q37.124	Q37.144
Q37.5	Q37.25	Q37.45	Q37.65	Q37.85	Q37.105	Q37.125	Q37.145
Q37.6	Q37.26	Q37.46	Q37.66	Q37.86	Q37.106	Q37.126	Q37.146
Q37.7	Q37.27	Q37.47	Q37.67	Q37.87	Q37.107	Q37.127	Q37.147
Q37.8	Q37.28	Q37.48	Q37.68	Q37.88	Q37.108	Q37.128	Q37.148
Q37.9	Q37.29	Q37.49	Q37.69	Q37.89	Q37.109	Q37.129	Q37.149
Q37.10	Q37.30	Q37.50	Q37.70	Q37.90	Q37.110	Q37.130	Q37.150

QUESTION 3.8

a Glue/ Solvents	c Uppers	e Downers	g Cannabis	i LSD	k Cocaine	m Semeron	o Heroin
Q38.1	Q38.21	Q38.41	Q38.61	Q38.81	Q38.101	Q38.121	Q38.141
Q38.2	Q38.22	Q38.42	Q38.62	Q38.82	Q38.102	Q38.122	Q38.142
Q38.3	Q38.23	Q38.43	Q38.63	Q38.83	Q38.103	Q38.123	Q38.143
Q38.4	Q38.24	Q38.44	Q38.64	Q38.84	Q38.104	Q38.124	Q38.144
Q38.5	Q38.25	Q38.45	Q38.65	Q38.85	Q38.105	Q38.125	Q38.145
Q38.6	Q38.26	Q38.46	Q38.66	Q38.86	Q38.106	Q38.126	Q38.146
Q38.7	Q38.27	Q38.47	Q38.67	Q38.87	Q38.107	Q38.127	Q38.147
Q38.8	Q38.28	Q38.48	Q38.68	Q38.88	Q38.108	Q38.128	Q38.148
Q38.9	Q38.29	Q38.49	Q38.69	Q38.89	Q38.109	Q38.129	Q38.149
Q38.10	Q38.30	Q38.50	Q38.70	Q38.90	Q38.110	Q38.130	Q38.150

QUESTION 3.10

Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q310.1	Q310.7	Q310.13	Q310.19	Q310.25	Q310.31	Q310.37	Q310.43
Q310.2	Q310.8	Q310.14	Q310.20	Q310.26	Q310.32	Q310.38	Q310.44
Q310.3	Q310.9	Q310.15	Q310.21	Q310.27	Q310.33	Q310.39	Q310.45
Q310.4	Q310.10	Q310.16	Q310.22	Q310.28	Q310.34	Q310.40	Q310.46
Q310.5	Q310.11	Q310.17	Q310.23	Q310.29	Q310.35	Q310.41	Q310.47
Q310.6	Q310.12	Q310.18	Q310.24	Q310.30	Q310.36	Q310.42	Q310.48

QUESTION 3.13

Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q313.1	Q313.9	Q313.17	Q313.25	Q313.33	Q313.41	Q313.49	Q313.57
Q313.2	Q313.10	Q313.18	Q313.26	Q313.34	Q313.42	Q313.50	Q313.58
Q313.3	Q313.11	Q313.19	Q313.27	Q313.35	Q313.43	Q313.51	Q313.59
Q313.4	Q313.12	Q313.20	Q313.28	Q313.36	Q313.44	Q313.52	Q313.60
Q313.5	Q313.13	Q313.21	Q313.29	Q313.37	Q313.45	Q313.53	Q313.61
Q313.6	Q313.14	Q313.22	Q313.30	Q313.38	Q313.46	Q313.54	Q313.62
Q313.7	Q313.15	Q313.23	Q313.31	Q313.39	Q313.47	Q313.55	Q313.63
Q313.8	Q313.16	Q313.24	Q313.32	Q313.40	Q313.48	Q313.56	Q313.64

QUESTION 3.14

Glue/ Solvents	Uppers	Downers	Cannabis	LSD	Cocaine	Semeron	Heroin
Q314.1	Q314.7	Q314.13	Q314.19	Q314.25	Q314.31	Q314.37	Q314.43
Q314.2	Q314.8	Q314.14	Q314.20	Q314.26	Q314.32	Q314.38	Q314.44
Q314.3	Q314.9	Q314.15	Q314.21	Q314.27	Q314.33	Q314.39	Q314.45
Q314.4	Q314.10	Q314.16	Q314.22	Q314.28	Q314.34	Q314.40	Q314.46
Q314.5	Q314.11	Q314.17	Q314.23	Q314.29	Q314.35	Q314.41	Q314.47
Q314.6	Q314.12	Q314.18	Q314.24	Q314.30	Q314.36	Q314.42	Q314.48