

CHILD HEALTH AND EDUCATION STUDY

A national study in England, Wales and Scotland of all children born 5th - 11th April 1970

PUPIL QUESTION FORM



1980

Director: Neville R Butler
 MD, FRCP, FRCOG, DCH,
 Department of Child Health Research Unit
 University of Bristol
 Bristol BS2 8BH

CONFIDENTIAL

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1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

Tel: (0272) 24920

Under the auspices of the University of Bristol and the National Birthday Trust.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname

Forenames

Sex M F

Date of Birth DAY MTH YR 0 4 7 0

Age in days at completion of Pupil Form: K005B

Today's Date DAY MTH YR

School Name

.....

To the Child:

You are among 15,000 boys and girls in England, Wales and Scotland who are being asked to answer these questions in your own writing.

We want to find out what the boys and girls of your age are doing and thinking. We should be very pleased if you would answer all the questions as well as you can. It will help us in our work, and that means that we shall be able to do more for the boys and girls of tomorrow. Whatever you write will not be shown to anybody.

Thank you for your help.

Neville Butler
 Professor of Child Health

IMPORTANT: BEFORE HANDING THIS FORM TO THE CHILD, PLEASE SEE THE LAST PART OF THE INSTRUCTION BOOKLET FOR ADVICE ON ADMINISTRATION OF THE FORM.

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 MAKE NO MARKS OR SHADINGS NEAR THESE LINES

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1 2 3 4 5 6 7 8 9 10 11 12

4. Do you do well or not so well in the following school subjects?

	Well	Not so well		Well	Not so well
Mathematics.....	<input type="checkbox"/>	K036 <input type="checkbox"/>	Art and craft.....	<input type="checkbox"/>	K040 <input type="checkbox"/>
Reading.....	<input type="checkbox"/>	K037 <input type="checkbox"/>	Topic or project work	<input type="checkbox"/>	K041 <input type="checkbox"/>
Spelling.....	<input type="checkbox"/>	K038 <input type="checkbox"/>	Games.....	<input type="checkbox"/>	K042 <input type="checkbox"/>
Creative writing.....	<input type="checkbox"/>	K039 <input type="checkbox"/>	Gymnastics.....	<input type="checkbox"/>	K043 <input type="checkbox"/>

5. What do you do in the middle of the day?

Go home to eat.....	K044 <input type="checkbox"/>	Buy food at the shops .	K047 <input type="checkbox"/>
Take sandwiches to school.....	K045 <input type="checkbox"/>	I don't eat anything in the middle	
Have school dinner.....	K046 <input type="checkbox"/>	of the day.....	K048 <input type="checkbox"/>

6. Do you like to be on your own? K049

Not at all	Only now and then	Some of the time	A lot of the time	Nearly all the time	All the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How many of your friends smoke cigarettes? K050

Most of them <input type="checkbox"/>	Some of them <input type="checkbox"/>	None of them <input type="checkbox"/>
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8. Have you ever tried a cigarette? K051

Yes No

9. Have you tried more than one cigarette? K052

Yes No, only tried one Have not tried

10. If you have tried more than one cigarette, could you work out how much you smoke? (Put your pencil mark across the box which is close to the right number.) K053

Never.....	<input type="checkbox"/>	Smoke about 1 cigarette a week..	<input type="checkbox"/>
Only tried once.....	<input type="checkbox"/>	Smoke 2 to 5 cigarettes a week..	<input type="checkbox"/>
Only tried twice.....	<input type="checkbox"/>	Smoke about 1 cigarette a day...	<input type="checkbox"/>
Smoke less than 1 cigarette a week.....	<input type="checkbox"/>	Smoke more than 1 cigarette a day	<input type="checkbox"/>

11. Do you believe that cigarettes can harm people's health? K054

I don't believe it It may be true Yes, I believe it

12. About how much time do you spend talking to your parents each day? K055

None at all Not very much Quite a lot

13. How often do you eat each of these foods?

	Nearly every day	Quite often	Sometimes	Hardly ever
White bread.....	K056 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown bread.....	K057 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter.....	K058 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margarine.....	K059 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese.....	K060 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs.....	K061 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat.....	K062 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish.....	K063 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate or other sweets.....	K064 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MAKE NO MARKS OR SMUDGES NEAR THESE LINES

14. Which of the following do you drink? (Write in the squares how many cups or glasses of each drink you have on an ordinary day. If none, write 0 in that square.)

	Cups/glasses a day		Cups/glasses a day		Cups/glasses a day
Tea	<input type="checkbox"/> K065	Coffee	<input type="checkbox"/> K067	Coca-cola or Pepsi	<input type="checkbox"/> K069
Cocoa or chocolate	<input type="checkbox"/> K066	Milk	<input type="checkbox"/> K068	Water	<input type="checkbox"/> K070

15. When you wake up in the morning do you usually cough?
 Yes No K071

16. How much do you cough during the rest of the day or night? K072
 Not at all Only sometimes
 A fair amount Quite a lot
 A very great deal

17. Do you get short of breath when hurrying on flat ground or walking up a slight hill? K073
 Yes No Don't know

18. When you cough do you wheeze or feel tightness of the chest? K074
 Yes No I hardly ever cough

SECTION C – The CARALOC Pupil Questionnaire

	Yes	No	Don't Know
1. Do you feel that most of the time it's not worth trying hard because things never turn out right anyway?	<input type="checkbox"/> K075	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel that wishing can make good things happen?	<input type="checkbox"/> K076	<input type="checkbox"/>	<input type="checkbox"/>
3. Are people good to you no matter how you act towards them?	<input type="checkbox"/> K077	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you like taking part in plays or concerts?	<input type="checkbox"/> K078	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you usually feel that it's almost useless to try in school because most children are cleverer than you?	<input type="checkbox"/> K079	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a high mark just a matter of "luck" for you?	<input type="checkbox"/> K080	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you good at spelling?	<input type="checkbox"/> K081	<input type="checkbox"/>	<input type="checkbox"/>
8. Are tests just a lot of guess work for you?	<input type="checkbox"/> K082	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you often blamed for things which just aren't your fault?	<input type="checkbox"/> K083	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you the kind of person who believes that planning ahead makes things turn out better?	<input type="checkbox"/> K084	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you find it easy to get up in the morning?	<input type="checkbox"/> K085	<input type="checkbox"/>	<input type="checkbox"/>
12. When bad things happen to you, is it usually someone else's fault?	<input type="checkbox"/> K086	<input type="checkbox"/>	<input type="checkbox"/>
13. When someone is very angry with you, is it impossible to make him your friend again?	<input type="checkbox"/> K087	<input type="checkbox"/>	<input type="checkbox"/>
14. When nice things happen to you is it only good luck?	<input type="checkbox"/> K088	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you feel sad when it's time to leave school each day?	<input type="checkbox"/> K089	<input type="checkbox"/>	<input type="checkbox"/>
16. When you get into an argument is it usually the other person's fault?	<input type="checkbox"/> K090	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you surprised when your teacher says you've done well?	<input type="checkbox"/> K091	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you usually get low marks, even when you study hard?	<input type="checkbox"/> K092	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you like to read books?	<input type="checkbox"/> K093	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you think studying for tests is a waste of time?	<input type="checkbox"/> K094	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU VERY MUCH FOR ANSWERING ALL THE QUESTIONS