Self-completion questionnaire (10-15 yrs)

INTERVIEWER: WRITE IN FROM CAPI SCREEN

<table>
<thead>
<tr>
<th>Serial</th>
<th>Person number</th>
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<table>
<thead>
<tr>
<th>First name</th>
<th>Interviewer number</th>
<th>Month</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
COMPLETING THE QUESTIONNAIRE

The questions inside cover a wide range of subjects, but each one can be answered by marking an “x” in the box next to the answer you want to give, as in the example below.

Please complete the questionnaire in black or blue ink, keeping your answers within the boxes. This questionnaire will be read by a scanner so please mark your changed your mind please completely fill the box to show the mistake and then put an “x” in the box next to the correct answer.

Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

Example question

Did you have breakfast today?

Yes

No

When you have finished answering the questionnaire, please seal it in the envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer. Thank you again for your help.
1. Please write in your date of birth.

   Day [ ] [ ] [ ]
   Month [ ] [ ] [ ]
   Year [ ] [ ] [ ] [ ]

2. Please add an ‘x’ to indicate whether you are male or female.

   Male [ ]
   Female [ ]

3. Do you have a social media profile or account on any sites or apps?

   Yes [ ]
   No [ ]

4. How many hours do you spend chatting or interacting with friends through a social web-site or app like that on a normal school day?

   None [ ]
   Less than an hour [ ]
   1–3 hours [ ]
   4–6 hours [ ]
   7 or more hours [ ]

5. How many hours do you spend watching television programmes or films on a normal school day? Please remember to include time spent watching programmes and films on a computer or mobile device.

   YPTVVIDHRS
   None [ ]
   Less than an hour [ ]
   1–3 hours [ ]
   4–6 hours [ ]
   7 or more hours [ ]

6. Do you have your own personal mobile phone?

   YPMOBU
   Yes [ ]
   No [ ]

7. Is your mobile a smartphone? A smartphone is a mobile phone that can download apps, send emails and surf the internet.

   YPSMARTPH
   Yes [ ]
   No [ ]

8. How many close friends do you have – friends you could talk to if you were in some kind of trouble?

   YPNPAL
   Write in number [ ]
The next few questions are about you and your family.

9 In the past 7 days how many times have you eaten an evening meal together with the rest of your family who live with you?

- None
- 1–2 times
- 3–5 times
- 6–7 times

YPATELIVU

10 Do you feel supported by your family, that is the people who live with you?

YPFAMSUP

- I feel supported by my family in most or all of the things I do
- I feel supported by my family in some of the things I do
- I do not feel supported by my family in the things I do

11 Suppose you felt upset or worried about something and you wanted to talk about it. Who would you turn to first within your family? Please put an ‘x’ in one box only.

YPUPSET

- Mum or stepmum
- Dad or stepdad
- A brother or sister (or step-brother/sister)
- Another relative living with you
- Another relative not living with you
- No-one within my family

12 In the past month, how many times have you stayed out after 9.00pm at night without your parents knowing where you were?

YPPLATE

- Never
- 1–2 times
- 3–9 times
- 10 or more times

13 Do you have any brothers or sisters living with you at home?

YPBSIBLING

- Yes
- No

14

16
The next few questions are about your relationship with your parents even if either of them live in a different household to you.

14 How often do any of your brothers or sisters do any of the following to you at home?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Not much (1–3 times in last 6 months)</th>
<th>Quite a lot (more than 4 times in the last 6 months)</th>
<th>A lot (a few times every week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hit, kick, or push you</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Take your belongings</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Call you nasty names</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Make fun of you</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

15 How often do any of your brothers or sisters do any of the following to you at home?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Not much (1–3 times in last 6 months)</th>
<th>Quite a lot (more than 4 times in the last 6 months)</th>
<th>A lot (a few times every week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hit, kick, or push them</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Take their belongings</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Call them nasty names</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Make fun of them</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

16 Most children have occasional quarrels with their parents. How often do you quarrel with your mother?

YPARGM

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most days</td>
<td>0</td>
</tr>
<tr>
<td>More than once a week</td>
<td>0</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>0</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>0</td>
</tr>
<tr>
<td>Don’t have a mother</td>
<td>0</td>
</tr>
</tbody>
</table>

17 How often do you quarrel with your father?

YPARGF

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most days</td>
<td>0</td>
</tr>
<tr>
<td>More than once a week</td>
<td>0</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>0</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>0</td>
</tr>
<tr>
<td>Don’t have a father</td>
<td>0</td>
</tr>
</tbody>
</table>
18 How often do you talk to your mother, about things that matter to you?

Most days
More than once a week
Less than once a week
Hardly ever
Don’t have a mother

19 How often do you talk to your father, about things that matter to you?

Most days
More than once a week
Less than once a week
Hardly ever
Don’t have a father

20 Do you have a step-mother or father, or someone like this, living at home with you?

Yes
No

21 How would you rate your relationship with your step-mother or father, or other person like this?

Very good
Good
Fair
Poor
Very poor
Now for some questions about how you see yourself as a person. For each item, please put an “x” in the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you aren’t absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

<table>
<thead>
<tr>
<th>Question</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>I try to be nice to other people. I care about their feelings.</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I am restless, I cannot stay still for long</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQB</td>
<td></td>
<td></td>
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<tr>
<td>I get a lot of headaches, stomach-aches or sickness</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>YPSDQC</td>
<td></td>
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<td></td>
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<tr>
<td>I usually share with others (food, games, pens, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YPSDQD</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I get very angry and often lose my temper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YPSDQE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am usually on my own. I generally play alone or keep to myself</td>
<td></td>
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<td></td>
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<tr>
<td>YPSDQF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I usually do as I am told</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>YPSDQG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I worry a lot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YPSDQH</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I am helpful if someone is hurt, upset or feeling ill</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQI</td>
<td></td>
<td></td>
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<tr>
<td>I am constantly fidgeting or squirming</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQJ</td>
<td></td>
<td></td>
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<tr>
<td>I have one good friend or more</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQK</td>
<td></td>
<td></td>
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<tr>
<td>I fight a lot. I can make other people do what I want</td>
<td></td>
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<tr>
<td>YPSDQL</td>
<td></td>
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<tr>
<td>I am often unhappy, down-hearted or tearful</td>
<td></td>
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<tr>
<td>YPSDQM</td>
<td></td>
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<tr>
<td>Other people my age generally like me</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQN</td>
<td></td>
<td></td>
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<tr>
<td>I am easily distracted, I find it difficult to concentrate</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQO</td>
<td></td>
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<tr>
<td>I am nervous in new situations. I easily lose confidence</td>
<td></td>
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<tr>
<td>YPSDQP</td>
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<td></td>
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<tr>
<td>I am kind to young children</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQQ</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I am often accused of lying or cheating</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQR</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other children or young people pick on me or bully me</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQS</td>
<td></td>
<td></td>
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<tr>
<td>I often volunteer to help others (parents, teachers, children)</td>
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<tr>
<td>YPSDQT</td>
<td></td>
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<tr>
<td>I think before I do things</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>YPSDQU</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I take things that are not mine from home, school or elsewhere</td>
<td></td>
<td></td>
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<tr>
<td>YPSDQV</td>
<td></td>
<td></td>
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<tr>
<td>I get on better with adults than with people my own age</td>
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<td></td>
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<tr>
<td>YPSDQW</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I have many fears, I am easily scared</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YPSDQX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I finish the work I’m doing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>YPSDQY</td>
<td></td>
<td></td>
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</tbody>
</table>
The next few questions are about how you feel about different aspects of your life. The faces express various types of feelings. Below each face is a number where ‘1’ is completely happy and ‘7’ is not at all happy. Please put an “x” in the box which comes closest to expressing how you feel about each of the following things...

A Your school work? YPHSW

B Your appearance? YPHAP

C Your family? YPHFM

D Your friends? YPHFR

E The school you go to? YPHSC

F Which best describes how you feel about your life as a whole? YPHLF
The next few questions are about any homework you might be asked to do by teachers at your school. ‘Homework’ is any work set for you by teachers which is to be done outside lessons even if you do the work at school after lessons rather than taking it home with you.

25 How much do you worry that you might be a victim of a crime?
YPCRWRA
- A big worry
- A bit of a worry
- An occasional doubt
- Not a worry at all

26 How safe would you feel walking alone in this area after dark?
YPCRWORB
- Very safe
- Fairly safe
- A bit unsafe
- Very unsafe

27 Do you ever get set any homework at school?
YPHMWRK
- Yes
- No

28 How often are you given homework?
YPFHMWRK
- Most days
- Once a week at least
- Sometimes, less than once a week
- Hardly ever
- Never

29 During an average week in term time, on how many evenings do you do any homework? Please just think about Monday to Friday evenings during term time.
YPFHWEVE
Write in number of evenings you do homework
The next questions are about school and what you want to happen in the future.

34 How important do you think it is for you to do well in your GCSE exams or National Qualifications (if you live in Scotland)?
   - Very important
   - Important
   - Not very important
   - Not at all important

35 The age young people must stay in education or training differs somewhat across the UK. What would you most like to do when you have completed your final GCSE / National Qualification year at around age 16?
   - Get a full-time job
   - Stay at school or college to do A levels/Highers
   - Get an apprenticeship
   - Do some other form of training
   - Do something else
   - Don’t know
36. Would you like to go on to do further full-time education at a college or University after you finish school?

- Yes [ ]
- No [ ]
- Don’t know [ ]

37. In the last 12 months, have you ever played truant, that is missed school without permission, even if it was only for a half day or single lesson?

- Yes [ ]
- No [ ]

38. My parents are interested in how I do at school.

- Always or nearly always [ ]
- Sometimes [ ]
- Hardly ever [ ]
- Never [ ]
- Not sure [ ]


- Always or nearly always [ ]
- Sometimes [ ]
- Hardly ever [ ]
- Never [ ]
- Not sure [ ]

40. How often do other pupils at your school misbehave or cause trouble in your classes?

- In most or all of your classes [ ]
- Less often but in more than half of your classes [ ]
- In about half your classes [ ]
- Now and then [ ]
- This is not a problem at all [ ]
Now some questions about bullying at school.

41 How often do you get physically bullied at school, for example getting hit, pushed around or threatened, or having belongings stolen?

- Never
- Not much (1–3 times in the last 6 months)
- Quite a lot (more than 4 times in the last 6 months)
- A lot (a few times every week)

42 And how often would you say you yourself misbehave or cause trouble in your classes?

- In most or all of your classes
- Less often but in more than half of your classes
- In about half your classes
- Now and then
- This is not a problem at all

43 How often do you get bullied in other ways at school such as getting called names, getting left out of games, or having nasty stories spread about you on purpose?

- Never
- Not much (1–3 times in the last 6 months)
- Quite a lot (more than 4 times in the last 6 months)
- A lot (a few times every week)

44 Do you physically bully other children at school by hitting or pushing them around, threatening them or stealing their things?

- Never
- Not much (1–3 times in the last 6 months)
- Quite a lot (more than 4 times in the last 6 months)
- A lot (a few times every week)

45 How often do you bully children in other ways at school such as calling them names, leaving them out of games or spreading nasty stories about them on purpose?

- Never
- Not much (1–3 times in the last 6 months)
- Quite a lot (more than 4 times in the last 6 months)
- A lot (a few times every week)

Here are some questions about money and any work you may do.

46 Which of the following describes what you usually do with your money?

- I save up to buy things I want
- I save money and try not to spend it
- I spend money as soon as I get it
- I generally do not have pocket money
47 How much money did you receive last week to spend on yourself? Please include pocket money and any allowance you get. But if you have a job, do not include money you earned.

YPPKMP Write in number of £  and pence

48 Did you do any paid work last week?

YPWKLW Yes  49

No  51

49 How many hours paid work did you do last week? If you have more than one job please write in the total hours worked at all of them.

YPWHRS Write in hours

50 What was your total pay last week? If you earned money from more than one job, please write in the total you earned from all of them.

YPPAY Write in number of £  and pence

The next questions are about taking care of others

51 Some people your age may have to look after other people. This could be a brother or sister, a relative or someone else who is disabled or sick. Is there anyone like this who lives here with you that you have to look after on a regular basis?

YP CARE Yes – in this household  52

No  55

52 Who do you look after? Please add an ‘x’ for all that apply.

Mother/Father  YPCAWHO1

Grandfather/Grandmother  YPCAWHO2

Brother/Sister  YPCAWHO3

Another adult relative  YPCAWHO4

Another adult who is not a relative  YPCAWHO5

Another child relative  YPCAWHO6

Another child who is not a relative  YPCAWHO7

53 About how many hours a week would you say that you usually spend looking after or doing things for them?

YPCAHRS Write in hours

54 How often do you have to miss school to do this?

YPCASCH Never

Once a week or more often

Once or twice a month

Here are a few questions about health, nutrition and exercise.

55 In general, would you say your health is...

YP SRHLTH Excellent

Very good

Good

Fair

Poor
56 Do you have a long-term health problem or disability that limits your day-to-day activities? By long term we mean anything that has lasted, or is expected to last, at least 3 months.

Yes, limited a lot
Yes, limited a little
No

57 How many days a week do you usually eat breakfast?

Everyday
4-6 days
1-3 days
Never or hardly ever

58 How many days in a usual week do you eat fast food such as McDonalds, Burger King, KFC or other take-aways like that?

Every day, or nearly every day
About once a week
Every now and then
Never or hardly ever

59 How many days in a usual week do you eat crisps or sweets or have fizzy drinks such as Coke or lemonade?

Every day, or nearly every day
About once a week
Every now and then
Never or hardly ever

60 How many portions of fresh fruit or vegetables do you eat on a typical day? One portion is one piece of fruit or one serving of a vegetable or salad item.

5 or more portions
3-4 portions
1-2 portions
None

61 Do you think that you are...

About the right weight
Underweight
Slightly overweight
Very overweight
Don’t know
Do you ever diet or try to lose weight?

YPTRYDIE

Yes, all the time □
Yes, some of the time □
No, never □

What type of exercise do you do, including things like cycling or walking to school, or what sports do you play? Please put an “x” in the box for each one you do.

Walking, including walking the dog □ YPEXTYPE1
Swimming or diving □ YPEXTYPE2
Cycling □ YPEXTYPE3
Jogging or running □ YPEXTYPE4
Tennis, squash or badminton □ YPEXTYPE5
Keep fit, aerobics or gym training □ YPEXTYPE6
Football □ YPEXTYPE7
Rugby □ YPEXTYPE8
Netball, basketball or hockey □ YPEXTYPE9
Cricket □ YPEXTYPE10
Athletics □ YPEXTYPE11
Martial Arts □ YPEXTYPE12
Horse riding □ YPEXTYPE13
Gymnastics □ YPEXTYPE14
Dance □ YPEXTYPE15
Other type of sport or activity □ YPEXTYPE16

How many days in a usual week do you play sports, do aerobics or do some other keep fit activity?

YPPSPRT

Every day □
5-6 days □
3-4 days □
1-2 days □
Less often than once a week □
Never or hardly ever □

What is the main way you usually travel to school?

YPRTRVL2SCH

Walk all the way □
Ride a bike □
By bus or tube □
By car □
By train □
Some other way/combination □

Do you ever smoke cigarettes at all? Please do not include electronic cigarettes.

YPEVRSMO

Yes □ → 67
No □ → 68
Please read the statements below and add an 'x' beside the statement that describes you best.

67 Yes  No
have smoked only once or twice
I used to smoke but I don't now
I sometimes smoke, but not every week
I usually smoke between one and six cigarettes a week
I usually smoke more than six cigarettes a week

68 Yes  No
Have you ever used e-cigarettes?
I have never used e-cigarettes
I have only tried using e-cigarettes once or twice
I used e-cigarettes in the past, but never use them now
I sometimes use e-cigarettes but less than once a month
I use e-cigarettes at least once a month but less than once a week
I use e-cigarettes at lease once a week

69 Yes  No
Do you have any friends who drink alcohol regularly, that is at least once a week?

70 Yes  No
Have you ever had an alcoholic drink? That is a whole drink, not just a sip.

71 Yes  No
And would you say that you drink regularly, that is at least once a week?

72 Most days
Once or twice a week
2 or 3 times
Once only
Never

Just to remind you, all your answers are confidential and will not be seen by anyone in your household.

73

Just to remind you, all your answers are confidential and will not be seen by anyone in your household.

70 Have you ever had an alcoholic drink? That is a whole drink, not just a sip.

71 And would you say that you drink regularly, that is at least once a week?

72 How many times in the last four weeks have you had an alcoholic drink?

YPSMOFRQ
YPFRALCO
YPREGALCO
YPDKLM
YPEVRALC
YPREGALCO
YPDKLM
<table>
<thead>
<tr>
<th>White</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>British</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Scottish</td>
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<td>Welsh</td>
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<td>Northern Irish</td>
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<tr>
<td>Irish</td>
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<td>Gypsy or Irish Traveller</td>
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<td>Any other White Background</td>
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<tr>
<td>White and Black African</td>
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<tr>
<td>White and Asian</td>
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<td>Any other mixed background</td>
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<table>
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<tr>
<td>Pakistani</td>
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<tr>
<td>Bangladeshi</td>
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<td>Chinese</td>
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<td>Any other Asian background</td>
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<tbody>
<tr>
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<tr>
<td>African</td>
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<td>Any other Black background</td>
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<th>Other</th>
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<tbody>
<tr>
<td>Arab</td>
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<tr>
<td>Any other ethnic group</td>
<td></td>
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</table>
If you could vote for a political party, which one would you vote for?

Ulster Unionist
SDLP
Alliance Party
Democratic Unionist
Sinn Fein
Green Party
UK Independence Party
British National Party
Other party
None

How interested are you in politics?

Very interested
Fairly interested
Not interested

Thank you for your help

Please place the questionnaire in the envelope and hand it back to your interviewer.

Or please return to the address below:

TNS UK Ltd, Buckingham House
Desborough Road, High Wycombe
Buckinghamshire HP11 2PR