questionnaire **Self-completion questionnaire (10-15 yrs)** + INTERVIEWER: WRITE IN FROM CAPI SCREEN Serial Person number First name Interviewer number Month Understanding 260130471 Society **W8**



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 answers in the spaces provided. If you have made a mistake in your answer or 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

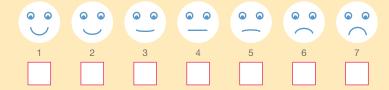
16 Did you have breakfast today?

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.

+ + + + Please read each of the following statements and put an "x" in the 18 Do you play a musical instrument? box that best applies to you. Put an "x" in one box for each line **YPMUSINST** Often Sometimes Rarely Never We discuss books at home **YPDISBUK** Which of the following regular classes do you do outside We discuss TV programmes school, if any? Please put an "x" in the boxes next to all of the we have watched at home things you do. YPDISTV My parents/other adults at YPOSCLAS1 Music home buy me books as gifts **YPGETBUK** YPOSCLAS2 My parents/other adults take me to museums or art galleries YPOSCLAS3 Dance YPFADMUS My parents/other adults take YPOSCLAS4 Sport me to watch sporting events **YPFADSPT** YPOSCLAS5 Tutorials for school subjects My parents/other adults take me to the theatre or to see a dance YPOSCLAS6 Religious classes performance or classical music **YPFADTTR** YPOSCLAS 7 None of these Something else YPOSCLAS8TXT (WRITE IN) + + + 10 11

about each of the following things...

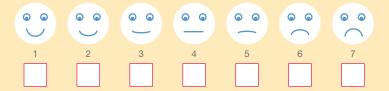
A) Your school work? YPHSW



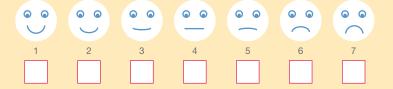
B) Your appearance? YPHAP



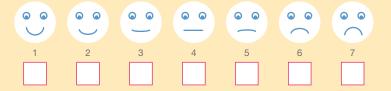
C) Your family? YPHFM



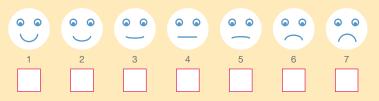
D) Your friends? YPHFR



E) The school you go to? YPHSC



F) Which best describes how you feel about your life as a whole? YPHLF



+	+
How many days in a usual week do you play sports, do aerobics or do some other keep fit activity?	Please read the statements below and tick the box beside the statement that describes you best.
YPPSPRT Every day	YPSMOFRQ I have smoked only once or twice
5-6 days	I used to smoke but I don't now
3-4 days	I sometimes smoke, but not every week
1-2 days	I usually smoke between one and six cigarettes a week
Less often than once a week	I usually smoke more than six cigarettes a week
Never or hardly ever	
	Have you ever used e-cigarettes?
What is the main way you usually travel to school?	YPEVRESMO I have never used e-cigarettes
YPTRVL2SCH Walk all the way	I have only tried using e-cigarettes once or twice
Ride a bike	I used e-cigarettes in the past, but I never use them now
By bus or tube	I sometimes use e-cigarettes but less than once a month
By car	I use e-cigarettes at least once a month, but less than once a week
By train	I use e-cigarettes at least once a week
Some other way/combination	
	Just to remind you, all your answers are confidential and will not be seen by anyone in your household.
Do you ever smoke cigarettes at all?	and will not be seen by anyone in your nousehold.
Please do not include electronic cigarettes (e-cigarettes).	Have you ever had an alcoholic drink? That is a whole drink,
YPEVRSMO Yes → 42	not just a sip?
No	YPEVRALC Yes
	No No
	1
+ 22	+ 23 +

+ + + + And how much do you think PEOPLE RISK harming themselves, How difficult do you think it would be for you to get cannabis (marijuana or hash) if you wanted? physically and in other ways, if they... Put an "x" in one box for each line **YPEASMJ** Impossible No Slight Moderate Great Don't risk risk risk risk know Very difficult Try cannabis (marijuana YPMJRSK1 or hash) once or twice Fairly difficult Smoke cannabis (marijuana YPMJRSK2 Fairly easy or hash) occasionally Smoke cannabis (marijuana Very easy YPMJRSK3 or hash) regularly Don't know Try ecstasy once or twice YPERSK1 Try an amphetamine (uppers, YPAMRSK1 pep pills, speed) once or twice Take amphetamines regularly How much do you think PEOPLE RISK harming themselves, YPAMRSK2 physically and in other ways, if they... Put an "x" in one box for each line No Slight Moderate Great Don't risk risk risk risk know Smoke cigarettes occasionally YPSMRSK1 Smoke one or more packs of cigarettes per day YPSMRSK2 Have one or two alcoholic drinks nearly every day YPALCRSK1 Have four or five alcoholic drinks nearly every day YPALCRSK2 Have five or more alcoholic drinks each weekend YPALCRSK3 + ++ 26 27

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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:

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TNS, Buckingham House, Desborough Road, High Wycombe, HP11 2PR

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