



PUPIL QUESTIONNAIRE 2006

Pupil ID sticker →

Date completed://

Checker's ID

Welcome to PaLS

Around 4,000 teenagers will be answering this questionnaire.

YOUR ANSWERS ARE TOTALLY CONFIDENTIAL.
THEY WILL BE LOOKED AT BY THE PaLS TEAM AND NO ONE ELSE.

Take your time and answer each question as best you can.
They are **not** like a school test - there are no 'right' and 'wrong' answers.
We are interested in what **YOU** think and feel, so please write down **your own** answers, don't bother about anyone else's.

← we will remove this page

PaLS CONSENT FORM

Thank you for reading the information sheet for this study.

Please ask us if there is anything that is not clear or if you would like more information.

Please tick

I have read and understood the information sheet for *PaLS* and have had the opportunity to ask questions

I understand my participation is voluntary and that I am free to stop taking part at any time, without giving any reason

I agree to take part in the PaLS study

NAME IN CAPITALS



signature



pupil name

signature

PaLS survey team

member name

signature

Date://

Pupil ID sticker →




and off you go ...

1a. An easy start. Are you a boy or a girl? Tick one box only.

boy ₁
girl ₂

1b. What is your date of birth? Write it in the space (for example, 16/10/90).

 / /
(day) (month) (year)

2. What is your registration class? Write it in the space (for example, 4a).



3. Do you know your postcode? If so, tick 'yes' and write it down, if not tick 'no'.

₁ yes, my postcode is

₂ no

4. Are you stressed or relaxed right now? Circle the number which best shows how you feel – anywhere between completely stressed and totally relaxed.

Right now I'm feeling ...

completely stressed..... 1
2
3
4
5
6
totally relaxed 7

All sorts of things can alter levels of the stress hormone we are going to measure in your saliva.

5. So we need to know ... Circle 'yes' or 'no' on each line.

Do you take asthma medication or an inhaler? yes no

Have you got a cold? yes no

and in the past hour have you...

Eaten anything? yes no

Had any coffee? yes no

Smoked a cigarette? yes no


Done any running or exercise for 10 minutes or more? yes no

Had a fight or argument lasting over 20 minutes? yes no

The stress hormone can also be affected by how long you've been awake for.

6. So we need to know what time you woke up (**NOT** when you got up) this morning.
Write the time in the boxes, e.g. 7:40, or 8:05.

This morning I woke up at ...

 : a.m.

7. Have any of these things happened to you? The first set asks about the past year.
The second set asks about the past month. Circle 'yes' or 'no' on each line.

In the past year

A serious accident happened to me.....yes no

A close family member was seriously ill or injuredyes no

My parents decided to separate or divorceyes no

A close family member diedyes no

I was attacked or hurt by someoneyes no

A close friend diedyes no

My mum or dad lost their jobyes no

I changed to a new schoolyes no

I moved houseyes no

My mum or dad started living with a new partneryes no

I did badly in an important exam (e.g. a prelim).....yes no

In the past month

I got into trouble with the police or had to go to courtyes no

My parents had a serious row.....yes no

I got into serious trouble at schoolyes no

I broke up with a girlfriend or boyfriendyes no

AT HOME

8. How long have you lived in your local area? Tick **one** box only.

- less than 1 year 1
- between 1 – 3 years 2
- more than 3 years 3
- all my life 4
-

9. Do you have your own door key? Tick **one** box only.

- yes 1
- no 2
-

10. Does your family own a car, van or truck? Tick **one** box only.

- yes – two or more 1
- yes – one 2
- no 3
-

11. Do you have your own bedroom for yourself? Tick **one** box only.

- yes – my own bedroom 1
- no – I share a bedroom 2
-

12. How many computers (PCs, Macs or laptops) does your family own? Tick **one** box only.

- none 1
- one 2
- two 3
- more than two 4
-

13. And what about your parents or guardians (the ones you usually stay with)? How would you describe them? Tick **one** box on each line.

My parents/guardians (the ones I usually stay with)

	almost always	sometimes	never
Help me as much as I need	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Let me do the things I like doing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Are loving.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Understand my problems and worries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Like me to make my own decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Try to control everything I do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Treat me like a baby.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Make me feel better when I am upset.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

14. How often do you have disagreements or arguments with your parents/guardians about things like homework or tidiness? Tick **one** box only.

I disagree or argue with my parents/guardians

every day	<input type="checkbox"/> 1
most days	<input type="checkbox"/> 2
weekly	<input type="checkbox"/> 3
less often	<input type="checkbox"/> 4
never	<input type="checkbox"/> 5

15. Do your parents/guardians know where you are if you go out in the evenings? Only tick **one** box.

they always know	<input type="checkbox"/> 1
mostly	<input type="checkbox"/> 2
sometimes	<input type="checkbox"/> 3
rarely	<input type="checkbox"/> 4
I don't go out	<input type="checkbox"/> 5

SMOKING

16. Do any of the people you stay with smoke tobacco (cigarettes, roll-ups, cigars or a pipe)? Circle **one** answer for each person.

Who smokes at home?

Mum, step-mum or dad's partner/girlfriend.....yes.....no

Dad, step-dad or mum's partner/boyfriend.....yes.....no

Any brother(s).....yes.....no

Any sister(s).....yes.....no

17. And what about you - which of these best describes you now? Tick **one** box only.

I have never smoked at all (not even a puff) 1

I only tried smoking once (even if it was just a puff) 2

I used to smoke but gave it up 3

I smoke occasionally (sometimes) 4  answer the next page

I smoke regularly (one or more cigarettes a week) 5  answer the next page



NON-SMOKERS - go straight to question 21 (page 10).

 **ONLY ANSWER THIS PAGE if you smoke NOW (occasionally or regularly).**

18. When did you first try smoking? Tick one box only.

I first tried smoking

- in primary school 1
- in S1 2
- in S2 3
- in S3 4
- in S4 5

19. On average, how many cigarettes do you smoke each week? Write in the number.

I smoke  cigarettes a week.

20. How often do you chain-smoke (one cigarette straight after another)? Tick one box only.

- every day 1
 - most days 2
 - weekly 3
 - less often 4
 - never 5
- I chain-smoke



EVERYONE ANSWER THIS QUESTION

DRINKING

21. How often do you have an alcoholic drink (not just a sip)? Tick **one** box only. If you've **never** had an alcoholic drink, tick the **last** box.

I have an alcoholic drink ...

- every day 1
- most days 2
- about once a week 3
- about every couple of weeks 4
- about once a month 5
- once or twice a year 6
- I have never had an alcoholic drink 7
-

22. When did you first have an alcoholic drink (not just a sip)? Tick **one** box only.

I first had an alcoholic drink

- in primary school 1
- in S1 2
- in S2 3
- in S3 4
- in S4 5
- I have never had an alcoholic drink 6
-



IF YOU'VE EVER HAD AN ALCOHOLIC DRINK, answer this page.


EVERYONE ELSE - go straight to question 26 (page 13).


23. Did any of these things happen in the past month? How often? Tick **one** box on each line.

In the past month I ...

	every day	most days	weekly	less often	never
Got really drunk.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Forgot things I did due to drinking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Got into trouble (e.g. fights, late for..... school) due to drinking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

24. Did you have an alcoholic drink last week? Tick **one** box only.

yes..... 1  answer the next page

no..... 2  go on to question 26 (page 13)



IF YOU DIDN'T DRINK LAST WEEK - go straight to question 26 (page 13).



ONLY ANSWER THIS PAGE if you HAD A DRINK LAST WEEK.

25. Thinking of last week, what did you drink? Tick which you drank. If you drank something, tell us how much.

Last week I drank ... (Tick which and tell us how much.)

beer, lager or cider → IF YES – write in how many ...

cans

pints

large (2 ltr) bottles

breezers or mixers (e.g. WKD, Red Square) → IF YES – write in how many ...

smaller bottles

larger bottles

wine → IF YES – write in how many ...

glasses

bottles

buckfast or MD 20/20 → IF YES – write in how many ...

smaller bottles

normal bottles

spirits like whisky, gin or vodka → IF YES – write in how many ...

glasses

bottles

DRUGS

*
*
*
*
*
*
*
*
*
*

**REMEMBER THAT ALL YOUR
ANSWERS ARE TOTALLY
CONFIDENTIAL**

26. How often do you use any of these drugs, if at all? Don't include drugs that the doctor or chemist has prescribed for you.

For each one ...

- If you've used it in the past year, tick one of the first three boxes to say how often.
- If you've ever used it, but not in the past year, tick the fourth box.
- If you've never used it, tick the last box.
- Only tick one box for each drug.

	<u>USED IN PAST YEAR</u>			<u>USED BUT</u>	<u>NEVER</u>
	<u>every</u>	<u>about</u>	<u>less</u>	<u>NOT IN</u>	<u>USED</u>
	<u>day</u>	<u>weekly</u>	<u>often</u>	<u>PAST YEAR</u>	
Cannabis (hash, grass, dope).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Valium (vallies, blues)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Amphetamine (speed, sulphate)....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
LSD (acid).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ecstasy (E, ekky)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Solvents (glue, gas, sprays).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cocaine (charlie, crack).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Heroin (smack, skag)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Magic mushrooms (mushies).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

27. Did any of these things happen in the past month? How often? Tick one box on each line.

In the past month I ...

	<u>every</u>	<u>most</u>	<u>weekly</u>	<u>less</u>	<u>never</u>
	<u>day</u>	<u>days</u>		<u>often</u>	
Used more drugs than I thought I would.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Forgot things I did due to drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Got into trouble (e.g. fights, late for school) due to drugs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

A BIT ABOUT YOU

28. How would you describe yourself? Tick **one** box on each line.

	very true	true	untrue	very untrue
I am a bit of a loner	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am kind.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am just ordinary	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am a bit of a bully.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am a leader	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am a good laugh	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am popular.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

29. We would like to know if you have had any medical complaints and how your health has been in general over the past few weeks. Circle **one** answer on each line.

Remember - we want to know about present and recent complaints, not those which you have had in the past.

Have you recently ...

Been able to concentrate on whatever you're doing? **better** than usual **same** as usual **less** than usual **much less** than usual

Lost much sleep over worry? **not at all** **no more** than usual **rather more** than usual **much more** than usual

Felt you were playing a useful part in things? **more so** than usual **same** as usual **less useful** than usual **much less** useful

Felt capable about making decisions about things? **more so** than usual **same** as usual **less so** than usual **much less** capable

Felt constantly under strain? **not at all** **no more** than usual **rather more** than usual **much more** than usual

Felt you couldn't overcome your difficulties? **not at all** **no more** than usual **rather more** than usual **much more** than usual

Been able to enjoy your normal day-to-day activities? **more so** than usual **same** as usual **less so** than usual **much less** than usual

Been able to face up to your problems? **more so** than usual **same** as usual **less able** than usual **much less** able

Been feeling unhappy or depressed? **not at all** **no more** than usual **rather more** than usual **much more** than usual

Been losing confidence in yourself? **not at all** **no more** than usual **rather more** than usual **much more** than usual

Been thinking of yourself as a worthless person? **not at all** **no more** than usual **rather more** than usual **much more** than usual

Been feeling reasonably happy, all things considered? **more so** than usual ... **about the same** as usual **less so** than usual **much less** than usual

SCHOOL

30. Here are some things that teenagers sometimes say about school.
What do you think? Tick **one** box on each line.

	strongly agree	agree	disagree	strongly disagree
I like school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I think school is a waste of time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel safe in this school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
if I get the chance to skip (dog) school, I do....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel part of this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
When there's something worrying me..... there are teachers I can talk to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
This school is clean and tidy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Most pupils behave well in classrooms.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am learning and making progress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bullying is a big problem in this school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Pupils show respect for teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
in this school				
Teachers show respect for pupils.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are lots of activities at lunch-time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
and after school				
The head teacher talks to me or says	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
hello to me personally				
Teachers treat all pupils fairly in this school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

31. How many of the teachers would you say you got on well with?

Tick **one** box only.

I get on well with ...

- all my teachers 1
 - most of them 2
 - about half of them 3
 - a few of them 4
 - only one of them 5
 - I don't get on well with any of them 6
-

32. What matters in your school? Tick one box on each line.

In my school **it's important** ...

- | | strongly
agree | agree | disagree | strongly
disagree |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| to pass exams | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| to do well at sports | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| to be in a popular group..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| to be attractive and stylish..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

and in my school **it's OK** ...


- | | | | | |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| to be different | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| to hang out by yourself | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
-

33. What about exams? Write in the **number of subjects** you're doing at **each level**.

How many ...

Standard grades: credit / general level 

Standard grades: general / foundation 

Standard grades: general 

Highers 

Scotvec modules 

34. When are you planning to leave school? Tick **one box only**.

the end of S4 1

Christmas S5 2

the end of S5 3

the end of S6 4

35. And then what are you planning to do? (If planning a gap year or travelling, what do you plan after that?) Tick **one box only**.

university 1

further education college 2

apprenticeship/trade 3

youth training/skill seekers 4

work 5

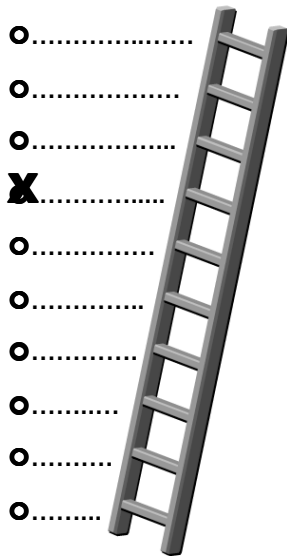
WHERE DO YOU FIT IN YOUR YEAR GROUP?

36. Imagine these ladders show where people fit in your year group. Where would you put yourself? Put a cross over the circle - like this **X** - which shows best where you would be on each ladder.

FOR EXAMPLE ...

How TALL are you compared with the rest of your year group? (Not just compared with your own friends.)

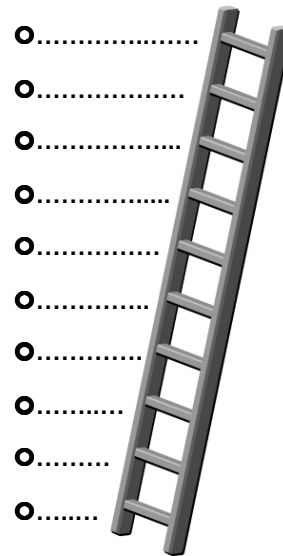
Top = tallest people in your year group.



OK, HOW ABOUT ...

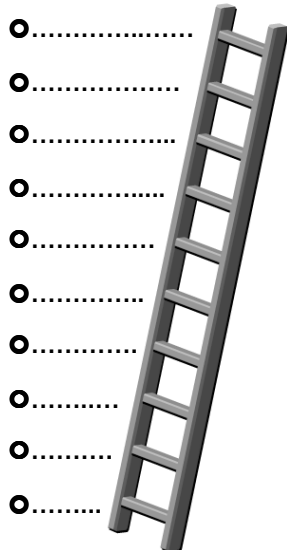
How POPULAR are you compared with the rest of your year group? (Not just compared with your own friends.)

Top = most popular people in your year.



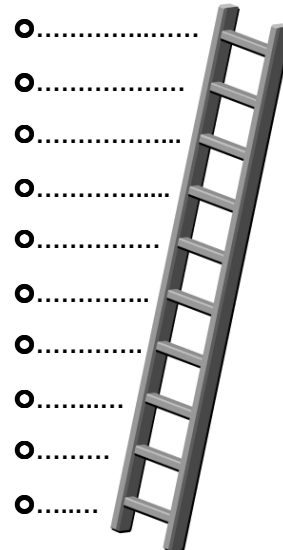
How WELL ARE YOU DOING AT SCHOOL compared with the rest of your year group?

Top = people who get the best grades.



How POWERFUL are you compared with the rest of your year group?

Top = most powerful people – can get others to do what they want, in good or bad ways.



SPARE TIME

37. Here is a list of things that teenagers sometimes do in their free time, when they aren't at school. What about you? Tick **one** box on each line.

When I'm not at school I


	every day	most days	weekly	less often	never
Exercise or do sports	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
Read books.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
Go to watch sports matches.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
Go out with my boyfriend / girlfriend.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
Hang around the street.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
Play computer games / games consoles.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
Go out together with my family	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
Go to discos or clubs	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
Go to the church, mosque or temple	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5

38. During the past 12 months, how many times did you travel away on holiday with your family? Tick **one** box only.


not at all	<input type="checkbox"/> 1
once	<input type="checkbox"/> 2
twice	<input type="checkbox"/> 3
more than twice	<input type="checkbox"/> 4

39. How much are you into any of these?

	not at all	a bit	a lot
Punks or nu-punk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Goth, industrial or Marilyn Manson.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Neds or populars.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Skater / skatepunk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Clubbers or club scene	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Mosher or heavy metal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Dance and rave.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hip-hop or rap	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Football casuals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Anything else? If so, write it here 




40. Do you support a football team?

yes 1 which? 

no..... 2

41. How about money? Write in how much you get from these each week - put '0' in the boxes if it's none

Each week I get ...

£	p	
		as pocket money
		
		as money for doing jobs round the house
		
		as money from a regular paid job
		

PALS

42. Here are some general statements about friends.
Do you agree or disagree? Tick **one** box on each line.

	almost always	sometimes	never
I tell my friends about my problems and troubles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I trust my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Talking to my friends about my problems makes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
me feel foolish			

43. Have any of these things happened to you in school in S4? If so, how often? Tick **one** box on each line.

In school in S4 ...

	most days	weekly	less often	never
I've been physically hurt, e.g. hit and kicked	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I've been threatened	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I've been called nasty names about my colour or race.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I've been called nasty names in other ways.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
No-one would talk to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I've had rumours spread about me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I've had my belongings taken from me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I've been bullied in another way.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

YOUR OWN FRIENDS

For the next pages, please think about all your friends.

We would like you to fill out a page for each one.

If you have one friend, only fill in the first page.

If you have two friends, fill in two pages, and so on, up to six friends if you want.

REMEMBER all your answers are confidential and all names you give will be replaced with ID numbers.



now tell us about your friends ...

44a. **Name** of first friend  or if none, go to question 50 (page 31)

Their **proper name** (e.g. CHRISTOPHER MARTIN; NADINE COYLE) in **CAPITALS**.

first name _____ surname _____



We will remove the top of the page after adding your friend's ID

We will add 1st friend's ID					
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Now tell us about this friend ...


44b. This friend Tick **one** box on each line

is a boy ₁ or is a girl ₂

is in my year ₁ is in a year above me at my school ₂ is in a year below me at my school ₃ is at another school ₄ has left school ₅

44c. How would you describe **this friend**? Tick **one** box on each line.

	very true	true	untrue	very untrue
sporty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
popular with the rest of the year group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
powerful (can get others do what they want)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
doing well at school (good grades)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
attractive, stylish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
a good laugh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
trouble-maker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
just ordinary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

45a. Name of second friend  or if none, go to question 50 (page 31)

(Proper name in CAPITALS.)

first name _____ surname _____



We will remove the top of the page after adding your friend's ID

We will add
2nd friend's ID

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Now tell us about this friend ...

45b. This friend Tick **one** box on each line

is a boy

or

is a girl

 ₁
 ₂

is in my
year

 ₁

is in a year above
me at my school

 ₂

is in a year below
me at my school

 ₃

is at another
school

 ₄

has left
school

 ₅

45c. How would you describe this friend? Tick **one** box on each line.

	very true	true	untrue	very untrue
sporty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
popular with the rest of the year group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
powerful (can get others do what they want)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
doing well at school (good grades)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
attractive, stylish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
a good laugh.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
trouble-maker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
just ordinary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

46a. Name of third friend  or if none, go to question 50 (page 31)

(Proper name in CAPITALS.)

first name _____ surname _____



We will remove the top of the page after adding your friend's ID

We will add
3rd friend's ID

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Now tell us about this friend ...


46b. This friend Tick **one** box on each line

is a boy ₁ or is a girl ₂

is in my year ₁ is in a year above me at my school ₂ is in a year below me at my school ₃ is at another school ₄ has left school ₅

46c. How would you describe this friend? Tick **one** box on each line.

	very true	true	untrue	very untrue
sporty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
popular with the rest of the year group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
powerful (can get others do what they want)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
doing well at school (good grades)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
attractive, stylish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
a good laugh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
trouble-maker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
just ordinary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

47a. Name of fourth friend  or if none, go to question 50 (page 31)

(Proper name in CAPITALS.)

first name _____ surname _____



We will remove the top of the page after adding your friend's ID

We will add
4th friend's ID

--	--	--	--	--

Now tell us about this friend ...


47b. This friend Tick **one** box on each line

is a boy ₁ or is a girl ₂

is in my year ₁ is in a year above me at my school ₂ is in a year below me at my school ₃ is at another school ₄ has left school ₅

47c. How would you describe this friend? Tick **one** box on each line.

	very true	true	untrue	very untrue
sporty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
popular with the rest of the year group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
powerful (can get others do what they want)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
doing well at school (good grades)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
attractive, stylish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
a good laugh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
trouble-maker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
just ordinary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

48a. **Name** of fifth friend  or if none, go to question 50 (page 31)

(Proper name in CAPITALS.)

first name _____ surname _____



We will remove the top of the page after adding your friend's ID

We will add
5th friend's ID

--	--	--	--	--	--

Now tell us about this friend ...

48b. This friend Tick **one** box on each line

is a boy ₁ or is a girl ₂

is in my year ₁ is in a year above me at my school ₂ is in a year below me at my school ₃ is at another school ₄ has left school ₅

48c. How would you describe this friend? Tick **one** box on each line.

	very true	true	untrue	very untrue
sporty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
popular with the rest of the year group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
powerful (can get others do what they want)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
doing well at school (good grades)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
attractive, stylish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
a good laugh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
trouble-maker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
just ordinary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

49a. **Name** of sixth friend  or if none, go to question 50 (page 31)

(Proper name in CAPITALS.)

first name _____ surname _____



We will remove the top of the page after adding your friend's ID

We will add
6th friend's ID

--	--	--	--	--	--

Now tell us about this friend ...

49b. This friend Tick **one** box on each line

is a boy ₁ or is a girl ₂

is in my year ₁ is in a year above me at my school ₂ is in a year below me at my school ₃ is at another school ₄ has left school ₅

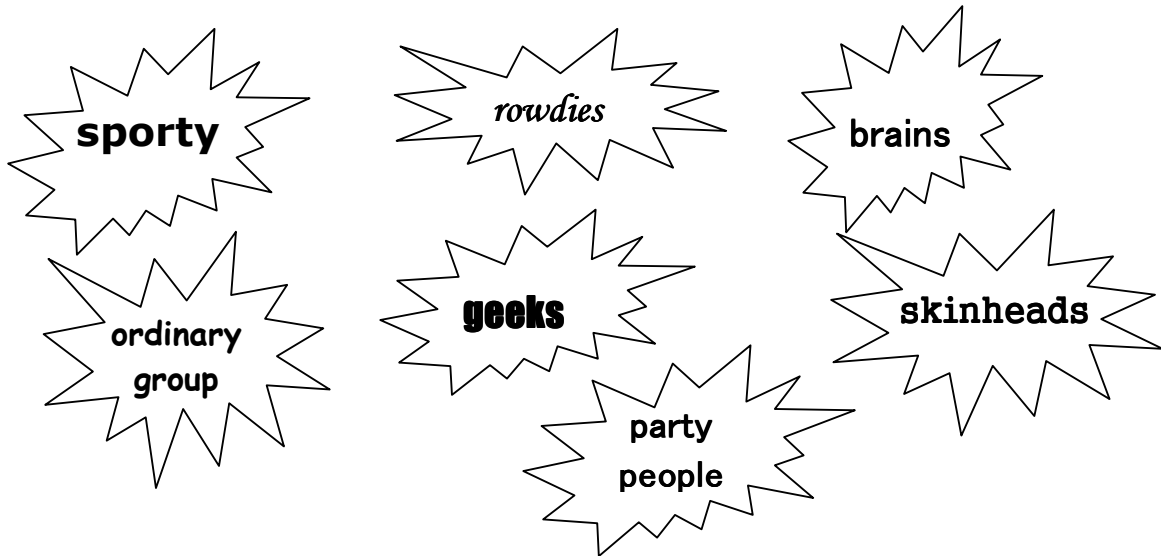
49c. How would you describe this friend? Tick **one** box on each line.

	very true	true	untrue	very untrue
sporty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
popular with the rest of the year group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
powerful (can get others do what they want)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
doing well at school (good grades)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
attractive, stylish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
a good laugh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
trouble-maker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
just ordinary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄


GROUPS OF FRIENDS

Groups or gangs are people who may act the same way, like the same things, or do the same sorts of things together.

They could be into the same type of music (mosher, punk), the same type of sports (football or netball), or hang about together because they have other things in common (play computers, study, cause trouble, party a lot, or be very popular).



50a. **First**, think of yourself. Do you have a group or gang that you hang out with at school? Tick 'yes' or 'no'.

yes..... ₁  tell us about your group (below)

no..... ₂  go on to the next page

50b. What sort of group is this, what are you called, or what do you have in common?





now tell us about other groups in your year ...

We'll fill this in later	1 st ID					
	2 nd ID					

51a. Can you think of another group or gang in your school year (not your own)?

yes ₁ answer the next questions about this group

no ₂ go on to question 54 (page 35)

51b. What sort of group is this, what are they called, or what do they have in common?

.....

51c. How would you describe this group? Tick one box on each line.

	very true	true	untrue	very untrue
sporty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
popular with the rest of the year group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
powerful (can get others do what they want)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
doing well at school (good grades)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
attractive, stylish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
a good laugh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
trouble-makers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
just ordinary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

51d. How much do you like the people in this group?

	a lot	a bit	not much	not at all
I like the people in this group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

.....

51e. **And** can you tell us the names of a couple of the people in this group?


Proper names in CAPITALS.


1st person = first name _____ surname _____

2nd person = first name _____ surname _____

We'll fill this in later	1 st ID					
	2 nd ID					

52a. Can you think of a second other group or gang in your school year (not your own)?

yes ₁  answer the next questions about this second group

no ₂  go on to question 54 (page 35)

52b. What sort of group is this, what are they called, or what do they have in common?



52c. How would you describe this group? Tick one box on each line.

	very true	true	untrue	very untrue
sporty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
popular with the rest of the year group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
powerful (can get others do what they want)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
doing well at school (good grades)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
attractive, stylish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
a good laugh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
trouble-makers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
just ordinary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

52d. How much do you like the people in this group?

I like the people in this group ₁ ₂ ₃ ₄

a lot a bit not much not at all



52e. **And** can you tell us the names of a couple of the people in this group?

Proper names in CAPITALS.

1st person = first name _____ surname _____

2nd person = first name _____ surname _____

We'll fill this in later	1 st ID					
	2 nd ID					

53a. Can you think of a third other group or gang in your school year (not your own)?

- yes ₁ answer the next questions about this third group
- no ₂ go on to question 54 (page 35)

53b. What sort of group is this, what are they called, or what do they have in common?

.....

53c. How would you describe this group? Tick one box on each line.

	very true	true	untrue	very untrue
sporty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
popular with the rest of the year group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
powerful (can get others do what they want)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
doing well at school (good grades)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
attractive, stylish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
a good laugh	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
trouble-makers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
just ordinary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

53d. How much do you like the people in this group?

	a lot	a bit	not much	not at all
I like the people in this group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

.....

53e. **And** can you tell us the names of a couple of the people in this group?

Proper names in CAPITALS.

1st person = first name _____ surname _____

2nd person = first name _____ surname _____

SOME MORE ABOUT YOU

54. How much do you worry about each of these? Tick **one** box on each line.

I worry about ...

	a lot	a bit	not at all
Doing well at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Being unemployed after leaving school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Coping with work after leaving school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
How my family get on with each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Romantic relationships	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
My health.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Being overweight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Being too thin.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Me/my girlfriend becoming accidentally..... pregnant in the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
My looks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

55. These statements are about how you see yourself. Do you **strongly agree**, **agree**, **disagree** or **strongly disagree** with each one? Tick **one** box on each line.

	strongly agree	agree	disagree	strongly disagree
I am pretty sure of myself	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4
I often wish I was someone else	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4
I am easy to like.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4
I have a low opinion of myself	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4
I am a failure.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4
There are a lot of things about myself I would like to change.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4
I am able to do things well	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4
Most of the time I'm satisfied with myself.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4
I like myself	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4
I feel I have a number of good qualities	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4

56. And finally, are you stressed or relaxed right now? Circle the number which best shows how you feel – anywhere between completely stressed and totally relaxed.

Right now I'm feeling ...

completely stressed..... 1

2

3

4

5

6

totally relaxed 7

57. If there is anything else that you want to tell us about your life or your health, please write it in here.

AND THAT'S IT



NOW PLEASE CHECK THAT YOU HAVEN'T MISSED ANY QUESTIONS BY MISTAKE, OR TURNED OVER TWO PAGES AT ONCE.

Strictly Confidential