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# bcs\_86\_hrb - BCS70 Age 16 'Health-Related Behaviour' Student Self-Completion Questionnaire

BCS70 Age 16 'Health-Related Behaviour' Student Self-Completion Questionnaire


## Collection Events

1986-03 - 1986-12

Collection Organization

### Mode of Collection

Self-administered questionnaire using a traditional paper questionnaire.

 BCS70 Age 16 'Health-Related Behaviour' Student Self-Completion Questionnaire

### closer:sourceFileName

bcs\_86\_hrb

## Instrument Locations


- [https://discovery.closer.ac.uk/files/instruments/bcs\\_86\\_hrb-dfd4236ff26b352b6290bd64f974d107.pdf](https://discovery.closer.ac.uk/files/instruments/bcs_86_hrb-dfd4236ff26b352b6290bd64f974d107.pdf)

bcs_86_hrb	
Label	Location
bcs_86_hrb	Sequence
Type	Order
Sequence	InOrderOfAppearance

s_intro_i	
Name	Location
s_intro_i	Sequence › bcs_86_hrb
Type	
Statement	

### Statement Text


YOUTHSCAN U.K.

 s\_intro\_ii

Name	Location
s_intro_ii	Sequence › bcs_86_hrb
Type	
Statement	

**Statement Text**


An initiative of the International Centre for Child Studies

 s\_intro\_iii

Name	Location
s_intro_iii	Sequence › bcs_86_hrb
Type	
Statement	

**Statement Text**

STUDENT SELF-COMPLETION QUESTIONNAIRE

 s\_intro\_iv

Name	Location
s_intro_iv	Sequence › bcs_86_hrb
Type	
Statement	

**Statement Text**

HEALTH-RELATED BEHAVIOUR

 s\_intro\_v

Name	Location
s_intro_v	Sequence › bcs_86_hrb
Type	
Statement	

**Statement Text**

Director: Professor Neville Butler MD, FRCP, FRCOG, DCH International Centre for Child Studies

 s\_intro\_vi

Name	Location
s_intro_vi	Sequence › bcs_86_hrb
Type	
Statement	

**Statement Text**

PLEASE COMPLETE IN BLOCK CAPITALS

 qi\_intro\_i - intro i

Name qi_intro_i	Label intro i	Location Sequence › bcs_86_hrb
Type Text	Minimum Length	Maximum Length 255

**Question**

Surname

 qi\_intro\_ii - intro ii

Name qi_intro_ii	Label intro ii	Location Sequence › bcs_86_hrb
Type Text	Minimum Length	Maximum Length 255

**Question**

Forenames

 qi\_intro\_iii - intro iii

Name qi_intro_iii	Label intro iii	Location Sequence › bcs_86_hrb
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Sex

**Choices**


1	M
2	F

 qi\_intro\_iv - intro iv

Name qi_intro_iv	Label intro iv	Location Sequence › bcs_86_hrb
Type Date		

**Question**

Date of Birth

 qi\_intro\_v - intro v

Name qi_intro_v	Label intro v	Location Sequence › bcs_86_hrb
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Type		
Date		

**Question**


Today's Date

 qi\_intro\_vi - intro vi

Name	Label	Location
qi_intro_vi	intro vi	Sequence › bcs_86_hrb
Type	Minimum Length	Maximum Length
Text		255

**Question**


Name of School

 qi\_intro\_vii - intro vii

Name	Label	Location
qi_intro_vii	intro vii	Sequence › bcs_86_hrb
Type	Minimum Length	Maximum Length
Text		255

**Question**

Address of School

 qi\_intro\_viii - intro viii

Name	Label	Location
qi_intro_viii	intro viii	Sequence › bcs_86_hrb
Type	Minimum Length	Maximum Length
Text		255

**Question**

Local Education Authority

 s\_intro\_vii

Name	Location
s_intro_vii	Sequence › bcs_86_hrb
Type	
Statement	

**Statement Text**

To the student

 s\_intro\_viii

Name s_intro_viii	Location Sequence › bcs_86_hrb
Type Statement	

**Statement Text**

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.


 s\_intro\_ix

Name s_intro_ix	Location Sequence › bcs_86_hrb
Type Statement	

**Statement Text**

We want to find out what young people 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 teenagers of tomorrow.


 s\_intro\_x

Name s_intro_x	Location Sequence › bcs_86_hrb
Type Statement	

**Statement Text**

Whatever you write will not be shown to anybody.


 s\_intro\_xi

Name s_intro_xi	Location Sequence › bcs_86_hrb
Type Statement	

**Statement Text**

Thank you for your help


 s\_intro\_xii

Name s_intro_xii	Location Sequence › bcs_86_hrb
Type Statement	

**Statement Text**

NEVILLE BUTLER

s_intro_xiii	
Name	Location
s_intro_xiii	Sequence › bcs_86_hrb
Type	
Statement	

**Statement Text**

DIRECTOR OF YOUTHSCAN

s_intro_xiv	
Name	Location
s_intro_xiv	Sequence › bcs_86_hrb
Type	
Statement	

**Statement Text**

IMPORTANT: BEFORE HANDING THIS FORM TO THE STUDENT PLEASE SEE THE APPROPRIATE PART OF THIS BOOKLET FOR ADVICE ON ADMINISTRATION OF THE FORM.

**HEALTH RELATED BEHAVIOUR**

Label	Location
HEALTH RELATED BEHAVIOUR	Sequence › bcs_86_hrb
Type	Order
Sequence	InOrderOfAppearance

s_healthrelatedbehaviour_i	
Name	Location
s_healthrelatedbehaviour_i	Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type	
Statement	

**Statement Text**

(1) Please answer all questions honestly.

s_healthrelatedbehaviour_ii	
Name	Location
s_healthrelatedbehaviour_ii	Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type	
Statement	

**Statement Text**

(2) Do NOT write your name on any page.

qi_1 - 1		
Name qi_1	Label 1	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Today is:

**Instructions**

(please circle)

**Choices**

1	Tues.
2	Wed.
3	Thur.
4	Fri.

qi_2 - 2		
Name qi_2	Label 2	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255

**Question**

Your sex is (male/female)

qi_3 - 3		
Name qi_3	Label 3	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Which year group are you in?

**Instructions**

(please circle)



**Choices**

1	1
2	2
3	3
4	4
5	5
6	6
7	7

qi_4 - 4		
Name qi_4	Label 4	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255

**Question**

English set ... Maths set

qi_5 - 5		
Name qi_5	Label 5	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

Your age is ... years ... months

qi_6 - 6		
Name qi_6	Label 6	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255

**Question**

Your shoe size is

qi_7 - 7		
----------	--	--

Name qi_7	Label 7	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

You have ... brothers and ... sisters

? qi_8 - 8		
Name qi_8	Label 8	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

How many brothers and sisters are older than you?

? qg_9_a - 9.a		
Name qg_9_a	Label 9 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**

During the last 2 weeks, have you used a bicycle for any of these purposes? (Please circle an answer on each line.)

**Rows**

1	Going to school
2	To do a paid job
3	Going to see friends, do shopping, riding round, etc.
4	For enjoyment (outings)
5	BMX type activities
6	For racing on road or track

**Columns**

	Code
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? qi_9_b - 9.b		
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Name qi_9_b	Label 9 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you ever been on a Cycling Proficiency Training Course?

**Choices**

1	Yes
0	No

 qi\_9\_c - 9 c

Name qi_9_c	Label 9 c	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
If the answer to 9b is "No",

**Question**

could you have gone on one if you had wanted to?

**Choices**

1	Yes
0	No

 qi\_9\_d - 9 d

Name qi_9_d	Label 9 d	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Would you go on an Advanced Cycling Training Course if you knew about one?

**Choices**

1	Yes
0	No

 qi\_10\_a - 10 a

Name qi_10_a	Label 10 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you ever been a passenger on a motorcycle?

**Instructions**

Circle ONE number only

**Choices**

0	Never
1	A few times
2	Often

 qi\_10\_b - 10 b


Name qi_10_b	Label 10 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you intend learning to ride a moped or motorcycle?

**Choices**

1	Yes
0	No

 qi\_10\_c - 10 c

Name qi_10_c	Label 10 c	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you signed up for motorcycle training by an expert, either at school or as a special course?

**Choices**

1	Yes
0	No

 qi\_10\_d - 10 d

Name qi_10_d	Label 10 d	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you an "L" driver with a provisional licence for a moped or motorcycle?

**Choices**

1	Yes
0	No

 qi\_10\_e\_i - 10 e(i)

Name qi_10_e_i	Label 10 e(i)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you taken a driving test for a moped or motorcycle? Part 1

**Choices**

1	Yes
0	No

 qi\_10\_e\_ii - 10 e(ii)

Name qi_10_e_ii	Label 10 e(ii)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you taken a driving test for a moped or motorcycle? Part 2

**Choices**

1	Yes
0	No

 qi\_10\_f - 10 f

Name qi_10_f	Label 10 f	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you own a moped or motorcycle?

**Choices**

1	Yes
0	No

 qi\_11\_a - 11 a

Name qi_11_a	Label 11 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you intend learning to drive a car?

**Choices**

1	Yes
0	No

 qi\_11\_b - 11 b

Name qi_11_b	Label 11 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you ever tried to drive a car, even for a VERY short distance?

**Choices**

1	Yes
0	No

 qi\_11\_c\_i - 11 c(i)

Name qi_11_c_i	Label 11 c(i)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
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Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

Have you had driving lessons on the highway from any of these? Your parents

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

 qi\_11\_c\_ii - 11 c(ii)

Name qi_11_c_ii	Label 11 c(ii)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you had driving lessons on the highway from any of these? A relative or friend

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

 qi\_11\_c\_iii - 11 c(iii)

Name qi_11_c_iii	Label 11 c(iii)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you had driving lessons on the highway from any of these? A qualified driving instructor

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

 qi\_11\_d - 11 d

Name qi_11_d	Label 11 d	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you taken a driving test for a car?

**Choices**

1	Yes
0	No

 qi\_12 - 12

Name qi_12	Label 12	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Was any homework set for you yesterday?

**Choices**

1	Yes
0	No

 qi\_13 - 13

Name qi_13	Label 13	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

For how long did you watch television programmes (live or home-recorded) after school yesterday?

**Instructions**

Circle ONE number only

**Choices**

0	Not at all
1	Less than 1 hour



2	More than 1 hour
3	More than 2 hours
4	More than 3 hours
5	More than 4 hours
6	More than 5 hours

qi_14 - 14		
Name qi_14	Label 14	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

For how long did you watch video films (bought or borrowed) after school yesterday?

**Instructions**

Circle ONE number only

**Choices**

0	Not at all
1	Less than 1 hour
2	More than 1 hour
3	More than 2 hours
4	More than 3 hours
5	More than 4 hours
6	More than 5 hours

qi_15 - 15		
Name qi_15	Label 15	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How long did you spend playing computer games after school yesterday?

**Instructions**

Circle ONE number only

**Choices**

0	Not at all
1	Less than 1 hour
2	More than 1 hour
3	More than 2 hours
4	More than 3 hours
5	More than 4 hours
6	More than 5 hours

 qi\_16 - 16

Name qi_16	Label 16	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How long did you spend doing homework after school yesterday?

**Instructions**

Circle ONE number only

**Choices**

0	Not at all
1	Less than 1 hour
2	More than 1 hour
3	More than 2 hours
4	More than 3 hours
5	More than 4 hours

 qi\_17 - 17

Name qi_17	Label 17	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How long did you spend reading a book for pleasure at home yesterday?

**Instructions**

Circle ONE number only

**Choices**

0	Not at all
1	Less than 1 hour
2	More than 1 hour
3	More than 2 hours
4	More than 3 hours
5	More than 4 hours

qi_18 - 18		
Name qi_18	Label 18	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you help at home (e.g. housework, gardening)?

**Instructions**

Circle ONE number only

**Choices**

0	Never
1	Sometimes
2	Most days
3	Every day

qi_19_a - 19 a		
Name qi_19_a	Label 19 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you do a regular job DURING TERM TIME for which you earn money?

**Instructions**

Circle ONE number only

**Choices**

1	Yes
0	No

qi_19_b - 19 b		
Name qi_19_b	Label 19 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255
Condition If you do a regular job DURING TERM TIME,		

**Question**

please describe the work you do as accurately as possible.

qi_19_c - 19 c		
Name qi_19_c	Label 19 c	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255
Condition If you do a regular job DURING TERM TIME,		

**Question**

When do you do this regular work?

qi_19_d - 19 d		
Name qi_19_d	Label 19 d	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High
Condition If you do a regular job DURING TERM TIME,		

**Question**

How many hours did you work for money last week? ... hours

qg_20_i - 20 i		
Name qg_20_i	Label 20 i	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**

DURING THE PAST YEAR, which of the following sports did you play when they were in season, and how often?

**Rows**



**Question**

DURING THE PAST YEAR, which of the following sports did you play when they were in season, and how often?

**Rows**

1	Aerobics
2	Track/field events
3	Badminton
4	Canoeing
5	Cross-country
6	Cycling
7	Dancing
8	Gymnastics
9	Horse riding
10	Jogging
11	Fitness exercises
12	Motorcycling
13	Roller or ice skating
14	Rowing
15	Sailing
16	Scrambling
17	Skiing
18	Squash
19	Swimming
20	Table tennis
21	Tennis
22	Walking
23	Water-skiing
24	Weight-training
25	Wind-surfing

**Columns**

	Code
	Code
	Code
	Code

	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code

qg_20_iii - 20 iii		
Name qg_20_iii	Label 20 iii	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**

DURING THE PAST YEAR, which of the following sports did you play when they were in season, and how often?

**Rows**

1	Billiards
2	Darts
3	Fishing
4	Pool
5	Shooting
6	Snooker

**Columns**

	Code
	Code
	Code
	Code

	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code
	Code

? qi_21_a - 21 a		
Name qi_21_a	Label 21 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Within the last year, have you represented your school in any sporting activities?

**Choices**

1	Yes
0	No

? qi_21_a_i - 21 a(i)		
Name qi_21_a_i	Label 21 a(i)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255
Condition If "Yes",		

**Question**

please list the sports:



 qi\_21\_b - 21 b

Name qi_21_b	Label 21 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Within the last year, have you represented a club outside school in any sporting activities?

**Choices**

1	Yes
0	No

 qi\_21\_b\_i - 21 b(i)

Name qi_21_b_i	Label 21 b(i)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255

Condition  
If "Yes",

**Question**

please list the sports:

 qi\_22\_a - 22 a

Name qi_22_a	Label 22 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are there lots of things about yourself you would like to change?

**Instructions**

Circle ONE number only

**Choices**

0	Yes
2	No
1	Don't know

 qi\_22\_b - 22 b

Name qi_22_b	Label 22 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you think that your parents usually like to hear about your ideas?

**Instructions**

Circle ONE number only

**Choices**

2	Yes
0	No
1	Don't know

 qi\_22\_c - 22 c

Name qi_22_c	Label 22 c	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you have to say something in front of teachers, do you usually feel uneasy?

**Instructions**

Circle ONE number only

**Choices**

0	Yes
2	No
1	Don't know

 qi\_22\_d - 22 d

Name qi_22_d	Label 22 d	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do other pupils in the school often fall out with you?

**Instructions**

Circle ONE number only

**Choices**

0	Yes
2	No
1	Don't know

 qi\_22\_e - 22 e

Name qi_22_e	Label 22 e	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you often feel lonely at school?

**Instructions**

Circle ONE number only

**Choices**

0	Yes
2	No
1	Don't know

 qi\_22\_f - 22 f

Name qi_22_f	Label 22 f	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you think that other pupils in the school often say nasty things about you?

**Instructions**

Circle ONE number only

**Choices**

0	Yes
2	No
1	Don't know

qi\_22\_g - 22 g

Name qi_22_g	Label 22 g	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you want to tell a teacher something, do you usually feel silly?

**Instructions**

Circle ONE number only

**Choices**

0	Yes
2	No
1	Don't know

qi\_22\_h - 22 h

Name qi_22_h	Label 22 h	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you often have to find new friends because your old friends are with somebody else?

**Instructions**

Circle ONE number only

**Choices**

0	Yes
2	No
1	Don't know

qi\_22\_i - 22 i

Name qi_22_i	Label 22 i	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you usually feel foolish when you talk to your parents?

**Instructions**

Circle ONE number only

**Choices**

0	Yes
2	No
1	Don't know

 qi\_22\_j - 22\_j

Name qi_22_j	Label 22_j	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do other people often think that you tell lies?

**Instructions**

Circle ONE number only

**Choices**

0	Yes
2	No
1	Don't know

 qi\_23 - 23

Name qi_23	Label 23	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you confident when swimming out of your depth?

**Instructions**

Circle ONE number only

**Choices**

1	Yes
0	No

 qi\_24 - 24

Name qi_24	Label 24	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you wash your hands after visiting the lavatory?

**Instructions**

Circle ONE number only

**Choices**

1	Never or almost never
2	Sometimes
3	Whenever possible

 qi\_25 - 25

Name qi_25	Label 25	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


How many times did you clean your teeth yesterday?

**Instructions**

Circle ONE number only

**Choices**

0	Not at all
1	Once
2	Twice
3	More than twice

 qi\_26 - 26

Name qi_26	Label 26	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

How many times in the last 7 days have you washed your hair with soap, shampoo, or shower gel? ... times

qi_27_a - 27 a		
Name qi_27_a	Label 27 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How many times in the last 7 days have you had a bath or shower at school?

**Instructions**

Circle ONE number only

**Choices**

0	Not at all
1	Once
2	2 or 3 times
4	4 or 5 times
6	6 or 7 times

qi_27_b - 27 b		
Name qi_27_b	Label 27 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How many times in the last 7 days have you had a bath or shower at home or elsewhere?

**Instructions**

Circle ONE number only

**Choices**

0	Not at all
1	Once
2	2 or 3 times
4	4 or 5 times
6	6 or 7 times

qi\_28\_a - 28 a

Name qi_28_a	Label 28 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How often do you use an anti-perspirant or deodorant?

**Instructions**

Circle ONE number only

**Choices**

0	Never
1	Some days
2	Most days
3	Every day

qi\_28\_b\_i - 28 b(i)

Name qi_28_b_i	Label 28 b(i)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When do you use an anti-perspirant or deodorant? After washing

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

qi\_28\_b\_ii - 28 b(ii)

Name qi_28_b_ii	Label 28 b(ii)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When do you use an anti-perspirant or deodorant? At other times



**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

**qi\_29 - 29**

Name qi_29	Label 29	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Prescribed medicines During the last 7 days, have you taken any pills or medicine, or used lotions or creams, on doctor's orders?

**Instructions**

Circle ONE number only

**Choices**

0	Not at all
1	On 1 or 2 days
3	On 3 to 6 days
7	Every day

**qg\_30 - 30**

Name qg_30	Label 30	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**

Medicines not prescribed During the last 7 days, on how many days have you used any of the following, which were not on doctor's orders?

**Rows**

1	Aspirin, Anadin, etc. (for headaches and pains)
2	Cough drops or cough medicine
3	Iron tablets, vitamin tablets
4	Lemsip, Beecham's Powder, etc. (for colds)

5	Milk of Magnesia, Milpar, etc. (for indigestion)
6	Lotions or creams

**Columns**

How many	Numeric
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qi_31 - 31		
Name qi_31	Label 31	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When did you last use aspirin, Anadin, paracetamol, or other similar pain-killer?

**Instructions**

Circle ONE number only

**Choices**

1	In the last 7 days
2	In the past 2 weeks
3	In the past month
4	In the past 3 months
5	More than 3 months ago

qi_32 - 32		
Name qi_32	Label 32	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you last took medicine or pills that were not on doctor's orders, who decided that you should do so?

**Instructions**

Circle ONE number only

**Choices**

1	You did
2	Someone else did

 qi\_33\_a - 33 a

Name qi_33_a	Label 33 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When did you last visit your doctor?

**Instructions**

Circle ONE number only

**Choices**

1	Within the last week
2	Within the last month
3	Within the last 3 months
4	Within the last 6 months
5	Within the last year
6	More than a year ago

 qi\_33\_b - 33 b

Name qi_33_b	Label 33 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you last visited your doctor, did you go into the surgery on your own?

**Instructions**

Circle ONE number only

**Choices**

1	Yes
0	No

 qi\_33\_c - 33 c

Name qi_33_c	Label 33 c	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

On this last visit, was the doctor a man or a woman?

**Instructions**

Circle ONE number only

**Choices**

1	Man
2	Woman

 qi\_33\_d - 33 d

Name qi_33_d	Label 33 d	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Did you feel at ease with your doctor on this last visit?

**Instructions**

Circle ONE number only

**Choices**

3	Yes
1	No
2	Don't know

 qi\_34\_a - 34 a

Name qi_34_a	Label 34 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you been vaccinated against: Polio


**Instructions**

Circle ONE number only

**Choices**

3	Yes
1	No

2	Don't know
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 qi\_34\_b - 34 b

Name qi_34_b	Label 34 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


Have you been vaccinated against: Tetanus

**Instructions**

Circle ONE number only

**Choices**

3	Yes
1	No
2	Don't know

 qi\_34\_c - 34 c

Name qi_34_c	Label 34 c	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you been vaccinated against: Tuberculosis (BCG)

**Instructions**

Circle ONE number only

**Choices**

3	Yes
1	No
2	Don't know

 qi\_34\_d - 34 d

Name qi_34_d	Label 34 d	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
Girls only

**Question**

Rubella (German Measles)

**Instructions**

Circle ONE number only

**Choices**

3	Yes
1	No
2	Don't know

qi\_34\_i - 34\_i

Name qi_34_i	Label 34_i	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
Boys only

**Question**

Please circle this number

**Choices**

9	Please circle this number
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qi\_35 - 35

Name qi_35	Label 35	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When did you last have a school dental inspection?

**Instructions**

Circle ONE number only

**Choices**

1	Within the last 12 months
2	Within the last 2 years
3	More than 2 years ago

 qi\_36\_a - 36 a

Name qi_36_a	Label 36 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When did you last visit the dentist in his or her surgery?

**Instructions**

Circle ONE number only

**Choices**

1	Within the last week
2	Within the last month
3	Within the last 3 months
4	Within the last 6 months
5	Within the last year
6	More than a year ago

 qi\_36\_b\_i - 36 b(i)

Name qi_36_b_i	Label 36 b(i)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What treatment did you have then? Fillings

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

 qi\_36\_b\_ii - 36 b(ii)

Name qi_36_b_ii	Label 36 b(ii)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
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Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

What treatment did you have then? Extraction (having teeth out)

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

 qi\_36\_b\_iii - 36 b(iii)

Name qi_36_b_iii	Label 36 b(iii)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What treatment did you have then? Scaling and polishing

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

 qi\_36\_b\_iv - 36 b(iv)

Name qi_36_b_iv	Label 36 b(iv)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What treatment did you have then? Brace fitted or checked

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No



 qi\_36\_b\_v - 36 b(v)

Name qi_36_b_v	Label 36 b(v)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What treatment did you have then? Other treatment

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

 qi\_36\_b\_vi - 36 b(vi)

Name qi_36_b_vi	Label 36 b(vi)	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What treatment did you have then? Check-up only

**Instructions**

(Please circle an answer on each line.)

**Choices**

1	Yes
0	No

 qi\_37 - 37

Name qi_37	Label 37	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What is your main reason for looking after your teeth? (Please circle one response only.)

**Instructions**

Circle ONE number only

### Choices

1	You like your teeth to look clean
2	To avoid wearing false teeth
3	You like your breath to smell clean
4	To avoid toothache and dental treatment
5	You like your teeth and mouth to feel clean

qi_38 - 38		
Name qi_38	Label 38	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

What sort of lunch did you have yesterday?

### Instructions

Circle ONE number only

### Choices

1	In school - served over counter
2	In school - your own packed lunch
3	Outside school - e.g. fish chips, burger from shop
4	Outside school - your own packed lunch from home
5	At home
6	Did not have any lunch

qg_39_i - 39_i		
Name qg_39_i	Label 39 i	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

### Question

What did you eat and drink yesterday? Please think back over all the meals and snacks you had yesterday, and enter the items in the table below, giving as much information as possible about the amount (e.g. drink), how cooked (e.g. eggs), brand names (e.g. chocolate bars), and any other details that help give an accurate picture of what you drank and ate yesterday.

**Rows**

1	Meat (also sausages, pies, beefburgers, etc.): Also as sandwich fillings
2	Fish (also fish fingers): Also as sandwich fillings
3	Eggs, cheese: Also as sandwich fillings
4	Milk (drinks of milk, on its own, hot or cold)
5	Milk (in milk beverages, custard, etc.) or yoghurt

**Columns**

Generic text	Text
--------------	------

 qg_39_ii - 39_ii		
Name qg_39_ii	Label 39_ii	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**

What did you eat and drink yesterday? Please think back over all the meals and snacks you had yesterday, and enter the items in the table below, giving as much information as possible about the amount (e.g. drink), how cooked (e.g. eggs), brand names (e.g. chocolate bars), and any other details that help give an accurate picture of what you drank and ate yesterday.

**Rows**

1	Tea (number of cups)
2	Coffee (number of cups)

**Columns**

How many	Numeric
Generic text	Text
How many	Numeric
Generic text	Text

 qg_39_iii - 39_iii		
Name qg_39_iii	Label 39_iii	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**

What did you eat and drink yesterday? Please think back over all the meals and snacks you had yesterday, and enter the items in the table below, giving as much information as possible about the amount (e.g. drink), how cooked (e.g. eggs), brand names (e.g. chocolate bars), and any other details that help give an accurate picture of what you drank and ate yesterday.

**Rows**

1	Cereal (brand name)
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**Columns**

	Code
Generic text	Text
	Code
Generic text	Text

qg_39_iv - 39 iv		
Name qg_39_iv	Label 39 iv	Location Sequence > bcs_86_hrb > HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**

What did you eat and drink yesterday? Please think back over all the meals and snacks you had yesterday, and enter the items in the table below, giving as much information as possible about the amount (e.g. drink), how cooked (e.g. eggs), brand names (e.g. chocolate bars), and any other details that help give an accurate picture of what you drank and ate yesterday.

**Rows**

1	Bread (also in sandwiches), toast, or rolls: Brown bread
2	Bread (also in sandwiches), toast, or rolls: White bread
3	Soup (flavour)
4	Potatoes (e.g. boiled, chipped)
5	Baked beans
6	Rice, spaghetti, or other pasta dishes
7	Packets of crisps
8	Ice lollies, ice cream, mousse, etc.
9	Sweets, chocolate biscuits or bars
10	Biscuits, cakes or tarts
11	Fruit pies, puddings, etc.

12	Squash or cordial
13	Fizzy drinks (Please state if low calorie)
14	Fruit juice
15	Fresh fruit
16	Raw vegetables or salads
17	Cooked vegetables (not potatoes)
18	Alcoholic drinks

**Columns**

Generic text	Text
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qi_40 - 40		
Name qi_40	Label 40	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What sort of breakfast did you have this morning? (Please circle the closest answer.)

**Instructions**

Circle ONE number only

**Choices**

0	Nothing at all
1	Just something to drink
2	Cereal or bread/toast + drink
3	Cereal and bread/toast + drink
4	Just an egg + drink
5	Cooked breakfast with cereal or bread/toast + drink
6	Cooked breakfast with cereal and bread/toast + drink

qi_41_a - 41 a		
Name qi_41_a	Label 41 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you ever tried to lose weight or to avoid putting on weight?

**Instructions**

Circle ONE number only

**Choices**

1	Yes
0	No

 qi\_41\_b - 41 b

Name qi_41_b	Label 41 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255
Condition If so,		

**Question**

please describe what you did.

 qi\_42 - 42

Name qi_42	Label 42	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you ever tried to gain weight?

**Instructions**

Circle ONE number only

**Choices**

1	Yes
0	No

 qi\_43\_a - 43 a

Name qi_43_a	Label 43 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

Since this time yesterday, how many cigarettes have you smoked? ... cigarettes

qi_43_b - 43 b		
Name qi_43_b	Label 43 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

Since this time last week, how many cigarettes have you smoked? ... cigarettes

qi_44 - 44		
Name qi_44	Label 44	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Smoking. Which of the following most nearly describes you?

**Instructions**

Circle ONE number only

**Choices**

0	I have never smoked a cigarette
1	I have only ever tried smoking once or twice
2	I used to smoke sometimes, but I don't now
3	I smoke and I would like to give it up
4	I do not want to give up smoking

qi_45 - 45		
Name qi_45	Label 45	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Which adult do you get on best with? (Please circle one response only.)

**Instructions**

Circle ONE number only

### Choices

0	Mother
1	Father
2	Mother and father
3	Brother or sister
4	Other relation
5	Teacher
6	Friend
7	Employer
8	No-one

### qi\_46\_a - 46 a

Name qi_46_a	Label 46 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

Have you got a regular boyfriend or girlfriend?

### Instructions

Circle ONE number only

### Choices

1	Yes
0	No

### qi\_46\_b - 46 b

Name qi_46_b	Label 46 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
If you have,

### Question

how long has this relationship lasted?

### Instructions



Circle ONE number only

**Choices**

1	Weeks
2	Months
3	A year
4	More than a year

 qi\_47 - 47

Name qi_47	Label 47	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you meet new people of your own age and sex, how do you feel?

**Instructions**

Circle ONE number only

**Choices**

1	Very uneasy
2	A little uneasy
3	At ease

 qi\_48 - 48

Name qi_48	Label 48	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you meet new people of your own age and opposite sex, how do you feel?

**Instructions**

Circle ONE number only

**Choices**

1	Very uneasy
2	A little uneasy
3	At ease

 qi\_49 - 49

Name qi_49	Label 49	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

For close friends, whom do you have?

**Instructions**

Circle ONE number only

**Choices**

1	More people of your own sex
2	About the same number of both sexes
3	More people of the opposite sex

 qi\_50\_a - 50 a

Name qi_50_a	Label 50 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you done a course in First Aid within the last 2 years?

**Instructions**

Circle ONE number only

**Choices**

1	Yes
0	No

 qi\_50\_b - 50 b

Name qi_50_b	Label 50 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Condition**

If so,

**Question**

who instructed you?

**Instructions**

Circle ONE number only

**Choices**

1	Nurse
2	Doctor
3	St John's Ambulance instructor
4	Scout/Guide leader, etc.
5	School teacher
6	Other

qi_50_c - 50_c		
Name qi_50_c	Label 50 c	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If so,		

**Question**

Was it in school time?

**Instructions**

Circle ONE number only

**Choices**

1	Yes
0	No

qi_51 - 51		
Name qi_51	Label 51	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When did you last go to a disco or dance in school or outside school?

**Instructions**

Circle ONE number only

**Choices**

1	Within the last week
2	Within the last 2 weeks
3	Within the last month
4	Within the last 6 months
5	Not within the last 6 months
6	I have never been to either

 qi\_52 - 52

Name qi_52	Label 52	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you last went to a disco or a dance, in school or outside school, how did you go?

**Instructions**

Circle ONE number only

**Choices**

1	Alone
2	With your parents
3	With a friend or relation of the same sex
4	With a friend or relation of the opposite sex
5	With a group of friends of the same sex
6	With a group of friends of the opposite sex
7	With a group of friends of both sexes

 qi\_53 - 53

Name qi_53	Label 53	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What is your main reason for going to a disco or dance? (Please circle one response only.)

**Instructions**

Circle ONE number only

**Choices**

1	Because you don't want to feel left out
2	To see your group of friends
3	To drink alcohol
4	To have a dance or enjoy the music
5	To get away from home
6	In the hope of getting more friendly with someone of the opposite sex
7	Because it is the only place where you can meet people

 qi\_54\_a - 54 a

Name qi_54_a	Label 54 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Please indicate who or what is your main source of information about sex (Please circle one response only.)

**Instructions**

Circle ONE number only

**Choices**

1	Your parents
2	Your teachers
3	Your friends
4	Brothers, sisters, other close relations
5	Doctor, Family Planning Association, etc.
6	Books, posters, magazines, television, etc.
7	Other sources (Please state which)

 qi\_54\_b - 54 b

Name qi_54_b	Label 54 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255

**Question**

Who or what do you think should be your main source of information about sex?

 qi\_55 - 55

Name qi_55	Label 55	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Whenever you ride in the front seat of a car, how often do you fasten the seat-belt? (We know you are supposed to, but that is not the question!)

**Instructions**

Circle ONE number only.

**Choices**

1	Never
2	A few times
3	Most times
4	Every time

 qi\_56 - 56

Name qi_56	Label 56	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

## Condition

If you have had any alcoholic drink since this time last week,

**Question**

on how many days did you do so? ... days

 qi\_57\_i - 57\_i

Name qi_57_i	Label 57_i	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

## Condition

If you have had any alcoholic drink since this time last week,

**Question**

Since this time last week, how much of the following have you drunk? (Assume that one small can = half a pint.) Shandy ... pints

 qi\_57\_ii - 57 ii

Name qi_57_ii	Label 57 ii	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

## Condition

If you have had any alcoholic drink since this time last week,

**Question**

Since this time last week, how much of the following have you drunk? (Assume that one small can = half a pint.) Beer (including lager) ... pints

 qi\_57\_iii - 57 iii

Name qi_57_iii	Label 57 iii	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

## Condition

If you have had any alcoholic drink since this time last week,

**Question**

Since this time last week, how much of the following have you drunk? (Assume that one small can = half a pint.) Cider ... pints

 qi\_57\_iv - 57 iv

Name qi_57_iv	Label 57 iv	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

## Condition

If you have had any alcoholic drink since this time last week,

**Question**

Since this time last week, how much of the following have you drunk? (Assume that one small can = half a pint.) Wine ... glasses

 qi\_57\_v - 57 v

Name qi_57_v	Label 57 v	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

## Condition

If you have had any alcoholic drink since this time last week,

**Question**

Since this time last week, how much of the following have you drunk? (Assume that one small can = half a pint.) Martini, Cinzano, vermouth, port, sherry ... glasses

 qi\_57\_vi - 57.vi

Name qi_57_vi	Label 57.vi	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

## Condition

If you have had any alcoholic drink since this time last week,

**Question**

Since this time last week, how much of the following have you drunk? (Assume that one small can = half a pint.) Spirits (gin, whisky, vodka, brandy, Pernod, rum, Bacardi, etc.) ... measures

 qg\_58 - 58

Name qg_58	Label 58	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

## Condition

If you drank alcohol since this time last week,

**Question**

where did you get it from? (Please circle an answer on each line.)

**Rows**

1	Supermarket
2	Off-licence
3	The pub (or bar)
4	Your home
5	Friend's home
6	Relation's home
7	Disco or party

**Columns**

	Code
--	------



qi\_58\_i - 58\_i

Name qi_58_i	Label 58 i	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
If you drank alcohol since this time last week,

**Question**

where did you get it from? (Please circle an answer on each line.) Somewhere else (Please state where)

**Choices**

1	Yes
0	No

qi\_59\_a - 59 a

Name qi_59_a	Label 59 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

Please say how many times you have visited a pub or bar within the last 2 weeks (even if you didn't drink anything) ... times

qi\_59\_b - 59 b

Name qi_59_b	Label 59 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you last went to a pub or bar, how did you go?

**Instructions**

Circle ONE number only.

**Choices**

0	I have never been in a pub
1	Alone
2	With your parents
3	With a friend or relation of the same sex

4	With a friend or relation of the opposite sex
5	With a group of friends of the same sex
6	With a group of friends of the opposite sex
7	With a group of friends of both sexes
8	With anyone else

 qi\_60 - 60

Name qi_60	Label 60	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Time		

**Question**

What was the time when you got up this morning?

**Instructions**

(Please write the time.)

 qi\_61 - 61

Name qi_61	Label 61	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Time		

**Question**

What was the time when you went to bed last night?

**Instructions**

(Please write the time.)

 qg\_62 - 62

Name qg_62	Label 62	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**

Have you spent money on any of the following in the last 4 weeks?

**Rows**

1	Sweets, chocolate, ice cream, etc.
---	------------------------------------

2	Comics, magazines
3	Books
4	Cigarettes
5	Soft drinks
6	Alcoholic drinks
7	Going to discos, etc.
8	Bus fares, train fares
9	Clothes and footwear
10	Cosmetics
11	Records or audio tapes
12	School equipment
13	Football admission, etc.
14	Cinema
15	Video hire
16	Pets
17	Club subscriptions
18	Bicycle
19	Slot machines (space invaders, pinball, etc.)
20	Sports equipment
21	Computer equipment or games
22	Presents for other people

**Columns**

	Code
--	------

qi_62_i - 62.i		
Name qi_62_i	Label 62 i	Location Sequence > bcs_86_hrb > HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you spent money on any of the following in the last 4 weeks? Other things (Please state what)

**Instructions**

(You will need to circle an answer on each line.)

**Choices**

1	Yes
0	No

 qi\_63\_a - 63 a

Name qi_63_a	Label 63 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

How much money did you receive last week as: Pocket money/allowance (including money earned for working around your home)? £ ... : ... p

 qi\_63\_b - 63 b

Name qi_63_b	Label 63 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

How much money did you receive last week as: Money earned from your regular job (if any)? £ ... : ... p

 qi\_63\_c - 63 c

Name qi_63_c	Label 63 c	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**


How much money did you receive last week as: A gift? £ ... : ... p

 qi\_64\_a - 64 a

Name qi_64_a	Label 64 a	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**


How much of your money did you spend last week? ... : ... p

 qi\_64\_b - 64 b

Name qi_64_b	Label 64 b	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Integer	Low 0	High

**Question**

How much money did you put into a bank, post office savings account, building society, or other savings scheme, last week? ... : ... p

 qg\_65\_i - 65 i

Name qg_65_i	Label 65 i	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**


Please write down the names of any newspapers, magazines, comics, or other periodicals which you read regularly.

**Rows**

1	National newspapers
2	Local newspapers
3	Magazines
4	Comics
5	Other

**Columns**

Generic text	Text
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 qi\_65\_ii - 65 ii

Name qi_65_ii	Label 65 ii	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Multiple Choice	Selection Type SelectUpToN (11)	Display Style

**Question**

Now please draw a circle round the names of any of the following national daily newspapers that are regularly in your home:

**Choices**

1	Express
---	---------

2	Guardian
3	Mail
4	Mirror
5	Telegraph
6	Times
7	Scotsman
8	Star
9	Sun
10	Daily Express (Scotland)
11	Daily Record (Scotland)

qg_66 - 66		
Name qg_66	Label 66	Location Sequence › bcs_86_hrb › HEALTH RELATED BEHAVIOUR
Type Question Grid		

**Question**

If you had a personal problem, with whom would you share it? Please think about the problem areas below, and against each problem write in one answer from this list of people: Mother, father, mother and father, brother, sister, other relation, teacher, friend, employer, or no-one.

**Rows**

1	School/College
2	Money
3	Family
4	Health
5	Friends
6	Career

**Columns**

Generic text	Text
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