



Questionnaire No:

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# *Watches and Funny Feelings*



## Section A: Watches

We would like to ask you some questions about watches. If you are not sure about the answer to any of the questions, please ask a grown-up to help you.



A1. Do you ever wear a watch on your wrist?

Yes

No

→ If **no**, go to A10 on page 6

If **yes**,

A2. How often do you wear a watch? Please tick only **one** box.

most days

some days

Not very often  
(less than once a week)

A3. How old were you when you first wore a watch?

years (for example if you were four years old, write 04)

A4. How many watches do you have (that you wear)?

One

Two

Three

more than three

A5. In the next question we want you to tell us what the watch you wear most often is made of.

Don't forget to check the back of the watch and the buckle or clip that fastens the watch. Don't worry about the clear cover on the face of the watch



a) Does your watch have a strap made of metal?

Yes  1

No  2

b) What is the buckle, fastener or popper made of?

velcro  1

metal  2

plastic  3

something else  4 → please describe.....

there isn't a buckle or fastener at all  5

c) What is the back of the watch made of?

metal  1

plastic  2

metal and plastic  3

d) What is the screw or button that you use to alter the time made of?

metal  1

plastic  2

something else  3 → please describe.....

A6. a) Did you choose any of your watches yourself?

Yes  1

No  2 → **If no, go to A7 on page 4**

**If yes,**

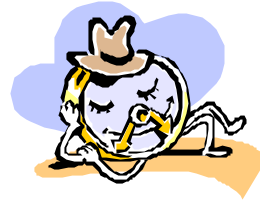
A6. b) Why did you choose that watch?

.....  
.....

A7. Do any of the watches that you wear have hands? (rather than digital)

Yes  <sub>1</sub>

No  <sub>2</sub>



A8. a) Have you ever had a rash or itchy skin on your wrist after wearing a watch?

Yes  <sub>1</sub>

No  <sub>2</sub>

→ **If no, go to A10a on page 6**

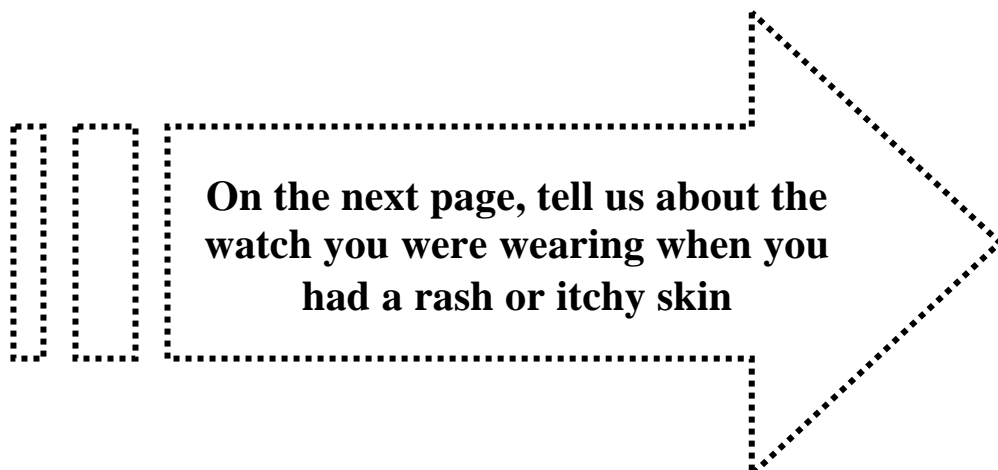
**If yes,**

b) How often has this happened?

Every time I wear a watch  <sub>1</sub>

Sometimes  <sub>2</sub>

Only once  <sub>3</sub>



A9. If you can remember, what was the watch made of that you were wearing when you got a rash or itchy skin on your wrist? Please tick only **one** box.

a) What was the strap made of?

metal 1

plastic 2

stiff fabric 3

something else 4 → please describe .....

I don't remember 5

b) What was the buckle, fastener or popper made of?

velcro 1

metal 2

plastic 3

something else 4 → please describe.....

there wasn't a buckle or fastener at all 5

I don't remember 6

c) What was the back of the watch made of?

metal 1

plastic 2

metal and plastic 3

I don't remember 4

A9. d) What was the screw or button that you use to alter the time made of?

metal 1 plastic 2

something else 3 → please describe .....

I don't remember 4



A10 a). Can you tell the time with a clock or watch that has hands?  
(Remember to tick only **one** box).

No 1

Sometimes/a little bit 2

Yes, always 3

b) Can you tell the time on a digital watch or clock?

No 1

Sometimes/a little bit 2

Yes, always 3

## Section B: Funny Feelings

Now we are going on to something different. Read the questions carefully and tick the answer that applies to you.

B1. Some people believe that their thoughts can be read. Have other people ever read your thoughts:

- No never  1 → **If no, go to B2 on page 8**
- Yes, maybe  2
- Yes, definitely  3

**If yes,**

a) Do you think they use special powers to read your thoughts?

- Yes, definitely  1
- Yes, maybe  2
- No  3

b) How often has this happened **since your 11<sup>th</sup> birthday?**

- Not at all  1 → **If not at all, go to B2 on page 8**
- Only once or twice  2
- Not very often  
(less than once a month)  3
- Quite often  
(about once a month)  4
- Often (almost every  
week)  5

B1. c) How many people have read your thoughts **since your 11<sup>th</sup> birthday?**

just one  <sub>1</sub>      two  <sub>2</sub>      3 or more  <sub>3</sub>

d) Who were\are the people who can read your thoughts?  
(tick all that apply)

- (i) Mother  <sub>1</sub>
- (ii) Father  <sub>1</sub>
- (iii) Brother or sister  <sub>1</sub>
- (iv) Child at school  <sub>1</sub>
- (v) Teacher at school  <sub>1</sub>
- (vi) Someone else  <sub>1</sub> → please say who:.....

.....



B2. Have you ever believed that you were being sent special messages through television or the radio, or that a programme has been arranged just for you alone?

- No, never  <sub>1</sub> → **If no, go to B3 on page 10**
- Yes, maybe  <sub>2</sub>
- Yes, definitely  <sub>3</sub>



If yes,

B2. a) How often has this happened **since your 11th birthday?**

- |  |                          |  |
|--|--------------------------|--|
| Not at all                                 | <input type="checkbox"/> | → If <u>not at all</u> , go to<br><b>B3 on page 10</b> |
| Only once or twice                         | <input type="checkbox"/> |  |
| Not very often<br>(less than once a month) | <input type="checkbox"/> |  |
| Quite often<br>(about once a month)        | <input type="checkbox"/> |  |
| Often (almost every<br>week)               | <input type="checkbox"/> |  |

b) Who (or what) do you think was sending you these messages?

- |                                 |                          |
|---------------------------------|--------------------------|
| Somebody you know               | <input type="checkbox"/> |
| Somebody you don't know         | <input type="checkbox"/> |
| An alien or something like that | <input type="checkbox"/> |
| Something else                  | <input type="checkbox"/> |

Space for you to describe the answers you have just ticked:

.....

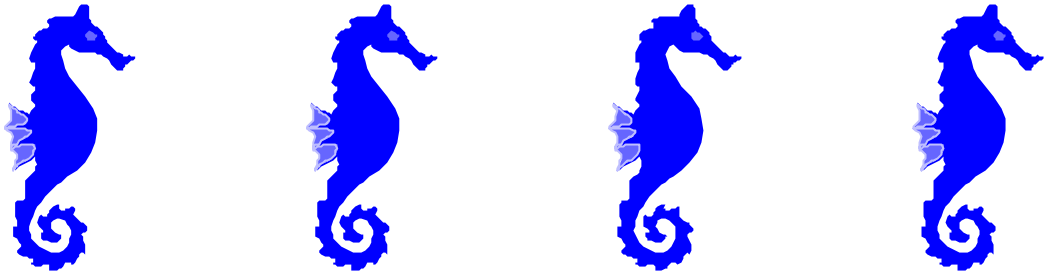
.....

.....

.....

B2. c) Why do you think you have been getting these messages?

.....  
.....  
.....



B3. Have you ever thought that you are being followed or spied on?

- No, never  1 → **If no, go to B4 on page 12**
- Yes, maybe  2
- Yes, definitely  3

**If yes,**

a) How often has this happened **since your 11<sup>th</sup> birthday?**

- Not at all  1
- Only once or twice  2
- Not very often  
(less than once a month)  3
- Quite often  
(about once a month)  4
- Often (almost every  
week)  5

B3. b) Who was following you or spying on you?

Someone in your class

Someone in your school

Someone else you know

A stranger

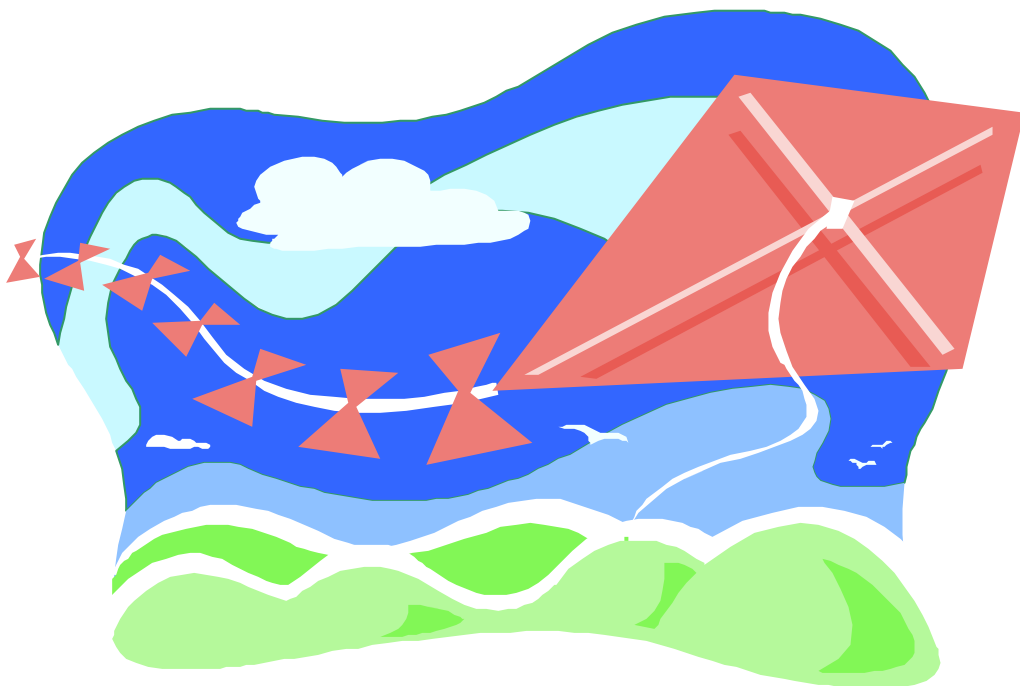
Don't know - you've never actually seen them

c) Why do you think they were doing this?

.....

.....

.....



B4. Have you ever heard voices that other people can't hear?

- No, never 1 → **If no, go to B5 on page 13**
- Yes, maybe 2
- Yes, definitely 3

**If yes,**

a) How often has this happened **since your 11<sup>th</sup> birthday?**

- Not at all 1
- Only once or twice 2
- Not very often  
(less than once a month) 3
- Quite often  
(about once a month) 4
- Often (almost every week) 5

b) Did this voice say something about what you were doing or thinking?

Yes 1      No 2

c) Did you ever hear 2 or more voices (that others couldn't hear) talking to one another?

Yes 1      No 2 → **If no, go to B5 on page 13**

**If yes**

d) Were they talking about you?

Yes 1      No 2

B5. Have you ever felt that you were under the control of some special power?

No never  1 → **If no, go to B6 on page 14**  
Yes, maybe  2  
Yes, definitely  3

**If yes,**

a) Has this happened **since you 11<sup>th</sup> Birthday?**

Yes  1      No  2

b) Did it control what you were doing or thinking?

No, never  1 → **If no, go to B6 on page 14**  
Yes, maybe  2  
Yes, definitely  3

c) What do you think this was?

God, Jesus, Allah, or  
other religious being  1

Something else  2 please describe .....

.....  
.....  
.....

B6. Have you ever known what another person was thinking even though that person wasn't speaking?

- No, never  1 → **If no, go to B7 on page 16**
- Yes, maybe  2
- Yes, definitely  3

**If yes,**

B6. a) How often has this happened?

Only once or twice  1

Several times  
(about once a year)  2

Not very often (less  
(than once a month)  3

Quite often (about  
(once a month)  4

Often  5

b) Since first starting school has this happened?

Yes  1

No  2 → **If no, go to B7 on page 16**



B6. c) Whose thoughts were these?

(i) Mother

(ii) Father

(iii) Brother or sister

(iv) Child at school

(v) Teacher at school

(vi) Someone else  → please say who: .....

.....



B7. Have you ever seen something or someone that other people could not see?

- No, never  1 → **If no, go to C1 on page 18**
- Yes, maybe  2
- Yes, definitely  3

**If yes,**

a) How often has this happened **since your 11<sup>th</sup> birthday?**

- Not at all  1
- Only once or twice  2
- Not very often  
(less than once a month)  3
- Quite often  
(about once a month)  4
- Often (almost every  
week)  5

b) What did you see?

.....

.....

.....

c) Has this happened just when you were ill?

- Yes  1      No  2



B7. d) Were you completely awake when you saw these things?

Yes, always  1

No, sometimes I was half asleep  2

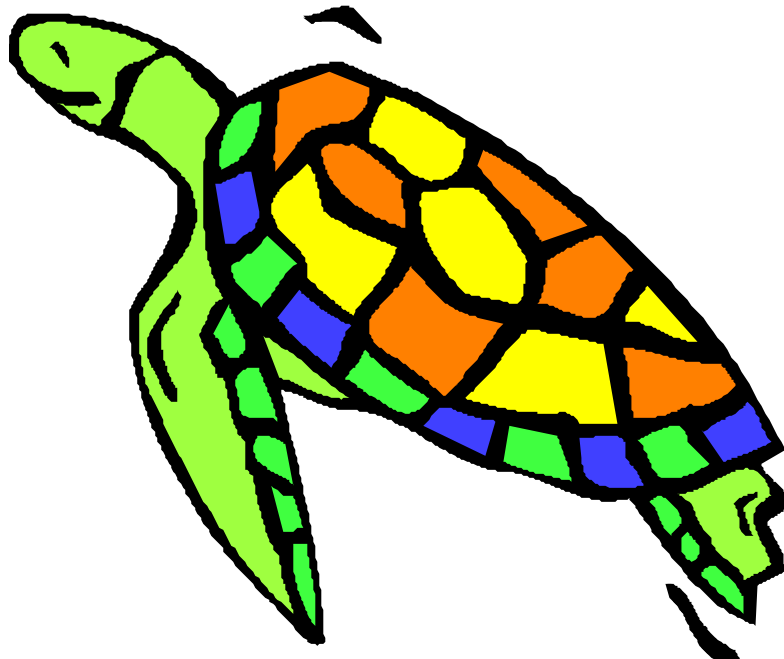
No, I was always asleep or half asleep  3

e) Were you worried about seeing things that others couldn't?

Yes, very worried  1

Yes, a bit worried  2

No, didn't bother me  3



## Section C: Using Computers

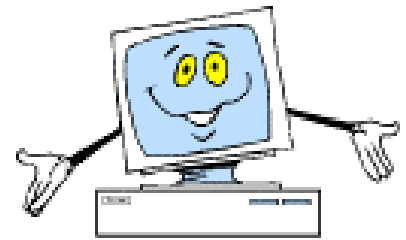
C1. Do you have use of a computer at home?

Yes, whenever I want to

Yes, but I have to fit in with others

Yes, but only for limited amounts of time

No, don't have one



→ If no, go to C2 on page 19

### If yes

a) How many days each week are you likely to have used a computer at home?

 days

b) What do you use your home computer for? (You can tick more than one box.)

#### Yes

(i) school work

(ii) E-mails

(iii) chat rooms

(iv) computer games

(v) surfing the net

(vi) something else

please tick and describe .....



C2. Do you ever go to a library or to a friend's or relative's house **to use a computer**? (You can tick more than one box)

- a) yes, library
- b) yes, friend's home
- c) yes, relative's home
- d) yes, other place  
(please describe where)
- e) no, never



.....

C3. Do you use a computer at school?

Yes

No

→ **If no, go to C3e on page 21**

**If yes,**

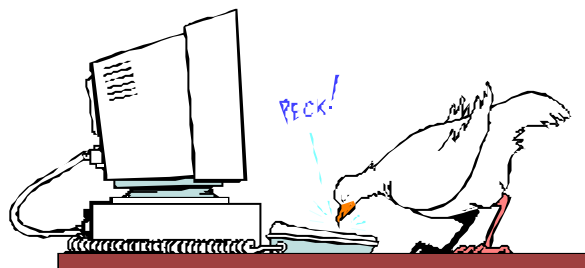
a) Do you go to a special computer room or to a normal classroom?  
(You can tick more than one box)

- (i) special computer room
- (ii) normal classroom
- (iii) somewhere else in school  
(please describe where)

.....

b) About how many hours a week **in school** altogether do you use a computer?

hours



C3. c) For which subjects at school do you use a computer?  
(You can tick more than one box)

- i) Science
- ii) Maths
- iii) English
- iv) Games/PE
- v) Foreign language
- vi) Art
- vii) Music
- viii) Geography
- ix) History
- x) IT (information technology)
- xi) DT (design and technology)
- xii) Humanities
- xiii) Citizenship/PSE/PSD
- xiv) Other topic (please tick and describe)

.....

C3. d) How good would you say that your teachers are at using computers?

- Very good  1
- Pretty good  2
- Some are good but not all  3
- Not very good  4
- Very poor  5
- Don't know  6



e) Would you like to use computers more or less than you do at school?

- A lot more  1
- A bit more  2
- It's about right  3
- A bit less  4
- A lot less  5
- Don't want to use them at all  6



C4. How would you rate your computer skills compared to other children in your class?

- Pretty good  1
- About the same  2
- Not so good  3
- Don't know  4



C5. When you leave school, do you think you would like a job that uses a computer a lot?

Yes  1

No  2

Don't know  9

C6. What sort of job would you like to do?

a) I would like jobs such as:

.....

.....

.....

.....

C6. b) I don't want jobs such as:

.....

.....

.....

.....



**Section D:**

D1. I am a boy  1

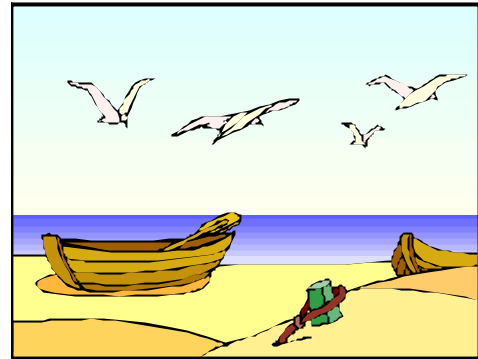
I am a girl  2

D2. Who helped you fill this in?

A parent helped  1

Someone else helped  2

I did it all myself  3



D3. When were you born?

Day

Month

Year

 1  9  9 

D4. What is today's date?

Day

Month

Year

 2  0  0 

Thank you VERY much for your help

When completed, please send this back to:

**Professor Jean Golding  
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*coder*

*University of Bristol*