

School code

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ID number

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Edinburgh Study of Young People

Sweep 1 Questionnaire
1998

This questionnaire is confidential

What do I have to do?

All the way through this questionnaire there are boxes like this which give you important information and instructions.

All the questions involve either ticking boxes or writing something down.



Follow the instructions after each question which tell you what to do. Take your time and don't rush – if you get stuck on any words or questions **just put your hand up and ask!**

Here are some practice questions.

1. Are you a boy or a girl? **(tick ONE box only)**

Boy

Girl

2. Here are two statements that people have said about boys and girls. How much do you agree or disagree with these statements? **(tick ONE box on each line)**

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
Boys are better than girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls are more clever than boys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Which of these subjects do you like doing? **(tick as many boxes as you need to)**

English

History

Geography

Biology

Social Education

Maths

Now for some more tricky practice questions
- be careful to follow the instructions.

4. Do you usually go to school by bus?

No - **Answer question in box** Yes - **Go to question 5**
↓

a. How do you usually get to school? (**tick ONE box only**)

- I walk
- I go by car or taxi
- I go by bike
- I go another way _____

5. Do you ever eat school dinners? (**tick YES or NO**)

Yes No

If you ticked YES go to question 6 now.

If you ticked NO go to question 7 now.

6. Do you like school dinners? (**tick ONE box only**)

Yes, always Yes, sometimes No



7. What is your name? (**please write in**)

_____ (first name)

_____ (surname)

We will cut off the bottom of this page after putting your number on the front cover!

1. ABOUT YOU

Lets start with a few questions about what you do in your spare time.

1.1 How often do you go to these places in your spare time?
(tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never
A youth club or school club.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scouts, Guides or BBs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sports club or team.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church or another place of worship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 How often do you do the following things with your friends?
(tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never
Hang about the streets, a park or shops.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to friends' houses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go shopping or out for something to eat....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to an amusement arcade.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema, theatre or concerts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to raves, discos or nightclubs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1.3 And how often do you do these things in your spare time?
(tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never
Play sports or games, but not at a club.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to keep fit or dancing classes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to watch football or other sports.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do a part time job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do sponsored events or voluntary work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4 When you go out, how often do your parents know where you are going?
(tick ONE box only)

Always Usually Sometimes Never

1.5 When you go out, how often do your parents know who you are going out with? (tick ONE box only)

Always Usually Sometimes Never

1.6 When you go out, how often do your parents know what time you will be home? (tick ONE box only)

Always Usually Sometimes Never





1.7 How often would your parents know if you did not come home on time?
(tick ONE box only)

- Always Usually Sometimes Never

1.8 Have you ever come home more than an hour late against your parents' wishes?
(tick ONE box only)

- No, never Yes, once or a few times Yes, lots of times

1.9 Have you ever stayed out overnight without your parents knowing where you were? (tick ONE box only)

- No, never Yes, once or a few times Yes, lots of times

Here's another question about what you do in your spare time.

1.10 How often do you do these things in your spare time?
(tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never
Play computer or video games.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read comics, books or magazines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music or watch TV or videos.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask friends round to your house.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do housework or chores at home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do a hobby or play an instrument.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babysit for your family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here are some questions about how much money you get.

1.11 Do your parents give you pocket money?

(tick ONE box only - if YES, please say how much and how often)

- No, I don't get any money from my parents - **Go to question 1.12**
- No, my parents just give me money when I need it - **Go to question 1.12**
- Yes, my parents give me pocket money - **Answer questions in box**



a. How much do you get?

£ _____ : _____ p

b. How often do you get it?

- Every day
- Every week
- Every month
- It varies

1.12 Do you usually get any other money, for example, from a part-time job, for doing work around the house or from relatives?

- No, I don't usually get any other money - **Go to question 1.13**
- Yes - **Answer questions in box**



a. Where do you get other money from?

b. How much do you get?

£ _____ : _____ p

c. How often do you get it?

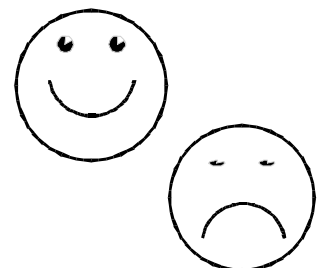
- Every day
- Every week
- Every month
- It varies



Now for a question about how you would describe yourself as a person.

1.13 How much do you agree or disagree with these statements?
(tick ONE box on each line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
I like myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often wish I was someone else.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a low opinion of myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I have a number of good qualities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of things about myself I would like to change.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. ABOUT YOUR FAMILY

Section 2 asks a few questions about who you live with.

2.1 Who lives in your house with you?
(tick as many boxes as you need to)

- Mother
 - Step-mother
 - Father
 - Step-father
 - Brother → How many? _____
 - Step-brother → How many? _____
 - Sister → How many? _____
 - Step-sister → How many? _____
 - Somebody else, like grandparents or other relatives, friends, foster parents, etc?
(please write in who else lives with you)
-



2.2 If you live with your mother or step-mother, what job does she do?
(tick as many boxes as you need to)

- I don't live with my mother or step-mother
- She doesn't have a job
- She works part time as a _____ (write in job)
- She works full time as a _____ (write in job)
- I don't know what she does

2.3 If you live with your father or step-father, what job does he do?
(tick as many boxes as you need to)

- I don't live with my father or step-father
- He doesn't have a job
- He works part time as a _____ (write in job)
- He works full time as a _____ (write in job)
- I don't know what he does

2.4 Have you ever been 'in care'?
(tick as many boxes as you need to)

- Yes, with a foster family → Please tick if you live there now
- Yes, in a children's home → Please tick if you live there now
- Yes, in a young person's unit → Please tick if you live there now
- No

2.5 Does your family own a car or a van? (tick YES or NO)

- Yes No

2.6 Does your family have a telephone at home? (tick YES or NO)

- Yes No

2.7 Do you have a bedroom to yourself at home? (tick YES or NO)

- Yes No

Here are a few more questions about your parents
and how you get on with them.

2.8 How would you describe your parents? (tick ONE box on each line)

	Always	Usually	Sometimes	Never
They let me do things I like doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They trust me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They treat me like a baby.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They try to control everything I do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They let me make my own decisions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.9 How often do you disagree or argue with your parents about each of these things? (tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never
Your homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who your friends are.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How tidy your room is.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What time you get in.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you do when you go out.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.10 How often would your parents know if you did not do your homework?
(tick ONE box only)

Always Usually Sometimes Never

2.11 When you disagree or argue about things, how often do your parents let you explain your point of view? (tick ONE box only)

- Always
 Usually
 Sometimes
 Never

2.12 When you and your parents disagree or argue about things, how do things **usually** work out? (tick ONE box only)

- I usually end up doing what they want me to do
 I usually get my own way in the end
 We usually decide together on something that suits us both
 We usually go on arguing

2.13 How often do you do these things with your parents? (tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never
Watch TV or videos.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go shopping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play sports or go to watch sports.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema, theatre or concerts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit friends or relatives.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go out for something to eat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go on trips or outings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go for walks or bike rides.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. THINGS PEOPLE DO

Now for a few questions about smoking cigarettes.

3.1 How many of your friends smoke cigarettes at least once a week?
(tick ONE box only)

- None Some Most or all I'm not sure

3.2 How much do you think your parents would mind if they found out that you had been smoking? (tick ONE box only)

- Very much Quite a lot A little bit Not at all

3.3 Which of these statements best describes you? (tick ONE box only)

- I have never tried a cigarette (not even a puff)
- I have tried smoking cigarettes, but I don't smoke now
- I smoke cigarettes, but less than once a week
- I smoke cigarettes at least once a week
- I smoke cigarettes every day

3.4 How old were you when you first smoked a **whole** cigarette (not just a puff)?
(tick ONE box only)

- Age 8 or under
- Age 9 or 10
- Age 11 or over
- I've never smoked a whole cigarette



Now for a few questions about drinking alcohol,
e.g. wine, beer, lager, vodka, whisky, hooch, etc.

3.5 How many of your friends drink alcohol without their parents knowing?
(tick ONE box only)

- None Some Most or all I'm not sure

3.6 Which of these statements best describes you? (tick ONE box only)

- I have never tried an alcoholic drink (not even a sip)
- I have tried drinking alcohol, but I don't drink now
- I drink alcohol, but only on special occasions (e.g. Christmas, New Year or at parties)
- I drink alcohol, but less than once a month
- I drink alcohol at least once a month
- I drink alcohol at least once a week

3.7 When you drink alcohol, how often do you have your parents' permission?
(tick ONE box only)

- Always Sometimes Never I don't drink alcohol

3.8 How old were you when you first drank a whole alcoholic drink (for example,
a whole glass of wine or a can of beer)? (tick ONE box only)

- Age 8 or under
- Age 9 or 10
- Age 11 or over
- I've never drunk a whole alcoholic drink



Here are some questions about illegal drugs
 - that means drugs that have not come from a doctor or chemist.

3.9 Have any of your friends ever taken these kinds of illegal drugs?
 (tick ONE box on each line)

	Yes	No	I'm not sure
Hash or another drug to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pills to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs to inject.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue or gas to sniff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.10 How many of your friends have ever taken illegal drugs?
 (tick ONE box only)

None
 Some
 Most or all
 I'm not sure

3.11 Has anyone ever offered to give or sell you any of these kinds of drugs?
 (tick ONE box on each line)

	Yes	No	I'm not sure
Hash or another drug to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pills to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs to inject.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue or gas to sniff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.12 Have you ever sold an illegal drug to someone else?
 (tick ONE box only)

Yes – to a friend
 Yes – to someone else
 No

3.13 Have you ever tried any illegal drug (that includes sniffing gas or glue)?
 (tick YES or NO)

Yes – **Go to question 3.14**
 No – **Go to question 4.1**

3.14 Which of these statements best describes you? (tick ONE box only)

I have tried taking drugs, but I don't take any now

I take drugs, but less than once a month

I take drugs at least once a month

I take drugs at least once a week

3.15 How old were you when you first tried an illegal drug? (tick ONE box only)

Age 8 or under

Age 9 or 10

Age 11 or over

3.16 How often have you tried each of these drugs? (tick ONE box on each line)

	Never	Once	2 or 3 times	4 times or more
Cannabis (dope, hash, pot, grass, marijuana, joints, weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue or gas (petrol, tippex, lighter fuel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (E, XTC, X, ekky)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Coke, crack, snow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed (uppers, sulphate, amphetamines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Smack, skag, H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (Acid, trips, tabs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms (Mushies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downers (temazepam, jellies, valium, eggs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something else*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If something else, please say what _____

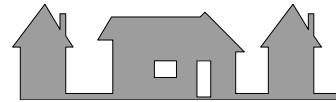
4. WHERE YOU LIVE

Section 4 is about the area or neighbourhood where you live .

- 4.1 What is the name of the area or neighbourhood of Edinburgh where you live?
(please write in)

- 4.2 How long have you lived in that neighbourhood?
(tick ONE box only)

- All my life
- Less than one year
- Between one and three years
- More than three years



- 4.3 How much do you think there is for you to do in your neighbourhood?
(tick ONE box only)

- Lots of things to do
- Quite a lot to do
- Not very much to do
- Nothing at all to do
- I'm not sure

- 4.4 How often do you see children or young people playing in the street in your neighbourhood? (tick ONE box only)

- Most days Some days Hardly ever I'm not sure

4.5 How often do you see children or young people hanging around in groups or gangs in your neighbourhood? (tick ONE box only)

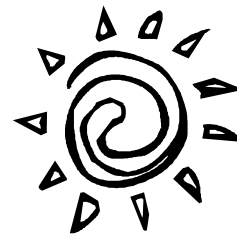
- Most days Some days Hardly ever I'm not sure

4.6 Here are some statements about the neighbourhood where you live. Do you agree or disagree with these statements? (tick ONE box on each line)

- | | Agree | Disagree | I'm not sure |
|--|--------------------------|--------------------------|--------------------------|
| I know most of the adults who live in my neighbourhood..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Most of the adults who live in my neighbourhood know me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know most of the young people who live in my neighbourhood..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Most of the young people who live in my neighbourhood know me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Most adults who live in my neighbourhood are friendly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Most young people who live in my neighbourhood are friendly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.7 How safe do you feel when you are out on your own in your neighbourhood during the day? (tick ONE box only)

- Very safe
 Fairly safe
 Not very safe
 Very unsafe



4.8 Are there any places in your neighbourhood that you don't go to **during the day** because you feel unsafe? (tick ONE box only)

Yes - Answer questions in box

No - Go to question 4.9



i. What are the names of the places where you feel unsafe during the day (for example names of streets, parks or buildings)?

ii. Why don't you feel safe in these places?

4.9 How safe do you feel when you are out on your own in your neighbourhood **after dark**? (tick ONE box only)

Very safe

Fairly safe

Not very safe

Very unsafe

I don't go out on my own after dark



4.10 Are there any places in your neighbourhood that you don't go to **after dark** because you feel unsafe? (tick ONE box only)

Yes - Answer questions in box

No - Go to question 4.11



i. What are the names of the places where you feel unsafe after dark (for example names of streets, parks or buildings)?

ii. Why don't you feel safe in these places?

4.11 How much of a problem do you think these things are in your neighbourhood?
(tick ONE box on each line)

	Not a problem	A bit of a problem	A big problem	I'm not sure
Rubbish in the street.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken windows in shops or houses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalized or burnt out cars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog dirt on pavements, grass, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are drunk in the street.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gangs of young people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarded up or burnt out houses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.12 If someone was spray painting a wall in your neighbourhood, what would probably happen? (tick ONE box on each line)

	Yes	No	I'm not sure
An adult would try to stop them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone would call the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.13 If someone was trying to steal a car in your neighbourhood, what would probably happen? (tick ONE box on each line)

	Yes	No	I'm not sure
An adult would try to stop them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone would call the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.14 If teenagers were fighting in the street in your neighbourhood, what would probably happen? (tick ONE box on each line)

	Yes	No	I'm not sure
An adult would try to stop them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone would call the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.15 How much of a problem do you think these things are in your neighbourhood? (tick ONE box on each line)

	Not a problem	A bit of a problem	A big problem	I'm not sure
Not enough street lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti on walls or buildings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalized buildings or bus shelters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People selling drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug needles (syringes) lying around.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busy roads or heavy traffic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours fighting in the street.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.16 How often do you see police officers walking about your neighbourhood? (tick ONE box only)

- Every day
- At least once a week
- Less than once a week
- Never
- I'm not sure

4.17 How often do you see police cars or vans in your neighbourhood?
(tick ONE box only)

- Every day
- At least once a week
- Less than once a week
- Never
- I'm not sure



5. THINGS YOU HAVE DONE

Section 5 asks about things that you might EVER have done.

5.1 Have you ever **not paid** the correct fare on a bus or train?

Yes - Answer questions in box No - Go to question 5.2

i. How many times have you ever done this?

(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – a teacher Yes – another adult No

5.2 Have you ever taken something from a shop or a store without paying for it?

Yes - Answer questions in box No - Go to question 5.3

i. How many times have you ever done this?

(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The last time you did this, what did you take from the shop? (please write in)

5.3 Have you ever been rowdy or rude in a public place so that people complained or you got into trouble?

Yes - Answer questions in box No - Go to question 5.4



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. The **last time** you did this, how many others were you with?
(tick ONE box only)

0 1 2 or 3 4 or 5 6 or more

5.4 Have you ever stolen or ridden in a stolen car or van or on a stolen motorbike?

Yes - Answer questions in box No - Go to question 5.5



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. What kind of stolen vehicle have you ridden in/on?
(tick as many boxes as you need to)

A car or van A motorbike

5.5 Have you ever taken money or something else that did not belong to you from **school**?

Yes - Answer questions in box No - Go to question 5.6



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The **last time** you did this, what did you take from school? (please write in)

5.6 Have you ever carried a knife or weapon with you for protection or in case it was needed in a fight?

Yes - Answer questions in box No - Go to question 5.7



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The **last time** you did this, what kind of weapon did you carry? (please write in)

5.7 Have you ever deliberately damaged or destroyed property that did not belong to you (for example, windows, cars or street lights)?

Yes - Answer questions in box No - Go to question 5.8

↓

i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The **last time** you did this, what did you damage or destroy? (please write in)

5.8 Have you ever gone into or broken into a house or building with the intention of stealing something?

Yes - Answer questions in box No - Go to question 5.9

↓

i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The **last time** that you did this, what did you take?
(please write in)

5.9 Have you ever written things or sprayed paint on property that did not belong to you (for example, a phone box, car, building or bus shelter)?

Yes - Answer questions in box No - Go to question 5.10



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The last time that you did this, what did you write or paint on? (please write in)

5.10 Have you ever used force, threats or a weapon to get money or something else from somebody?

Yes - Answer questions in box No - Go to question 5.11



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The last time that you did this, what did you take?
(please write in)

5.11 Have you ever taken money or something else that did not belong to you from **home** without permission?

Yes - Answer questions in box No - Go to question 5.12



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The **last time** you did this, what did you take from home? (please write in)

5.12 Have you ever deliberately set fire or tried to set fire to somebody's property or a building (for example, a school)?

Yes - Answer questions in box No - Go to question 5.13



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The **last time** that you did this, what did you set fire to?
(please write in)

5.13 Have you ever hit, kicked or punched someone on purpose with the intention of hurting or injuring them?

Yes - Answer questions in box

No - Go to question 5.14

i. How many times have you ever done this?

(tick ONE box only)

1

2

3

4

5

Between 6 and 10

More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult

Yes – the police

No

iii. The last time you did this, who did you hit, kick or punch?
(tick as many boxes as you need to)

My brother or sister

A friend

Another young person I know

An adult I know

Somebody else

5.14 Have you ever broken into a **car or van** with the intention of stealing something out of it?

Yes - Answer questions in box No - Go to question 5.15



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by an adult or the police? (tick as many boxes as you need to)

Yes – an adult Yes – the police No

iii. The **last time** that you did this, what did you take from the car or van? (please write in)

5.15 Have you ever skipped or skived school?

Yes - Answer questions in box No - Go to question 6.1



i. How many times have you ever done this?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

ii. Have you ever been caught doing this by a teacher or another adult? (tick as many boxes as you need to)

Yes – a teacher Yes – another adult No

6. ABOUT YOUR FRIENDS

Section 6 is about who your friends are
and what they are like.

6.1 How many **friends** do you have altogether?
(tick ONE box only)

- None
- One or two
- Between 3 and 5
- Between 6 and 10
- More than 10

6.2 How many **close friends** do you have?
(tick ONE box only)

- None
- One or two
- Between 3 and 5
- Between 6 and 10
- More than 10

6.3 Do you wish that you had more friends?
(tick ONE box only)

- Yes, a lot more
- Yes, a few more
- No, I have enough friends
- I don't think about it



6.4 How many of your friends...?
(tick ONE box on each line)

	None	Some	Most or all
...go to the same school as you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...live in your neighbourhood.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are boys.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are girls.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.5 And how many of your friends...?
(tick ONE box on each line)

	None	Some	Most or all
...are a year or more younger than you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are about the same age as you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are a year or more older than you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.6 How many evenings a week do you usually go out with your friends?
(tick ONE box only)

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three
<input type="checkbox"/> Four	<input type="checkbox"/> Five	<input type="checkbox"/> Six	<input type="checkbox"/> Seven

6.7 Do your parents know who your friends are?
(tick ONE box only)

<input type="checkbox"/> None of them	<input type="checkbox"/> Some of them	<input type="checkbox"/> Most or all of them
---------------------------------------	---------------------------------------	--

6.8 Do you have a girlfriend or boyfriend at the moment?

(tick ONE box only)

Yes

No, but I used to

No, I've never had one

6.9 How old is your girlfriend or boyfriend?

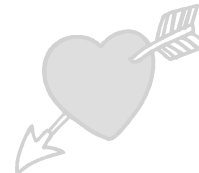
(tick ONE box only)

I don't have one at the moment

He/she is a year or more younger than me

He/she is about the same age as me

He/she is a year or more older than me



These questions are about things your friends might have done
- no matter how long ago.

6.10 Have any of your friends ever done any of the following things?

(tick ONE box on each line)

	Yes	No	I'm not sure
Not paid the correct fare on a bus or train.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken something from a shop without paying for it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been rowdy or rude in a public place so that people complained or they got into trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolen or ridden in/on a stolen car or motorbike.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken money or something else that did not belong to them from school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carried a knife or weapon with them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately damaged someone's property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken into a house or building to steal something.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.11 And have any of your friends ever done any of the following things?
(tick ONE box on each line)

	Yes	No	I'm not sure
Written things or sprayed paint on someone's property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used force, threats or a weapon to get money or something else from somebody.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken money or something else that did not belong to them from their home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately set fire or tried to set fire to somebody's property or a building.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit, kicked or punched someone on purpose to hurt or injure them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken into a car or van to steal something out of it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skipped or skived school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sold drugs to you or someone else.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.12 How many of your friends have ever been in trouble with the police?
(tick ONE box only)

<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Most or all	<input type="checkbox"/> I'm not sure
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7. THINGS THAT HAPPEN

Here are a few questions about times when you might have had contact with the police.

7.1 Have any of the following things ever happened to you, no matter how long ago?
(tick as many boxes as you need to)

- Been told off or told to move on by a police officer
- Been stopped by a police officer and asked to empty your pockets or bag for them
- Been stopped by a police officer and asked questions about something that you did
- Been picked up by the police and taken home to your parents
- Been picked up by the police and taken to a police station
- Been given a formal warning at a police station in front of your parents
- Been charged by the police for committing a crime
- Had contact with the police for some other reason (please write in below)

**If you ticked ANY of the boxes above
go to question 7.2**

**If you ticked NONE of the boxes above
go to question 7.5**

7.2 Which of these was the **most recent** thing that happened?

(tick ONE box only)

- Told off or told to move on by a police officer
- Stopped by a police officer and asked to empty my pockets or bag for them
- Stopped by a police officer and asked questions about something I did
- Picked up by the police and taken home to my parents
- Picked up by the police and taken to a police station
- Given a formal warning at a police station in front of my parents
- Charged by the police for committing a crime
- Something else happened

7.3 Thinking about this **most recent** occasion, how did you feel at the time?

(tick ONE box only)

- | | | | |
|---------------------------------------|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Not bothered | <input type="checkbox"/> Frightened | <input type="checkbox"/> Guilty | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Tough | <input type="checkbox"/> Excited | <input type="checkbox"/> Proud | <input type="checkbox"/> Ashamed |
| <input type="checkbox"/> Worried | <input type="checkbox"/> Something else _____ | | |

7.4 How fairly do you think the police treated you on this occasion?

(tick ONE box only)

- Very fairly
- Quite fairly
- Not very fairly
- Very unfairly



This section is about what you think about certain things.

7.5 Do you think of yourself as a troublemaker?
(tick ONE box only)

Yes No I'm not sure

7.6 Do you think other people see you as a troublemaker?
(tick as many boxes as you need to)

Yes, my friends do
 Yes, other people my age do
 Yes, my parents do
 Yes, other adults do
 No

7.7 How much do you agree or disagree with these statements?
(tick ONE box on each line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
Lots of people try to push me around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people are against me for no good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends often say or do things behind my back....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be more successful if people didn't make things hard for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that people have spread lies about me on purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people would like to take away what success I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.8 When do you think it is OK to tell a lie? (tick ONE box on each line)

	Yes	No	I'm not sure
It's OK to tell a lie if it doesn't hurt anybody.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to lie to keep <u>your friends</u> from getting into trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to lie to stop <u>you</u> from getting into trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to lie if nobody finds out you did it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.9 Here are a list of things people sometimes do. How serious do you think each of these things is? (tick ONE box on each line)

	Not at all serious	Not very serious	Quite serious	Very serious
Not paying the correct fare on a bus or train.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing or spraying paint on someone's property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately damaging someone's property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skipping or skiving school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately setting fire or trying to set fire to somebody's property or a building.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.10 When do you think it is OK to take or steal something from somebody? (tick ONE box on each line)

	Yes	No	I'm not sure
It's OK to take something from somebody who is rich and can afford to replace it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to take little things from a shop without paying for them because shops make a lot of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to take someone's bike without asking if you intend to give it back.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to steal if nobody finds out you did it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.11 How serious do you think each of these things is? (tick ONE box on each line)

	Not at all serious	Not very serious	Quite serious	Very serious
Breaking into a car or van to steal something out of it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing money or something else that does not belong to you from home or school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaking into a house or building to steal something.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing a car or riding in a stolen car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking something from a shop without paying for it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.12 When do you think it is OK to hurt or fight with somebody?
(tick ONE box on each line)

	Yes	No	I'm not sure
It's OK to hurt someone if you didn't mean to do it or it was an accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to fight with someone if they hit you first.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to fight with someone if they insult your friends or family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to fight because everyone my age does it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.13 And how serious do you think each of these things is?
(tick ONE box on each line)

	Not at all serious	Not very serious	Quite serious	Very serious
Hitting, punching or kicking someone on purpose to hurt or injure them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using force, threats or a weapon to get money or something else from somebody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying a knife or weapon around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being rowdy or rude in a public place so that people complain or you get into trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now for some questions about things that might EVER have happened to you.

7.14 Has anyone ever stolen something of yours that you left somewhere (for example, from school or a changing room)?

Yes - Answer questions in box

No - Go to question 7.15



i. How many times has this ever happened?

(tick ONE box only)

1

2

3

4

5

Between 6 and 10

More than 10

NOW THINK ABOUT THE LAST TIME THIS HAPPENED

ii. What was stolen? (please write in)

iii. Who stole it? (tick ONE box only)

My brother or sister

A friend

Another young person I know

An adult I know

Somebody else

I don't know who stole it

7.15 Has anyone ever used threats or force to steal or try to steal something from you?

Yes - Answer questions in box

No - Go to question 7.16



i. How many times has this ever happened?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

NOW THINK ABOUT THE LAST TIME THIS HAPPENED

ii. What did the person steal or try to steal? (please write in)

iii. Who did it? (tick ONE box only)

My brother or sister

A friend

Another young person I know

An adult I know

Somebody else

7.16 Has anyone ever **threatened** to hurt you by hitting, kicking or punching you?

Yes - Answer questions in box

No - Go to question 7.17



i. How many times has this ever happened?

(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

NOW THINK ABOUT THE LAST TIME THIS HAPPENED

ii. Who did it? (tick ONE box only)

My brother or sister

A friend

Another young person I know

An adult I know

Somebody else

7.17 Has anyone ever really hurt you by deliberately hitting, punching or kicking you?

Yes - Answer questions in box

No - Go to question 7.18



i. How many times has this ever happened?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

NOW THINK ABOUT THE LAST TIME THIS HAPPENED

ii. Who did it? (tick ONE box only)

My brother or sister

A friend

Another young person I know

An adult I know

Somebody else

iii. How badly were you hurt?
(tick as many boxes as you need to)

No injuries

Bruises or black eye

Scratches or cuts

Broken bones

Something else _____

7.18 Has anyone ever really hurt you by deliberately hitting you with a weapon?

Yes - Answer questions in box

No - Go to question 8.1



i. How many times has this ever happened?
(tick ONE box only)

1 2 3 4 5

Between 6 and 10 More than 10

NOW THINK ABOUT THE LAST TIME THIS HAPPENED

ii. Who did it? (tick ONE box only)

My brother or sister

A friend

Another young person I know

An adult I know

Somebody else

iii. What kind of weapon did they use?
(tick as many boxes as you need to)

Knife

Stick or club

Bottle or glass

Something else _____

8. MORE ABOUT YOU

The very last question is about how you would describe yourself as a person.

8.1 How much do you agree or disagree with these statements?
(tick ONE box on each line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
Planning takes the fun out of things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get into trouble because I do things without thinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put down the first answer that comes into my head on a test, and often forget to check it later.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get involved in things that I later wish I could get out of.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes break rules because I do things without thinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get so excited about doing new things that I forget to think about problems that might happen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for filling in this questionnaire.

Now check that you haven't missed out any questions and tell the researcher that you have finished.