

WAVE 2

Ten to Men The Australian Longitudinal Study on Male Health

Wave 2

11 – 14 Years Questionnaire

BODY MEASUREMENTS

First, I would like to ask you for your weight and body size.

1. How much do you weigh?

_____ kilograms

OR

_____ stones _____ pounds

OR

_____ pounds

Don't know

2. How tall are you without shoes?

_____ centimetres

OR

_____ feet and _____ inches

Don't know

3. What is your waist measurement?

_____ centimetres

OR

_____ inches

Don't know

ABOUT YOU & YOUR FAMILY

The next section asks some general questions about you and your family.

4. How old are you?

- 11 years
- 12 years
- 13 years
- 14 years
- Other (please specify): _____

5. Do you currently live:

- In one home only → Continue
- In two or more homes → Go to Q7a

6. How many people usually live in this home, including yourself?

Number of people: _____ → Go to Q9

ASK Q7 and Q8 ONLY IF CHILD LIVES IN TWO OR MORE HOMES. Otherwise, go to Q9.

The next few questions are about the homes you live in.

If you live in two or more homes, answer the following questions about the two homes you spend the most time in.

7a. Thinking about the home that you spend the most time in, how often do you usually live in this home?

Number: _____

- days
- weeks
- months

per

- week
- fortnight
- month
- year

7b. How many people usually live in that home, including yourself?

Number of people: _____

8a. How often do you usually live in your second home?

Number: _____

- days
- weeks
- months

per

- week
- fortnight
- month
- year

8b. How many people usually live in this home, including yourself?

Number of people: _____

ASK ALL

ABOUT YOUR HEALTH & WELLBEING

Now I would like to ask about your health.

To start off, I'm going to ask you some questions about how you've felt over the past four weeks. For each question, please select the response from SHOWCARD 9 that best describes how you've felt over the past four weeks.

9. In the past four weeks, how much does this sound like you?

	Never (A)	Almost never (B)	Some times (C)	Often (D)	Almost always (E)
a. I feel happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel good about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel good about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get support from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I think good things will happen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I think my health will be good in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. In the past four weeks, in general, how was your health? Would you say it was:

- Bad
- Fair
- Good
- Very Good
- Excellent

For this question we'd like you to tell us how many serves of fruit you usually eat each day.

By fruit, we mean tinned, frozen, dried or fresh fruit. Looking at SHOWCARD 11 you will see some examples of some fruit serving sizes

Some examples of one serve of fruit are one medium-sized piece of fruit, like the apple in the picture.

Or two small pieces of fruit, like the apricots. Or one cup of diced fruit pieces, like in this picture.

These photos are all examples of one serve of fruit. So, if you eat twice as many grapes as shown in the picture, that would equal two serves of grapes.
Do you understand what I mean?

11. About how many serves of fruit do you usually eat each day?

Number of serves of fruit each day: _____

For this question we'd like you to tell us how many serves of vegetables you usually eat each day.

Vegetables can include tinned, fresh or frozen vegetables.

Looking at SHOWCARD 12 you will see some examples of vegetable serving sizes.

Some examples of one serve vegetables are half a cup of cooked vegetables or a full cup of salad vegetables.

These photos are all examples of one serve of vegetables. So, if you eat twice as much broccoli as shown in the picture, that would equal two serves of broccoli.
Do you understand what I mean?

12. About how many serves of vegetables do you usually eat each day?

Number of serves of vegetables each day: _____

For the next questions, I will ask about your physical activity.

Physical activity means any activity that makes your heart beat faster and makes you get out of breath some of the time. Some examples are running, fast walking, riding a bike, dancing, skateboarding, swimming, playing soccer, basketball, gym, football and surfing.

First, I'm going to ask you about physical activity you did on each of the past 7 days, counting back from yesterday.

13. Looking at SHOWCARD 13 - How many minutes of physical activity did you do on....

Day	Minutes
a. Sunday	
b. Saturday	
c. Friday	
d. Thursday	
e. Wednesday	
f. Tuesday	
g. Monday	

14. In the past 7 days, did you do more or less physical activity than you would in a normal week? Would you say you did:

- More than usual
- Less than usual
- The same as usual

15. How much do you enjoy physical activity? Would you say:

- Not at all
- A bit
- Quite a lot
- A lot

The next questions are about changes that may be happening to your body. These changes start happening to different people at different ages.

I'll show you a card that has the answer categories on it. All you need to do is say the letter next to the best answer in your case. If you are unsure of which answer to choose, just give your best guess.

16. Looking at SHOWCARD 16 - Which letter on the card best describes your growth in height, or your growth spurt?

- A. Has not started yet
- B. Has barely started
- C. Has definitely started
- D. Seems complete

17. Looking at the same SHOWCARD - Which letter best describes the growth of your body hair? That is, hair in any place other than your head, such as under your arms.

- A. Has not started yet
- B. Has barely started
- C. Has definitely started
- D. Seems complete

18. Looking at the same SHOWCARD - Which letter best describes the deepening of your voice?

- A. Has not started yet
- B. Has barely started
- C. Has definitely started
- D. Seems complete

19. Still looking at SHOWCARD 16 - Which letter best describes the growth of hair on your face?

- A. Has not started yet
- B. Has barely started
- C. Has definitely started
- D. Seems complete

20a. Looking at the same SHOWCARD - Which letter best describes any changes in your skin, especially pimples?

- A. Has not started yet
 - B. Has barely started
 - C. Has definitely started
 - D. Seems complete
- If child aged 14 years old, go to Q21
→ Otherwise, go to Q22
- } Continue

20b. How often have you had pimples on your face? Would you say:

- Never
- Sometimes
- Often

20c. And how often have you had pimples on your back? Would you say:

- Never
- Sometimes
- Often

20d. Do you avoid social activities when you have pimples? Would you say:

- Never
- Sometimes
- Often

ONLY ASK IF 14 YEARS OLD, otherwise go to Q22.

The next few questions ask about places you go to for health information, and health services you might have used.

21. In the past 12 months have you visited:

	Yes	No	How many times in the past 12 months?
a. a family doctor or General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	___
b. an Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	___
c. other health service	<input type="checkbox"/>	<input type="checkbox"/>	___

ABOUT YOUR FAMILY & FRIENDS

The next few questions are about your parents.

To answer these questions, please think about who you live with most of the time - this could include step-parents, foster parents or guardians.

IF CHILD AGED 11 YEARS, GO TO Q25a CONTINUE ONLY IF CHILD AGED 12 YEARS OR ABOVE

For the next couple of questions, please look at SHOWCARD 22 and say the answer that best fits.

22. Looking at SHOWCARD 22 - How often does your mother smoke?

- A. Never
- B. Not now, but used to
- C. Occasionally
- D. Most days
- E. Every day
- F. Don't know

23. Looking at the same SHOWCARD - How often does your father smoke?

- A. Never
- B. Not now, but used to
- C. Occasionally
- D. Most days
- E. Every day
- F. Don't know

For this next set of questions, please think of your four best friends.

That is, the four friends around your own age you feel closest to.

These questions will ask about things that these friends may have done in the past 12 months. We won't tell anybody else what you tell us about your friends and we don't need to know their names, so they won't get into trouble.

For each of these questions, please look at SHOWCARD 24 and say the letter next to the answer that best fits.

24a. In the past 12 months, how many of your 4 best friends have smoked cigarettes?

24b. And in the past 12 months, how many of your 4 best friends have drunk alcohol when their parents didn't know about it? Please think about all types of alcohol, including beer, wine, spirits or pre- mixed drinks such as Bacardi Breezers or UDLs?

24c. And in the past 12 months, how many of your 4 best friends have used marijuana or cannabis, which is also called names like pot, weed or grass?

24d. And in the past 12 months, how many of your 4 best friends have used other illegal drugs, such as cocaine, heroin, LSD (which is sometimes called acid) or amphetamines (which is also called speed)?

	None of these friends	1 of these friends	2 of these friends	3 of these friends	All 4 of these friends
	(A)	(B)	(C)	(D)	(E)
24a. Smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24b. Drank alcohol when their parents didn't know about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24c. Used marijuana/cannabis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24d. Used other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASK ALL

Looking at SHOWCARD 25 - Please say the answer that best describes how much you agree or disagree with the following statements. You only need to say the letter.

25a. I have an adult or adults that I trust and would turn to for advice if I was having problems.

- A. Very strongly disagree
- B. Strongly disagree
- C. Disagree
- D. Neither disagree or agree
- E. Agree
- F. Strongly agree
- G. Very strongly agree

25b. I have a friend or friends around my own age that I trust and would turn to for advice if I was having problems.

- A. Very strongly disagree
- B. Strongly disagree
- C. Disagree
- D. Neither disagree or agree
- E. Agree
- F. Strongly agree
- G. Very strongly agree

ASK ALL

Sometimes people do things to others that are not very nice. The next questions are about things that may have happened to you, starting with bullying.

Bullying can occur at school or away from school, and can occur online, face to face or by telephone or text message.

(As necessary) Bullying could include being teased or called names, having rumours spread about you, being deliberately left out of things, being threatened physically or being hurt by someone else.

26a. Have you been bullied in the past 3 months?

- Yes → Continue
- No → Go to Q27a

26b. Did this happen online in the past 3 months?

- Yes
- No

26c. Did this happen face to face in the past 3 months?

- Yes
- No

26d. Did this happen by using a phone including text messages, in the past 3 months?

- Yes
- No

ABOUT SCHOOL

ASK ALL

Now for some questions about school and education.

27a. What is the highest level of education you have completed?

- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Year 6
- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12

27b. Are you still at school?

- Yes → Go to Q28
- No → Continue

27c. Do you intend to do any more education or study in the future?

- Yes → Continue
- No → Go to Q29a

28. Looking at SHOWCARD 28 - What is the highest level of education you would eventually like to get? Please select the best answer from the card.

- A. Year 1
- B. Year 2
- C. Year 3
- D. Year 4
- E. Year 5
- F. Year 6
- G. Year 7
- H. Year 8
- I. Year 9
- J. Year 10
- K. Year 11
- L. Year 12
- M. Apprenticeship or similar
- N. Trade qualification
- O. TAFE Certificate
- P. University

ASK ALL

ABOUT THINGS YOU MIGHT HAVE DONE

This section has some question about things you might have done including smoking or drinking alcohol.

Your answers will be used to help researchers understand how these things relate to boys' health. You do not have to answer any question you do not want to.

29a. Looking at SHOWCARD 29A - Have you ever smoked even part of a cigarette? You can just say the letter next to the best answer.

- A. No
 - B. Yes, just a few puffs
 - C. Yes, I have smoked fewer than 10 cigarettes in my life
 - D. Yes, I have smoked more than 10 but fewer than 100 cigarettes in my life
 - E. Yes, I have smoked more than 100 cigarettes in my life
- } Go to Q30
- } Continue

29b. How old were you when you smoked your first cigarette?

_____ years old

29c. Have you smoked cigarettes at any time in the past 12 months?

- Yes → Continue
- No → Go to Q30

29d. Have you smoked cigarettes at any time in the past 4 weeks?

- Yes → Continue
- No → Go to Q30

29e. Looking at SHOWCARD 29E - on average, how many cigarettes have you smoked per day during the past 4 weeks? Please select the best answer from the card.

- A. Less than one cigarette per day
- B. 1 to 5 cigarettes per day
- C. 6 to 9 cigarettes per day
- D. 10 or more cigarettes per day

ASK ALL

30. Have you ever had more than a sip or taste of an alcoholic drink at any time?

- Yes → Continue
- No → If child aged 12 or above go to Q35
→ If child aged 11 go to Q40a

31. How old were you when you first drank more than just a sip or a taste of alcohol?

___ ___ years

32. Looking at SHOWCARD 32 - How often did you have more than a sip or taste of alcohol of any kind in the past 12 months? Please select the best answer from the card.

- A. Every day
- B. 4 to 6 days a week
- C. 2 to 3 days a week
- D. Once a week
- E. 2 to 3 days a month
- F. About 1 day a month
- G. Less often than 1 day a month
- H. Never in the last 12 months → If child aged 12 or above, go to Q35
→ If child aged 11, go to Q40a

ASK ONLY IF CHILD AGED 12 OR ABOVE (AND DID NOT SAY “NEVER IN LAST 12 MONTHS” AT Q32), otherwise go to Q35 if child is 12 or above and said ‘Never in the last 12 months’, or 40a if under 12.

Alcoholic drinks come in various sizes and strengths. This often makes it hard to work out how much actual alcohol has been consumed.

Looking at the STANDARD DRINKS GUIDE - This card shows the alcohol content of different sizes and strengths of alcoholic drinks in terms of ‘standard drinks’

For example, one full-strength stubby of beer contains 1.4 standard drinks, but the same size stubby of mid strength beer contains only 1 standard drink.

33. Looking at SHOWCARD 33, how many standard drinks do you typically have on a day when you are drinking alcohol?

- A. 1 or 2
- B. 3 or 4
- C. 5 or 6
- D. 7 to 9
- E. 10 or more

34. Looking at SHOWCARD 34 - How often would you have 6 or more drinks on one occasion?

- A. Never
- B. Less often than once a month
- C. About once per month
- D. About once per fortnight
- E. About once per week
- F. A few times per week
- G. Daily or almost daily

ASK ONLY IF CHILD AGED 12 OR ABOVE, otherwise go to Q40a

The next few questions are about drugs. Remember, you don't have to answer any question you don't want to.

For each question, please think about your entire lifetime.

35. Have you ever taken or used any substance apart from alcohol with the intention of getting high?

- Yes → Continue
- No → Go to Q40a

36a. In your lifetime, have you ever smoked or used marijuana, which is sometimes called cannabis, pot, weed or grass?

- Yes → Continue
- No → Go to Q37a

36b. How old were you when you first smoked or used marijuana?

_____ years old

36c. Looking at SHOWCARD 36 AND the top section on the card - How many times have you smoked or used marijuana in your life?

- A. Once or twice
- B. 3 to 5 times
- C. 6 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

36d. Now looking at SHOWCARD 36 AND the bottom section on the card, how many times have you smoked or used marijuana in the past 4 weeks?

- G. None
- H. Once or twice
- I. 3 to 5 times
- J. 6 to 9 times
- K. 10 to 19 times
- L. 20 to 39 times
- M. 40 or more times

37a. In your lifetime, have you ever sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?

- Yes → Continue
- No → Go to Q38a

37b. How old were you when you first did this?

_____ years old

37c. Still looking at SHOWCARD 36 AND the top section on the card - How many times have you done this in your life?

- A. Once or twice
- B. 3 to 5 times
- C. 6 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

37d. Still looking at SHOWCARD 36 AND now looking at the bottom section on the card - How many times have you done this in the past 4 weeks?

- G. None
- H. Once or twice
- I. 3 to 5 times
- J. 6 to 9 times
- K. 10 to 19 times
- L. 20 to 39 times
- M. 40 or more times

38a. In your lifetime, have you ever used phenoxydine, which is sometimes called pox, PX or breeze?

- Yes → Continue
- No → Go to Q39a

38b. How old were you when you first did this?

_____ years old

38c. Still looking at SHOWCARD 36 AND looking at the top section on the card, how many times have you done this in your life?

- A. Once or twice
- B. 3 to 5 times
- C. 6 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

38d. Now looking at the bottom section on the same SHOWCARD, how many times have you done this in the past 4 weeks?

- G. None
- H. Once or twice
- I. 3 to 5 times
- J. 6 to 9 times
- K. 10 to 19 times
- L. 20 to 39 times
- M. 40 or more times

39a. In your lifetime, have you ever used any other illegal drugs, such as cocaine, heroin, ecstasy, speed or other amphetamines?

- Yes → Continue
- No → Go to Q40a

39b. How old were you when you first used any of these other illegal drugs?

_____ years old

39c. Looking at the top section on the same SHOWCARD - How many times have you used these other illegal drugs in your life?

- A. Once or twice
- B. 3 to 5 times
- C. 6 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

39d. Now looking at the bottom section on the same SHOWCARD - How many times have you used these other illegal drugs in the past 4 weeks?

- G. None
- H. Once or twice
- I. 3 to 5 times
- J. 6 to 9 times
- K. 10 to 19 times
- L. 20 to 39 times
- M. 40 or more times

ASK ALL

The next few questions are about bullying. Bullying can occur at school or away from school, and can occur online, face to face or by telephone or text message.

(If required) Bullying could include teasing or calling someone by names, spreading rumours about someone, deliberately leaving someone out of things, threatening someone physically or actually hurting someone.

40a. Have you taken part in bullying someone in the past 3 months?

- Yes → Continue
- No → Go to Q41

40b. Did this happen online in the past 3 months?

- Yes
- No

40c. Did this happen face to face in the past 3 months?

- Yes
- No

40d. Did this happen by using a phone including text messages, in the past 3 months?

- Yes
- No

ABOUT YOUR THOUGHTS & FEELINGS

ASK ALL

Sometimes people experience tough times. The next questions are about different problems you might have experienced during the past 2 weeks.

Please think about each statement that I read out, then say the answer from SHOWCARD 41 that best describes how often you felt that way. You can just say the letter for that answer.

41. In the past 2 weeks, how often have you been bothered by:

	Not at all (A)	Several days (B)	More than half the days (C)	Nearly every day (D)
a. Feeling down, depressed, irritable, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling asleep, staying asleep, or sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Poor appetite, weight loss, or overeating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling tired, or having little energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things like school work, reading, or watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead, or of hurting yourself in some way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF 'NOT AT ALL' IN EVERY CASE, GO TO QUESTION 43. OTHERWISE, CONTINUE

42. Looking at SHOWCARD 42, how difficult have these problems made it for you to do your school or other work, take care of things at home, or get along with other people?

- A. Not difficult at all
- B. Somewhat difficult
- C. Very difficult
- D. Extremely difficult

ASK ONLY IF CHILD AGED 14 . IF CHILD IS 13 OR YOUNGER, GO TO Q49

43. In the past 12 months have you ever deliberately hurt yourself or done anything that you knew might have harmed you or even killed you?

- Yes → Continue
- No → Go to Q45a

44. What was it that you did the most recent time?

Sometimes people feel so depressed about the future that they may consider attempting hurting themselves or attempting suicide.

The next questions ask about attempted suicide. You do not have to answer them if you don't want to.

45a. Have you ever seriously thought about killing yourself?

- Yes → Continue
- No → Go to Q46a

45b. In the past 12 months have you seriously thought about killing yourself?

- Yes
- No

46a. Have you ever made a plan about how you would kill yourself?

- Yes → Continue
- No → Go to Q47a

46b. In the past 12 months have you made a plan about how you would kill yourself?

- Yes
- No

47a. Have you ever tried to kill yourself?

- Yes → Continue
- No → Go to Q49

47b. In the past 12 months have you tried to kill yourself?

- Yes
- No

48. Thank you for sharing that with me. I'd like you to read through the 3 statements on SHOWCARD 48, and tell me which best describes your situation when you made your most recent suicide attempt? Just say the letter next to the best answer.

- A. I made a serious attempt to kill myself and it was only luck that I did not die
- B. I tried to kill myself, but knew that the method was not fool-proof
- C. My attempt was a cry for help. I did not intend to die

ASK ALL

For the next question, we are going to use the scale shown on SHOWCARD 49, where 1 means not at all true, 4 means somewhat true and 7 means very true.

I'm going to read out a series of statements. For each statement, please think about how it relates to your life and then say the number on the scale that corresponds to how true it is for you.

For example, if you think a statement is only a little bit true, you might say 2, or maybe 3 depending on how true. Do you understand what I'm asking you to do?

49. Here's the first statement. Just say the number on the scale of 1 to 7 that best describes how true it is for you.

	Not at all true		Some what true				Very true
	1	2	3	4	5	6	7
a. I feel like I am free to decide for myself how to live my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People I know tell me I am good at what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I get along with people I come into contact with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I generally feel free to express my ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I consider the people I regularly interact with to be my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. People in my life care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Most days I feel a sense of accomplishment from what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel like I can pretty much be myself in my daily situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASK ALL

You are doing really well and we just have a few more questions to go.

The next questions are about times or situations where you might feel worried, scared or afraid. I'm going to read out a series of statements. Looking at SHOWCARD 50, please say how often each of these things happen to you or just read out the letter next to the answer that best fits

50. How often does this happen to you?

	Never (A)	Sometimes (B)	Often (C)	Always (D)
a. I worry about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I have a problem, I get a funny feeling in my stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I have a problem, my heart beats really fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I worry that something bad will happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I have a problem I feel shaky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASK ALL

ABOUT YOUR LEISURE TIME

Now I will ask you a few questions about things that you might do in your free time.

51. About what time do you usually go to sleep on a school night?

_____AM/ PM

52. About what time do you usually wake up in the morning on a school day?

_____AM/ PM

53. About what time do you usually go to sleep on days when you do not have school the next day?

_____AM/ PM

54. About what time do you usually wake up in the morning on days when you do not have school?

_____AM/ PM

55a. Looking at SHOWCARD 55 how many hours do you usually spend in front of a screen on a weekday – Monday to Friday?

- A. None
- B. Less than one hour
- C. 1 to 2 hours
- D. 2 to 4 hours
- E. 4 to 6 hours
- F. More than 6 hours

55b. Still looking at SHOWCARD 55 - How many hours do you usually spend in front of a screen on a weekend day?

- A. None
- B. Less than one hour
- C. 1 to 2 hours
- D. 2 to 4 hours
- E. 4 to 6 hours
- F. More than 6 hours

Thank you for your time. Do you have any other information or comments you would like to share with us?