

TEENAGE FRIENDS AND LIFESTYLE  
QUESTIONNAIRE  
S2

Your name \_\_\_\_\_

Your class \_\_\_\_\_

PRIVATE  
&  
CONFIDENTIAL

Vragenlijst handle bij de  
Glasgow-data.

Hartelijke groet,  
J. L. L.

# Friends and Lifestyle Study

## Questionnaire

**CONFIDENTIAL**

This questionnaire is part of a new survey about the friends, lives and health of today's Scottish children and teenagers. Your answers to these questions are very important. They will help us understand what it is like to grow up in the 1990s.

Your answers will be looked at by the study team and no-one else.

*Please write your name here:*

\_\_\_\_\_

*Your date of birth* \_\_\_\_\_

*Whether you are a boy or girl* \_\_\_\_\_

*And your post code* \_\_\_\_\_

**LIFESTYLE SECTION**

## FRIENDS AND FAMILY

1. How many friends do you have just now?  
Tick one box only.

No friends   
One friend   
A few friends   
Lots of friends

2. Roughly how many of your friends are....  
Circle one answer for each line.

in your class none.....a few.....half.....most.....all  
in your year none.....a few.....half.....most.....all  
in your school none.....a few.....half.....most.....all  
at another school none.....a few.....half.....most.....all

and roughly how many are....

boys none.....a few.....half.....lots.....all  
girls none.....a few.....half.....lots.....all

3. Do you have a boyfriend or girlfriend at the moment?  
Tick one box only.

Yes, I have one now   
I used to have one, but not now   
No, I've never had a boyfriend or girlfriend

4. How many people do you stay with at home?  
Write in the number but DO NOT count yourself!

I stay with.....people at home

5. How many brothers and sisters stay with you?

.....brothers stay with me

.....sisters stay with me

6. Who do you stay with at home?  
Put a circle round 'yes' or 'no' for each person.

I stay with...

my mum.....Yes.....No

my dad.....Yes.....No

my step-mum.....Yes.....No

my step-dad.....Yes.....No

another woman who is not my mum.....Yes.....No

another man who is not my dad.....Yes.....No

7. If you DO NOT stay with your mum or your dad, why is this?  
Put a circle round 'Yes' or 'No' for each reason.

they are separated.....Yes.....No

my mum is not alive.....Yes.....No

my dad is not alive.....Yes.....No

another reason.....Yes.....No

**SMOKING**

8. Do you agree or disagree with the following statements:

Tick one box for each line

	Agree	Disagree
Teenagers who smoke are....	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stupid</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Tough, or they think they are tough.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Weak. They were bullied into it</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bored. They're the ones with nothing to do</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ordinary. They are no different to anyone else</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Trendy, cool.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Rebellious, often causing trouble</i>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you mind other people smoking?

Tick one box only

- Yes, I mind a lot*
- Yes, I mind a bit*
- No, I don't mind much*
- No, I don't mind at all*

10. Do any of the people you stay with smoke tobacco? (cigarettes, roll-ups, cigars or a pipe)?

Circle one answer only for each line.

- mum (or step-mum)*      yes.....no
- dad (or step-dad)*      yes.....no
- brother*                  yes.....no
- sister*                    yes.....no
- someone else I stay with*      yes.....no

11. Has anyone ever offered you a cigarette?

Tick one box only.

- Yes, I've been offered a cigarette but I didn't smoke it*
- Yes, I've been offered a cigarette and I smoked it*
- No, I've never been offered a cigarette*

12. What about you? Do you smoke now, even if it is just occasionally, or have you ever smoked in the past?

Tick one box only

- I have **never** smoked*
- I only tried smoking once*
- I used to smoke but I gave it up*
- I smoke occasionally*
- I smoke regularly (1 or more cigs a week)*

13. How did you get your first cigarette?

Tick one box only.

If you have never smoked, tick the last box.

- I was offered it*
- I asked someone for it*
- I stole it*
- I bought it*
- I got it another way*
- I have never smoked a cigarette*

**IF YOU HAVE NEVER TRIED A CIGARETTE - please answer the next question, then go to Question 24**

14. How likely is it that other children will try to make you smoke?

Circle one answer only.

*very likely      quite likely      quite unlikely      very unlikely*

**15. IF YOU SMOKE, EVEN VERY OCCASIONALLY:**

how many cigarettes do you smoke?

- a week
- a day

**16. Who do you usually smoke with?  
Tick one box for each line**

- |                                          | Yes                      | No                       |
|------------------------------------------|--------------------------|--------------------------|
| <i>I smoke on my own</i>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I smoke with my brother or sister</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I smoke with my best friend</i>       | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I smoke with my friends</i>           | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I smoke no matter who I'm with</i>    | <input type="checkbox"/> | <input type="checkbox"/> |

**17. When do you smoke?  
Tick one box for each line**

- |                                                                  | Yes                      | No                       |
|------------------------------------------------------------------|--------------------------|--------------------------|
| <i>I smoke at particular times each day ( like after school)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I don't smoke at any particular time - just now and again</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I just smoke at parties or when I'm out with friends</i>      | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I smoke whenever I can</i>                                    | <input type="checkbox"/> | <input type="checkbox"/> |

**18. Do you smoke at home, at school, or both?  
Tick one box for each line**

- |                                                  | Yes                      | No                       |
|--------------------------------------------------|--------------------------|--------------------------|
| <i>I smoke during school hours (eg at break)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I smoke before or after school</i>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I smoke at school and at home</i>             | <input type="checkbox"/> | <input type="checkbox"/> |

**19. Where do you smoke?  
Tick one box for each line**

- |                                        | Yes                      | No                       |
|----------------------------------------|--------------------------|--------------------------|
| On school premises (eg toilets, gates) | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking to and from school             | <input type="checkbox"/> | <input type="checkbox"/> |
| Travelling by bus to and from school   | <input type="checkbox"/> | <input type="checkbox"/> |
| On the streets                         | <input type="checkbox"/> | <input type="checkbox"/> |
| In my house                            | <input type="checkbox"/> | <input type="checkbox"/> |
| At a friend's house                    | <input type="checkbox"/> | <input type="checkbox"/> |
| At a relative's house                  | <input type="checkbox"/> | <input type="checkbox"/> |



20. What brand of cigarette do you smoke?

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21. How old were you when you first tried smoking?  
Tick one box.

- less than 7 years old*
- 8 or 9 years old*
- 10 or 11 years old*
- 12 or 13 years old*
- 14 or 15 years old*

22. Why did you start smoking?  
Tick one box

- I wanted to*
- I felt I had to*
- No reason*
- I didn't think about it*

23. And what about the last time you had a cigarette?  
Was it because...  
Tick one box

- You wanted to*
- You felt you had to*
- No reason*
- You didn't think about it*

24. Do you think that you will smoke in the future?  
Circle one answer for each line

- (a) *this time next year*      very likely.....quite likely....quite unlikely....very unlikely  
(b) *by end of fourth year*    very likely.....quite likely....quite unlikely....very unlikely  
(c) *when I've left school*    very likely.....quite likely....quite unlikely....very unlikely

25. Why do you think children and teenagers start to smoke.....  
Circle one answer for each line

- |                                                       |       |          |
|-------------------------------------------------------|-------|----------|
| <i>to join in with their friends who smoke</i>        | agree | disagree |
| <i>they decide to smoke, before they make friends</i> | agree | disagree |
| <i>friends decide together to smoke</i>               | agree | disagree |

26. And do you agree or disagree with the following statements about young people who smoke?  
Circle one answer for each line

- |                                                       |       |          |
|-------------------------------------------------------|-------|----------|
| <i>their mates will slag them if they don't smoke</i> | agree | disagree |
| <i>they'll lose their friends if they don't smoke</i> | agree | disagree |
| <i>smoking has nothing to do with friends</i>         | agree | disagree |

27. Have your friends ever made you feel you should smoke?  
Tick one box only.

- |                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, what did you do?  
Tick one box only

- |                                                |                          |
|------------------------------------------------|--------------------------|
| <i>I did not smoke</i>                         | <input type="checkbox"/> |
| <i>I smoked - but I did not really want to</i> | <input type="checkbox"/> |
| <i>I smoked - but I already wanted to</i>      | <input type="checkbox"/> |
| <i>I smoked - but it was my decision</i>       | <input type="checkbox"/> |

28. Here are some things that people have said about smoking.  
Do you agree?  
For each line, put a circle round one answer only.

<i>smoking calms your nerves.</i>	<i>agree</i>	<i>disagree</i>
<i>once you start to smoke you can't stop</i>	<i>agree</i>	<i>disagree</i>
<i>smoking makes you look big</i>	<i>agree</i>	<i>disagree</i>
<i>smoking helps you make friends</i>	<i>agree</i>	<i>disagree</i>
<i>smoking makes you unfit</i>	<i>agree</i>	<i>disagree</i>
<i>others make fun of you if you don't smoke</i>	<i>agree</i>	<i>disagree</i>
<i>smoking's only bad for you if you smoke a lot</i>	<i>agree</i>	<i>disagree</i>
<i>smoking keeps you slim</i>	<i>agree</i>	<i>disagree</i>
<i>kids smoke because they're told not to</i>	<i>agree</i>	<i>disagree</i>

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## DRINKING

29. Have you ever drunk an alcoholic drink (beer, lager, wine, sherry, cider or spirits like whisky or gin)?  
Tick one box only.

Yes   
No

If No, please go to Question 34. If Yes, carry on.

30. Have you ever had so much alcohol that you've been really drunk?  
Tick one box only.

Yes   
No

31. Do you regularly get drunk (most weeks)?  
Tick one box only

Yes   
No

32. How often do you drink alcohol?  
Tick one box only.

More than once a week   
About once a week   
About once a month   
Once or twice a year   
I don't drink (alcohol)

33. What do you usually drink?  
(If you do not drink at all, just leave blank)

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34. Do you think that you will drink regularly (say once a week) in the future.....  
Circle one answer for each line.

(a) this time next year                      very likely.....quite likely....quite unlikely....very unlikely  
(b) by the end of fourth year                very likely.....quite likely....quite unlikely....very unlikely  
(c) when I've left school                      very likely.....quite likely....quite unlikely....very unlikely

**DRUGS**

This section is about drugs, that is *illegal* drugs, not drugs that the doctor or chemist has prescribed for you.

**35. Has anyone ever offered you illegal drugs?  
Tick one box.**

- Yes and I tried them
- Yes, but I did not try them
- No, I've never been offered any

**36. Have you ever tried, or do you use, any of the following?**

	Never tried	Tried Once	Use Occasionally	Use regularly
Cannabis/grass/hash/pot/weed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glues/solvent/petrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es/ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acid/LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jellies/tranks/downers/sleepers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed/uppers/amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine/methodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin/smack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coke/cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pills - Don't know what	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A mixture/cocktail of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**37 Do you think you will use any illegal drugs in the future....  
Circle one answer for each line.**

- this time next year      very likely.....quite likely.....quite unlikely.....very unlikely
- by the end of fourth year      very likely.....quite likely.....quite unlikely.....very unlikely
- when I've left school      very likely.....quite likely.....quite unlikely.....very unlikely

### FREE TIME

38. Here is a list of things you might do in your free time:  
For each line, circle one answer only:

- |                                                             |                  |                    |                     |                   |
|-------------------------------------------------------------|------------------|--------------------|---------------------|-------------------|
| <i>I listen to tapes or CDs</i>                             | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I look around the shops</i>                              | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I read comics, mags or books</i>                         | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I go to sports matches</i>                               | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I take part in sports</i>                                | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I hang around the streets</i>                            | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I play computer games</i>                                | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I spend time on my hobby<br/>(eg art, an instrument)</i> | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I go to something like B.B.,<br/>Guides, or Scouts.</i>  | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I go to the cinema</i>                                   | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I go to pop concerts, gigs</i>                           | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I go to the church, mosque<br/>or temple</i>             | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I look after a pet animal</i>                            | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I go to dance clubs<br/>or raves</i>                     | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |
| <i>I do nothing much<br/>(am bored)</i>                     | <i>most</i>      | <i>once</i>        | <i>once</i>         | <i>less often</i> |
|                                                             | <i>days.....</i> | <i>a week.....</i> | <i>a month.....</i> | <i>or never</i>   |

39. Have you read or looked at any of these magazines in the past three months?  
 Tick one box for each line

	Yes	No
<i>Just Seventeen</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Match</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mean Machines</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mizz</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>More</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My Guy</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>NME</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shoot</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sky</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Smash Hits</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Face</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Viz</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Any computer mag</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Others</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>What?</i> _____		

40. What about money?

*Do you get pocket money?.....yes.....no*  
*Do you get money for doing a job?.....yes.....no*

41. Altogether, roughly how much money do you get each week?

*On average, each week I get £..... p*

42. Do you regularly take part in any sport, or go training for sport, out of school?  
(eg football, riding, gymnastics, skating, mountain biking)

Yes

No

If yes, what? \_\_\_\_\_  
\_\_\_\_\_

43. Which of the following types of music do you like listening to?  
Tick one or more boxes.

- |                           |                          |                  |                          |
|---------------------------|--------------------------|------------------|--------------------------|
| <i>Rock</i>               | <input type="checkbox"/> | <i>Indie</i>     | <input type="checkbox"/> |
| <i>Chart music</i>        | <input type="checkbox"/> | <i>Jazz</i>      | <input type="checkbox"/> |
| <i>Reggae</i>             | <input type="checkbox"/> | <i>Classical</i> | <input type="checkbox"/> |
| <i>Dance</i>              | <input type="checkbox"/> | <i>60's/70's</i> | <input type="checkbox"/> |
| <i>Heavy Metal</i>        | <input type="checkbox"/> | <i>House</i>     | <input type="checkbox"/> |
| <i>Techno</i>             | <input type="checkbox"/> | <i>Grunge</i>    | <input type="checkbox"/> |
| <i>Folk/Traditional</i>   | <input type="checkbox"/> | <i>Rap</i>       | <input type="checkbox"/> |
| <i>Rave</i>               | <input type="checkbox"/> | <i>Hip Hop</i>   | <input type="checkbox"/> |
| <i>Other (what?).....</i> |                          |                  |                          |



44. These statements are about how you see yourself.  
For each line, circle one answer.

<i>I am pretty sure of myself</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>I often wish I was someone else</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>I am easy to like</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>I have a low opinion of myself</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>I am a failure</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>There are a lot of things about myself I would like to change</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>I am able to do things well</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>Most of the time I am satisfied with myself</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>I like myself</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>I feel I have a number of good qualities</i>	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>

**That's all in this section.**

**FRIENDSHIP SECTION**

**This section is about your friends.**

**There is a page for each one.**

**If you have one friend, please fill in one page.**

**If you have two friends, fill in two pages.**

**And so on up to 6 friends if you want.**

NAME OF 1ST FRIEND \_\_\_\_\_  
1st name 2nd name (surname)

Best friend  or Just a friend

Tick one box

Boy  or Girl

Tick one box

In your class  or In your year  or In another year at your school  or At another school  or Left school

Tick one box

We go around together in school  or We see each other in school and out of school  or We just see each other out of school

Tick one box

We do activities together (sport, computer games, swimming, etc)  We just hang about together; we don't do much  We are close, talk a lot; share secrets  We are like each other; think the same way

Tick one or more boxes

Which of the following best describes this friend? Tick one box only

Popular, loud, good fun, cool  Sporty, popular, trendy   
Trouble-maker, rebel  Sometimes in trouble, dislikes school   
Bit of a loner  Quiet, friendly, nice, doing well at school

NAME OF 2ND FRIEND \_\_\_\_\_  
1st name 2nd name (surname)

Best friend or Just a friend

Tick one box

Boy or Girl

Tick one box

In your class or In your year or In another year at your school or At another school or Left school

Tick one box

We go around together in school or We see each other in school and out of school or We just see each other out of school

Tick one box

We do activities together (sport, computer games, swimming, etc) We just hang about together; we don't do much We are close, talk a lot; share secrets We are like each other; think the same way

Tick one or more boxes

Which of the following best describes this friend? Tick one box only

Popular, loud, good fun, cool  Sporty, popular, trendy   
Trouble-maker, rebel  Sometimes in trouble, dislikes school   
Bit of a loner  Quiet, friendly, nice, doing well at school

NAME OF 3RD FRIEND \_\_\_\_\_  
1st name 2nd name (surname)

Best friend  or Just a friend

Tick one box

Boy  or Girl

Tick one box

In your class  or In your year  or In another year at your school  or At another school  or Left school

Tick one box

We go around together in school  or We see each other in school and out of school  or We just see each other out of school

Tick one box

We do activities together (sport, computer games, swimming, etc)  We just hang about together, we don't do much  We are close, talk a lot; share secrets  We are like each other, think the same way

Tick one or more boxes

Which of the following best describes this friend? Tick one box only

Popular, loud, good fun, cool  Sporty, popular, trendy   
Trouble-maker, rebel  Sometimes in trouble, dislikes school   
Bit of a loner  Quiet, friendly, nice, doing well at school

NAME OF 4TH FRIEND \_\_\_\_\_  
1st name 2nd name (surname)

Best friend  or Just a friend

Tick one box

Boy  or Girl

Tick one box

In your class  or In your year  or In another year at your school  or At another school  or Left school

Tick one box

We go around together in school  or We see each other in school and out of school  or We just see each other out of school

Tick one box

We do activities together (sport, computer games, swimming, etc)  We just hang about together; we don't do much  We are close, talk a lot; share secrets  We are like each other; think the same way

Tick one or more boxes

Which of the following best describes this friend? Tick one box only

Popular, loud, good fun, cool  Sporty, popular, trendy   
Trouble-maker, rebel  Sometimes in trouble, dislikes school   
Bit of a loner  Quiet, friendly, nice, doing well at school

NAME OF 5TH FRIEND \_\_\_\_\_  
1st name 2nd name (surname)

Best friend  or Just a friend

Tick one box

Boy  or Girl

Tick one box

In your class  or In your year  or In another year at your school  or At another school  or Left school

Tick one box

We go around together in school  or We see each other in school and out of school  or We just see each other out of school

Tick one box

We do activities together (sport, computer games, swimming, etc)  We just hang about together; we don't do much  We are close, talk a lot; share secrets  We are like each other, think the same way

Tick one or more boxes

Which of the following best describes this friend? Tick one box only

Popular, loud, good fun, cool  Sporty, popular, trendy   
Trouble-maker, rebel  Sometimes in trouble, dislikes school   
Bit of a loner  Quiet, friendly, nice, doing well at school



NAME OF 6TH FRIEND

1st name

2nd name (surname)

Best friend or Just a friend

Tick one box

Boy

or

Girl

Tick one box

In your class

or

In your year

or

In another year at your school

or

At another school

or

Left school

Tick one box

We go around together in school

or

We see each other in school and out of school

or

We just see each other out of school

Tick one box

We do activities together (sport, computer games, swimming, etc)

We just hang about together; we don't do much

We are close, talk a lot; share secrets

We are like each other; think the same way

Tick one or more boxes

Which of the following best describes this friend?

Tick one box only

Popular, loud, good fun, cool  Sporty, popular, trendy

Trouble-maker, rebel  Sometimes in trouble, dislikes school

Bit of a loner  Quiet, friendly, nice, doing well at school

