



TWELVE YEAR STUDY BOOKLET

Name

Membership No

Please read these instructions carefully before you start.

All of the questions ask you to tick the box next to your answer, like this:

If you want to change your answer, cross out your first choice, like this then tick your new choice.

Each part has its own set of instructions. You can ask somebody to help read the questions, but **it is very important that the answers you give are YOUR answers**, not their's.

All your answers are strictly confidential which means we will keep them securely so only a member of the Teds Team can see them.

Thank you very much for helping us.

Please answer these questions about your home. Think about how things have been in the last 3 months.

	Not True	Quite True	Very True
I have a regular bedtime routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can't hear yourself think in our home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's a real zoo in our home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are usually able to stay on top of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is usually a television turned on somewhere in our home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The atmosphere in our house is calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here are some questions asking you how good you think you are at different activities.

	Not at all good	Not so good	Doing OK	Quite good	Very good
How good do you think you are at reading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at spelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at solving number and money problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at doing maths in your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at multiplying and dividing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at learning about nature and living things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at testing things out to see what they can do (e.g. magnets)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at finding out how things work (e.g. the human body)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at playing team games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at races and competitions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good do you think you are at PE classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here are some Questions about how much you like these activities.

	Don't like it at all	Don't like it	It's OK	Do like it	Like it very much
How much do you like reading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like spelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like solving number and money problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like doing maths in your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like multiplying and dividing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like learning about nature and living things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like testing things out to see what they can do (e.g. magnets)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like finding out how things work (e.g. the human body)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like playing team games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like races and competitions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you like PE classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a list of things that some children do to other children. How often during this school year has another pupil done these things to you?

	Not at all	Once	More than once
Punched me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried to get me into trouble with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Called me names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took something of mine without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried to make my friends turn against me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made fun of me because of my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried to break something of mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurt me physically in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused to talk to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made fun of me for some reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stole something from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beat me up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made other people not talk to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swore at me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately damaged some property of mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you are answering these questions it would help us if you could think about the parent you spend the most time with.

	Not true	Quite true	Very true
When I misbehave I am smacked or slapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I misbehave I am told off or shouted at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I misbehave Mum/Dad explains why what I have done is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I misbehave Mum/Dad is firm and calm with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I misbehave Mum/Dad makes a joke out of it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I misbehave my Mum/Dad asks someone else to deal with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Mum/Dad gets impatient with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel happy about my relationship with my Mum/Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Mum/Dad finds me funny- I make him/her laugh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Mum/Dad sometimes wishes I would leave him/her alone for a few minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my Mum/Dad angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel close to my Mum/Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my Mum/Dad feel frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about how you might have been feeling or acting recently. For each question, please tick the box you think shows how much you have felt or acted in this way in the past two weeks.

	Not true	Quite true	Very true
I didn't enjoy anything at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt so tired I just sat around and did nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was no good anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to think properly or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hated myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought nobody really loved me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought I could never be as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did everything wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about your physical development. We all change and develop physically, mentally and emotionally in the process of growing-up. The physical growth and development of your body is an especially important part of the growing process. Since it is normal for boys and girls to go through these physical changes at different times, we are interested in learning whether you are experiencing any of these changes.

How tall are you? (either metric or imperial)

Metric	Imperial
<input type="text"/> <input type="text"/> <input type="text"/> cm	<input type="text"/> ft <input type="text"/> <input type="text"/> inches

How much do you weigh? (either metric or imperial)

Metric	Imperial
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg	<input type="text"/> <input type="text"/> st <input type="text"/> <input type="text"/> pounds

	Not Yet begun	Barely begun	Definitely begun	Completed	Not sure
Would you say that your growth-spurt (more growth than usual) has-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you say that your body hair (underarm & pubic) growth has-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your skin begun to change (especially spots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick the box to show whether you are male or female

Male

Female

If you are female, please answer the questions in section A below. If you are male, please answer the questions in section B below.

Section A- Females only

	Not Yet begun	Barely begun	Definitely begun	Completed	Not sure
Have your breasts begun to grow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Have you begun to menstruate (to have monthly periods)?	<input type="checkbox"/>	<input type="checkbox"/>

Tick the year of your first period:

Tick the month of your first period:

If you have begun to menstruate, what was the year and month of your first menstruation (period)?

2002
2003
2004
2005
2006
2007
2008

Jan Feb
Mar Apr
May Jun
Jul Aug
Sep Oct
Nov Dec

Section B- Males only

	Not Yet begun	Barely begun	Definitely begun	Completed	Not sure
Has your voice begun to change (deepen)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you begun to grow hair on your face?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give your answers on the basis of how things have been for you over the last 3 months.

	Not true	Quite true	Very true
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, downhearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true	Quite true	Very true
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I am doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

That's it!
**Thank you very much for your
time and effort!**

Please make sure that you have completed as much of this booklet as you can, then seal it in the envelope provided and give it back to your parent(s) to post back to us in the Freepost envelope.

If you can't find the envelope, please call us on our freephone number (0800 317029), or use your own envelope and write our FREEPOST address on the front.

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