

Please read these instructions carefully before you start.

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

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

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

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
First thing in the day, we have a regular routine at home	<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"/>

Which of the following activities do you do, and how much do you enjoy them? If you have never had a go at these activities, please cross Never done.

	Hours per week	Enjoy a lot	Enjoy a bit	It's OK	Don't enjoy much	Don't enjoy at all	Never done
Sports (physical exercise)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer games	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV/DVDs	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organised groups (e.g. youth club, scouts/guides, church)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hang out with friends outside (e.g. in parks, streets)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading for fun	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
<hr/>			
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"/>

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

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 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"/> |

Please give your answers on the basis of how you've felt over the last 3 months.

- | | Not true at all | Just a little bit true | Pretty much true | Very much true |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| I make careless mistakes or have trouble paying close attention to details | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have trouble keeping my attention focused when playing or working | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have trouble listening to what people say to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have trouble finishing my schoolwork or chores | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | | | |
| I have problems organising my tasks and activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't like schoolwork or homework where I have to think a lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I lose things necessary for tasks and activities (e.g., school assignments, pencils, books, or tools) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am distracted when things are going on around me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | | | |
| I am forgetful in my daily activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have trouble playing or doing leisure activities quietly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I fidget (with hands or feet) or squirm in my seat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I leave my seat when I am not supposed to (e.g. in school) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am restless or overactive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Please give your answers on the basis of how you've felt over the last 3 months.

	Not true at all	Just a little bit true	Pretty much true	Very much true
I am always on the go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I give answers to questions before the questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble waiting in line or taking turns with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I interrupt others when they are working or playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Think about your twin, tell us how true each statement is for you and your twin

	Not at all true	A little true	Somewhat true	Pretty true	Really true
Makes me feel good about my ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make each other feel important and special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sticks up for me if others talk behind my back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares about my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Does not tell others my secrets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can count on to keep promises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always tell each other our problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk about the things that make us sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to him/her when I'm angry about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now think about your closest friend (someone who is NOT your twin), tell us how true each statement is for you and this closest friend

	Not at all true	A little true	Somewhat true	Pretty true	Really true
Makes me feel good about my ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make each other feel important and special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sticks up for me if others talk behind my back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares about my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not tell others my secrets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can count on to keep promises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always tell each other our problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk about the things that make us sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to him/her when I'm angry about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking of the parent/guardian you spend the most time with.
Rate how true each statement is for you and your parent/guardian.

	Not at all true	A little true	Somewhat true	Pretty true	Really true
Makes me feel good about my ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make each other feel important and special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sticks up for me if others talk behind my back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares about my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not tell others my secrets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can count on to keep promises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always tell each other our problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Talk about the things that make us sad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Talk to him/her when I'm angry about something | <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"/> |
| <hr/> | | | |
| 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"/> |
| <hr/> | | | |
| 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"/> |
| <hr/> | | | |
| 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"/> |

In my **Science** classes...

	Almost never	Seldom	Sometimes	Often	Very often
My teacher asks questions that have more than one answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher asks me to give reasons for my answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher encourages me to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn from my classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
I use information to support my answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to my classmates about how to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher allows me to get away with doing easy work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher gives me work that makes me really think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In relation to **Science**...

	Almost never	Seldom	Sometimes	Often	Very often
My friends talk about Science outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends discuss things they have learned in Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends enjoy doing Science-related activities outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends are interested in Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In my **Maths** classes...

	Almost never	Seldom	Sometimes	Often	Very often
My teacher asks questions that have more than one answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher asks me to give reasons for my answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher encourages me to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn from my classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
I use information to support my answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to my classmates about how to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher allows me to get away with doing easy work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher gives me work that makes me really think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In relation to **Maths**...

	Almost never	Seldom	Sometimes	Often	Very often
My friends talk about Maths outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends discuss things they have learned in Maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends enjoy doing Maths-related activities outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends are interested in Maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In my **English** classes...

	Almost never	Seldom	Sometimes	Often	Very often
My teacher asks questions that have more than one answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher asks me to give reasons for my answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher encourages me to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn from my classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
I use information to support my answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher allows me to get away with doing easy work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher gives me work that makes me really think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In relation to **English**...

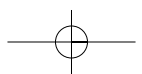
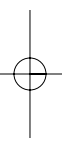
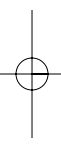
	Almost never	Seldom	Sometimes	Often	Very often
My friends talk about English outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends discuss things they have learned in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends enjoy doing English-related activities outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends are interested in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Not true	Quite true	Very true
My parent(s) think a good education is very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) think that trying to do my best in school is important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) are interested in the marks I get at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What courses do you hope to follow? You can tick more than one box.

- GCSEs
- A-levels
- Apprenticeship
- Vocational course
- Degree
- Other Please specify _____



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 cm or Imperial ft inches

How much do you weigh? (either metric or imperial) Metric . kg or Imperial st 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 and 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 on the next page.

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"/>

Have you begun to menstruate (to have monthly periods)? Yes No

If you have begun to menstruate, what was the month and year of your first menstruation (period)?	2002 <input type="checkbox"/>	2006 <input type="checkbox"/>	Jan <input type="checkbox"/>	Feb <input type="checkbox"/>
	2003 <input type="checkbox"/>	2007 <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>
	2004 <input type="checkbox"/>	2008 <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>
	2005 <input type="checkbox"/>	2009 <input type="checkbox"/>	Jul <input type="checkbox"/>	Aug <input type="checkbox"/>
			Sept <input type="checkbox"/>	Oct <input type="checkbox"/>
			Nov <input type="checkbox"/>	Dec <input type="checkbox"/>

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"/>

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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