



Twin ID:
Name:

TEDS BEHAVIOUR STUDY

For this study, please answer all questions as best you can even if you are unsure what to put or the question seems repetitive or daft! All the questions are important. Remember, there are no right or wrong answers - just respond according to how you feel or how you do things.

Please indicate your answers with a cross

If you make a mistake, shade out and cross the appropriate box, e.g. →

Please remember to complete this questionnaire using BLACK ink only.

Thank you for taking part in this study. Your contribution is very important to us.

Confidentiality

We understand that your thoughts and feelings are private. Please be assured that all responses will remain confidential, and will only be read by the researcher. All responses will be kept in accordance with the Data Protection Act 1998.

Rewards

To say thank you for completing this questionnaire, we would like to send you a £10 voucher for either iTunes or Love2Shop. Please indicate which voucher you would prefer below:

iTunes

Love2Shop

For each statement listed below, how do you compare to other people of your age?

Compared to other people of my age...	Far below average	Below average	Slightly below average	Average	Slightly above average	Above average	Far above average
1. I pay close attention to detail and avoid careless mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I sustain attention on tasks or leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I follow through on instructions and finish school work or chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am organised in my tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I engage in tasks that require sustained mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I keep track of things necessary for activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I ignore distractions that go on around me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I remember to do daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I sit still (control movement of hands/ feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I stay seated when required to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I stop myself from moving about when it is inappropriate to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When engaging in leisure activities, I keep noise levels reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I can settle down and rest (control constant activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am able to control how much I talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I reflect on questions and control blurting out answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I await my turn rather than queue jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I enter into conversations without interrupting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following statements and/or questions, please select the point on the scale that you feel is most appropriate in describing you

1. In general, I consider myself:

1: A very unhappy person	2	3	4: Neutral	5	6	7: A very happy person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Compared to people of my age, I consider myself:

1: Much less happy	2	3	4: Average	5	6	7: Much more happy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Some people are generally very happy and enjoy life regardless of what is going on. To what extent does this describe you?

1: Not at all	2	3	4: Mixed	5	6	7: A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Some people are generally not very happy. Whatever is going on, they never seem as happy as they might be. To what extent does this describe you?

1: Not at all	2	3	4: Mixed	5	6	7: A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In this part of the questionnaire we are interested in a wide variety of experiences. Some of these may be relevant to you and some will not be, but please respond to every statement. Please rate yourself by how often you experience the thoughts or feelings stated below

How often have you thought...?	Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
1. "I need to be on my guard against others"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. "There might be negative comments being spread about me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. "People are deliberately trying to irritate me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. "I might be being observed or followed"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. "People are trying to upset me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. "People are looking at me in an unfriendly way"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. "People are being hostile towards me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. "Bad things are being said about me behind my back"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you thought...?	Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
9. "Someone has bad intentions towards me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. "Someone has it in for me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. "People would harm me if given an opportunity"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. "People might be conspiring against me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. "People are laughing at me"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. "I am under threat from others"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. "I can detect coded messages about me in the press/TV/internet"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the following statements according to how much they apply to you. Please base your ratings on your thoughts and feelings over the last month.

	Very false for me	Moderately false for me	Slightly false for me	Slightly true for me	Moderately true for me	Very true for me
1. When something exciting is coming up in my life, I really look forward to it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When I think about eating my favourite food, I can almost taste how good it is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I don't look forward to things like eating out at restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When I'm on my way to an amusement park, I can hardly wait to ride the roller coasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I get so excited the night before a major holiday I can hardly sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When I think of something tasty, like a chocolate biscuit, I have to have one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Looking forward to a pleasurable experience is in itself pleasurable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I look forward to a lot of things in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When ordering something off a menu, I imagine how good it will taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I hear about a new movie starring my favourite actor, I can't wait to see it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How true are the following statements when you think about your feelings and behaviours over the last two weeks?

Over the last two weeks...	Not true	Quite true	Very true
1. I felt miserable or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I didn't enjoy anything at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt so tired I just sat around and did nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt I was no good anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I cried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I found it hard to think properly or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I hated myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt I was a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I thought that nobody really loved me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I thought I could never be as good as others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I did everything wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate how frequently you have the following experiences.

How often do you...	Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
1. Hear noises or sounds when there is nothing about to explain them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feel that someone is touching you, but when you look nobody is there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hear sounds or music that people near you don't hear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Detect smells which don't seem to come from your surroundings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. See things that other people cannot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Experience unusual burning sensations or other strange feelings in or on your body that can't be explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. See shapes, lights, or colours even though there is nothing really there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hear voices commenting on what you're thinking or doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Notice smells or odours that people next to you seem unaware of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on your thoughts and feelings over the last month, how much do you agree with the following statements?

	Not at all	Somewhat	A great deal	Completely
1. I have a special mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have many great ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Everything I do is great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am, or am destined to be, someone very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am a very special or unusual person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have special abilities that others do not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am much more unique than anyone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Everyone is going to know about me because of my greatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How true are the following statements when you think about your feelings over the last six months?

	Not true	Quite true	Very true
1. I don't want other people to know when I feel afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When I cannot keep my mind on my schoolwork, I worry that I might be going crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It scares me when I feel "shaky"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It scares me when I feel like I am going to faint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It is important for me to stay in control of my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It scares me when my heart beats fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel embarrassed when my stomach rumbles or makes noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It scares me when I feel like I am going to throw up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When I notice that my heart is beating fast, I worry that there might be something wrong with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. It scares me when I have trouble getting my breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When my stomach hurts, I worry that I might be really ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. It scares me when I cannot concentrate on my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Others my age can tell when I feel shaky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Unusual feelings in my body scare me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I am afraid, I worry that I might be crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I get scared when I feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I don't like to let my feelings show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Funny feelings in my body scare me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the questions below.

	Yes	No
1. Are there very few things that you have ever enjoyed doing?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you too independent to get involved with other people?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel very close to your friends?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has dancing or the idea of dancing always seemed dull to you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is trying new foods something you enjoy?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you often feel uncomfortable when your friends touch you?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you prefer watching television to going out with friends?	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the questions below based on your feelings over the last month.

	Yes	No
1. Are you easily confused if too much happens at the same time?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you frequently have difficulty in starting to do things?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a person whose mood goes up and down easily?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you dread going into a room by yourself where other people have already gathered and are talking?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you find it difficult to keep interested in the same thing for a long time?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you often have difficulties in controlling your thoughts?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you easily distracted from work by daydreams?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you ever feel that your speech is difficult to understand because the words are all mixed up and don't make sense?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you easily distracted when you read or talk to someone?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is it hard for you to make decisions?	<input type="checkbox"/>	<input type="checkbox"/>
11. When in a crowded room, do you often have difficulty in following a conversation?	<input type="checkbox"/>	<input type="checkbox"/>

Please read each statement and decide how well it describes you based on your thoughts and behaviours over the last six months.

	Not at all true	Somewhat true	Quite true	Definitely true
1. I express my feelings openly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What I think is 'right' and 'wrong' is different from what other people think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I care about how well I do at school or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I do not care who I hurt to get what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel bad or guilty when I do something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I do not show my emotions to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I do not care about being on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am concerned about the feelings of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I do not care if I get into trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I do not let my feelings control me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I do not care about doing things well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I seem very cold and uncaring to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I easily admit to being wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. It is easy for others to tell how I am feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I always try my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I apologise to someone if I hurt them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I try not to hurt others' feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I do not feel remorseful when I do something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am very expressive and emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I do not like to put the time into doing things well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The feelings of others are unimportant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I hide my feelings from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I work hard on everything I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I do things to make others feel good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a list of statements. Please read each statement and rate how strongly you agree or disagree based on your feelings and behaviours over the last six months.

	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
1. I prefer to do things with others rather than on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I find social situations easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I would rather go to a library than to a party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I find myself drawn more strongly to people than to things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I find it hard to make new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I enjoy social occasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I enjoy meeting new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. New situations make me anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I usually notice car number plates or similar strings of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am fascinated by dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am fascinated by numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I often notice patterns in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I like to collect information about categories of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These six questions ask about how satisfied you generally feel with different areas of your life. Please tick the answer that best represents how you feel about each area.

	Very dissatisfied	Quite dissatisfied	Slightly dissatisfied	Neutral	Slightly satisfied	Quite satisfied	Very satisfied
1. How do you generally feel about your family life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How happy are you with your friendships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How do you feel about your school experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How do you feel about yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How do you feel about where you live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How do you feel about your life, overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions concern your skills and talents.

Do you feel you have a striking skill, compared to your general ability in other areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IF YES, please tick ALL that apply: Maths Music Art Memory

Other: Science Sport Dance/Drama Social skills
 Writing Technology/Computing Mechanical

Do others tell you that you have a special ability, superior even to most adults?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IF YES, please tick ALL that apply: Maths Music Art Memory

Other: Science Sport Dance/Drama Social skills
 Writing Technology/Computing Mechanical

How well do the following statements describe you? Please give your answers based on how things have been for you over the last six months.

	Not true	Quite true	Very true
1. I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true	Quite true	Very true
12. I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about how you perceive your body. Please answer based on your feelings over the last six months.

Over the last six months...	1 (not at all)	2	3 (slightly)	4	5 (moderately)	6	7 (extremely)	Prefer not to answer
1. Have you felt fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had a definite fear that you might gain weight or become fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your weight influenced how you think about yourself as a person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your shape influenced how you think about yourself as a person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The questions below deal with your own behaviour. For each question, please mark whether you have ever done the behaviour, how many times (please be as exact as you can), and how old you were the first time you did the behaviour.

Please be honest – remember that your answers are confidential so they will only ever be seen by the researcher.

1. Have you ever stolen (or tried to steal) something?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, how old were you when you first did this? (in years)		
Less than 5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-9 <input type="checkbox"/> 10-11 <input type="checkbox"/> 12-13 <input type="checkbox"/> 14-15 <input type="checkbox"/> 16+ <input type="checkbox"/>		
If yes, how many times have you ever done this? (time/s)		
Once <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20+ <input type="checkbox"/>		
2. Have you ever run away from home?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, how old were you when you first did this? (in years)		
Less than 5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-9 <input type="checkbox"/> 10-11 <input type="checkbox"/> 12-13 <input type="checkbox"/> 14-15 <input type="checkbox"/> 16+ <input type="checkbox"/>		
If yes, how many times have you ever done this? (time/s)		
Once <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20+ <input type="checkbox"/>		
3. Have you ever attacked someone with the idea of seriously hurting or killing him or her?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, how old were you when you first did this? (in years)		
Less than 5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-9 <input type="checkbox"/> 10-11 <input type="checkbox"/> 12-13 <input type="checkbox"/> 14-15 <input type="checkbox"/> 16+ <input type="checkbox"/>		
If yes, how many times have you ever done this? (time/s)		
Once <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20+ <input type="checkbox"/>		
4. Have you ever been involved in gang fights?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, how old were you when you first did this? (in years)		
Less than 5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-9 <input type="checkbox"/> 10-11 <input type="checkbox"/> 12-13 <input type="checkbox"/> 14-15 <input type="checkbox"/> 16+ <input type="checkbox"/>		
If yes, how many times have you ever done this? (time/s)		
Once <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20+ <input type="checkbox"/>		
5. Have you ever hit (or threatened to hit) one of your parents?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, how old were you when you first did this? (in years)		
Less than 5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-9 <input type="checkbox"/> 10-11 <input type="checkbox"/> 12-13 <input type="checkbox"/> 14-15 <input type="checkbox"/> 16+ <input type="checkbox"/>		
If yes, how many times have you ever done this? (time/s)		

Once	<input type="checkbox"/>	2-4	<input type="checkbox"/>	5-7	<input type="checkbox"/>	8-10	<input type="checkbox"/>	11-15	<input type="checkbox"/>	15-19	<input type="checkbox"/>	20+	<input type="checkbox"/>	
6. Have you ever been loud, rowdy, or unruly in a public place?											yes	<input type="checkbox"/>	no	<input type="checkbox"/>
If yes, how old were you when you first did this? (in years)														
Less than 5	<input type="checkbox"/>	6-7	<input type="checkbox"/>	8-9	<input type="checkbox"/>	10-11	<input type="checkbox"/>	12-13	<input type="checkbox"/>	14-15	<input type="checkbox"/>	16+	<input type="checkbox"/>	
If yes, how many times have you ever done this? (time/s)														
Once	<input type="checkbox"/>	2-4	<input type="checkbox"/>	5-7	<input type="checkbox"/>	8-10	<input type="checkbox"/>	11-15	<input type="checkbox"/>	15-19	<input type="checkbox"/>	20+	<input type="checkbox"/>	
7. Have you ever taken a vehicle for a drive without the owner's permission?											yes	<input type="checkbox"/>	no	<input type="checkbox"/>
If yes, how old were you when you first did this? (in years)														
Less than 5	<input type="checkbox"/>	6-7	<input type="checkbox"/>	8-9	<input type="checkbox"/>	10-11	<input type="checkbox"/>	12-13	<input type="checkbox"/>	14-15	<input type="checkbox"/>	16+	<input type="checkbox"/>	
If yes, how many times have you ever done this? (time/s)														
Once	<input type="checkbox"/>	2-4	<input type="checkbox"/>	5-7	<input type="checkbox"/>	8-10	<input type="checkbox"/>	11-15	<input type="checkbox"/>	15-19	<input type="checkbox"/>	20+	<input type="checkbox"/>	
8. Have you ever used physical force to get money or things from a teacher or other adult at school?											yes	<input type="checkbox"/>	no	<input type="checkbox"/>
If yes, how old were you when you first did this? (in years)														
Less than 5	<input type="checkbox"/>	6-7	<input type="checkbox"/>	8-9	<input type="checkbox"/>	10-11	<input type="checkbox"/>	12-13	<input type="checkbox"/>	14-15	<input type="checkbox"/>	16+	<input type="checkbox"/>	
If yes, how many times have you ever done this? (time/s)														
Once	<input type="checkbox"/>	2-4	<input type="checkbox"/>	5-7	<input type="checkbox"/>	8-10	<input type="checkbox"/>	11-15	<input type="checkbox"/>	15-19	<input type="checkbox"/>	20+	<input type="checkbox"/>	

The following questions are interested in what you are most usually like. For each of the following statements please select the option that best describes how often you feel that way.

	Almost Never	Not Very Often at All	Not Very Often	Somewhat Often	Very Often	Almost Always
1. It seems that I am doing things automatically without really being aware of what I am doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I rush through activities without being really attentive to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I focus so much on a future goal I want to achieve that I don't pay attention to what I am doing right now to reach it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I do jobs, chores, or schoolwork automatically without being aware of what I'm doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I find myself doing things without paying attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here is a list of events that might have happened to you recently. Please put a tick in either the 'No' or 'Yes' box if the event has happened in the past year.

If you answered 'yes' then please indicate what it was like, choosing one of the options given, ranging from 'very unpleasant' to 'very pleasant'. In the past year, I have experienced...

	Yes	No	Very unpleasant	Moderately unpleasant	Neither unpleasant or pleasant	Moderately pleasant	Very pleasant
1. The loss of a job by my father or mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Marital separation of my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Becoming involved with drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The death of a close friend or relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Being hospitalized for illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Being sent away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Breaking up with a boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The hospitalization of my brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Suspension from school/college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Failing an important exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Remarriage of a parent to a stepparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hospitalization of a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Being responsible for a road accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. A major decrease in parental income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Getting pregnant or fathering a pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Outstanding personal achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Very unpleasant	Moderately unpleasant	Neither unpleasant or pleasant	Moderately pleasant	Very pleasant
17. Decrease in number of arguments between parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Becoming a member of a church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Beginning to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Moving to a new school or college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you left or right handed?

	Left handed	Right handed	Mixed handed
1. I am...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Left hand	Right hand	Mixed
2. When writing, I use my...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are also interested in your use of social networking sites, such as Facebook.

	Yes	No
1. Do you have a Facebook account?	<input type="checkbox"/>	<input type="checkbox"/>

	Less than one month	One – six months	Six months – one year	Two – Four years	Five years or more	No account
2. How long have you had a Facebook account for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What do you use Facebook for? Please check all that apply.

- Sending/receiving messages
 Sending/receiving wall posts
 Talking on chat
 Sharing photos
 Meeting new people
 Organising events
 Facebook places
 Playing games or using applications
 No account

	Three times or more per day	Twice a day	Once a day	A couple of times a week	Once a week	Once a month	Less than once a month	No account
4. How often do you typically check Facebook for updates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Less than 30 mins	30 mins - 1 hour	1 - 5 hours	5 - 10 hours	10 - 20 hours	20 hours or more	No account
5. On average, how much time per week do you think you spend on Facebook?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How many friends do you have on Facebook? Please enter in the boxes below with one digit per box. If you don't have a Facebook account, then please put a cross for 'no account'.

No account

7. Where are you when you log in to Facebook? Please check all that apply.

- computer in my bedroom
 computer anywhere else at home
 at school
 at library
 at a friend's house
 on mobile phone
 on iPad/iPod touch or similar
 No account

8. Which other social networking sites do you belong to?

- Myspace
 Bebo
 Twitter
 Piczo
 Blogger
 Other
 Don't belong to any other social networks

Thank you for completing this questionnaire.
We really appreciate your contribution.