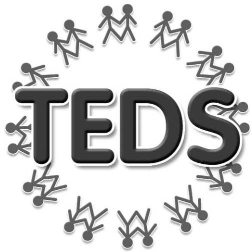

KING'S College LONDON Founded 1829

University of London

| 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 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 |
|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

| 1: Much less happy | 2 | 3 | 4: Average | 5 | 6 | 7: Much more happy |
|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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 |
|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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 |
|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**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" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. "There might be negative comments being spread about me" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. "People are deliberately trying to irritate me" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. "I might be being observed or followed" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. "People are trying to upset me" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. "People are looking at me in an unfriendly way" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. "People are being hostile towards me" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. "Bad things are being said about me behind my back" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. "Someone has bad intentions towards me" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. "Someone has it in for me" | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| How often have you thought…? | Not at all | Rarely | Once a month | Once a week | Several times a week | Daily |
|---|---|---|---|---|---|---|
| 11. “People would harm me if given an opportunity” | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. “People might be conspiring against me” | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. “People are laughing at me” | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. “I am under threat from others” | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. “I can detect coded messages about me in the press/TV/internet” | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Not distressed | A bit distressed | Quite distressed | Very distressed |
|---|---|---|---|---|
| Overall, how distressed are you by these thoughts and feelings? | ☐ | ☐ | ☐ | ☐ |

**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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. When I think about eating my favourite food, I can almost taste how good it is | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. I don’t look forward to things like eating out at restaurants | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. When I’m on my way to an amusement park, I can hardly wait to ride the roller coasters | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. I get so excited the night before a major holiday I can hardly sleep | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. When I think of something tasty, like a chocolate biscuit, I have to have one | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Looking forward to a pleasurable experience is in itself pleasurable | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. I look forward to a lot of things in my life | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. When ordering something off a menu, I imagine how good it will taste | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. When I hear about a new movie starring my favourite actor, I can’t wait to see it | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**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 | ☐ | ☐ | ☐ |
| 2. I didn't enjoy anything at all | ☐ | ☐ | ☐ |
| 3. I felt so tired I just sat around and did nothing | ☐ | ☐ | ☐ |
| 4. I was very restless | ☐ | ☐ | ☐ |
| 5. I felt I was no good anymore | ☐ | ☐ | ☐ |
| 6. I cried a lot | ☐ | ☐ | ☐ |
| 7. I found it hard to think properly or concentrate | ☐ | ☐ | ☐ |
| 8. I hated myself | ☐ | ☐ | ☐ |
| 9. I felt I was a bad person | ☐ | ☐ | ☐ |
| 10. I felt lonely | ☐ | ☐ | ☐ |
| 11. I thought that nobody really loved me | ☐ | ☐ | ☐ |
| 12. I thought I could never be as good as others | ☐ | ☐ | ☐ |
| 13. I did everything wrong | ☐ | ☐ | ☐ |

**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? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Feel that someone is touching you, but when you look nobody is there? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Hear sounds or music that people near you don't hear? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Detect smells which don't seem to come from your surroundings? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. See things that other people cannot? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Experience unusual burning sensations or other strange feelings in or on your body that can't be explained? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. See shapes, lights, or colours even though there is nothing really there? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Hear voices commenting on what you're thinking or doing? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Notice smells or odours that people next to you seem unaware of? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Not distressed | A bit distressed | Quite distressed | Very distressed |
|---|---|---|---|---|
| Overall, how distressed are you by these experiences? | ☐ | ☐ | ☐ | ☐ |

**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 | ☐ | ☐ | ☐ | ☐ |
| 2. I have many great ideas | ☐ | ☐ | ☐ | ☐ |
| 3. Everything I do is great | ☐ | ☐ | ☐ | ☐ |
| 4. I am, or am destined to be, someone very important | ☐ | ☐ | ☐ | ☐ |
| 5. I am a very special or unusual person | ☐ | ☐ | ☐ | ☐ |
| 6. I have special abilities that others do not | ☐ | ☐ | ☐ | ☐ |
| 7. I am much more unique than anyone else | ☐ | ☐ | ☐ | ☐ |
| 8. Everyone is going to know about me because of my greatness | ☐ | ☐ | ☐ | ☐ |

| | Not distressed | A bit distressed | Quite distressed | Very distressed |
|---|---|---|---|---|
| Overall, how distressed are you by these thoughts? | ☐ | ☐ | ☐ | ☐ |

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

**Please answer the questions below.**

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

**Please answer the questions below based on your feelings <u>over the last month</u>.**

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

| | Not distressed | A bit distressed | Quite distressed | Very distressed |
|---|---|---|---|---|
| Overall, how distressed are you by these feelings? | ☐ | ☐ | ☐ | ☐ |

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

| | Definitely disagree | Slightly disagree | Slightly agree | Definitely agree |
|---|---|---|---|---|
| 1. I prefer to do things with others rather than on my own | ☐ | ☐ | ☐ | ☐ |
| 2. I find social situations easy | ☐ | ☐ | ☐ | ☐ |
| 3. I would rather go to a library than to a party | ☐ | ☐ | ☐ | ☐ |
| 4. I find myself drawn more strongly to people than to things | ☐ | ☐ | ☐ | ☐ |

| | Definitely disagree | Slightly disagree | Slightly agree | Definitely agree |
|---|---|---|---|---|
| 5. I find it hard to make new friends | ☐ | ☐ | ☐ | ☐ |
| 6. I enjoy social occasions | ☐ | ☐ | ☐ | ☐ |
| 7. I enjoy meeting new people | ☐ | ☐ | ☐ | ☐ |
| 8. New situations make me anxious | ☐ | ☐ | ☐ | ☐ |
| 9. I usually notice car number plates or similar strings of information | ☐ | ☐ | ☐ | ☐ |
| 10. I am fascinated by dates | ☐ | ☐ | ☐ | ☐ |
| 11. I am fascinated by numbers | ☐ | ☐ | ☐ | ☐ |
| 12. I often notice patterns in things | ☐ | ☐ | ☐ | ☐ |
| 13. I like to collect information about categories of things | ☐ | ☐ | ☐ | ☐ |

**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? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. How happy are you with your friendships? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. How do you feel about your school experience? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. How do you feel about yourself? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. How do you feel about where you live? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. How do you feel about your life, overall? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

| | Not true | Quite true | Very true |
|---|---|---|---|
| 1. I try to be nice to other people. I care about their feelings | ☐ | ☐ | ☐ |
| 2. I am restless, I cannot stay still for long | ☐ | ☐ | ☐ |
| 3. I get a lot of headaches, stomach-aches or sickness | ☐ | ☐ | ☐ |
| 4. I usually share with others (food, games, pens etc.) | ☐ | ☐ | ☐ |
| 5. I get very angry and often lose my temper | ☐ | ☐ | ☐ |

| | Not true | Quite true | Very true |
|---|---|---|---|
| 6. I am usually on my own. I generally play alone or keep to myself | ☐ | ☐ | ☐ |
| 7. I usually do as I am told | ☐ | ☐ | ☐ |
| 8. I worry a lot | ☐ | ☐ | ☐ |
| 9. I am helpful if someone is hurt, upset or feeling ill | ☐ | ☐ | ☐ |
| 10. I am constantly fidgeting or squirming | ☐ | ☐ | ☐ |
| 11. I have one good friend or more | ☐ | ☐ | ☐ |
| 12. I fight a lot. I can make other people do what I want | ☐ | ☐ | ☐ |
| 13. Other people my age generally like me | ☐ | ☐ | ☐ |
| 14. I am easily distracted, I find it difficult to concentrate | ☐ | ☐ | ☐ |
| 15. I am nervous in new situations. I easily lose confidence | ☐ | ☐ | ☐ |
| 16. I am kind to younger children | ☐ | ☐ | ☐ |
| 17. I am often accused of lying or cheating | ☐ | ☐ | ☐ |
| 18. Other children or young people pick on me or bully me | ☐ | ☐ | ☐ |
| 19. I often volunteer to help others (parents, teachers, children) | ☐ | ☐ | ☐ |
| 20. I think before I do things | ☐ | ☐ | ☐ |
| 21. I take things that are not mine from home, school or elsewhere | ☐ | ☐ | ☐ |
| 22. I get on better with adults than with people my own age | ☐ | ☐ | ☐ |
| 23. I have many fears, I am easily scared | ☐ | ☐ | ☐ |
| 24. I finish the work I’m doing. My attention is good | ☐ | ☐ | ☐ |

| | Yes | No |
|---|---|---|
| 1. In general I think people can be trusted | ☐ | ☐ |

| | Strongly disagree | Disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Agree | Strongly agree |
|---|---|---|---|---|---|---|---|
| 1. My life interests and excites me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. I find it satisfying to think about what I have accomplished in life | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. I have a philosophy of life that really gives my living significance | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I have a clear idea of what my future goals and aims are | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. My life is significant | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**For each of the following statements, please select the point on the scale that you feel is most appropriate in describing you.**

| | 1: Not at all true | 2 | 3 | 4: Somewhat true | 5 | 6 | 7: Very true |
|---|---|---|---|---|---|---|---|
| 1. I feel like I am free to decide for myself how to live my life | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. I really like the people I interact with | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Often, I do not feel very competent | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I feel pressured in my life | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. People I know tell me I am good at what I do | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I get along with people I come into contact with | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. I pretty much keep to myself and don’t have a lot of social contacts | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. I generally feel free to express my ideas and opinions | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. I consider the people I regularly interact with to be my friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. I have been able to learn interesting new skills recently | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. In my daily life, I frequently have to do what I am told | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. People in my life care about me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. Most days I feel a sense of accomplishment from what I do | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. People I interact with on a daily basis tend to take my feelings into consideration | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. In my life I do not get much of a chance to show how capable I am | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. There are not many people that I am close to | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. I feel like I can pretty much be myself in my daily situations | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. The people I interact with regularly do not seem to like me much | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. I often do not feel very capable | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. There is not much opportunity for me to decide for myself how to do things in my daily life | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 21. People are generally pretty friendly towards me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|---|---|---|---|---|
| 1. I admire people who own expensive homes, cars, and clothes | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. The things I own say a lot about how well I'm doing in life | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Buying things gives me a lot of pleasure | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I like a lot of luxury in my life | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. My life would be better if I owned certain things I don't have | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I'd be happier if I could afford to buy more things | ☐ | ☐ | ☐ | ☐ | ☐ |

**The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month, i.e. weekdays.**

1. When have you usually gone to bed at night?

| 8pm – 9pm | 9pm – 10pm | 10pm – 11pm | 11pm – 12am | 12am - 1am | Later than 1am |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

2. How long (in minutes) has it usually taken you to fall asleep each night?

| Less than 5 mins | 5 – 10 mins | 10 – 15 mins | 15 – 20 mins | 20 – 30 mins | Longer than 30 mins |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

3. When have you usually gotten up in the morning?

| Earlier than 6am | 6am – 7am | 7am – 8am | 8am – 9am | Later than 9am |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

4. How many hours of actual sleep did you get at night?
(This may be different from the number of hours you spent in bed.)

| Less than 5 hours | 5 – 6 hours | 6 – 7 hours | 7 – 8 hours | 8 – 9 hours | 9 – 10 hours | More than 10 hours |
|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

5. During the past month, how often have you had trouble sleeping because you:

| | Not during the past month | Less than once a week | Once or twice a week | Three or more times a week |
|---|---|---|---|---|
| Cannot get to sleep within 30 minutes | ☐ | ☐ | ☐ | ☐ |
| Wake up in the middle of the night or early morning | ☐ | ☐ | ☐ | ☐ |
| Have to get up to use the bathroom | ☐ | ☐ | ☐ | ☐ |
| Cannot breathe comfortably | ☐ | ☐ | ☐ | ☐ |
| Cough or snore loudly | ☐ | ☐ | ☐ | ☐ |
| Feel too cold | ☐ | ☐ | ☐ | ☐ |
| Feel too hot | ☐ | ☐ | ☐ | ☐ |
| Had bad dreams | ☐ | ☐ | ☐ | ☐ |
| Have pain | ☐ | ☐ | ☐ | ☐ |

| | Never during the past month | Less than once a week | Once or twice a week | Three or more times a week |
|---|---|---|---|---|
| 6. During the past month, how often have you taken medicine to help you sleep (prescribed, or 'over the counter') | ☐ | ☐ | ☐ | ☐ |
| 7. During the past month, how often have you had trouble staying awake while eating meals or engaging in social activity? | ☐ | ☐ | ☐ | ☐ |

| | No problem at all | Only a very slight problem | Somewhat of a problem | A very big problem |
|---|---|---|---|---|
| 8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? | ☐ | ☐ | ☐ | ☐ |

| | Very good | Fairly good | Fairly bad | Very bad |
|---|---|---|---|---|
| 9. During the past month, how would you rate your sleep quality overall? | ☐ | ☐ | ☐ | ☐ |

**The following questions relate to problems people may have with insomnia. Please rate the current severity of any insomnia problems you may have, or if you do not experience these problems then please select 'none'.**

| | None | Mild | Moderate | Severe | Very severe |
|---|---|---|---|---|---|
| 1. Difficulty falling asleep | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Difficulty staying asleep | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Problems waking up too early | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Very satisfied | Satisfied | Moderately satisfied | Dissatisfied | Very dissatisfied |
|---|---|---|---|---|---|
| 4. How satisfied/dissatisfied are you with your current sleep pattern? | ☐ | ☐ | ☐ | ☐ | ☐ |

| | No sleep problem | Not at all | A little | Somewhat | Much | Very |
|---|---|---|---|---|---|---|
| 5. How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. How worried/distressed are you about your current sleep problem? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. To what extent do you consider your sleep problem to interfere with your daily functioning currently? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

NB by daily functioning we mean daytime fatigue, mood, concentration, memory etc

**These next questions relate to your consumption of alcohol, tobacco and drugs.**

| | Yes | No |
|---|---|---|
| 1. Have you ever drunk alcohol? | ☐ | ☐ |

If yes, go to Q2. If no, go to Q6.

2. Think back over the last 30 days. How many full drinks (if any) of the following types of alcohol have you had?

| | Number of full drinks | | | | | | |
|---|---|---|---|---|---|---|---|
| | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
| Beer, lager, cider or “alcopops” | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Wine | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Spirits (include spirits mixed with soft drinks) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week |
|---|---|---|---|---|---|
| 3. How often do you have a drink containing alcohol? | ☐ | ☐ | ☐ | ☐ | ☐ |

If never, please go to Q6.

| | 1 or 2 | 3 or 4 | 5 or 6 | 7, 8 or 9 | 10 or more |
|---|---|---|---|---|---|
| 4. How many units do you drink on a typical day when you are drinking? | ☐ | ☐ | ☐ | ☐ | ☐ |

One unit of alcohol is: ½ pint average strength beer/lager *OR* one glass of wine *OR* one single measure of spirits.
Note: a can of high strength beer or lager contains 3-4 units.

| | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|---|---|---|---|---|---|
| 5. How often do you have six or more units of alcohol on one occasion? | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Yes | No |
|---|---|---|
| 6. Have you ever smoked a cigarette (including roll-ups)? | ☐ | ☐ |

If yes, please go to Q7. If no, please go to Q12.

| 7. Please mark the box next to the statement that describes you the best: | |
|---|---|
| I have only ever tried smoking cigarettes once or twice | ☐ |
| I used to smoke sometimes but I never smoke cigarettes now | ☐ |
| I sometimes smoke cigarettes but I smoke less than one a week | ☐ |
| I usually smoke between one and six cigarettes a week | ☐ |
| I usually smoke more than six cigarettes a week, but not every day | ☐ |
| I usually smoke one or more cigarettes every day | ☐ |

| | Less than 10 years old | 10-12 years old | 13-14 years old | 15-16 years old | 17+ years old |
|---|---|---|---|---|---|
| 8. How old were you when you first smoked a cigarette? | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Less than 5 | 5-19 | 20-49 | 50-99 | 100 or more |
|---|---|---|---|---|---|
| 9. How many cigarettes have you smoked, **in total**, in your lifetime? | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Yes | No |
|---|---|---|
| 10. Have you smoked any cigarettes in the last 12 months? | ☐ | ☐ |

| | 1-5 | 6-10 | 11-20 | 20 or more | Do not smoke daily |
|---|---|---|---|---|---|
| 11. If you smoke on a daily basis, on average how many cigarettes do you smoke per day? | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Yes | No |
|---|---|---|
| 12. Have you ever tried cannabis? (also called marijuana, hash, dope, pot, skunk, grass, weed) | ☐ | ☐ |

If yes go to Q13, if no go to Q25.

13. Please mark the box next to the statement that describes you the best:

| | |
|---|---|
| I have only ever tried cannabis once or twice | ☐ |
| I used to sometimes use cannabis but I never do now | ☐ |
| I sometimes use cannabis but less often than once a week | ☐ |
| I usually use cannabis between one and six times a week | ☐ |
| I usually use cannabis every day | ☐ |

| | Less than 10 years old | 10-12 years old | 13-14 years old | 15-16 years old | 17+ years old |
|---|---|---|---|---|---|
| 14. How old were you when you first tried cannabis? | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Less than 5 | 5-19 | 20-49 | 50-99 | 100 or more |
|---|---|---|---|---|---|
| 15. How many times have you used cannabis, in total? | ☐ | ☐ | ☐ | ☐ | ☐ |

16. Which type of cannabis have you most commonly used or taken?

| | |
|---|---|
| Marijuana (also called grass, weed, green) | ☐ |
| Resin (also called hash, solid, soap-bar, black) | ☐ |
| Skunk | ☐ |
| Other | ☐ |
| Don’t know | ☐ |

17. Have you ever had any of the following experiences **within 1 hour** of using or taking cannabis? (You can mark more than one answer).

| | |
|---|---|
| Feeling sick or sweaty | ☐ |
| Feeling calm and relaxed | ☐ |
| Feeling very anxious or panicky | ☐ |
| Feeling that people are spying on you, or trying to harm you | ☐ |
| Feeling that you want to laugh at everything around you | ☐ |
| Hearing voices that other people couldn’t hear | ☐ |
| Seeing things that other people couldn’t see | ☐ |
| Feeling more sociable and friendly | ☐ |

| | Yes | No |
|---|---|---|
| 18. Have you used cannabis within the last twelve months? | ☐ | ☐ |

If yes go to Q19, if no go to Q25.

**The next questions are about your use of cannabis <u>within the last twelve months</u>:**

| | Never | Rarely | From time to time | Fairly often | Very often |
|---|---|---|---|---|---|
| 19. Have you ever used cannabis before midday? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. Have you ever used cannabis when you were alone? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 21. Have you ever had memory problems when you used cannabis? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. Have friends or family members ever told you that you ought to reduce your cannabis use? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23. Have you ever tried to reduce or stop your cannabis use without succeeding? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. Have you ever had problems because of your use of cannabis (argument, fight, accident, bad results at school, other problems)? | ☐ | ☐ | ☐ | ☐ | ☐ |

**The next questions are about drugs that people sometimes take.**

25. Have you ever tried inhaling or sniffing any of the following within the last twelve months?

| | No | Yes, less than 5 times | Yes, more than 5 times |
|---|---|---|---|
| Aerosols | ☐ | ☐ | ☐ |
| Gas (butane and lighter refills) | ☐ | ☐ | ☐ |
| Glue | ☐ | ☐ | ☐ |
| Solvents (including petrol and paint thinners) | ☐ | ☐ | ☐ |
| Poppers (also known as amyl nitrates, liquid gold, rush) | ☐ | ☐ | ☐ |

26. Have you tried, taken or used any of the following drugs within the last twelve months?

| | No | Yes, less than 5 times | Yes, more than 5 times |
|---|---|---|---|
| Amphetamines (speed, crystal meth) | ☐ | ☐ | ☐ |
| Ecstasy (also called E, pills, MDMA) | ☐ | ☐ | ☐ |
| LSD (also called acid, tabs, trips) | ☐ | ☐ | ☐ |
| Magic mushrooms (also called shrooms) | ☐ | ☐ | ☐ |
| Cocaine (also called Charlie, C, coke) | ☐ | ☐ | ☐ |
| Crack (also called rock, stone) | ☐ | ☐ | ☐ |
| Heroin (also called smack, junk, H) | ☐ | ☐ | ☐ |
| Ketamine (also called K, special K) | ☐ | ☐ | ☐ |
| Steroids (not prescribed by a doctor) | ☐ | ☐ | ☐ |

**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 pleasant nor unpleasant | Moderately pleasant | Very pleasant |
|---|---|---|---|---|---|---|---|
| 1. The loss of a job by my father or mother | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Marital separation of my parents | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Becoming involved with drugs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. The death of a close friend or relative | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Being hospitalized for illness or injury | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Being sent away from home | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Breaking up with a boyfriend/ girlfriend | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. The hospitalization of my brother or sister | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Suspension from school/college | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. Failing an important exam | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. Remarriage of a parent to a stepparent | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. Hospitalization of a parent | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. Being responsible for a road accident | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. A major decrease in parental income | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. Getting pregnant or fathering a pregnancy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. Outstanding personal achievement | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. Decrease in number of arguments between parents | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. Becoming a member of a church | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. Beginning to date | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. Moving to a new school or college | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Are you left or right handed?**

| | Left handed | Right handed | Mixed handed |
|---|---|---|---|
| 1. I am… | ☐ | ☐ | ☐ |

| | Left hand | Right hand | Mixed |
|---|---|---|---|
| 2. When writing, I use my… | ☐ | ☐ | ☐ |

**We are also interested in your use of Facebook and Twitter.**

| | Yes | No |
|---|---|---|
| 1. Do you have a Facebook account? | ☐ | ☐ |

| | Less than 1 month | 1 - 6 months | 6 months - 1 year | 2 - 4 years | 5 years or more | No account |
|---|---|---|---|---|---|---|
| 2. How long have you had a Facebook account for? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | 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 |
|---|---|---|---|---|---|---|---|---|
| 3. How often do you typically check Facebook for updates? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Less than 30 mins | 30 mins - 1 hour | 1 - 5 hours | 5 - 10 hours | 10 - 20 hours | 20 hours or more | No account |
|---|---|---|---|---|---|---|---|
| 4. On average, how much time per week do you think you spend on Facebook? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

5. 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

6. If you have a Twitter account and you would be happy for us to follow you, what is your Twitter username? Please enter in the boxes below with one letter or digit per box. If you don't have a Twitter account, then please put a cross for 'no account'.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ No account

**Thank you for answering our questions.**
**We really appreciate your help.**