

## 16 Year Behaviour/LEAP Study Child Booklet Coding (Wave 1 and Wave 2)

The layout and formatting of the original booklet have been changed, in order to accommodate variable names and value codes. As a result, the number of items on some pages has changed, hence page numbering has been removed. The wording of the questions themselves is unchanged.

Almost all responses in this booklet were recorded by means of tick boxes, and these have been numerically coded. The two exceptions are the questions about the number of Facebook friends and the Twitter username, near the end of the booklet - these questions had free numeric/text responses instead of tick boxes.

This document shows the numeric response value codes (for tick boxes) and the variable names for every item in the booklet, both in the analysis dataset and in the database of raw data.

### Variables in the analysis dataset

Variable names and response value codes used in the analysis dataset are shown in RED for all items.

All items in this booklet are twin-specific. In the dataset, these items have been double entered, with one row of data per twin, and with the twin and co-twin data in each row. To differentiate between equivalent variables for twin and co-twin, the variable names as shown in this document have suffixes added in the dataset: variables for the twin identified in a given row of data have '1' appended to their names, while variables for the co-twin have '2' appended to their names. (Note this does not relate to which twin is the elder or younger in each pair.) The variable names shown in this document do not have the suffix '1' or '2' added.

### Variables in the cleaned raw data

The cleaned and aggregated raw data are stored in an Access database.

Variable names are shown in RED, because in nearly all cases these are the same as those used in the dataset, minus the suffix '1' or '2' that is added to each dataset variable name (as described above). In a very few cases, variable names are shown in BLUE for variables that differ between the raw data and the dataset. Where response value codes differ in the raw data from those used in the dataset, the raw data codes are shown in BLUE (usually in table headings), while the dataset codes are shown in RED (in the body of the table).

For some measures, the response value codes in the raw data are identical to those used in the dataset. In these cases, the coding is shown in RED only. Notes in BLUE are used to explain whether or not the response value coding has changed from the raw data to the dataset.

In the cleaned raw data, values -99 and -77 are used to denote 'missing' and 'not applicable' respectively in the cleaned raw data, while these are replaced by missing values in the analysis dataset.

### Changes from wave 1 to wave 2

Several measures used in the wave 1 booklet were dropped, while several new measures were added, for wave 2 of the study. Explanatory notes (in RED) show whether each measure was included in wave 1 only, wave 2 only, or both waves. Where measures were retained for both waves, consistent variable names and response codes have been used across waves.

Twin ID: **TwinID**  
(numeric ID number - used in the raw data but not in the analysis dataset)

Name:  
(not in the raw data)

## 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

**Not in the raw data - used only for admin purposes at the time of data collection.**

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

[INCLUDED IN WAVE 1 ONLY]

Compared to other people of my age... (response coding in the raw data is the same as in the dataset)		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	pcbhswan01	1	2	3	4	5	6	7
2. I sustain attention on tasks or leisure activities	pcbhswan02	1	2	3	4	5	6	7
3. I listen when spoken to directly	pcbhswan03	1	2	3	4	5	6	7
4. I follow through on instructions and finish school work or chores	pcbhswan04	1	2	3	4	5	6	7
5. I am organised in my tasks and activities	pcbhswan05	1	2	3	4	5	6	7
6. I engage in tasks that require sustained mental effort	pcbhswan06	1	2	3	4	5	6	7
7. I keep track of things necessary for activities	pcbhswan07	1	2	3	4	5	6	7
8. I ignore distractions that go on around me	pcbhswan08	1	2	3	4	5	6	7
9. I remember to do daily activities	pcbhswan09	1	2	3	4	5	6	7
10. I sit still (control movement of hands/ feet)	pcbhswan10	1	2	3	4	5	6	7
11. I stay seated when required to	pcbhswan11	1	2	3	4	5	6	7
12. I stop myself from moving about when it is inappropriate to do so	pcbhswan12	1	2	3	4	5	6	7
13. When engaging in leisure activities, I keep noise levels reasonable	pcbhswan13	1	2	3	4	5	6	7
14. I can settle down and rest (control constant activity)	pcbhswan14	1	2	3	4	5	6	7
15. I am able to control how much I talk	pcbhswan15	1	2	3	4	5	6	7
16. I reflect on questions and control blurting out answers	pcbhswan16	1	2	3	4	5	6	7
17. I await my turn rather than queue jumping	pcbhswan17	1	2	3	4	5	6	7
18. I enter into conversations without interrupting	pcbhswan18	1	2	3	4	5	6	7

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

[INCLUDED IN BOTH WAVES]

(response coding in the raw data is the same as in the dataset)

1. In general, I consider myself: **pcbhshs1**

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

2. Compared to people of my age, I consider myself: **pcbhshs2**

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

3. Some people are generally very happy and enjoy life regardless of what is going on. To what extent does this describe you? **pcbhshs3**

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

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? **pcbhshs4**

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

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

[INCLUDED IN BOTH WAVES]

How often have you thought...? (responses recoded from 1/2/3/4/5/6 in raw data to 0/1/2/3/4/5 in dataset)		Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
		1	2	3	4	5	6
1. "I need to be on my guard against others"	pcbhprnd01	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. "There might be negative comments being spread about me"	pcbhprnd02	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. "People are deliberately trying to irritate me"	pcbhprnd03	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. "I might be being observed or followed"	pcbhprnd04	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. "People are trying to upset me"	pcbhprnd05	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. "People are looking at me in an unfriendly way"	pcbhprnd06	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. "People are being hostile towards me"	pcbhprnd07	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. "Bad things are being said about me behind my back"	pcbhprnd08	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. "Someone has bad intentions towards me"	pcbhprnd09	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. "Someone has it in for me"	pcbhprnd10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. "People would harm me if given an opportunity"	pcbhprnd11	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. "People might be conspiring against me"	pcbhprnd12	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. "People are laughing at me"	pcbhprnd13	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. "I am under threat from others"	pcbhprnd14	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. "I can detect coded messages about me in the press/TV/internet"	pcbhprnd15	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>[INCLUDED IN WAVE 2 ONLY]</b> (responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)	Not distressed	A bit distressed	Quite distressed	Very distressed
	1	2	3	4
Overall, how distressed are you by these thoughts and feelings? <b>pcbhdistr1</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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.

[INCLUDED IN BOTH WAVES]

(responses recoded from 1/2/3/4/5/6 in raw data to 0/1/2/3/4/5 in dataset)		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	2	3	4	5	6
1. When something exciting is coming up in my life, I really look forward to it	pcbhteps01	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. When I think about eating my favourite food, I can almost taste how good it is	pcbhteps02	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I don't look forward to things like eating out at restaurants	pcbhteps03	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. When I'm on my way to an amusement park, I can hardly wait to ride the roller coasters	pcbhteps04	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I get so excited the night before a major holiday I can hardly sleep	pcbhteps05	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. When I think of something tasty, like a chocolate biscuit, I have to have one	pcbhteps06	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. Looking forward to a pleasurable experience is in itself pleasurable	pcbhteps07	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. I look forward to a lot of things in my life	pcbhteps08	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. When ordering something off a menu, I imagine how good it will taste	pcbhteps09	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. When I hear about a new movie starring my favourite actor, I can't wait to see it	pcbhteps10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

[INCLUDED IN BOTH WAVES]

Over the last two weeks... (responses recoded from 1/2/3 in raw data to 0/1/2 in dataset)		Not true	Quite true	Very true
		1	2	3
1. I felt miserable or unhappy	pcbhmfq01	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I didn't enjoy anything at all	pcbhmfq02	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. I felt so tired I just sat around and did nothing	pcbhmfq03	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. I was very restless	pcbhmfq04	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. I felt I was no good anymore	pcbhmfq05	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. I cried a lot	pcbhmfq06	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I found it hard to think properly or concentrate	pcbhmfq07	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. I hated myself	pcbhmfq08	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. I felt I was a bad person	pcbhmfq09	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. I felt lonely	pcbhmfq10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11. I thought that nobody really loved me	pcbhmfq11	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. I thought I could never be as good as others	pcbhmfq12	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. I did everything wrong	pcbhmfq13	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2



Please rate how frequently you have the following experiences.

[INCLUDED IN BOTH WAVES]

How often do you... (responses recoded from 1/2/3/4/5/6 in raw data to 0/1/2/3/4/5 in dataset)	Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
	1	2	3	4	5	6
1. Hear noises or sounds when there is nothing about to explain them? <b>pcbhcaps1</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Feel that someone is touching you, but when you look nobody is there? <b>pcbhcaps2</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Hear sounds or music that people near you don't hear? <b>pcbhcaps3</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Detect smells which don't seem to come from your surroundings? <b>pcbhcaps4</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. See things that other people cannot? <b>pcbhcaps5</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. Experience unusual burning sensations or other strange feelings in or on your body that can't be explained? <b>pcbhcaps6</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. See shapes, lights, or colours even though there is nothing really there? <b>pcbhcaps7</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. Hear voices commenting on what you're thinking or doing? <b>pcbhcaps8</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. Notice smells or odours that people next to you seem unaware of? <b>pcbhcaps9</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[INCLUDED IN WAVE 2 ONLY] (responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)	Not distressed	A bit distressed	Quite distressed	Very distressed
	1	2	3	4
Overall, how distressed are you by these experiences? <b>pcbhdistr2</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

[INCLUDED IN BOTH WAVES]

(responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)		Not at all	Somewhat	A great deal	Completely
		1	2	3	4
1. I have a special mission	pcbhgrnd1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. I have many great ideas	pcbhgrnd2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Everything I do is great	pcbhgrnd3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. I am, or am destined to be, someone very important	pcbhgrnd4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. I am a very special or unusual person	pcbhgrnd5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. I have special abilities that others do not	pcbhgrnd6	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. I am much more unique than anyone else	pcbhgrnd7	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Everyone is going to know about me because of my greatness	pcbhgrnd8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[INCLUDED IN WAVE 2 ONLY] (responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)	Not distressed	A bit distressed	Quite distressed	Very distressed
	1	2	3	4
Overall, how distressed are you by these thoughts? pcbhdistr3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**How true are the following statements when you think about your feelings over the last six months? [INCLUDED IN BOTH WAVES]**

(responses recoded from 1/2/3 in raw data to 0/1/2 in dataset)		Not true	Quite true	Very true
		1	2	3
1. I don't want other people to know when I feel afraid	pcbhcasi01	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. When I cannot keep my mind on my schoolwork, I worry that I might be going crazy	pcbhcasi02	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. It scares me when I feel "shaky"	pcbhcasi03	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. It scares me when I feel like I am going to faint	pcbhcasi04	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. It is important for me to stay in control of my feelings	pcbhcasi05	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. It scares me when my heart beats fast	pcbhcasi06	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I feel embarrassed when my stomach rumbles or makes noise	pcbhcasi07	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. It scares me when I feel like I am going to throw up	pcbhcasi08	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. When I notice that my heart is beating fast, I worry that there might be something wrong with me	pcbhcasi09	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. It scares me when I have trouble getting my breath	pcbhcasi10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11. When my stomach hurts, I worry that I might be really ill	pcbhcasi11	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. It scares me when I cannot concentrate on my schoolwork	pcbhcasi12	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. Others my age can tell when I feel shaky	pcbhcasi13	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14. Unusual feelings in my body scare me	pcbhcasi14	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15. When I am afraid, I worry that I might be crazy	pcbhcasi15	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16. I get scared when I feel nervous	pcbhcasi16	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
17. I don't like to let my feelings show	pcbhcasi17	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18. Funny feelings in my body scare me	pcbhcasi18	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**Please answer the questions below.**

[INCLUDED IN BOTH WAVES]

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)		Yes	No
		1	2
1. Are there very few things that you have ever enjoyed doing?	pcbhanhd1	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. Are you too independent to get involved with other people?	pcbhanhd2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Do you feel very close to your friends?	pcbhanhd3	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. Has dancing or the idea of dancing always seemed dull to you?	pcbhanhd4	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5. Is trying new foods something you enjoy?	pcbhanhd5	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. Do you often feel uncomfortable when your friends touch you?	pcbhanhd6	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. Do you prefer watching television to going out with friends?	pcbhanhd7	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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

[INCLUDED IN BOTH WAVES]

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)		Yes	No
		1	2
1. Are you easily confused if too much happens at the same time?	pcbhcgds01	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. Do you frequently have difficulty in starting to do things?	pcbhcgds02	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Are you a person whose mood goes up and down easily?	pcbhcgds03	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. Do you dread going into a room by yourself where other people have already gathered and are talking?	pcbhcgds04	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5. Do you find it difficult to keep interested in the same thing for a long time?	pcbhcgds05	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. Do you often have difficulties in controlling your thoughts?	pcbhcgds06	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. Are you easily distracted from work by daydreams?	pcbhcgds07	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. Do you ever feel that your speech is difficult to understand because the words are all mixed up and don't make sense?	pcbhcgds08	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Are you easily distracted when you read or talk to someone?	pcbhcgds09	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10. Is it hard for you to make decisions?	pcbhcgds10	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. When in a crowded room, do you often have difficulty in following a conversation?	pcbhcgds11	<input type="checkbox"/> 1	<input type="checkbox"/> 0

[INCLUDED IN WAVE 2 ONLY] (responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)	Not distressed	A bit distressed	Quite distressed	Very distressed
	1	2	3	4
Overall, how distressed are you by these feelings? pcbhdistr4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

[INCLUDED IN WAVE 1 ONLY]

(responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)		Not at all true	Somewhat true	Quite true	Definitely true
		1	2	3	4
1. I express my feelings openly	pcbhicut01	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. What I think is 'right' and 'wrong' is different from what other people think	pcbhicut02	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. I care about how well I do at school or work	pcbhicut03	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. I do not care who I hurt to get what I want	pcbhicut04	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. I feel bad or guilty when I do something wrong	pcbhicut05	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. I do not show my emotions to others	pcbhicut06	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. I do not care about being on time	pcbhicut07	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. I am concerned about the feelings of others	pcbhicut08	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. I do not care if I get into trouble	pcbhicut09	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. I do not let my feelings control me	pcbhicut10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. I do not care about doing things well	pcbhicut11	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. I seem very cold and uncaring to others	pcbhicut12	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. I easily admit to being wrong	pcbhicut13	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. It is easy for others to tell how I am feeling	pcbhicut14	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. I always try my best	pcbhicut15	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. I apologise to someone if I hurt them	pcbhicut16	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. I try not to hurt others' feelings	pcbhicut17	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. I do not feel remorseful when I do something wrong	pcbhicut18	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. I am very expressive and emotional	pcbhicut19	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. I do not like to put the time into doing things well	pcbhicut20	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. The feelings of others are unimportant to me	pcbhicut21	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. I hide my feelings from others	pcbhicut22	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. I work hard on everything I do	pcbhicut23	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. I do things to make others feel good	pcbhicut24	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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.

[INCLUDED IN BOTH WAVES]

(responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)		Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
		1	2	3	4
1. I prefer to do things with others rather than on my own	pcbhaq01	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. I find social situations easy	pcbhaq02	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. I would rather go to a library than to a party	pcbhaq03	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. I find myself drawn more strongly to people than to things	pcbhaq04	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. I find it hard to make new friends	pcbhaq05	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. I enjoy social occasions	pcbhaq06	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. I enjoy meeting new people	pcbhaq07	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. New situations make me anxious	pcbhaq08	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. I usually notice car number plates or similar strings of information	pcbhaq09	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. I am fascinated by dates	pcbhaq10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. I am fascinated by numbers	pcbhaq11	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. I often notice patterns in things	pcbhaq12	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. I like to collect information about categories of things	pcbhaq13	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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.

[INCLUDED IN BOTH WAVES]

(response coding in the raw data is the same as in the dataset)		Very dissatisfied	Quite dissatisfied	Slightly dissatisfied	Neutral	Slightly satisfied	Quite satisfied	Very satisfied
1. How do you generally feel about your family life?	pcbhlss1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2. How happy are you with your friendships?	pcbhlss2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
3. How do you feel about your school experience?	pcbhlss3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4. How do you feel about yourself?	pcbhlss4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
5. How do you feel about where you live?	pcbhlss5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
6. How do you feel about your life, overall?	pcbhlss6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**The following questions concern your skills and talents.**

[INCLUDED IN WAVE 1 ONLY]

(The initial yes/no responses are recoded from 1/2 in the raw data to 1/0 in the dataset.)

For the 'if yes' tick boxes that follow, the response coding in the raw data is the same as in the dataset.)

Do you feel you have a striking skill, compared to your general ability in other areas? <b>pcbhsktt1a</b>	Yes <input type="checkbox"/> <b>1</b>	No <input type="checkbox"/> <b>0</b>
	<b>1</b>	<b>2</b>

IF YES, please tick ALL that apply:

All coded 1=ticked, 0=not ticked.

**pcbhsktt1b** Maths

**pcbhsktt1c** Music

**pcbhsktt1d** Art

**pcbhsktt1e** Memory

Other:

**pcbhsktt1f** Science

**pcbhsktt1g** Sport

**pcbhsktt1h** Dance/Drama

**pcbhsktt1i** Social skills

**pcbhsktt1j** Writing

**pcbhsktt1k** Technology/Computing

**pcbhsktt1l** Mechanical

Do others tell you that you have a special ability, superior even to most adults? <b>pcbhsktt2a</b>	Yes <input type="checkbox"/> <b>1</b>	No <input type="checkbox"/> <b>0</b>
	<b>1</b>	<b>2</b>

IF YES, please tick ALL that apply:

All coded 1=ticked, 0=not ticked.

**pcbhsktt2b** Maths

**pcbhsktt2c** Music

**pcbhsktt2d** Art

**pcbhsktt2e** Memory

Other:

**pcbhsktt2f** Science

**pcbhsktt2g** Sport

**pcbhsktt2h** Dance/Drama

**pcbhsktt2i** Social skills

**pcbhsktt2j** Writing

**pcbhsktt2k** Technology/Computing

**pcbhsktt2l** 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.

[INCLUDED IN BOTH WAVES]

Note that items in the wave 1 booklet were printed with numbering 1-16 and 18-25 (omitting 17), but the numbering was corrected to 1-24 in the wave 2 booklet. The sequence of questions was the same in both versions, and variable names have been used consistently in both waves. In the raw data, variables are named pcbhdsdq01 through to pcghsdq24, the numbering following the ordering below.

Dataset variable naming uses subscale suffixes (pro, hyp, emo, con, per) and numbering consistent with that used in other datasets, even where this may not match the order of presentation below.

(responses recoded from 1/2/3 in raw data to 0/1/2 in dataset)		Not true	Quite true	Very true
		1	2	3
1. I try to be nice to other people. I care about their feelings	pcbhdsdqpro1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I am restless, I cannot stay still for long	pcbhdsdqhyp1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. I get a lot of headaches, stomach-aches or sickness	pcbhdsdqemo1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. I usually share with others (food, games, pens etc.)	pcbhdsdqpro2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. I get very angry and often lose my temper	pcbhdsdqcon1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. I am usually on my own. I generally play alone or keep to myself	pcbhdsdqper1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I usually do as I am told	pcbhdsdqcon2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. I worry a lot	pcbhdsdqemo2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. I am helpful if someone is hurt, upset or feeling ill	pcbhdsdqpro3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. I am constantly fidgeting or squirming	pcbhdsdqhyp2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11. I have one good friend or more	pcbhdsdqper2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. I fight a lot. I can make other people do what I want	pcbhdsdqcon3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. Other people my age generally like me	pcbhdsdqper3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14. I am easily distracted, I find it difficult to concentrate	pcbhdsdqhyp3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15. I am nervous in new situations. I easily lose confidence	pcbhdsdqemo4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16. I am kind to younger children	pcbhdsdqpro4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18. I am often accused of lying or cheating	pcbhdsdqcon4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
19. Other children or young people pick on me or bully me	pcbhdsdqper4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
20. I often volunteer to help others (parents, teachers, children)	pcbhdsdqpro5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
21. I think before I do things	pcbhdsdqhyp4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
22. I take things that are not mine from home, school or elsewhere	pcbhdsdqcon5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
23. I get on better with adults than with people my own age	pcbhdsdqper5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
24. I have many fears, I am easily scared	pcbhdsdqemo5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
25. I finish the work I'm doing. My attention is good	pcbhdsdqhyp5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2



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

[INCLUDED IN WAVE 1 ONLY]

(response coding in the raw data is the same as in the dataset except that 8 is recoded to missing for 'prefer not to answer')

Over the last six months...		1 (not at all)	2	3 (slightly)	4	5 (moderately)	6	7 (extremely)	Prefer not to answer
		1	2	3	4	5	6	7	8
1. Have you felt fat?	<b>pcbhedds1</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/>
2. Have you had a definite fear that you might gain weight or become fat?	<b>pcbhedds2</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/>
3. Has your weight influenced how you think about yourself as a person?	<b>pcbhedds3</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/>
4. Has your shape influenced how you think about yourself as a person?	<b>pcbhedds4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<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.

[INCLUDED IN WAVE 1 ONLY]

Initial yes/no responses are recoded from 1/2 in the raw data to 1/0 in the dataset. The second part of each question, coded 1-7, has the same coding in the raw data and in the dataset.

The third part of each question (how many times) had rare responses in the higher ranges; hence the raw data values (1-7) have been recoded to dataset variable values 1-4 as follows: 1=once, 2=2-4 times, 3=5-10 times, 4=11 times or more.

1. Have you ever stolen (or tried to steal) something? <b>pcbhdlnq1a</b>	yes <input type="checkbox"/> 1	no <input type="checkbox"/> 0
	1	2
If yes, how old were you when you first did this? (in years) <b>pcbhdlnq1b</b>		
Less than 5 <input type="checkbox"/> 1	6-7 <input type="checkbox"/> 2	8-9 <input type="checkbox"/> 3
10-11 <input type="checkbox"/> 4	12-13 <input type="checkbox"/> 5	14-15 <input type="checkbox"/> 6
16+ <input type="checkbox"/> 7		
If yes, how many times have you ever done this? (time/s) <b>pcbhdlnq1c</b>		
Once <input type="checkbox"/> 1	2-4 <input type="checkbox"/> 2	5-7 <input type="checkbox"/> 3
8-10 <input type="checkbox"/> 4	11-15 <input type="checkbox"/> 5	15-19 <input type="checkbox"/> 6
20+ <input type="checkbox"/> 7		
Once 1	2-4 times 2	5-10 times 3
11+ times 4		
2. Have you ever run away from home? <b>pcbhdlnq2a</b>	yes <input type="checkbox"/> 1	no <input type="checkbox"/> 0
	1	2
If yes, how old were you when you first did this? (in years) <b>pcbhdlnq2b</b>		
Less than 5 <input type="checkbox"/> 1	6-7 <input type="checkbox"/> 2	8-9 <input type="checkbox"/> 3
10-11 <input type="checkbox"/> 4	12-13 <input type="checkbox"/> 5	14-15 <input type="checkbox"/> 6
16+ <input type="checkbox"/> 7		
If yes, how many times have you ever done this? (time/s) <b>pcbhdlnq2c</b>		
Once <input type="checkbox"/> 1	2-4 <input type="checkbox"/> 2	5-7 <input type="checkbox"/> 3
8-10 <input type="checkbox"/> 4	11-15 <input type="checkbox"/> 5	15-19 <input type="checkbox"/> 6
20+ <input type="checkbox"/> 7		
Once 1	2-4 times 2	5-10 times 3
11+ times 4		
3. Have you ever attacked someone with the idea of seriously hurting or killing him or her? <b>pcbhdlnq3a</b>	yes <input type="checkbox"/> 1	no <input type="checkbox"/> 0
	1	2
If yes, how old were you when you first did this? (in years) <b>pcbhdlnq3b</b>		
Less than 5 <input type="checkbox"/> 1	6-7 <input type="checkbox"/> 2	8-9 <input type="checkbox"/> 3
10-11 <input type="checkbox"/> 4	12-13 <input type="checkbox"/> 5	14-15 <input type="checkbox"/> 6
16+ <input type="checkbox"/> 7		
If yes, how many times have you ever done this? (time/s) <b>pcbhdlnq3c</b>		
Once <input type="checkbox"/> 1	2-4 <input type="checkbox"/> 2	5-7 <input type="checkbox"/> 3
8-10 <input type="checkbox"/> 4	11-15 <input type="checkbox"/> 5	15-19 <input type="checkbox"/> 6
20+ <input type="checkbox"/> 7		
Once 1	2-4 times 2	5-10 times 3
11+ times 4		
4. Have you ever been involved in gang fights? <b>pcbhdlnq4a</b>	yes <input type="checkbox"/> 1	no <input type="checkbox"/> 0
	1	2
If yes, how old were you when you first did this? (in years) <b>pcbhdlnq4b</b>		
Less than 5 <input type="checkbox"/> 1	6-7 <input type="checkbox"/> 2	8-9 <input type="checkbox"/> 3
10-11 <input type="checkbox"/> 4	12-13 <input type="checkbox"/> 5	14-15 <input type="checkbox"/> 6
16+ <input type="checkbox"/> 7		
If yes, how many times have you ever done this? (time/s) <b>pcbhdlnq4c</b>		
Once <input type="checkbox"/> 1	2-4 <input type="checkbox"/> 2	5-7 <input type="checkbox"/> 3
8-10 <input type="checkbox"/> 4	11-15 <input type="checkbox"/> 5	15-19 <input type="checkbox"/> 6
20+ <input type="checkbox"/> 7		
Once 1	2-4 times 2	5-10 times 3
11+ times 4		
5. Have you ever hit (or threatened to hit) one of your parents? <b>pcbhdlnq5a</b>	yes <input type="checkbox"/> 1	no <input type="checkbox"/> 0
	1	2
If yes, how old were you when you first did this? (in years) <b>pcbhdlnq5b</b>		
Less than 5 <input type="checkbox"/> 1	6-7 <input type="checkbox"/> 2	8-9 <input type="checkbox"/> 3
10-11 <input type="checkbox"/> 4	12-13 <input type="checkbox"/> 5	14-15 <input type="checkbox"/> 6
16+ <input type="checkbox"/> 7		
If yes, how many times have you ever done this? (time/s) <b>pcbhdlnq5c</b>		
Once <input type="checkbox"/> 1	2-4 <input type="checkbox"/> 2	5-7 <input type="checkbox"/> 3
8-10 <input type="checkbox"/> 4	11-15 <input type="checkbox"/> 5	15-19 <input type="checkbox"/> 6
20+ <input type="checkbox"/> 7		
Once 1	2-4 times 2	5-10 times 3
11+ times 4		
6. Have you ever been loud, rowdy, or unruly in a public place? <b>pcbhdlnq6a</b>	yes <input type="checkbox"/> 1	no <input type="checkbox"/> 0
	1	2

If yes, how old were you when you first did this? (in years) **pcbhdlnq6b**  
 Less than 5  1 6-7  2 8-9  3 10-11  4 12-13  5 14-15  6 16+  7  
 If yes, how many times have you ever done this? (time/s) **pcbhdlnq6c**  
 Once  1 2-4  2 5-7  3 8-10  4 11-15  5 15-19  6 20+  7  
 Once 1 2-4 times 2 5-10 times 3 11+ times 4

Note that items 7 and 8 below have been dropped from the dataset because the numbers of positive responses were negligible.

7. Have you ever taken a vehicle for a drive without the owner's permission?	yes <input type="checkbox"/>	no <input type="checkbox"/>
	1	2
If yes, how old were you when you first did this? (in years)		
Less than 5 <input type="checkbox"/> 1 6-7 <input type="checkbox"/> 2 8-9 <input type="checkbox"/> 3 10-11 <input type="checkbox"/> 4 12-13 <input type="checkbox"/> 5 14-15 <input type="checkbox"/> 6 16+ <input type="checkbox"/> 7		
If yes, how many times have you ever done this? (time/s)		
Once <input type="checkbox"/> 1 2-4 <input type="checkbox"/> 2 5-7 <input type="checkbox"/> 3 8-10 <input type="checkbox"/> 4 11-15 <input type="checkbox"/> 5 15-19 <input type="checkbox"/> 6 20+ <input type="checkbox"/> 7		
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"/>
	1	2
If yes, how old were you when you first did this? (in years)		
Less than 5 <input type="checkbox"/> 1 6-7 <input type="checkbox"/> 2 8-9 <input type="checkbox"/> 3 10-11 <input type="checkbox"/> 4 12-13 <input type="checkbox"/> 5 14-15 <input type="checkbox"/> 6 16+ <input type="checkbox"/> 7		
If yes, how many times have you ever done this? (time/s)		
Once <input type="checkbox"/> 1 2-4 <input type="checkbox"/> 2 5-7 <input type="checkbox"/> 3 8-10 <input type="checkbox"/> 4 11-15 <input type="checkbox"/> 5 15-19 <input type="checkbox"/> 6 20+ <input type="checkbox"/> 7		

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.

[INCLUDED IN WAVE 1 ONLY]

(responses recoded from 1/2/3/4/5/6 in raw data to 0/1/2/3/4/5 in dataset)		Almost Never	Not Very Often at All	Not Very Often	Somewhat Often	Very Often	Almost Always
		1	2	3	4	5	6
1. It seems that I am doing things automatically without really being aware of what I am doing	<b>pcbhmaas1</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I rush through activities without being really attentive to them.	<b>pcbhmaas2</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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	<b>pcbhmaas3</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I do jobs, chores, or schoolwork automatically without being aware of what I'm doing	<b>pcbhmaas4</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I find myself doing things without paying attention	<b>pcbhmaas5</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>[INCLUDED IN WAVE 2 ONLY]</b> (responses recoded from 1/2 in raw data to 1/0 in dataset)	Yes 1	No 2
1. In general I think people can be trusted. <b>pcbhtrust</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0

**[INCLUDED IN WAVE 2 ONLY]**  
(response coding in the raw data is the same as in the dataset)

		Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
1. My life interests and excites me.	<b>pcbhmlife1</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2. I find it satisfying to think about what I have accomplished in life.	<b>pcbhmlife2</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
3. I have a philosophy of life that really gives my living significance.	<b>pcbhmlife3</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4. I have a clear idea of what my future goals and aims are.	<b>pcbhmlife4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
5. My life is significant.	<b>pcbhmlife5</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

**[INCLUDED IN WAVE 2 ONLY]**  
(responses recoded from 1/2/3/4/5/6/7 in raw data to 0/1/2/3/4/5/6 in dataset)

		1: Not at all true	2	3	4: Somewhat true	5	6	7: Very true
		1	2	3	4	5	6	7
1. I feel like I am free to decide for myself how to live my life	<b>pcbhpneed01</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. I really like the people I interact with	<b>pcbhpneed02</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. Often, I do not feel very competent	<b>pcbhpneed03</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. I feel pressured in my life	<b>pcbhpneed04</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. People I know tell me I am good at what I do	<b>pcbhpneed05</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. I get along with people I come into contact with	<b>pcbhpneed06</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7. I pretty much keep to myself and don't have a lot of social contacts	<b>pcbhpneed07</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

		1: Not at all true	2	3	4: Some- what true	5	6	7: Very true
		1	2	3	4	5	6	7
8. I generally feel free to express my ideas and opinions	pcbhpneed08	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9. I consider the people I regularly interact with to be my friends	pcbhpneed09	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10. I have been able to learn interesting new skills recently	pcbhpneed10	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11. In my daily life, I frequently have to do what I am told	pcbhpneed11	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
12. People in my life care about me	pcbhpneed12	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13. Most days I feel a sense of accomplishment from what I do	pcbhpneed13	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
14. People I interact with on a daily basis tend to take my feelings into consideration	pcbhpneed14	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
15. In my life I do not get much of a chance to show how capable I am	pcbhpneed15	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
16. There are not many people that I am close to	pcbhpneed16	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
17. I feel like I can pretty much be myself in my daily situations	pcbhpneed17	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
18. The people I interact with regularly do not seem to like me much	pcbhpneed18	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
19. I often do not feel very capable	pcbhpneed19	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20. There is not much opportunity for me to decide for myself how to do things in my daily life	pcbhpneed20	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6
21. People are generally pretty friendly towards me	pcbhpneed21	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6

[INCLUDED IN WAVE 2 ONLY]

(response coding in the raw data is the same as in the dataset)

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I admire people who own expensive homes, cars, and clothes	pcbhmvalue1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. The things I own say a lot about how well I'm doing in life	pcbhmvalue2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Buying things gives me a lot of pleasure	pcbhmvalue3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I like a lot of luxury in my life	pcbhmvalue4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. My life would be better if I owned certain things I don't have	pcbhmvalue5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. I'd be happier if I could afford to buy more things	pcbhmvalue6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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.

[INCLUDED IN WAVE 2 ONLY]

(response coding in the raw data is the same as in the dataset)

1. When have you usually gone to bed at night? pcbhsleep1

(response coding in the raw data is the same as in the dataset)

8pm – 9pm	9pm – 10pm	10pm – 11pm	11pm – 12am	12am - 1am	Later than 1am
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

2. How long (in minutes) has it usually taken you to fall asleep each night? pcbhsleep2

(response coding in the raw data is the same as in the dataset)

Less than 5 mins	5 – 10 mins	10 – 15 mins	15 – 20 mins	20 – 30 mins	Longer than 30 mins
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

3. When have you usually gotten up in the morning? pcbhsleep3

(response coding in the raw data is the same as in the dataset)

Earlier than 6am	6am – 7am	7am – 8am	8am – 9am	Later than 9am
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. How many hours of actual sleep<sub>did</sub> you get at night? pcbhsleep4

(This may be different from the number of hours you spent in bed.)

(response coding in the raw data is the same as in the dataset)

Less than 5 hours	5 – 6 hours	6 – 7 hours	7 – 8 hours	8 – 9 hours	9 – 10 hours	More than 10 hours
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

5. During the past month, how often have you had trouble sleeping because you:  
 (responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)

		Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
		1	2	3	4
Cannot get to sleep within 30 minutes	<b>pcbhsleep5a</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Wake up in the middle of the night or early morning	<b>pcbhsleep5b</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have to get up to use the bathroom	<b>pcbhsleep5c</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cannot breathe comfortably	<b>pcbhsleep5d</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cough or snore loudly	<b>pcbhsleep5e</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feel too cold	<b>pcbhsleep5f</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feel too hot	<b>pcbhsleep5g</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Had bad dreams	<b>pcbhsleep5h</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have pain	<b>pcbhsleep5i</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
	1	2	3	4
6. During the past month, how often have you taken medicine to help you sleep (prescribed, or 'over the counter') <b>pcbhsleep6</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. During the past month, how often have you had trouble staying awake while eating meals or engaging in social activity? <b>pcbhsleep7</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(responses recoded from 1/2/3/4 in raw data to 0/1/2/3 in dataset)	No problem at all	Only a very slight problem	Somewhat of a problem	A very big problem
	1	2	3	4
8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? <b>pcbhsleep8</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(response coding in the raw data is the same as in the dataset)	Very good	Fairly good	Fairly bad	Very bad
	1	2	3	4
9. During the past month, how would you rate your sleep quality overall? <b>pcbhsleep9</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3



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'.

[INCLUDED IN WAVE 2 ONLY]

(responses recoded from 1/2/3/4/5 in raw data to 0/1/2/3/4 in dataset)		None	Mild	Moderate	Severe	Very severe
		1	2	3	4	5
1. Difficulty falling asleep	<b>pcbhinsom1</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Difficulty staying asleep	<b>pcbhinsom2</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Problems waking up too early	<b>pcbhinsom3</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

(response coding in the raw data is the same as in the dataset)	Very satisfied	Satisfied	Moderately satisfied	Dissatisfied	Very dissatisfied
	1	2	3	4	5
4. How satisfied/dissatisfied are you with your current sleep pattern?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

(responses recoded from 1/2/3/4/5/6 in raw data to 0/1/2/3/4/5 in dataset)		No sleep problem	Not at all	A little	Some-what	Much	Very
		1	2	3	4	5	6
5. How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life?	<b>pcbhinsom5</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. How worried/distressed are you about your current sleep problem?	<b>pcbhinsom6</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. To what extent do you consider your sleep problem to interfere with your daily functioning currently?	<b>pcbhinsom7</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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

[INCLUDED IN WAVE 2 ONLY]

(responses recoded from 1/2 in raw data to 1/0 in dataset)		Yes 1	No 2
1. Have you ever drunk alcohol?	pcbhalco1 pcbhdrug01	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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?

(responses recoded from 1/2/3/4/5/6/7 in raw data)

pcbhalco2: estimated total number of units consumed.

The raw responses for beer, wine and spirits have been combined into a single variable (pcbhalco2) which gives an estimate of the total units consumed. As indicated in the table, each beer/lager/cider or wine is assumed to contain 2 units on average, which each measure of spirit is assumed to be 1 unit. For the purpose of the sum of units, the estimate in each case is roughly at the mid-point of the given response range.

		Number of full drinks						
The numbers in the table show the assumed numbers of units		0	1-2	3-5	6-9	10-19	20-39	40 or more
		1	2	3	4	5	6	7
Beer, lager, cider or "alcopops"	pcbhdrug02a	0	3	8	16	30	60	120
Wine	pcbhdrug02b	0	3	8	16	30	60	120
Spirits (include spirits mixed with soft drinks)	pcbhdrug02c	0	1.5	4	8	15	30	60

(responses recoded from 1/2/3/4/5 in raw data to 0/1/2/3/4 in dataset)		Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
		1	2	3	4	5
3. How often do you have a drink containing alcohol?	pcbhalco3 pcbhdrug03	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

If never, please go to Q6.

(response coding in the raw data is the same as in the dataset)		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?	pcbhalco4 pcbhdrug04	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

(responses recoded from 1/2/3/4/5 in raw data to 0/1/2/3 in dataset; there were negligible responses for 'daily or almost daily')

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	1	2	3	4	5
5. How often do you have six or more units of alcohol on one occasion? <b>pcbhalco5</b> <b>pcbhdrug05</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3

(responses recoded from 1/2 in raw data to 1/0 in dataset)	Yes 1	No 2
6. Have you ever smoked a cigarette (including roll-ups)? <b>pcbhsmok1</b> <b>pcbhdrug06</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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: **pcbhsmok2** **pcbhdrug07**  
(response coding in the raw data is the same as in the dataset)

I have only ever tried smoking cigarettes once or twice	<input type="checkbox"/> 1
I used to smoke sometimes but I never smoke cigarettes now	<input type="checkbox"/> 2
I sometimes smoke cigarettes but I smoke less than one a week	<input type="checkbox"/> 3
I usually smoke between one and six cigarettes a week	<input type="checkbox"/> 4
I usually smoke more than six cigarettes a week, but not every day	<input type="checkbox"/> 5
I usually smoke one or more cigarettes every day	<input type="checkbox"/> 6

(response coding in the raw data is the same as in the dataset)	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? <b>pcbhsmok3</b> <b>pcbhdrug08</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(response coding in the raw data is the same as in the dataset)	Less than 5	5-19	20-49	50-99	100 or more
9. How many cigarettes have you smoked, in total, in your lifetime? <b>pcbhsmok4</b> <b>pcbhdrug09</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(responses recoded from 1/2 in raw data to 1/0 in dataset)	Yes 1	No 2
10. Have you smoked any cigarettes in the last 12 months? <b>pcbhsmok5</b> <b>pcbhdrug10</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0

(raw data code 5=do not smoke daily is recoded to missing in the dataset)	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? <b>pcbhsmok6</b> <b>pcbhdrug11</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>

(responses recoded from 1/2 in raw data to 1/0 in dataset)	Yes 1	No 2
12. Have you ever tried cannabis? <b>pcbhcann01</b> <b>pcbhdrug12</b> (also called marijuana, hash, dope, pot, skunk, grass, weed)	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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

13. Please mark the box next to the statement that describes you the best: **pcbhcann02** **pcbhdrug13**  
(response coding in the raw data is the same as in the dataset)

I have only ever tried cannabis once or twice	<input type="checkbox"/> 1
I used to sometimes use cannabis but I never do now	<input type="checkbox"/> 2
I sometimes use cannabis but less often than once a week	<input type="checkbox"/> 3
I usually use cannabis between one and six times a week	<input type="checkbox"/> 4
I usually use cannabis every day	<input type="checkbox"/> 5

(response coding below changed from 1-5 in raw data to 1=14 or less, 2=15-16, 3=17 or more, because of negligible responses in the first two categories)

	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? <b>pcbhcann03</b> <b>pcbhdrug14</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(response coding in the raw data is the same as in the dataset)	Less than 5	5-19	20-49	50-99	100 or more
15. How many times have you used cannabis, in total? <b>pcbhcann04</b> <b>pcbhdrug15</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

16. Which type of cannabis have you most commonly used or taken? **pcbhdrug16**

(This item had negligible responses other than 1=marijuana, and has been dropped from the dataset)

Marijuana (also called grass, weed, green)	<input type="checkbox"/> 1
Resin (also called hash, solid, soap-bar, black)	<input type="checkbox"/> 2
Skunk	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 5

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).

(response coding in the raw data is the same as in the dataset)

All coded 1=ticked, 0=not ticked

Feeling sick or sweaty	pcbhcann06a	pcbhdrug17a	<input type="checkbox"/>
Feeling calm and relaxed	pcbhcann06b	pcbhdrug17b	<input type="checkbox"/>
Feeling very anxious or panicky	pcbhcann06c	pcbhdrug17c	<input type="checkbox"/>
Feeling that people are spying on you, or trying to harm you	pcbhcann06d	pcbhdrug17d	<input type="checkbox"/>
Feeling that you want to laugh at everything around you	pcbhcann06e	pcbhdrug17e	<input type="checkbox"/>
Hearing voices that other people couldn't hear	pcbhcann06f	pcbhdrug17f	<input type="checkbox"/>
Seeing things that other people couldn't see	pcbhcann06g	pcbhdrug17g	<input type="checkbox"/>
Feeling more sociable and friendly	pcbhcann06h	pcbhdrug17h	<input type="checkbox"/>

(responses recoded from 1/2 in raw data to 1/0 in dataset)	Yes 1	No 2
18. Have you used cannabis within the last twelve months? pcbhcann07 pcbhdrug18	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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

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

(responses recoded from 1/2/3/4/5 in raw data to 0/1/2/3 in dataset, with 3=fairly or very often, because of rare responses in these categories)

	Never	Rarely	From time to time	Fairly often	Very often
	1	2	3	4	5
19. Have you ever used cannabis before midday? pcbhcann08 pcbhdrug19	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
20. Have you ever used cannabis when you were alone? pcbhcann09 pcbhdrug20	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
21. Have you ever had memory problems when you used cannabis? pcbhcann10 pcbhdrug21	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
22. Have friends or family members ever told you that you ought to reduce your cannabis use? pcbhcann11 pcbhdrug22	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
23. Have you ever tried to reduce or stop your cannabis use without succeeding? pcbhcann12 pcbhdrug23	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
24. Have you ever had problems because your use of cannabis (argument, fight, accident, bad results at school, other problems)? pcbhcann13 pcbhdrug24	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3

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?  
 (responses recoded from 1/2/3 in raw data to 0=no 1=yes in dataset because responses were negligible in the third category)

		No	Yes, less than 5 times	Yes, more than 5 times
		1	2	3
Aerosols	pcbhdrug25a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Gas (butane and lighter refills)	pcbhdrug25b	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Glue	pcbhdrug25c	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Solvents (including petrol and paint thinners)	pcbhdrug25d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Poppers (also known as amyl nitrates, liquid gold, rush)	pcbhdrug25e	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1

26. Have you tried, taken or used any of the following drugs within the last twelve months?  
 (responses recoded from 1/2/3 in raw data to 0=no 1=yes in dataset because responses were negligible in the third category)

		No	Yes, less than 5 times	Yes, more than 5 times
		1	2	3
Amphetamines (speed, crystal meth)	pcbhdrug26a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Ecstasy (also called E, pills, MDMA)	pcbhdrug26b	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
LSD (also called acid, tabs, trips)	pcbhdrug26c	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Magic mushrooms (also called shrooms)	pcbhdrug26d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Cocaine (also called Charlie, C, coke)	pcbhdrug26e	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Crack (also called rock, stone)	*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (also called smack, junk, H)	*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (also called K, special K)	pcbhdrug26h	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Steroids (not prescribed by a doctor)	*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* these items (crack, heroin, steroids) dropped from dataset because there were negligible responses

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'.

[INCLUDED IN BOTH WAVES]

In the past year, I have experienced...

(Coding in the raw data is as shown, with separate variables for the 'yes/no' initial response and the 'pleasant/unpleasant' response. In the raw data, the 'yes/no' variable name has suffix 'a' while the 'pleasant/unpleasant' variable has suffix 'b'; the raw variables are numbered 1 to 20 as listed in the table below.)

For the dataset, for each item, the 'yes/no' and 'pleasant/unpleasant' raw variables have been combined together to create ordinal variables.

For life events that elicited negative (unpleasant) ratings, the variable name has suffix "n" and the coding is:

- 0=no, did not happen
- 1=event happened but with no effect (or positive effect)
- 2=event happened, moderately unpleasant
- 3=event happened, very unpleasant

For life events that elicited positive (pleasant) ratings, the variable name has suffix "p" and the coding is:

- 0=no, did not happen
- 1= event happened but with no effect (or negative effect)
- 2=event happened, moderately pleasant
- 3=event happened, very pleasant

For most items, only one variable (positive or negative) has been coded because responses in the other direction were negligible.

For some items, there were significant numbers of both positive and negative responses, so both types of variable have been included in the dataset. In these cases, to avoid double-counting of responses, 'pleasant' responses are not counted for the 'negative' variables and 'unpleasant' responses are not counted for the 'positive' variables.

	Negative or positive rating?		Yes		No		Very unpleasant	Moderately unpleasant	Neither unpleasant or pleasant	Moderately pleasant	Very pleasant
			1	2	1	2					
1. The loss of a job by my father or mother	NEGATIVE	pcbhlfev01n		0	3	2	1	1	1		
2. Marital separation of my parents	NEGATIVE	pcbhlfev02n		0	3	2	1	1	1		
3. Becoming involved with drugs	BOTH	pcbhlfev03n		0	3	2	1				
		pcbhlfev03p		0			1	2	3		
4. The death of a close friend or relative	NEGATIVE	pcbhlfev04n		0	3	2	1	1	1		
5. Being hospitalized for illness or injury	NEGATIVE	pcbhlfev05n		0	3	2	1	1	1		
6. Being sent away from home	BOTH	pcbhlfev06n		0	3	2	1				
		pcbhlfev06p		0			1	2	3		
7. Breaking up with a boyfriend/girlfriend	BOTH	pcbhlfev07n		0	3	2	1				
		pcbhlfev07p		0			1	2	3		

	Negative or positive rating?		Yes		Very unpleasant	Moderately unpleasant	Neither unpleasant or pleasant	Moderately pleasant	Very pleasant
			1	2					
8. The hospitalization of my brother or sister	NEGATIVE	pcbhlfev08n	0	3	2	1	1	1	
9. Suspension from school/college	NEGATIVE	pcbhlfev09n	0	3	2	1	1	1	
10. Failing an important exam	NEGATIVE	pcbhlfev10n	0	3	2	1	1	1	
11. Remarriage of a parent to a stepparent	BOTH	pcbhlfev11n pcbhlfev11p	0 0	3	2	1 1	2	3	
12. Hospitalization of a parent	NEGATIVE	pcbhlfev12n	0	3	2	1	1	1	
13. Being responsible for a road accident	*								
14. A major decrease in parental income	NEGATIVE	pcbhlfev14n	0	3	2	1	1	1	
15. Getting pregnant or fathering a pregnancy	NEGATIVE	pcbhlfev15n	0	3	2	1	1	1	
16. Outstanding personal achievement	BOTH	pcbhlfev16n pcbhlfev16p	0 0	3	2	1 1	2	3	
17. Decrease in number of arguments between parents	BOTH	pcbhlfev17n pcbhlfev17p	0 0	3	2	1 1	2	3	
18. Becoming a member of a church	POSITIVE	pcbhlfev18p	0	1	1	1	2	3	
19. Beginning to date	BOTH	pcbhlfev19n pcbhlfev19p	0 0	3	2	1 1	2	3	
20. Moving to a new school or college	BOTH	pcbhlfev20n pcbhlfev20p	0 0	3	2	1 1	2	3	

\* Item 13 has been dropped from the dataset because the number of affirmative ('yes') responses was negligible.

### Are you left or right handed?

[INCLUDED IN BOTH WAVES]

(response coding in the raw data is the same as in the dataset)

pcbhhand1	Left handed	Right handed	Mixed handed
1. I am...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

pcbhhand2	Left hand	Right hand	Mixed
2. When writing, I use my...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3



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

[This measure was included in both waves, but items 3, 7 and 8 were dropped for wave 2, while item 9 was added. This resulted in changes in numbering in the printed booklet, but consistent variable names have been used for both waves.]

[INCLUDED IN BOTH WAVES]

<b>pcbhfcbk1</b> (responses recoded from 1/2 in the raw data to 1/0 in the dataset)	Yes 1	No 2
1. Do you have a Facebook account?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

[INCLUDED IN BOTH WAVES]

<b>pcbhfcbk2</b> (response value 6 in raw data recoded to missing in dataset)	Less than one month	One – six months	Six months – one year	Two – Four years	Five years or more	No account
	1	2	3	4	5	6
2. How long have you had a Facebook account for?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>

[INCLUDED IN WAVE 1 ONLY]

3. What do you use Facebook for? Please check all that apply.  
(response coding in the raw data is the same as in the dataset)

All coded 1=ticked, 0=not ticked

- pcbhfcbk3a**  Sending/receiving messages
- pcbhfcbk3b**  Sending/receiving wall posts
- pcbhfcbk3c**  Talking on chat
- pcbhfcbk3d**  Sharing photos
- pcbhfcbk3e**  Meeting new people
- pcbhfcbk3f**  Organising events
- pcbhfcbk3g**  Facebook places
- pcbhfcbk3h**  Playing games or using applications
- pcbhfcbk3i**  No account (this variable is in the raw data but is not in the dataset)

[INCLUDED IN BOTH WAVES - printed as question 4 in wave 1, question 3 in wave 2]

(response value 8 in raw data recoded to missing in dataset)	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
	1	2	3	4	5	6	7	8
4. How often do you typically check Facebook for updates? <b>pcbhfcbk4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/>

[INCLUDED IN BOTH WAVES - printed as question 5 in wave 1, question 4 in wave 2]

(response value 7 in raw data recoded to missing in dataset)	Less than 30 mins	30 mins - 1 hour	1 - 5 hours	5 - 10 hours	10 - 20 hours	20 hours or more	No account
	1	2	3	4	5	6	7

5. On average, how much time per week do you think you spend on Facebook? <b>pcbhfcbk5</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/>
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[INCLUDED IN BOTH WAVES - printed as question 6 in wave 1, question 5 in wave 2]

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'.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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In the original scanned raw data, a single digit (or a blank) was scanned from each of the four boxes; in the cleaned raw data, these digits were converted to a single number, in field **pcbhfcbk6a**.

For the dataset, numbers were recoded into range categories as follows.

**pcbhfcbk6:**

Code	Range of raw values
1	less than 50
2	50 to 99
3	100 to 199
4	200 to 299
5	300 to 499
6	500 to 699
7	700 to 999
8	1000 to 1499
9	1500 or higher

**pcbhfcbk6b:**  No account 1=ticked, 0=not ticked  
(not in the dataset)

[INCLUDED IN WAVE 1 ONLY]

7. Where are you when you log in to Facebook? Please check all that apply.  
(response coding in the raw data is the same as in the dataset)  
All coded 1=ticked, 0=not ticked

- pcbhfcbk7a  computer in my bedroom
- pcbhfcbk7b  computer anywhere else at home
- pcbhfcbk7c  at school
- pcbhfcbk7d  at library
- pcbhfcbk7e  at a friend's house
- pcbhfcbk7f  on mobile phone
- pcbhfcbk7g  on iPad/iPod touch or similar
- pcbhfcbk7h  No account (this variable is in the raw data but is not in the dataset)

[INCLUDED IN WAVE 1 ONLY]

8. Which other social networking sites do you belong to?  
(response coding in the raw data is the same as in the dataset)  
All coded 1=ticked, 0=not ticked

- pcbhfcbk8a  Myspace
- pcbhfcbk8b  Bebo
- pcbhfcbk8c  Twitter
- pcbhfcbk8d  Piczo
- pcbhfcbk8e  Blogger
- pcbhfcbk8f  Other
- pcbhfcbk8g  Don't belong to any other social networks

[INCLUDED IN WAVE 2 ONLY - printed as question 6, but treated as item 9]

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'.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

In the original questionnaire, these boxes were used to collect the characters of a Twitter username, which was subsequently used in a TEDS social media study. The usernames have now been deleted from the raw data for confidentiality reasons.

- No account

In the raw data, the two responses above have been replaced by a single variable, pcbhfcbk9:

0=no account (the "no account" box was ticked)

1=has a Twitter account (username given)

-99=missing: all other cases (twin has not given a Twitter username and has not ticked the "no account" box).

The same variable is in the dataset but with -99 recoded to missing

pcbhfcbk9:

1=Twitter account

0=no account