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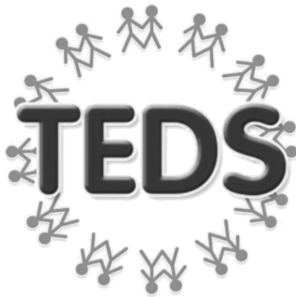
Name: <Twin Forename> <Twin Surname>



KING'S College LONDON
Founded 1829
University of London

TEDS Behaviour Study

Part Two

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.

Some of these questions you will have seen before. This is because we are interested in gaining a better understanding of how your thoughts change over time, or indeed how they stay the same.
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 ☐

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	☐	☐	☐	☐	☐	☐

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?	☐	☐	☐	☐	☐	☐

How often do you…	Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
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?	☐	☐	☐	☐

In this part of the questionnaire we are interested in a wide variety of experiences. 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"	☐	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐

At different times in their life everyone experiences changes or swings in energy, activity and mood (‘highs and lows’ or ‘ups and downs’). The aim of these questions is to find out more about the ‘high’ periods.

	Much worse than usual	Worse than usual	A little worse than usual	Neither better nor worse than usual	A little better than usual	Better than usual	Much better than usual
1. How are you feeling today, compared to your usual state?	☐	☐	☐	☐	☐	☐	☐

Independently of how you feel today, please tell us how you are normally compared to other people, by marking which of the following statements describes you best.
Please mark only one response option

	… is always rather stable and even	… is generally higher than for other people	… is generally lower than for other people	… repeatedly shows periods of up and downs
2. Compared to other people_my level of activity, energy and mood…	☐	☐	☐	☐

Please try to remember <u>a period when you felt ‘on a high’ or your mood was more up than usual</u>. How did you feel then? Please answer all these statements independently of your present condition.

In such a state:	Yes	No
1. I need less sleep	☐	☐
2. I enjoy my work more	☐	☐
3. I want to travel more/ I do travel more	☐	☐
4. I spend more money/ I spend too much money	☐	☐
5. I take more risks in my daily life (in my work or at school and/or other activities)	☐	☐
6. I am physically more active (sport etc)	☐	☐
7. I am less shy or inhibited	☐	☐
8. I wear more colourful and more extravagant clothes/make-up	☐	☐
9. I think faster	☐	☐
10. I make more jokes or puns when I am talking	☐	☐
11. I get into more quarrels	☐	☐
12. My mood is higher, more optimistic	☐	☐
13. I smoke more cigarettes	☐	☐

In such a state:	Yes	No
14. I drink more alcohol	☐	☐
15. I take more drugs (sedatives, anti-anxiety pills, stimulants etc)	☐	☐

What impact do your 'highs' have on various aspects of your life?

	Positive and negative	Positive	Negative	No impact
Family life	☐	☐	☐	☐
Social life	☐	☐	☐	☐
Work, school or college	☐	☐	☐	☐
Leisure	☐	☐	☐	☐

	Positively (encouraging or supportive)	Neutral	Negatively (concerned, annoyed, critical)	Positively and negatively	No reactions
How do people close to you react to or comment on your 'highs'?	☐	☐	☐	☐	☐

	1 day	2 - 3 days	4 - 7 days	Longer than a week	Longer than a month	Don't know
How long do your 'highs' last, on average?	☐	☐	☐	☐	☐	☐

	Yes	No
Have you experienced such 'highs' <u>in the past twelve months?</u>	☐	☐

If yes, please estimate how many days you spent 'in highs' <u>during the last twelve months.</u>

About ☐☐☐ days.

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?	☐	☐

	Yes	No
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?	☐	☐	☐	☐

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	☐	☐	☐

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	☐	☐	☐	☐

	Not at all	Somewhat	A great deal	Completely
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	☐	☐	☐

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

	Not at all			Moderately			Extremely
	1	2	3	4	5	6	7
1. I notice when small things have changed in my environment	☐	☐	☐	☐	☐	☐	☐
2. Loud noises make me feel uncomfortable	☐	☐	☐	☐	☐	☐	☐
3. I love nice smells	☐	☐	☐	☐	☐	☐	☐
4. I get nervous when I have to do a lot in little time	☐	☐	☐	☐	☐	☐	☐
5. Some music can make me really happy	☐	☐	☐	☐	☐	☐	☐
6. I am annoyed when people try to get me to do too many things at once	☐	☐	☐	☐	☐	☐	☐
7. I don't like watching TV programmes that have a lot of violence in them	☐	☐	☐	☐	☐	☐	☐
8. I find it unpleasant to have a lot going on at once	☐	☐	☐	☐	☐	☐	☐
9. I don't like it when things change in my life	☐	☐	☐	☐	☐	☐	☐
10. I love nice tastes	☐	☐	☐	☐	☐	☐	☐
11. I don't like loud noises	☐	☐	☐	☐	☐	☐	☐
12. When someone observes me, I get nervous. This makes me perform worse than normal	☐	☐	☐	☐	☐	☐	☐

Here is a list of events that might have happened to you recently. Please put a tick in either the 'No' or 'Yes' box to say whether the event has happened <u>in the past six months</u>. If you answer 'yes' then please indicate what it was like, choosing one of the options given, ranging from 'very unpleasant' to 'very pleasant'.

In the past six months, I have experienced…

	Yes	No	Very unpleasant	Moderately unpleasant	Neither unpleasant nor pleasant	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	☐	☐	☐	☐	☐	☐	☐

	Yes	No	Very unpleasant	Moderately unpleasant	Neither unpleasant nor pleasant	Moderately pleasant	Very pleasant
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	☐	☐	☐	☐	☐	☐	☐

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?	☐	☐

The next set of questions is about feelings and experiences that you may have had in the last year.

	Yes, definitely	Yes, maybe	No
1. Some people believe that other people can read their thoughts. Have other people ever read your thoughts?	☐	☐	☐

IF 'YES, DEFINITELY' OR 'YES, MAYBE' PLEASE ANSWER QUESTIONS 2-4
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 5

	Not at all	Once or twice	Less than once a month	More than once a month	Nearly every day
2. How often have other people read your thoughts **during the last year**?	☐	☐	☐	☐	☐

IF 'NOT AT ALL', PLEASE GO STRAIGHT TO QUESTION 5

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
3. Were you upset by this?	☐	☐	☐	☐

	Yes, definitely	Yes, maybe	No
4. Do you think people sometimes use special powers to read your thoughts?	☐	☐	☐

	Yes, definitely	Yes, maybe	No
5. Have you ever believed that you were being sent special messages through the television or the radio, or that a programme had been arranged just for you alone?	☐	☐	☐

IF 'YES, DEFINITELY' OR 'YES, MAYBE' PLEASE ANSWER QUESTIONS 6-7
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 8

	Not at all	Once or twice	Less than once a month	More than once a month	Nearly every day
6. How often has this happened **during the last year?**	☐	☐	☐	☐	☐

IF 'NOT AT ALL', PLEASE GO TO QUESTION 8

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
7. Were you upset by this?	☐	☐	☐	☐

	Yes, definitely	Yes, maybe	No
8. Have you ever thought you were being followed or spied on?	☐	☐	☐

IF 'YES, DEFINITELY' OR 'YES, MAYBE' PLEASE ANSWER QUESTIONS 9-10
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 11

	Not at all	Once or twice	Less than once a month	More than once a month	Nearly every day
9. How often has this happened **during the last year?**	☐	☐	☐	☐	☐

IF 'NOT AT ALL', PLEASE GO TO QUESTION 11

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
10. Were you upset by this?	☐	☐	☐	☐

	Yes, definitely	Yes, maybe	No
11. Have you ever heard voices that other people couldn't hear?	☐	☐	☐

IF 'YES, DEFINITELY' OR 'YES, MAYBE' PLEASE ANSWER QUESTIONS 12-15
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 16

	Not at all	Once or twice	Less than once a month	More than once a month	Nearly every day
12. How often have you heard these voices **during the last year?**	☐	☐	☐	☐	☐

IF 'NOT AT ALL', PLEASE GO TO QUESTION 16

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
13. Were you upset by this?	☐	☐	☐	☐

14. If you have heard voices that other people couldn't hear, did this happen…

	Yes	No
Only within 24 hours of taking cannabis or other drugs?	☐	☐
Only when you had a high temperature because you were ill?	☐	☐
Only when you were falling asleep or as you were waking up?	☐	☐

15. If you have heard voices that other people couldn't hear, did the voice ever…

	Yes	No
Call out your name?	☐	☐
Say something, or comment, about what you were doing or thinking?	☐	☐
Talk to another voice about you?	☐	☐
Say something nice about you?	☐	☐
Say something horrible about you?	☐	☐

	Yes, definitely	Yes, maybe	No
16. Have you ever felt that you were under the control of some special power?	☐	☐	☐

IF 'YES, DEFINITELY' OR 'YES, MAYBE' PLEASE ANSWER QUESTIONS 17-19
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 20

	Not at all	Once or twice	Less than once a month	More than once a month	Nearly every day
17. How often have you thought that you were under the control of some special power **during the last year?**	☐	☐	☐	☐	☐

IF 'NOT AT ALL', PLEASE GO TO QUESTION 20

	God or another religious figure?	Someone or something else?
18. Who did you think was controlling you?	☐	☐

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
19. Were you upset by this?	☐	☐	☐	☐

	Yes, definitely	Yes, maybe	No
20. Have you ever seen something or someone that other people could not see?	☐	☐	☐

IF 'YES, DEFINITELY' OR 'YES, MAYBE' PLEASE ANSWER QUESTIONS 21-23
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 24

	Not at all	Once or twice	Less than once a month	More than once a month	Nearly every day
21. How often have you seen something or someone that other people could not see **during the last year?**	☐	☐	☐	☐	☐

IF 'NOT AT ALL', PLEASE GO TO QUESTION 24

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
22. Were you upset by this?	☐	☐	☐	☐

23. If you have seen something or someone that other people could not see, did this happen…

	Yes	No
Only within 24 hours of taking cannabis or other drugs?	☐	☐
Only when you had a high temperature because you were ill?	☐	☐
Only when you were falling asleep or as you were waking up?	☐	☐

24. Have you ever felt that…

	Yes, definitely	Yes, maybe	No
Your thoughts were being taken out of your head against your will?	☐	☐	☐
Someone else's thoughts were being inserted into your head against your will?	☐	☐	☐
Your thoughts were so loud that people around you could hear what you were thinking?	☐	☐	☐

IF 'YES' TO ANY OF THE THREE PARTS OF QUESTION 24, PLEASE ANSWER QUESTIONS 25-26
IF 'NO' TO ALL THREE QUESTIONS, GO TO QUESTION 27

	Not at all	Once or twice	Less than once a month	More than once a month	Nearly every day
25. How often have any of these three experiences happened **during the last year?**	☐	☐	☐	☐	☐

IF 'NOT AT ALL', PLEASE GO TO QUESTION 27

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
26. Were you upset by this?	☐	☐	☐	☐

	Yes, definitely	Yes, maybe	No
27. Have you ever felt that you are somebody really special, or that you have special powers like reading people's mind, or that you have been chosen to perform great and special tasks?	☐	☐	☐

IF 'YES, DEFINITELY' OR 'YES, MAYBE' PLEASE ANSWER QUESTIONS 28-29
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 1 ABOUT ALCOHOL BELOW

	Not at all	Once or twice	Less than once a month	More than once a month	Nearly every day
28. How often have you felt that you were really very special or had special powers **during the last year?**	☐	☐	☐	☐	☐

IF 'NOT AT ALL', PLEASE GO TO QUESTION 1 ABOUT ALCOHOL

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
29. Were you upset by this?	☐	☐	☐	☐

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

	Yes	No
1. Have you **ever** drunk alcohol?	☐	☐

IF 'YES', PLEASE ANSWER QUESTIONS 2 - 5
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 6

2. 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 QUESTION 6

	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.

	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 ANSWER QUESTIONS 7 - 11
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 12

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', PLEASE ANSWER QUESTIONS 13 – 18
IF 'NO', PLEASE GO STRAIGHT TO QUESTION 25

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', PLEASE ANSWER QUESTIONS <u>19 – 24</u>
IF 'NO', PLEASE GO STRAIGHT TO QUESTION <u>25</u>

These 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?	☐	☐	☐	☐	☐

	Never	Rarely	From time to time	Fairly often	Very often
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)?	☐	☐	☐	☐	☐

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

	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)	☐	☐	☐

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

	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)	☐	☐	☐

THANK YOU VERY MUCH FOR YOUR HELP WITH OUR RESEARCH.

DON'T FORGET TO TICK THE FRONT TO LET US KNOW WHICH VOUCHER YOU WOULD LIKE US TO SEND YOU!