

## FIRST – A FEW DETAILS ABOUT YOURSELF

### 1 Are you a boy or a girl?

1  Boy

2  Girl

### 2 What class are you in?

1  Secondary 2

2  Secondary 4

### 3 What month were you born?

Jan  
(01)

Feb  
(02)

Mar  
(03)

Apr  
(04)

May  
(05)

June  
(06)

July  
(07)

Aug  
(08)

Sept  
(09)

Oct  
(10)

Nov  
(11)

Dec  
(12)

### 4 What year were you born?

1987

1988

1989

1990

1991

1992

### 5 Do you know the postcode for your home address?

If you do, tick 'yes' and write it down, if not tick 'no'

1

Yes, my postcode is

2

No

**These next questions are about cigarettes**

**6 Do you smoke cigarettes at all nowadays?**

1  Yes

2  No

**7 Now read the following statements carefully and tick the box next to the one which best describes you**

1  I have never smoked —————▶ **Go to Q8**

2  I have only ever tried smoking once —————▶ **Go to Q9**

3  I used to smoke sometimes but I never smoke a cigarette now —————▶ **Go to Q9**

4  I sometimes smoke cigarettes now but I don't smoke as many as one a week —————▶ **Go to Q14**

5  I usually smoke between one and six cigarettes a week —————▶ **Go to Q10**

6  I usually smoke more than six cigarettes a week —▶ **Go to Q10**

**8 Just to check, read the statements below carefully and tick the box next to the one which best describes you**

1  I have never tried smoking a cigarette, not even a puff or two —————▶ **Go to Q9**

2  I did once have a puff or two of a cigarette, but I never smoke now —————▶ **Go to Q9**

3  I do sometimes smoke cigarettes —————▶ **Go to Q14**

**9 How do you think your family would feel if you started smoking?**

- 1  They would stop me
- 2  They would try and persuade me not to smoke
- 3  They would do nothing
- 4  They would encourage me to smoke
- 5  I don't know

→ **Go to Q22  
on page 7**

**10 How long is it since you started smoking at least one cigarette a week?**

- 1  Less than 3 months
- 2  3-6 months
- 3  6 months to 1 year
- 4  More than one year

**11 How easy or difficult would you find it to give up smoking altogether if you wanted to?**

- 1  Very difficult
- 2  Fairly difficult
- 3  Fairly easy
- 4  Very easy

**12 Would you like to give up smoking?**

- 1  Yes
- 2  No
- 3  Don't know

**13 Have you ever tried to give up smoking?**

- 1  Yes
- 2  No

**14 How does your family feel about you smoking?**

- 1  They stop me
  - 2  They try to persuade me not to smoke
  - 3  They do nothing
  - 4  They encourage me to smoke
  - 5  I don't know
  - 6  They don't know I smoke
- Go to Q16
- Go to Q15

**15 How do you think your family would feel if they knew that you smoked?**

- 1  They would stop me
- 2  They would try to persuade me not to smoke
- 3  They would do nothing
- 4  They would encourage me to smoke
- 5  I don't know

**16 Are you allowed to smoke at home if you want to?**

- 1  Yes
- 2  No
- 3  Don't know

**17 How many cigarettes do you usually smoke in a week?**

I usually smoke .....cigarettes a week

**18 Where do you **USUALLY** get your cigarettes from? (Please tick more than one box if you **OFTEN** get cigarettes from different people or places.)**

- I buy them from a supermarket
- I buy them from a newsagent, tobacconist or a sweet shop
- I buy them from a garage shop
- I buy them from some other type of shop
- I buy them from a machine
- I buy them from friends or relatives
- I buy them from someone else
- I buy them on the Internet
- Friends give them to me
- My brother or sister gives them to me
- My mother or father gives them to me
- I take them
- I get them in some other way

(please write in below where or how you get them)

.....

**19 When you smoke how often are you in the following situations?**

	(1) Never	(2) Seldom	(3) Sometimes	(4) Often
Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20 How many cigarettes did you smoke on each day in the last seven days ending yesterday. If you did not smoke on a day write 0.**

- Last Monday I smoked  cigarettes
- Last Tuesday I smoked  cigarettes
- Last Wednesday I smoked  cigarettes
- Last Thursday I smoked  cigarettes
- Last Friday I smoked  cigarettes
- Last Saturday I smoked  cigarettes
- Last Sunday I smoked  cigarettes

**21 Have you ever called Smokeline, the free telephone helpline for advice on smoking?**

- 1  Yes, within the last 12 months
- 2  Yes, more than 12 months ago
- 3  No

**EVERYONE ANSWER NOW**

**22 How many of your friends smoke?**

- 1  All or almost all
- 2  More than half
- 3  Half
- 4  Less than half
- 5  Almost none
- 6  None

**23 Do any of the following people smoke?**

*Please tick one box for each line*

	(0)	(1)	(2)	(3)	(4)
	Don't have or don't see this person	Smokes daily	Smokes sometimes	Does not smoke	Don't know
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24 Have you seen adverts for cigarettes in any of these places over the last six months?**

*Please tick one box for each line*

	(1) Yes	(2) No	(3) Don't know
On posters/billboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In tobacconist/kiosk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In other shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**25 For each of the statements below, please tick the box that best describes how often you have felt like this in the past few weeks.**

*Please tick one box for each line*

	(1) Never	(2) Sometimes	(3) Often	(4) Almost always
I like the way things are going for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is going well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to change many things in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I had a different kind of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good about what's happening to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**These next questions are about alcohol**

**26** **Have you ever had a proper alcoholic drink – a whole drink, not just a sip?**

*Please don't count drinks labelled low alcohol*

1  Yes —————▶ **Go to next question**

2  No —————▶ **Go to Q51 on page 16**

**27** **How often do you USUALLY have an alcoholic drink?**

1  Almost every day

2  About once a week

3  About twice a week

4  About once a fortnight

5  About once a month

6  Only a few times a year

7  I never drink alcohol now

**28** When did you last have an alcoholic drink? (Tick one box)

- |   |                          |  |   |   |                              |
|---|--------------------------|--|---|---|------------------------------|
| 1 | <input type="checkbox"/> | Today                                      | } | ▶ | <b>Go to next question</b>   |
| 2 | <input type="checkbox"/> | Yesterday                                  |   |   |                              |
| 3 | <input type="checkbox"/> | Some other time during the last seven days |   |   |                              |
| 4 | <input type="checkbox"/> | 1 week, but less than 2 weeks ago          | } | ▶ | <b>Go to Q 43 on page 14</b> |
| 5 | <input type="checkbox"/> | 2 weeks, but less than 4 weeks ago         |   |   |                              |
| 6 | <input type="checkbox"/> | 1 month, but less than six months ago      |   |   |                              |
| 7 | <input type="checkbox"/> | 6 months ago or more                       |   |   |                              |






**29** On which of these days during the last 7 days did you have an alcoholic drink?  
(Please tick all that apply)

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | Monday    |
| <input type="checkbox"/> | Tuesday   |
| <input type="checkbox"/> | Wednesday |
| <input type="checkbox"/> | Thursday  |
| <input type="checkbox"/> | Friday    |
| <input type="checkbox"/> | Saturday  |
| <input type="checkbox"/> | Sunday    |

**30** During the last 7 days, how much beer, lager and cider have you drunk?  
*Please don't count drinks labelled low alcohol.*

- |   |                          |  |                            |
|---|--------------------------|--|----------------------------|
| 1 | <input type="checkbox"/> | Have not drunk beer, lager or cider in the last 7 days | <b>Go to Q33</b>           |
| 2 | <input type="checkbox"/> | Less than half a pint                                  | <b>Go to Q33</b>           |
| 3 | <input type="checkbox"/> | Half a pint or more                                    | <b>Go to next question</b> |

**31 Write in the boxes below the number of pints, half pints, large cans, small cans and bottles of beer, lager and cider drunk in the last 7 days.**

<input type="text"/>	pints	
<input type="text"/>	half pints	
<input type="text"/>	large cans	
<input type="text"/>	small cans	
<input type="text"/>	bottles	

**32 Do you usually drink normal strength or strong beer?**

*If you usually drink both normal and strong beer, please tick the type you drank most recently.*

1  Normal strength beer

2  Strong beer

**33 During the last 7 days how much shandy have you drunk?**

1  Have not drunk shandy in the last 7 days

**Go to Q35**





2  Less than half a pint

**Go to Q35**

3  Half a pint or more

**Go to next question**

**34 Write in the boxes below the number of pints, half pints, large cans and small cans of shandy drunk in the last 7 days.**

<input type="text"/>	pints	
<input type="text"/>	half pints	
<input type="text"/>	large cans	
<input type="text"/>	small cans	

**35 During the last 7 days, how much wine have you drunk?**

- |                            |  |                            |
|----------------------------|--|----------------------------|
| 1 <input type="checkbox"/> | Have not drunk wine in the last 7 days | <b>Go to Q37</b>           |
| 2 <input type="checkbox"/> | Less than a glass                      | <b>Go to Q37</b>           |
| 3 <input type="checkbox"/> | One glass or more                      | <b>Go to next question</b> |

**36 Write in the box below the number of glasses of wine drunk in the last 7 days.**

<input type="text"/>	Glasses	
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**37 During the last 7 days, how much martini and sherry have you drunk?**

- |                            |   |                            |
|----------------------------|---|----------------------------|
| 1 <input type="checkbox"/> | Have not drunk martini or sherry in the last 7 days | <b>Go to Q39</b>           |
| 2 <input type="checkbox"/> | Less than a glass                                   | <b>Go to Q39</b>           |
| 3 <input type="checkbox"/> | One glass or more                                   | <b>Go to next question</b> |

38 Write in the box below, the number of glasses of martini and sherry drunk in the last 7 days.

Glasses



39 During the last seven days, how much spirits and liqueurs (e.g. whisky, vodka, gin, tequila, Baileys, Tia Maria) have you drunk?

By a glass we mean a single pub measure.

1

Have not drunk spirits or liqueurs in the last 7 days

Go to Q41

2

Less than a glass

Go to Q41

3

One glass or more

Go to next question

40 Write in the box below, the number of glasses of spirits and liqueurs (e.g. whisky, vodka, gin, tequila, Baileys, Tia Maria) drunk in the last 7 days.

Glasses



41 During the last 7 days, how much alcopops or pre-mixed alcoholic drinks (e.g. Bacardi Breezer, Reef, Smirnoff Ice, V2, WKD) have you drunk?

1

Have not drunk alcopops or pre-mixed alcoholic drinks in the last 7 days

Go to Q43

2

Less than a bottle

Go to Q43

3

One bottle or more

Go to next question

42 Write in the boxes below the number of cans and bottles of alcopops or pre-mixed alcoholic drinks (e.g. Bacardi Breezer, Reef, Smirnoff Ice, V2, WKD) drunk in the last 7 days.

Cans



Bottles



**43 Have you ever had so much alcohol that you were really drunk?**

- 1  No, never
- 2  Yes, once
- 3  Yes, 2-3 times
- 4  Yes, 4-10 times
- 5  Yes, more than 10 times

**44 During the last 30 days, how many times did you have five or more drinks on the same occasion?**

- 1  4 or more times
- 2  3 times
- 3  twice
- 4  once
- 5  I have not had 5 or more drinks **on the same occasion** in the last 30 days
- 6  I have **never** had 5 or more drinks **on the same occasion**

**45 In the past year, as a result of drinking alcohol have you ...**  
(Please tick one box for each)

	(1) No	(2) Once	(3) Twice or more
Had an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited an A&E department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been admitted to hospital overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had an injury that needed to be seen by a Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been taken home by police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stayed off school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been sick (vomited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried any drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EVERYONE WHO HAS EVER HAD AN ALCOHOLIC DRINK ANSWER NOW.**

**46 When you drink alcohol, where are you USUALLY?**

- In a pub or bar
- In a club or disco
- At a party with friends
- At my home
- At someone else's home
- Out on the street, in a park or other outdoor area
- Somewhere else

**47 When you drink alcohol how often are you in the following situations?**

	(1) Never	(2) Seldom	(3) Sometimes	(4) Often
Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With female friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With male friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your step-parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**48 How many of your friends drink alcohol?**

- 1  All or almost all
- 2  More than half
- 3  Half
- 4  Less than half
- 5  Almost none
- 6  None

**49 If you buy alcohol, where do you USUALLY buy it?**

- I never buy alcohol
- In a pub or bar
- In a club or disco
- From an off-licence
- From a shop
- From a supermarket
- From a friend/relative
- From someone else

**50 How does your family feel about you drinking alcohol?**

- 1  They don't like it \_\_\_\_\_
- 2  They don't mind
- 3  They don't know I drink alcohol
- 4  I don't know \_\_\_\_\_

→ Go to Q52

**51 If you do not drink alcohol, how do you think your family would feel if you started drinking alcohol?**

- 1  They would be upset or angry
- 2  They wouldn't mind
- 3  I don't know

**EVERYONE ANSWER NOW**

**52**      **Are you allowed to drink alcohol at home?**

- 1       Yes, always
- 2       Yes, sometimes
- 3       No, never

**53**      **When you watch TV, how often do you see adverts for alcoholic drinks, like beer, wine, alcopops or spirits? *(Please tick one box)***

- 1       A lot
- 2       Sometimes
- 3       Hardly ever
- 4       Never
- 5       I never watch TV

**54**      **In the past week, how many TV adverts have you seen for alcoholic drinks, like beer, wine, alcopops or spirits? *(Please tick one box)***

- 0       0 (none)
- 1       1 advert
- 2       2 adverts
- 3       3 adverts
- 4       4 adverts
- 5       5 adverts
- 6       6 or more adverts

**55**      **When you see alcohol adverts on TV...**

	(1)	(2)	(3)	(4)	(5)
	Yes, always	Yes, usually	No, not usually	No, never	I have not seen any

Do you think they are funny?                             

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Do you think they are exciting?                             

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Do you wish you were like the people in the adverts?                             

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## FAMILY AND WHERE YOU LIVE

- 56** Now we'd like to ask you about who you live with. Not everyone lives with both their parents. Sometimes people live with just one parent, sometimes they have two homes or two families. Please fill in column A for your main or your only home. Fill in column B if you have a second home (not including holiday or summer houses).

**A**



Please tick all the people who live here.

**Adults:**

- Mother
- Father
- Stepmother (or father's girlfriend)
- Stepfather (or mother's boyfriend)
- Grandmother
- Grandfather
- I live in a foster or children's home
- Someone or somewhere else: *please write it down*  
.....  
.....

**Children:**

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

- Number of brothers
- Number of sisters

**57**

**Do you stay here.....**

- 1  All the time
- 2  Most of the time
- 3  Half the time

**B**



Please tick all the people who live here.

**Adults:**

- Mother
- Father
- Stepmother (or father's girlfriend)
- Stepfather (or mother's boyfriend)
- Grandmother
- Grandfather
- I live in a foster or children's home
- Someone or somewhere else: *please write it down*  
.....  
.....

**Children:**

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

- Number of brothers
- Number of sisters

**57**

**Do you stay here.....**

- 1  Half the time
- 2  Regularly but less than half the time
- 3  At weekends
- 4  Sometimes
- 5  Hardly ever

**These next questions are about your parents' jobs**

**58 Father**

**Does your father have a job?**

- 1  Yes
- 2  No
- 3  Don't know
- 4  Don't have or don't see father

**If YES, please say in what place he works  
(for example: hospital, bank, restaurant)**

.....

**Please write down exactly what job he does  
there (for example: teacher, bus driver)**

.....

**If NO, why does your father not have a job?  
(Please tick the box that best describes the  
situation)**

- 1  He is sick, or retired, or a student
- 2  He is looking for a job
- 3  He takes care of others, or is full-time in the  
home
- 4  I don't know

**58 Mother**

**Does your mother have a job?**

- 1  Yes
- 2  No
- 3  Don't know
- 4  Don't have or don't see mother

**If YES, please say in what place she works  
(for example: hospital, bank, restaurant)**

.....

**Please write down exactly what job she does  
there (for example: teacher, bus driver)**

.....

**If NO, why does your mother not have a job?  
(Please tick the box that best describes the  
situation)**

- 1  She is sick, or retired, or a student
- 2  She is looking for a job
- 3  She takes care of others, or is full-time in the  
home
- 4  I don't know

**59** Are you: (please tick all that apply)

- Bangladeshi
- Black - African
- Black - Caribbean
- Black - other
- Chinese
- Indian
- Pakistani
- White
- Other (please say what)  
.....

**60** How well off do you think your family is?

- 1  Very well off
- 2  Quite well off
- 3  Average
- 4  Not very well off
- 5  Not at all well off

**61 How much does your mother really know about.....? Please tick one box for each line**

	(1)	(2)	(3)
don't have or don't see mother <input type="checkbox"/>	She knows a lot	She knows a little	She doesn't know anything
Who your friends are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you spend your money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you are after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**62 How much does your father really know about.....? Please tick one box for each line**

	(1)	(2)	(3)
don't have or don't see father <input type="checkbox"/>	He knows a lot	He knows a little	He doesn't know anything
Who your friends are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you spend your money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you are after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**63 When you went out during the last year, how often did your mother know...? Please tick one box for each line**

	(1)	(2)	(3)	(4)
don't have or don't see mother <input type="checkbox"/>	Always	Usually	Sometimes	Never
Where you were going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who you were going out with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you were doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What time you would be home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**64** When you went out during the last year, how often did your father know...?  
Please tick one box for each line

	(1)	(2)	(3)	(4)
	Always	Usually	Sometimes	Never
Where you were going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who you were going out with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you were doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What time you would be home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**65** How much money of your own do you have most weeks to spend as you like?

- 1  Nothing
- 2  Less than £1 a week
- 3  £1 or more but less than £5 a week
- 4  £5 or more but less than £10 a week
- 5  £10 or more but less than £20 a week
- 6  £20 or more a week

**66** Does your family own a car, van or truck?

- 1  No
- 2  Yes, one
- 3  Yes, two or more

**67** During the past 12 months, how many times did you travel away on holiday with your family?

- 0  Not at all
- 1  Once
- 2  Twice
- 3  More than twice

**68** Do you have your own bedroom for yourself?

- 1  No
- 2  Yes

**69** How many computers (PCs or Macs) does your family own?

- 0  None
- 1  One
- 2  Two
- 3  More than two

**The next questions are about drugs**

**70** Have you ever been offered any of the following drugs?  
Please tick one box for each line

	(1)	(2)
	Yes	No
<b>Cannabis</b> , (Marijuana, Dope, Hash, Blow, Joints)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gas, Glue or other solvents</b> (Tipp-Ex, Lighter Fuel, Aerosols) (to inhale or sniff)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Amphetamines</b> (Speed, Whizz, Sulph)	<input type="checkbox"/>	<input type="checkbox"/>
<b>LSD</b> (Acid, Tabs, Trips)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ecstasy</b> ('E', Eccies, XTC)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Semeron</b> (Sems, Semmies)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Poppers</b> (Amyl Nitrates, Liquid Gold, Rush)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tranquillisers</b> (Downers, Jellies, Valium, Temazepam, Eggs)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heroin</b> (Smack, Skag, Gear, 'H')	<input type="checkbox"/>	<input type="checkbox"/>
<b>Magic Mushrooms</b> (Shrooms)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Methadone</b> (Linctus, Physeptone, Meth)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Crack</b> (Rock, Stone)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cocaine</b> (Coke, Charlie, 'C')	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anabolic Steroids</b> (Roids)	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs that would not be given to you by a doctor or chemist (please tick box and write below the name of the drug)	<input type="checkbox"/>	<input type="checkbox"/>

.....

**71** Have you ever used or taken any of the drugs listed above (even if only once)?

Yes

No  **Go to Q81 on page 29**

**72**      **When was the last time you ever used or took any of the following?**  
*Please tick one box for each line*

	(1)	(2)	(3)	(4)
	In the last month	In the last year	More than a year ago	Never
<b>Cannabis</b> , (Marijuana, Dope, Hash, Blow, Joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gas, Glue or other solvents</b> (Tipp-Ex, Lighter Fuel, Aerosols) (to inhale or sniff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Amphetamines</b> (Speed, Whizz, Sulph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LSD</b> (Acid, Tabs, Trips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ecstasy</b> ('E', Eccies, XTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Semeron</b> (Sems, Semmies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Poppers</b> (Amyl Nitrates, Liquid Gold, Rush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tranquillisers</b> (Downers, Jellies, Valium, Temazepam, Eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heroin</b> (Smack, Skag, Gear, 'H')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Magic Mushrooms</b> (Shrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Methadone</b> (Linctus, Physeptone, Meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Crack</b> (Rock, Stone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cocaine</b> (Coke, Charlie, 'C')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anabolic Steroids</b> (Roids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs that would not be given to you by a doctor or chemist (please tick box and write below the name of the drug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....

**73 How often do you usually use drugs?**

- 1  I have ever only taken drugs once
- 2  I used to take drugs sometimes but I never do now
- 3  I take drugs a few times a year
- 4  I take drugs once or twice a month
- 5  I take drugs at least once a week
- 6  I take drugs most days

**74 The last time you used drugs, were you also drinking alcohol?**

- 1  Yes
- 2  No

**75 The last time you used drugs, who did you get them from?**

- My brother or sister
- A friend of my own age
- A friend older than me
- A friend younger than me
- My boyfriend / girlfriend
- My mother or father
- My step-mother or step-father
- Someone I knew of, but didn't know personally
- A stranger
- Someone else

**76 The last time you used drugs, did you use them all yourself or did you sell or give some to someone else?**

- 1  Used it all myself
- 2  Sold some of it
- 3  Gave some of it away

**77 Where were you the last time you used drugs?**

- At home
- In someone else's home
- At a party
- At a club, disco or rave
- At school
- Out on the street, in a park or other outdoor area
- Other place (please tick in the box and write in below where you were)

.....

**78 Would you like to stop using drugs altogether?**

- 1  Yes, I would like to give up now
- 2  Yes, I would like to give up in the future
- 3  No
- 4  Not sure

**79 Have you ever felt that you needed to get help because you were using drugs?**

1  Yes

2  No

**80 If you felt that you needed to get help because you were using drugs, would you know where to go?**

1  Yes

2  No

**EVERYONE ANSWER NOW**

**81 Have you ever refused a drug that was offered to you?**

1  Yes

2  No

3  Never been offered any drugs

**82**      **Would you know where to go if you wanted to get more information about drugs?**

1       Yes

2       No

3       Don't know

**83**      **If yes, where would you go?** *(Please tick more than one box if you would go to more than one person or place for information).*

     Your doctor

     Advice organisations

     Magazines

     Drop-in centre

     Counsellor

     Teacher

     Telephone helpline

     Youth worker

     Female family member

     Male family member

     Friends

     Books

     TV/Radio

     Internet/Web

**84 How easy would it be for you to get illegal drugs if you wanted to?**

- 1  Very easy
- 2  Fairly easy
- 3  Fairly difficult
- 4  Very difficult
- 5  Impossible
- 6  Don't know

**85 How easy would it be for you to get heroin if you wanted to?**

- 1  Very easy
- 2  Fairly easy
- 3  Fairly difficult
- 4  Very difficult
- 5  Impossible
- 6  Don't know

**86 How easy would it be for you to get cocaine or crack if you wanted to?**

- 1  Very easy
- 2  Fairly easy
- 3  Fairly difficult
- 4  Very difficult
- 5  Impossible
- 6  Don't know

**87** Please read the following statements about drugs and say if you agree or disagree with each one. Tick one box for each statement

	(1)	(2)	(3)
	Agree	Disagree	Don't know
Taking drugs is exciting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking drugs harms your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know enough about the dangers of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most young people will try out drugs at some time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin is addictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What adults tell us about drugs is true	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People take drugs to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin is more dangerous than cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All people who sell drugs should be punished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking cocaine is dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People my age who take drugs need help and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who take drugs are stupid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drugs can lead to HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All people who take drugs should be punished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88

**At what age did you first do the following things?**

*If there is something you have not done, choose the 'never' category.*

Drink alcohol  
(more than a small amount)       Never      I was  years old  
*Write in the box how old you were*

---

Get drunk       Never      I was  years old  
*Write in the box how old you were*

---

Smoke a cigarette  
(more than a puff)       Never      I was  years old  
*Write in the box how old you were*

---

Use drugs       Never      I was  years old  
*Write in the box how old you were*

---

89

**How much money do you usually spend each week on tobacco, alcohol or drugs?**

*Please tick one box for each line*

	(0)	(1)	(2)	(3)	(4)	(5)
	nothing	Less than £1 a week	£1 or more but less than £5 a week	£5 or more but less than £10 a week	£10 or more but less than £20 a week	£20 or more a week
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90

**How many evenings a week do you usually spend out with your friends?**

0 evenings      1      2      3      4      5      6      7 evenings

**91** In the last 12 months have you had any lessons, video or discussions in class on the following topics? *Please tick one box for each line*

	(1)	(2)	(3)
	Yes	No	Don't know
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack/cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvent abuse/glue sniffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**92** How useful have you found the lessons, videos or discussions you have had during the last 12 months about drugs?

- 1  Have not had any in the last year
- 2  Very useful
- 3  Fairly useful
- 4  Not very useful
- 5  Not useful at all
- 6  Don't know

**93** During this school year, how many times did you skip or skive school?

- 0  Not at all
- 1  Once
- 2  Twice
- 3  3 times
- 4  4 times
- 5  5 times
- 6  Between 6 and 10 times
- 7  More than 10 times

**94** Have you been excluded since you started secondary school?

- 1  Yes – answer questions in box
- 2  No – go to next question

<b>i.</b>	<b>How many times were you excluded?</b> <i>(tick ONE box on EACH line)</i>			
	(0)	(1)	(2)	(3)
	Never	Once or twice	3 or 4 times	5 times or more
in first year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in second year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in third year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in fourth year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ii.</b>	<b>What is the longest single period you have been excluded for?</b>			
1	<input type="checkbox"/>	1 or 2 days		
2	<input type="checkbox"/>	Up to one week		
3	<input type="checkbox"/>	Up to 2 weeks		
4	<input type="checkbox"/>	More than 2 weeks		

**95** Here is a list of things that teenagers sometimes do in their free time, when they are not at school. What about you? Please tick one box for each line  
 When I'm not at school I.....

	(1)	(2)	(3)	(4)	(5)
	Every day	Most days	Weekly	Less often	Never
see my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
listen to tapes or music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
look around the shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
read comics or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
read books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go to watch sport matches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hang around the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do a hobby, art or play a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do a sport, e.g. football, swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go to a friend's house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go to concerts or gigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go to the church, mosque or temple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do nothing much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THANK YOU VERY MUCH FOR FILLING IN THIS QUESTIONNAIRE**

**IF YOU HAVE TIME LEFT YOU MAY TURN OVER THE PAGE AND TRY THE  
WORD SEARCHES.**

The words listed below can be found in the grid. They read forwards, backwards as well as diagonally. Some words may overlap each other. How many can you find?

### Films and film stars

F	I	N	D	I	N	G	N	E	M	O	P	L	M	E	L	G	I	B	S	O	N	S	G	R
W	Q	T	Y	I	O	P	B	L	M	R	Q	X	B	N	M	Y	I	O	A	H	J	L	O	P
E	R	T	Y	H	G	F	D	I	A	L	D	W	J	F	G	T	Y	U	I	L	K	J	H	G
P	D	G	H	N	M	V	B	Z	Q	A	Q	T	O	Y	S	T	O	R	Y	W	E	R	F	G
I	A	S	D	F	G	H	J	A	F	N	F	B	H	T	Y	M	I	K	E	M	Y	E	R	S
R	X	D	F	G	T	L	A	B	U	D	S	D	N	F	F	G	T	J	E	D	G	J	E	J
A	D	F	G	Y	P	T	U	E	T	O	H	J	N	B	E	F	H	F	W	F	H	V	C	S
T	A	B	Y	M	F	R	G	T	T	B	T	J	Y	R	K	W	U	L	T	K	T	C	T	L
E	R	G	T	I	H	A	T	H	E	L	O	R	D	O	F	T	H	E	R	I	N	G	S	X
S	Y	R	G	G	H	K	T	H	T	O	W	G	E	T	B	N	U	W	Y	U	I	E	W	V
O	B	M	Y	E	Y	J	Y	U	N	O	Y	L	P	H	W	I	G	A	H	T	U	O	A	A
F	T	H	C	M	W	G	J	R	Q	M	T	Y	P	E	U	U	H	N	O	T	B	R	T	E
T	R	X	A	Z	A	Y	K	L	W	M	I	I	M	R	K	D	G	M	M	H	N	G	R	I
H	U	L	T	R	W	U	K	E	M	U	I	M	F	B	M	N	R	C	O	M	M	E	E	O
E	D	I	E	E	R	W	U	Y	K	Q	A	P	F	E	H	A	A	G	N	W	Q	C	I	U
C	V	V	B	S	E	Y	G	H	K	T	Q	D	F	A	X	L	N	R	S	H	J	L	L	S
A	H	T	L	Q	E	Y	P	Y	H	W	O	O	G	R	I	R	T	E	T	A	E	O	A	T
R	S	Y	A	T	J	K	J	O	U	U	F	L	H	J	Z	A	P	G	E	A	O	O	E	O
R	J	L	N	G	M	J	M	R	T	O	P	O	E	E	P	G	A	O	R	H	I	N	R	M
I	S	E	C	X	C	P	V	B	H	T	M	V	F	R	G	Y	Y	R	S	D	D	E	U	T
B	Q	R	E	R	S	S	R	T	E	R	E	Y	U	Z	X	D	H	O	I	P	E	Y	W	F
E	D	Y	T	O	M	B	F	G	M	A	E	R	H	G	F	U	T	Y	N	K	I	O	L	S
A	H	B	N	Q	P	W	O	W	A	H	S	K	V	W	R	J	I	M	C	A	R	R	E	Y
N	K	W	E	R	T	Y	U	I	T	O	M	C	R	U	I	S	E	Z	S	D	T	E	Y	E
B	K	R	T	Y	U	J	D	B	R	Q	H	D	N	M	V	D	T	J	T	J	K	A	A	D
Y	T	H	E	M	A	S	K	Y	I	Q	W	E	R	E	L	I	J	A	H	W	O	O	D	Z
J	Y	S	D	F	G	H	J	Y	X	W	E	H	D	R	J	P	Y	U	Y	H	M	F	S	C
M	A	S	T	E	R	A	N	D	C	O	M	M	A	N	D	E	R	E	E	F	E	G	T	M
U	N	T	H	F	T	U	L	P	L	V	D	R	S	T	R	E	B	O	R	A	I	L	U	J
J	C	A	M	E	R	O	N	D	I	A	Z	Y	N	A	M	D	I	K	E	L	O	C	I	N
J	J	Y	O	S	E	V	E	E	R	U	N	A	E	K	G	T	H	T	H	J	D	F	G	D
M	A	R	T	I	N	E	M	C	C	U	T	C	H	E	O	N	Y	J	R	Z	Q	J	Z	Z
A	U	S	T	I	N	P	O	W	E	R	S	N	A	N	S	O	R	B	E	C	R	E	I	P

Finding Nemo  
Johnny Depp  
Harry Potter  
Monsters Inc.  
Nicole Kidman  
Brother Bear  
Jim Carrey  
Tom Cruise  
Elijah Wood

Cate Blanchet  
Elf  
Emma Thompson  
The Matrix  
SWAT  
Keanu Reeves  
Judy Garland  
Elizabeth Hurley  
George Clooney

Pirates of the Carribean  
Mike Myers  
Orlando Bloom  
Master and Commander  
Martine McCutcheon  
Pierce Brosnan  
Lord of the Rings  
Hugh Grant  
Ewan McGregor

Julia Roberts  
Liv Tyler  
The Mask  
Austin Powers  
Mel Gibson  
Cameron Diaz  
Toy Story

## Pop Groups and Artists

H	E	L	J	U	D	B	U	S	T	E	D	U	O	L	A	S	L	R	I	G	W	T	U	K
Q	L	H	E	J	Y	R	S	K	T	G	K	R	G	T	J	R	B	K	X	Z	S	E	P	W
M	A	Q	O	R	H	I	E	H	F	J	G	Y	W	J	B	D	E	Y	E	K	L	L	I	A
R	T	V	G	F	H	T	W	E	R	T	Y	U	I	O	P	S	D	G	F	R	H	R	N	A
C	J	W	F	G	H	N	B	N	J	U	S	T	I	N	T	I	M	B	E	R	L	A	K	E
R	R	C	W	F	G	E	G	H	J	K	L	Y	F	C	H	W	R	F	L	K	J	T	B	A
J	R	R	W	H	X	Y	T	R	E	B	I	L	M	B	E	M	E	Y	T	Y	U	O	L	S
T	U	A	S	F	S	S	Y	E	U	U	I	K	N	F	B	D	G	R	K	Q	Y	M	H	T
K	T	I	W	G	R	P	J	T	Y	I	L	I	L	F	E	S	Y	E	M	J	J	I	K	S
R	G	G	W	I	U	E	M	I	N	E	M	K	E	T	A	N	Y	D	J	M	Z	C	U	E
M	A	D	O	N	N	A	E	Y	T	K	I	O	E	R	T	I	R	H	X	K	Z	K	U	V
Q	W	A	E	H	E	R	K	S	K	I	S	P	R	P	L	K	U	O	U	T	J	I	J	E
W	H	V	F	F	H	S	B	W	K	Y	S	T	E	S	E	E	Y	T	B	U	K	T	R	N
Z	F	I	F	R	E	S	V	B	N	M	Y	L	K	C	S	H	G	C	D	S	A	T	B	T
S	D	D	D	V	C	E	I	N	A	L	E	M	V	I	G	H	R	H	Q	C	B	E	H	E
T	R	T	Y	D	H	J	S	W	E	B	L	U	E	N	N	B	V	I	X	D	G	N	Y	E
J	J	E	W	W	R	U	R	K	F	J	L	F	H	O	M	H	Y	L	H	S	D	G	R	N
A	S	D	F	G	H	H	J	T	J	T	I	P	I	H	B	F	E	L	S	H	D	H	J	N
R	D	F	E	W	S	F	G	Q	W	E	O	T	Y	P	I	O	D	I	D	O	F	G	R	N
G	Q	T	F	E	E	E	E	G	J	R	T	I	R	O	I	R	I	P	S	D	F	H	B	W
W	U	G	I	H	S	C	C	G	K	E	T	R	E	E	O	T	Y	E	A	H	R	H	T	Z
S	E	A	L	A	S	H	N	J	Y	S	J	T	E	R	M	S	D	P	H	D	R	H	E	W
Q	E	U	T	F	E	J	O	F	L	C	V	V	M	E	U	E	J	P	A	J	R	J	I	J
W	N	H	S	H	N	R	Y	I	E	R	R	L	F	T	T	E	E	E	J	S	U	L	I	U
G	E	R	E	H	K	R	E	Z	M	X	C	V	B	S	M	N	B	R	S	E	L	T	E	E
D	S	D	W	G	R	O	B	B	I	E	W	I	L	L	I	A	M	S	K	Y	Y	M	W	W
S	W	E	R	T	A	Y	U	I	N	O	O	U	Y	R	F	G	M	Q	O	C	G	W	S	H
G	H	G	R	Y	D	D	H	A	O	R	U	W	U	U	T	R	U	U	F	G	B	J	F	J
W	U	I	G	A	R	E	T	H	G	A	T	E	S	V	M	P	N	H	N	J	Y	H	N	Z
H	N	O	O	U	Y	R	F	G	U	H	N	J	Y	V	M	G	U	Y	R	F	V	M	Y	F
E	S	J	T	E	R	M	S	D	E	C	N	A	L	A	V	Y	L	L	O	H	V	M	I	J
O	Z	Z	Y	O	S	B	O	U	R	N	E	U	Y	R	S	J	T	E	R	M	S	D	Y	F
D	D	H	A	C	G	K	E	T	T	S	J	T	E	R	M	S	D	T	E	D	G	J	R	I

- |                |                   |                        |
|----------------|-------------------|------------------------|
| Madonna        | Britney Spears    | Busted                 |
| Craig David    | Eminem            | Pink                   |
| Holly Valance  | Kylie Minogue     | Robbie Williams        |
| Missy Elliott  | Girls Aloud       | Liberty X              |
| Seal           | Justin Timberlake | Stereophonics          |
| Queen          | The Beatles       | Red Hot Chilli Peppers |
| West Life      | Beyonce           | Darkness               |
| Blue           | Melanie C         | Will Young             |
| Gareth Gates   | Atomic Kitten     | Ozzy Osbourne          |
| East Seventeen |                   | Dido                   |

## SPORTS PERSONALITIES AND ATHLETES

R	E	K	A	B	E	O	Z	F	G	R	A	L	L	Y	M	C	C	O	I	S	T	F	T	U
T	G	T	R	W	Q	M	I	C	H	A	E	L	S	C	H	U	M	A	C	H	E	R	S	G
H	W	Q	M	I	C	H	F	Y	I	O	Y	R	R	E	M	E	N	I	R	E	H	T	A	K
U	E	B	J	O	J	E	D	A	L	E	N	I	A	U	D	U	E	B	J	R	T	I	U	O
H	B	P	D	F	D	A	V	I	D	C	O	U	L	T	A	R	D	Y	I	M	W	M	U	I
U	G	A	T	I	L	H	R	W	S	Z	T	Y	I	O	P	F	K	T	Y	A	U	H	Q	Y
G	T	U	T	H	W	Q	M	Q	E	T	T	J	T	U	E	B	J	I	W	N	J	E	F	J
H	W	L	G	Q	R	F	H	S	H	S	U	W	Q	W	E	R	T	H	J	N	L	N	P	D
G	D	A	J	W	F	D	A	V	I	D	B	E	C	K	H	A	M	P	U	M	E	M	E	N
R	A	R	E	E	Y	L	D	W	R	T	N	U	L	E	R	T	J	Y	U	A	W	A	E	A
A	Z	A	S	Y	L	D	R	E	R	T	E	E	S	D	J	U	H	R	J	I	H	N	R	N
B	X	D	R	Y	U	E	B	J	U	E	S	U	E	R	A	R	Y	L	D	E	H	Z	D	I
T	F	C	J	R	D	R	E	R	T	L	N	H	K	N	M	Q	J	T	L	R	Z	H	P	D
R	J	L	U	E	B	J	S	S	E	G	E	H	P	N	I	A	U	E	B	J	A	N	S	R
W	T	I	T	I	E	R	T	Y	G	E	J	A	M	I	E	B	A	U	L	C	H	U	E	E
T	K	F	J	E	B	F	M	E	R	T	B	S	S	Z	D	U	E	Z	X	D	Y	I	T	F
Y	Y	F	T	G	E	C	T	J	E	L	G	E	E	T	E	H	N	G	O	U	A	T	Y	O
R	R	E	R	E	K	T	G	K	O	E	R	T	R	G	L	D	F	G	H	J	L	G	H	I
M	F	D	F	E	D	F	S	M	D	N	Y	K	E	K	G	J	N	G	O	R	A	H	K	R
H	R	O	N	A	L	D	O	E	R	J	N	J	N	J	A	D	Y	G	J	F	N	G	F	F
F	G	N	W	K	D	N	N	D	F	G	H	Y	A	H	D	F	H	L	D	O	C	F	H	A
D	A	Y	L	D	T	F	I	N	G	O	R	G	W	G	O	G	H	H	W	T	E	L	D	O
S	E	R	J	O	G	H	A	J	T	H	H	W	I	I	G	E	C	H	H	W	A	H	H	W
E	D	H	Y	E	R	J	O	T	I	Y	L	D	L	M	L	A	H	L	D	O	R	J	E	K
T	H	A	Y	L	D	W	S	R	G	H	H	W	L	W	R	K	R	T	Y	K	M	L	D	O
Q	W	E	R	T	Y	U	U	R	E	E	R	J	I	E	R	J	I	L	D	O	S	J	K	U
Y	H	H	H	W	Y	Y	L	R	R	W	E	R	A	J	U	K	S	N	L	J	T	E	R	J
T	L	E	N	N	O	X	L	E	W	I	S	J	M	E	R	J	H	S	S	H	R	Y	L	D
T	W	G	N	G	O	R	I	H	O	H	H	W	S	E	R	Y	O	E	Y	O	O	H	H	W
H	E	E	R	J	E	E	V	D	O	F	G	H	W	Q	M	T	Y	L	D	O	N	Y	L	D
W	E	H	E	R	J	R	A	W	D	S	S	W	G	R	H	H	W	Q	M	Z	G	Z	Y	J
N	G	O	R	H	H	W	N		S	V	E	N	G	O	R	A	N	E	R	I	K	S	O	N
E	V	A	C	A	D	N	A	E	L	D	F	C	O	L	I	N	M	C	C	R	A	E	F	H

Zoe Baker  
Colin McCrae  
Sven Goran Erikson  
David Coulthard  
David Beckham  
Sonia O'Sullivan  
Duaine Ladejo

Chris Hoy  
Lance Armstrong  
Tim Henman  
Michael Schumacher  
Jensen Button  
Katherine Merry  
Ally McCoist

Hermann Maier  
Paula Radcliffe  
Lesley McKenna  
Rio Ferdinand  
Juan Pablo Montoya  
Serena Williams  
Jamie Delgado

Lennox Lewis  
Tiger Woods  
Ronaldo  
Jamie Baulch  
Jonny Wilkinson  
Leanda Cave