

16 Year LEAP-2 Study Child Booklet Coding

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. The wording of the questions themselves is unchanged.

Almost all responses in this booklet were recorded by means of tick boxes, and in all cases these have been numerically coded. The one exception is the question about the number days spent 'in highs', about a quarter of the way through the booklet - this question had a free numeric response 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.

Many changes were made between the Behaviour and LEAP child booklets and this version of the LEAP-2 child booklet. The coding shown in this document applies to the LEAP-2 version only.

Note that 'Distress' item numbering (1 to 4) follows the ordering of the same items in the LEAP-1 data, rather than the natural ordering in this booklet, in order to allow easier comparison between the LEAP-1 and LEAP-2 variables.

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.

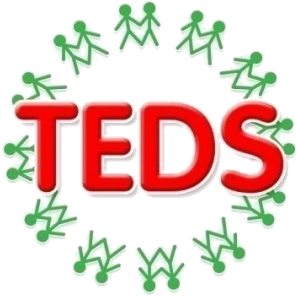
Variable names are shown in RED, because these are the same as those used in the dataset, minus the suffix '1' or '2' that is added to each dataset variable name (as described above). In a very few cases, variable names are shown in BLUE for variables that exist in the raw data but that have been omitted from the analysis 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.

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



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

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

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.

(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	pc12teps01	<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	pc12teps02	<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	pc12teps03	<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	pc12teps04	<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	pc12teps05	<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	pc12teps06	<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	pc12teps07	<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	pc12teps08	<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	pc12teps09	<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	pc12teps10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please rate how frequently you have the following experiences.

(responses recoded from 1/2/3/4/5/6 in raw data to 0/1/2/3/4/5 in dataset)

How often do you...		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?	pc12caps1	<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?	pc12caps2	<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?	pc12caps3	<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?	pc12caps4	<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	pc12caps5	<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 often do you...		Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
		1	2	3	4	5	6
cannot?							
6. Experience unusual burning sensations or other strange feelings in or on your body that can't be explained?	pc12caps6	<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?	pc12caps7	<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?	pc12caps8	<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?	pc12caps9	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(responses recoded from 1/2/3/4 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? pc12distr2				
(item numbered 2 rather than 1 for easier comparison with the corresponding Leap-1 variable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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.

(responses recoded from 1/2/3/4/5/6 in raw data to 0/1/2/3/4/5 in dataset)

How often have you thought...?		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"	pc12prnd01	<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"	pc12prnd02	<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"	pc12prnd03	<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"	pc12prnd04	<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"	pc12prnd05	<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"	pc12prnd06	<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"	pc12prnd07	<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"	pc12prnd08	<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 often have you thought...?		Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
		1	2	3	4	5	6
9. "Someone has bad intentions towards me"	pcl2prnd09	<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"	pcl2prnd10	<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"	pcl2prnd11	<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"	pcl2prnd12	<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"	pcl2prnd13	<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"	pcl2prnd14	<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"	pcl2prnd15	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(responses recoded from 1/2/3/4 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? pcl2distr1				
(item numbered 1 rather than 2 for easier comparison with the corresponding Leap-1 variable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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.

(response coding in the raw data is the same as in the dataset)	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? pc12hc101	<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

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

(response coding in the raw data is the same as in the dataset)	... 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... pc12hc102	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)

In such a state:		Yes	No
		1	2
1. I need less sleep	pc12hc103	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. I enjoy my work more	pc12hc104	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. I want to travel more/ I do travel more	pc12hc105	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. I spend more money/ I spend too much money	pc12hc106	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5. I take more risks in my daily life (in my work or at school and/or other activities)	pc12hc107	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. I am physically more active (sport etc)	pc12hc108	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. I am less shy or inhibited	pc12hc109	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. I wear more colourful and more extravagant clothes/make-up	pc12hc110	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. I think faster	pc12hc111	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10. I make more jokes or puns when I am talking	pc12hc112	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. I get into more quarrels	pc12hc113	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12. My mood is higher, more optimistic	pc12hc114	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13. I smoke more cigarettes	pc12hc115	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. I drink more alcohol	pc12hc116	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. I take more drugs (sedatives, anti-anxiety pills, stimulants etc)	pc12hc117	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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

(responses recoded from 1/2/3/4 in raw data to 1/2/3/0 in dataset)

		Positive and negative	Positive	Negative	No impact
		1	2	3	4
Family life	pcl2hcl18a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
Social life	pcl2hcl18b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
Work, school or college	pcl2hcl18c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
Leisure	pcl2hcl18d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0

(responses recoded from 1/2/3/4/5 in raw data to 1/2/3/4/0 in dataset)	Positively (encouraging or supportive)	Neutral	Negatively (concerned, annoyed, critical)	Positively and negatively	No reactions
	1	2	3	4	5
How do people close to you react to or comment on your 'highs'?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
	pcl2hcl19				

(responses recoded from 1/2/3/4/5/6 in raw data to 1/2/3/4/5/0 in dataset)	1 day	2 - 3 days	4 - 7 days	Longer than a week	Longer than a month	Don't know
	1	2	3	4	5	6
How long do your 'highs' last, on average?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
	pcl2hcl20					

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)	Yes	No
	1	2
Have you experienced such 'highs' <u>in the past twelve months</u> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
	pcl2hcl21	

If **yes**, please estimate how many days you spent 'in highs' during the last twelve months.

About days.

In the original scanned raw data, a single digit (or a blank) was scanned from each of the three boxes; in the cleaned raw data these digits were converted to a single number.

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

pcl2hcl22:

Code	Range of raw values
1	3 or less
2	6 to 10
3	11 to 20
4	21 to 50
5	51 to 100
6	101 to 200
7	201 to 300
8	More than 300

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

(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?	pc12cgds01	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. Do you frequently have difficulty in starting to do things?	pc12cgds02	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Are you a person whose mood goes up and down easily?	pc12cgds03	<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?	pc12cgds04	<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?	pc12cgds05	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. Do you often have difficulties in controlling your thoughts?	pc12cgds06	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. Are you easily distracted from work by daydreams?	pc12cgds07	<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?	pc12cgds08	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Are you easily distracted when you read or talk to someone?	pc12cgds09	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10. Is it hard for you to make decisions?	pc12cgds10	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. When in a crowded room, do you often have difficulty in following a conversation?	pc12cgds11	<input type="checkbox"/> 1	<input type="checkbox"/> 0

(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? pc12distr4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(item numbered 4 rather than 3 for easier comparison with the corresponding Leap-1 variable)				

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

(responses recoded from 1/2/3 in raw data to 0/1/2 in dataset)

Over the last two weeks...		Not true	Quite true	Very true
		1	2	3
1. I felt miserable or unhappy	pc12mfq01	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I didn't enjoy anything at all	pc12mfq02	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. I felt so tired I just sat around and did nothing	pc12mfq03	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. I was very restless	pc12mfq04	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. I felt I was no good anymore	pc12mfq05	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. I cried a lot	pc12mfq06	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I found it hard to think properly or concentrate	pc12mfq07	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. I hated myself	pc12mfq08	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. I felt I was a bad person	pc12mfq09	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. I felt lonely	pc12mfq10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Over the last two weeks...		Not true	Quite true	Very true
		1	2	3
11. I thought that nobody really loved me	pcl2mfq11	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. I thought I could never be as good as others	pcl2mfq12	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. I did everything wrong	pcl2mfq13	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Based on your thoughts and feelings over the last month, how much do you agree with the following statements?
 (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	pcl2grnd1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. I have many great ideas	pcl2grnd2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Everything I do is great	pcl2grnd3	<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	pcl2grnd4	<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	pcl2grnd5	<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	pcl2grnd6	<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	pcl2grnd7	<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	pcl2grnd8	<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 distressed	A bit distressed	Quite distressed	Very distressed
	1	2	3	4
Overall, how distressed are you by these thoughts? pcl2distr3 (item numbered 3 rather than 4 for easier comparison with the corresponding Leap-1 variable)	<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?
 (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	pcl2casi01	<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	pcl2casi02	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. It scares me when I feel "shaky"	pcl2casi03	<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	pcl2casi04	<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	pcl2casi05	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

		Not true	Quite true	Very true
		1	2	3
6. It scares me when my heart beats fast	pcl2casi06	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I feel embarrassed when my stomach rumbles or makes noise	pcl2casi07	<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	pcl2casi08	<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	pcl2casi09	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. It scares me when I have trouble getting my breath	pcl2casi10	<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	pcl2casi11	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. It scares me when I cannot concentrate on my schoolwork	pcl2casi12	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. Others my age can tell when I feel shaky	pcl2casi13	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14. Unusual feelings in my body scare me	pcl2casi14	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15. When I am afraid, I worry that I might be crazy	pcl2casi15	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16. I get scared when I feel nervous	pcl2casi16	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
17. I don't like to let my feelings show	pcl2casi17	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18. Funny feelings in my body scare me	pcl2casi18	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

(responses recoded from 1/2/3/4/5/6/7 in raw data to 0/1/2/3/4/5/6 in dataset)

		Not at all			Moderately			Extremely		
		1	2	3	4	5	6	7		
1. I notice when small things have changed in my environment	pc12hsc01	<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. Loud noises make me feel uncomfortable	pc12hsc02	<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. I love nice smells	pc12hsc03	<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 get nervous when I have to do a lot in little time	pc12hsc04	<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. Some music can make me really happy	pc12hsc05	<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 am annoyed when people try to get me to do too many things at once	pc12hsc06	<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 don't like watching TV programmes that have a lot of violence in them	pc12hsc07	<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		
8. I find it unpleasant to have a lot going on at once	pc12hsc08	<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		
9. I don't like it when things change in my life	pc12hsc09	<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		
10. I love nice tastes	pc12hsc10	<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		
11. I don't like loud noises	pc12hsc11	<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		
12. When someone observes me, I get nervous. This makes me perform worse than normal	pc12hsc12	<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		

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 in the past six months. 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...

(Coding in the raw data is as shown in blue, 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		Moderately unpleasant		Neither unpleasant or pleasant		Moderately pleasant		Very pleasant	
			1	2	1	2	3	4	5			
1. The loss of a job by my father or mother	NEGATIVE	pcl21fev01n		0	3	2	1	1	1			
2. Marital separation of my parents	NEGATIVE	pcl21fev02n		0	3	2	1	1	1			
3. Becoming involved with drugs	BOTH	pcl21fev03n pcl21fev03p		0 0	3	2	1	1	2	3		
4. The death of a close friend or relative	NEGATIVE	pcl21fev04n		0	3	2	1	1	1			
5. Being hospitalized for illness or injury	NEGATIVE	pcl21fev05n		0	3	2	1	1	1			
6. Being sent away from home	BOTH	pcl21fev06n pcl21fev06p		0 0	3	2	1	1	2	3		
7. Breaking up with a boyfriend/girlfriend	BOTH	pcl21fev07n pcl21fev07p		0 0	3	2	1	1	2	3		
8. The hospitalization of my brother or sister	NEGATIVE	pcl21fev08n		0	3	2	1	1	1			
9. Suspension from school/college	NEGATIVE	pcl21fev09n		0	3	2	1	1	1			
10. Failing an important exam	NEGATIVE	pcl21fev10n		0	3	2	1	1	1			
11. Remarriage of a parent to a stepparent	*											
12. Hospitalization of a parent	NEGATIVE	pcl21fev12n		0	3	2	1	1	1			

	Negative or positive rating?		Yes 1	No 2	Very unpleasant 1	Moderately unpleasant 2	Neither unpleasant or pleasant 3	Moderately pleasant 4	Very pleasant 5
13. Being responsible for a road accident	*								
14. A major decrease in parental income	NEGATIVE	pcl21fev14n		0	3	2	1	1	1
15. Getting pregnant or fathering a pregnancy	*								
16. Outstanding personal achievement	BOTH	pcl21fev16n pcl21fev16p		0 0	3	2	1 1	2	3
17. Decrease in number of arguments between parents	BOTH	pcl21fev17n pcl21fev17p		0 0	3	2	1 1	2	3
18. Becoming a member of a church	POSITIVE	pcl21fev18p		0	1	1	1	2	3
19. Beginning to date	BOTH	pcl21fev19n pcl21fev19p		0 0	3	2	1 1	2	3
20. Moving to a new school or college	BOTH	pcl21fev20n pcl21fev20p		0 0	3	2	1 1	2	3

* Items 11, 13 and 15 have been dropped from the dataset because in each of these items the number of affirmative ('yes') responses was negligible.

Please answer the questions below.

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)

		Yes 1	No 2
1. Are there very few things that you have ever enjoyed doing?	pcl2anhd1	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. Are you too independent to get involved with other people?	pcl2anhd2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Do you feel very close to your friends?	pcl2anhd3	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. Has dancing or the idea of dancing always seemed dull to you?	pcl2anhd4	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5. Is trying new foods something you enjoy?	pcl2anhd5	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. Do you often feel uncomfortable when your friends touch you?	pcl2anhd6	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. Do you prefer watching television to going out with friends?	pcl2anhd7	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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

In the questions that follow (in the PLIK measure), the following coding changes have been made.

Questions 1, 4, 5, 8, 11, 16, 20, 24a/b/c, 27: 'Yes definitely/Yes maybe/No' responses recoded from 1/2/3 to 2/1/0.

Questions 2, 6, 9, 12, 17, 21, 25, 28: 'Not at all...Nearly every day' responses recoded from 1/2/3/4/5 to 0/1/2/3/4.

Questions 3, 7, 10, 13, 19, 22, 26, 29: 'No not at all upset...Yes very upset' responses recoded from 1/2/3/4 to 0/1/2/3.

All parts of questions 14, 15, 23: 'Yes/No' responses recoded from 1/2 to 1/0.

	Yes, definitely	Yes, maybe	No
pcl2plik01	1	2	3
1. Some people believe that other people can read their thoughts. Have other people ever read your thoughts?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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
pcl2plik02	1	2	3	4	5
2. How often have other people read your thoughts during the last year ?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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
pcl2plik03	1	2	3	4
3. Were you upset by this?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

	Yes, definitely	Yes, maybe	No
pcl2plik04	1	2	3
4. Do you think people sometimes use special powers to read your thoughts?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

	Yes, definitely	Yes, maybe	No
pcl2plik05	1	2	3
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?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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
pcl2plik06	1	2	3	4	5
6. How often has this happened during the last year?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
pcl2plik07	1	2	3	4
7. Were you upset by this?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

	Yes, definitely	Yes, maybe	No
pcl2plik08	1	2	3
8. Have you ever thought you were being followed or spied on?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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
pcl2plik09	1	2	3	4	5
9. How often has this happened during the last year?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
pcl2plik10	1	2	3	4
10. Were you upset by this?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

	Yes, definitely	Yes, maybe	No
pcl2plik11	1	2	3
11. Have you ever heard voices that other people couldn't hear?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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
pcl2plik12	1	2	3	4	5
12. How often have you heard these voices during the last year ?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
pcl2plik13	1	2	3	4
13. Were you upset by this?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

	Yes	No
	1	2
Only within 24 hours of taking cannabis or other drugs? pcl2plik14a	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Only when you had a high temperature because you were ill? pcl2plik14b	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Only when you were falling asleep or as you were waking up? pcl2plik14c	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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

	Yes	No
	1	2
Call out your name? pcl2plik15a	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Say something, or comment, about what you were doing or thinking? pcl2plik15b	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Talk to another voice about you? pcl2plik15c	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Say something nice about you? pcl2plik15d	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Say something horrible about you? pcl2plik15e	<input type="checkbox"/> 1	<input type="checkbox"/> 0

	Yes, definitely	Yes, maybe	No
pcl2plik16	1	2	3
16. Have you ever felt that you were under the control of some special power?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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
pcl2plik17	1	2	3	4	5
17. How often have you thought that you were under the control of some special power during the last year ?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

(response coding in the raw data is the same as in the dataset for this item)	God or another religious figure?	Someone or something else?
18. Who did you think was controlling you? pcl2plik18	<input type="checkbox"/> 1	<input type="checkbox"/> 2

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
pcl2plik19	1	2	3	4
19. Were you upset by this?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

	Yes, definitely	Yes, maybe	No
pcl2plik20	1	2	3
20. Have you ever seen something or someone that other people could not see?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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
pcl2plik21	1	2	3	4	5
21. How often have you seen something or someone that other people could not see during the last year ?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
pcl2plik22	1	2	3	4
22. Were you upset by this?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

	Yes	No
	1	2
Only within 24 hours of taking cannabis or other drugs? pcl2plik23a	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Only when you had a high temperature because you were ill? pcl2plik23b	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Only when you were falling asleep or as you were waking up? pcl2plik23c	<input type="checkbox"/> 1	<input type="checkbox"/> 0

24. Have you ever felt that...

	Yes, definitely	Yes, maybe	No
	1	2	3
Your thoughts were being taken out of your head against your will? pcl2plik24a	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Someone else's thoughts were being inserted into your head against your will? pcl2plik24b	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Your thoughts were so loud that people around you could hear what you were thinking? pcl2plik24c	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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
	1	2	3	4	5
pcl2plik25					
25. How often have any of these three experiences happened during the last year?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

	No, not at all upset	Yes, a bit upset	Yes, quite upset	Yes, very upset
	1	2	3	4
pcl2plik26				
26. Were you upset by this?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

	Yes, definitely	Yes, maybe	No
	1	2	3
pcl2plik27			
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?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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
	1	2	3	4	5
pcl2plik28					
28. How often have you felt that you were really very special or had special powers during the last year?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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
	1	2	3	4
pcl2plik29				
29. Were you upset by this?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)

	Yes	No
pc12alco1 pc12drug01	1	2
1. Have you ever drunk alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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?

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

pc12alco2: estimated total number of units consumed.

The raw responses for beer, wine and spirits have been combined into a single variable (**pc12alco2**) 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"	pc12drug02a	0	3	8	16	30	60	120
Wine	pc12drug02b	0	3	8	16	30	60	120
Spirits (include spirits mixed with soft drinks)	pc12drug02c	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? pc12alco3 pc12drug03	<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 QUESTION 6

(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? pc12alco4 pc12drug04	<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.

(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? pc12alco5 pc12drug05	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)	Yes	No
pcl2smok1 pcl2drug06	1	2
6. Have you ever smoked a cigarette (including roll-ups)?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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: **pcl2smok2** **pcl2drug07**

(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? pcl2smok3 pcl2drug08	<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? pcl2smok4 pcl2drug09	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)	Yes	No
	1	2
10. Have you smoked any cigarettes in the last 12 months? pcl2smok5 pcl2drug10	<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? pcl2smok6 pcl2drug11	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)	Yes	No
pcl2cann01 pcl2drug12	1	2
12. Have you ever tried cannabis? (also called marijuana, hash, dope, pot, skunk, grass, weed)	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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: **pc12cann02 pc12drug13**

(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? pc12cann03 pc12drug14	<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? pc12cann04 pc12drug15	<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? **pc12drug16**

(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 are coded 1=ticked, 0=not ticked (or missing if not applicable)

Feeling sick or sweaty	pc12cann06a	pc12drug17a	<input type="checkbox"/>
Feeling calm and relaxed	pc12cann06b	pc12drug17b	<input type="checkbox"/>
Feeling very anxious or panicky	pc12cann06c	pc12drug17c	<input type="checkbox"/>
Feeling that people are spying on you, or trying to harm you	pc12cann06d	pc12drug17d	<input type="checkbox"/>
Feeling that you want to laugh at everything around you	pc12cann06e	pc12drug17e	<input type="checkbox"/>
Hearing voices that other people couldn't hear	pc12cann06f	pc12drug17f	<input type="checkbox"/>
Seeing things that other people couldn't see	pc12cann06g	pc12drug17g	<input type="checkbox"/>
Feeling more sociable and friendly	pc12cann06h	pc12drug17h	<input type="checkbox"/>

(Yes/no responses recoded from 1/2 in the raw data to 1/0 in the dataset)	Yes	No
pc12cann07 pc12drug18	1	2
18. Have you used cannabis within the last twelve months?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

IF 'YES', PLEASE ANSWER QUESTIONS 19 – 24

IF 'NO', PLEASE GO STRAIGHT TO QUESTION 25

These 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?	pc12cann08 pc12drug19	<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?	pc12cann09 pc12drug20	<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?	pc12cann10 pc12drug21	<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?	pc12cann11 pc12drug22	<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?	pc12cann12 pc12drug23	<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 of your use of cannabis (argument, fight, accident, bad results at school, other problems)?	pc12cann13 pc12drug24	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3

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	pc12drug25a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Gas (butane and lighter refills)	pc12drug25b	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Glue	pc12drug25c	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Solvents (including petrol and paint thinners)	pc12drug25d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Poppers (also known as amyl nitrates, liquid gold)	pc12drug25e	<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)	pc12drug26a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Ecstasy (also called E, pills, MDMA)	pc12drug26b	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
LSD (also called acid, tabs, trips)	pc12drug26c	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Magic mushrooms (also called shrooms)	pc12drug26d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Cocaine (also called Charlie, C, coke)	pc12drug26e	<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)	pc12drug26h	<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

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!**