

VERSION A

DEMOGRAPHICS

Please put a tick in the box that applies to your answer: e.g. Mother

**A1. Who of the following, if any, do you live with?
(Select as many boxes as you need)**

- Mother 1
- Father 2
- Step-mother 3
- Step-father 4
- Mother's boyfriend/partner 5
- Father's girlfriend/partner 6
- Foster parents/foster carers 7
- Sister(s)/adopted sister(s) 8
- Brother(s)/adopted brother(s) 9
- Step-sister(s) 10
- Step-brother(s) 11
- Half-sister(s) 12
- Half-brother(s) 13
- Grandmother 14
- Grandfather 15
- Other relative 16
- Other non-relative 17
- I live in children's residential care 18
- None of these 19

A2. If you do not live with your parents, do you have support from a social worker to live where you do?

- Yes 1
- No 2

**A3. To which of the following do you consider yourself to belong to?
(Select one answer only)**

- The Protestant community 1
- The Catholic community 2
- Neither community 3
- Other 4

A4. Do all the people who live in your house have the same community background (e.g. Protestant, Catholic, or some other community)?
(Select one answer only)

Yes 1

No 2

Don't know 3

A5. What is your ethnic group?
(Select one option that best describes your ethnic group or background)

White 1

Irish Traveller 2

Mixed/Multiple ethnic groups

White and Black Caribbean 3

White and Black African 4

White and Asian 5

Any other Mixed/Multiple ethnic background 6

Asian/Asian British

Indian 7

Pakistani 8

Bangladeshi 9

Chinese 10

Any other Asian background 11

Black/African/Caribbean/Black British

African 12

Caribbean 13

Any other Black/African/Caribbean background 14

Other ethnic group

Arab 15

Any other ethnic group, please specify _____ 16

Don't know 17

**A6. In which country were you born?
(Select one answer only)**

- | | | |
|-----------------------------------|--------------------------|---|
| Northern Ireland | <input type="checkbox"/> | 1 |
| England | <input type="checkbox"/> | 2 |
| Wales | <input type="checkbox"/> | 3 |
| Scotland | <input type="checkbox"/> | 4 |
| Republic of Ireland | <input type="checkbox"/> | 5 |
| Somewhere else (please say where) | <input type="checkbox"/> | 6 |
| Don't know | <input type="checkbox"/> | 7 |

SPORT AND PHYSICAL ACTIVITY

Please read the following before answering the questions on sport and physical activity:

Sport or physical activity is not just exercise but any activity that makes your heart beat faster and makes you get out of breath and sweaty some of the time.

Physical activity can be done in sports, school activities, playing with friends or walking to school. It can include activities such as walking quickly, dancing, cycling, skateboarding, rollerblading, trampolining, football, gymnastics, athletics.

B1. Do you enjoy doing sport or physical activity?

- | | | |
|----------------|--------------------------|---|
| Yes, a lot | <input type="checkbox"/> | 1 |
| Yes, a little | <input type="checkbox"/> | 2 |
| No, not at all | <input type="checkbox"/> | 3 |

**B2. In the last 12 months, which, if any, of the following sports or physical activities have you done?
(Select as many answers as you need)**

- | | | |
|---|--------------------------|----|
| Active games (e.g. chase, skipping, rounder's etc.) | <input type="checkbox"/> | 1 |
| Angling/fishing | <input type="checkbox"/> | 2 |
| Athletics/cross country | <input type="checkbox"/> | 3 |
| Basketball/netball/volleyball | <input type="checkbox"/> | 4 |
| Boxing | <input type="checkbox"/> | 5 |
| Canoeing/Kayaking/Rowing | <input type="checkbox"/> | 6 |
| Cricket | <input type="checkbox"/> | 7 |
| Cycling | <input type="checkbox"/> | 8 |
| Dancing (e.g. Disco, ballet, tap etc.) | <input type="checkbox"/> | 9 |
| Darts | <input type="checkbox"/> | 10 |
| Football | <input type="checkbox"/> | 11 |

- | | | |
|--|--------------------------|---------------|
| Gaelic Football | <input type="checkbox"/> | 12 |
| Golf, pitch and putt, putting | <input type="checkbox"/> | 13 |
| Gymnastics | <input type="checkbox"/> | 14 |
| Hockey | <input type="checkbox"/> | 15 |
| Horse riding | <input type="checkbox"/> | 16 |
| Hurling/ Camogie | <input type="checkbox"/> | 17 |
| Ice skating | <input type="checkbox"/> | 18 |
| Indoor bowls | <input type="checkbox"/> | 19 |
| Jogging | <input type="checkbox"/> | 20 |
| Keep fit, aerobics, yoga, dance exercise | <input type="checkbox"/> | 21 |
| Martial Arts | <input type="checkbox"/> | 22 |
| Motor sports | <input type="checkbox"/> | 23 |
| Rugby union or league | <input type="checkbox"/> | 24 |
| Shooting | <input type="checkbox"/> | 25 |
| Skateboarding/Rollerblading | <input type="checkbox"/> | 26 |
| Skiing | <input type="checkbox"/> | 27 |
| Snooker, pool, billiards | <input type="checkbox"/> | 28 |
| Swimming or diving | <input type="checkbox"/> | 29 |
| Table tennis | <input type="checkbox"/> | 30 |
| Tennis/Badminton/Squash | <input type="checkbox"/> | 31 |
| Tenpin bowling | <input type="checkbox"/> | 32 |
| Trampolining | <input type="checkbox"/> | 33 |
| Walking for Exercise/Hill walking | <input type="checkbox"/> | 34 |
| Weight training/lifting/body building | <input type="checkbox"/> | 35 |
| Windsurfing/boardsailing | <input type="checkbox"/> | 36 |
| Yachting or dinghy sailing | <input type="checkbox"/> | 37 |
| Any Other Sports or Physical Activities | <input type="checkbox"/> | 38 |
| None of these | <input type="checkbox"/> | 39 → Go to B9 |

B3. You have told us about the sports/physical activities that you have done in the last 12 months. Now thinking about those that you have done outside, have you made use of any of the places listed below?

(Select as many answers as you need)

- | | | |
|--|--------------------------|---------------|
| A woodland or forest | <input type="checkbox"/> | 1 |
| An open space or park | <input type="checkbox"/> | 2 |
| Country paths | <input type="checkbox"/> | 3 |
| A beach/sea shore/river | <input type="checkbox"/> | 4 |
| Sports fields or outdoor courts (e.g. tennis, 5-a-side) | <input type="checkbox"/> | 5 |
| An outdoor swimming pool | <input type="checkbox"/> | 6 |
| Outdoor gym | <input type="checkbox"/> | 7 |
| Pavements or streets in your local area | <input type="checkbox"/> | 8 |
| Your garden | <input type="checkbox"/> | 9 |
| Somewhere else (please specify) | <input type="checkbox"/> | 10 |
| No, I have not done any sports/physical activities outside | <input type="checkbox"/> | 11 → Go to B5 |

B4. How often have you done sport or physical activity outside?

- | | | |
|-------------------------------|--------------------------|---|
| Every day | <input type="checkbox"/> | 1 |
| 4-6 days a week | <input type="checkbox"/> | 2 |
| 2-3 days a week | <input type="checkbox"/> | 3 |
| Once a week | <input type="checkbox"/> | 4 |
| 2-3 times in the last 4 weeks | <input type="checkbox"/> | 5 |
| Once in the last 4 weeks | <input type="checkbox"/> | 6 |
| Varies too much to say | <input type="checkbox"/> | 7 |

**B5. What benefits have you experienced as a result of your participation in sports or physical activities over the past 12 months?
(Select as many answers as you need)**

- Learned new skills/ developed existing skill 1
- Developed leadership skills 2
- Developed skills as a team player 3
- Improved health 4
- Helped me gain a qualification 5
- Enabled me to communicate with family/ friends 6
- Developed my confidence 7
- Opportunities to make friends 8
- Keep Fit 9
- Lose Weight 10
- Have Fun 11
- I achieved something 12
- None at all 13

**B6. In the last 7 days, which, if any, of the following sports or physical activities have you done?
(Select as many answers as you need)**

- Active games (e.g. chase, skipping, rounder's etc.) 1
- Angling/fishing 2
- Athletics/cross country 3
- Basketball/netball/volleyball 4
- Boxing 5
- Canoeing/Kayaking/Rowing 6
- Cricket 7
- Cycling 8
- Dancing (e.g. Disco, ballet, tap etc.) 9
- Darts 10
- Football 11
- Gaelic Football 12
- Golf, pitch and putt, putting 13
- Gymnastics 14
- Hockey 15
- Horse riding 16
- Hurling/ Camogie 17

Ice skating	<input type="checkbox"/>	18
Indoor bowls	<input type="checkbox"/>	19
Jogging	<input type="checkbox"/>	20
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/>	21
Martial Arts	<input type="checkbox"/>	22
Motor sports	<input type="checkbox"/>	23
Rugby union or league	<input type="checkbox"/>	24
Shooting	<input type="checkbox"/>	25
Skateboarding/Rollerblading	<input type="checkbox"/>	26
Skiing	<input type="checkbox"/>	27
Snooker, pool, billiards	<input type="checkbox"/>	28
Swimming or diving	<input type="checkbox"/>	29
Table tennis	<input type="checkbox"/>	30
Tennis/Badminton/Squash	<input type="checkbox"/>	31
Tenpin bowling	<input type="checkbox"/>	32
Trampolining	<input type="checkbox"/>	33
Walking for Exercise/Hill walking	<input type="checkbox"/>	34
Weight training/lifting/body building	<input type="checkbox"/>	35
Windsurfing/boardsailing	<input type="checkbox"/>	36
Yachting or dinghy sailing	<input type="checkbox"/>	37
Any Other Sports or Physical Activities	<input type="checkbox"/>	38
None of these	<input type="checkbox"/>	39

B7. Over the last 7 days, on how many days have you played any sport, done any physical activity, or played actively that made you out of breath or hot and sweaty for a total of at least 60 minutes each day?

No days	<input type="checkbox"/>	1
1 day	<input type="checkbox"/>	2
2 days	<input type="checkbox"/>	3
3 days	<input type="checkbox"/>	4
4 days	<input type="checkbox"/>	5
5 days	<input type="checkbox"/>	6
6 days	<input type="checkbox"/>	7
7 days	<input type="checkbox"/>	8

B8. In a typical week, how many hours do you spend playing any sport, doing any physical activity, or playing actively that would make you out of breath or hot and sweaty?

- None 1
- About 1-2 hours 2
- About 3-4 hours 3
- About 5-6 hours 4
- About 7-8 hours 5
- About 9-10 hours 6
- More than 10 hours 7

B9. How many hours per week do you normally take part in PE/games lessons at school. This does not include those outside normal school hours, e.g. after school sports clubs?

- More than 7 hours 1
- About 7 hours 2
- About 6 hours 3
- About 5 hours 4
- About 4 hours 5
- About 3 hours 6
- About 2 hours 7
- About 1 hour 8
- None 9

B10. How many hours per week do you normally stay behind at school for sport or physical activities?

- More than 7 hours 1
- About 7 hours 2
- About 6 hours 3
- About 5 hours 4
- About 4 hours 5
- About 3 hours 6
- About 2 hours 7
- About 1 hour 8
- None 9

B11. How many hours per week do you normally stay take part in sport or physical activities, not counting anything you do during school hours or staying behind after school?

- More than 7 hours 1
- About 7 hours 2
- About 6 hours 3
- About 5 hours 4
- About 4 hours 5
- About 3 hours 6
- About 2 hours 7
- About 1 hour 8
- None 9

B12. How long do you think you SHOULD spend each week playing sport, doing physical activity or playing actively to make you out of breath or hot or sweaty in order to be healthy?

_____ hours per week

B13. How many minutes do you think you SHOULD spend each day playing sport, doing physical activity or playing actively to make you out of breath or hot or sweaty in order to be healthy?

- 15 mins 1
- 30 mins 2
- 60 mins 3
- 90 mins 4
- More than 90 mins 5
- Don't know 6

B14. Are you a member of a school club or team that involves you taking part in sport or physical activity?

- Yes 1
- No 2

B15. Are you a member of any other clubs or teams not connected with your school that involves you taking part in sport or physical activity?

- Yes 1
- No 2

B16. What, if anything, would encourage you to participate in sport (more) in the future? (Select as many answers as you need)

- Facilities nearer to home/school 1
- Better quality facilities 2
- Better opening hours 3
- Better information on facilities I could use 4
- Better facilities for people with disabilities 5
- Someone to go with 6
- Improved transport/access 7
- Cheaper admission prices 8
- Something else (please say what) 9
- Nothing 10

B17. In the last 12 months, how often, if at all, have you received any tuition or coaching from an instructor or coach (other than your PE/games teacher during normal PE/games lessons) to help improve your performance in any sport or physical activity? (Select one answer only)

- At least once a week 1
- At least once a month 2
- Once every 2-3 months 3
- Once or twice in the last 12 months 4
- Not at all in the last 12 months 5

B18. In the last 12 months, how often, if at all, have you gone to a live sports event, as a spectator? (Select one answer only)

- At least once a week 1
- At least once a month 2
- Once every 2-3 months 3
- Once or twice in the last 12 months 4
- Not at all in the last 12 months 5

B19. Which of the following statements most applies to you? (Select one answer only)

- I am very active and eat healthily 1
- I am very active but don't eat healthily 2
- I am not very active but eat healthily 3
- I am not very active and don't eat healthily 4

B20. In the last week how many hours did you spend...

	None 1	Less than 10 hours 2	10-20 hours 3	More than 20 hours 4
a. Watching TV, videos, DVDs (including streamed content such as Netflix)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Playing computer or console games (e.g. Playstation, Xbox, DS, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Doing school homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. On social media (e.g. Facebook, Twitter, Instagram, SnapChat, WhatsApp, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAVELLING TO SCHOOL

C1. How far is it from home to school? (Select one option only)

- Less than 0.8 km (a walk of around 10 minutes or less) 1
- At least 0.8 km but less than 1.6 km (a walk of around 11 to 20 minutes) 2
- At least 1.6 km but less than 2.4 km (a walk of around 21 to 30 minutes) 3
- At least 2.4 km but less than 3 km (a walk of around 31 to 40 minutes) 4
- 3 km or more (a walk of over 40 minutes) 5

C2. How do you usually travel most of the way TO school? (Select one option only)

- Walk 1
- Cycle 2
- Translink Bus 3
- Education Authority Bus 4
- Private Operator Bus 5
- Train 6
- Taxi 7
- Car 8
- Other (please write in) 9

C3. Thinking of how you usually travel most of the way TO school and your road safety, do you usually feel safe?

Yes 1 → Go to Question C5

No 2 → Continue to Question C4

C4. What is it that makes you feel unsafe? (Select as many options as you need)

- Driver drives too fast 1
- Other driver behaviour 2
- No seatbelts / safety equipment 3
- Drivers are not considerate toward cyclists 4
- Drivers are not considerate toward pedestrians 5
- Traffic is too fast 6
- Passenger behaviour 7
- No cycle lane on my route 8
- Footpaths poorly maintained 9
- Traffic blocking footpaths 10
- Getting on and off vehicles 11
- No safe and accessible crossings 12
- Poor/no street lighting 13
- Other (please say what) 14

C5. Do you usually WALK during any part of your journey TO school? (e.g. walking to/from a bus stop/train station?)

(Select one option only)

I walk PART of the way to school 1

I walk ALL of the way to school 2

No, I don't walk any part of the journey to school 3

C6. Do you usually CYCLE during any part of your journey TO school? (e.g. cycling to/from a bus stop/train station?)

(Select one option only)

I cycle PART of the way to school 1

I cycle ALL of the way to school 2

No, I don't cycle any part of the journey to school 3

**C7. How do you usually travel most of the way home FROM school?
(Select one option only)**

- Walk 1
- Cycle 2
- Translink Bus 3
- Education Authority Bus 4
- Private Operator Bus 5
- Train 6
- Taxi 7
- Car 8
- Other (please write in) 9

C8. Thinking of how you usually travel most of the way home FROM school and your road safety, do you usually feel safe?

- Yes 1 → Go to Question C10
- No 2 → Go to Question C9

C9. What is it that makes you feel unsafe? (Select as many options as you need)

- Driver drives too fast 1
- Other driver behaviour 2
- No seatbelts / safety equipment 3
- Drivers are not considerate toward cyclists 4
- Drivers are not considerate toward pedestrians 5
- Traffic is too fast 6
- Passenger behaviour 7
- No cycle lane on my route 8
- Footpaths poorly maintained 9
- Traffic blocking footpaths 10
- Getting on and off vehicles 11
- No safe and accessible crossings 12
- Poor/no street lighting 13
- Other (please say what) 14

C10. Do you usually walk during any part of your journey home FROM school? (e.g. walking to/from a bus stop/train station?) (Select one option only)

I walk PART of the way from school 1

I walk ALL of the way from school 2

No, I don't walk any part of the journey from school 3

C11. Do you usually cycle during any part of your journey home FROM school? (e.g. cycling to/from a bus stop/train station?) (Select one option only)

I cycle PART of the way from school 1

I cycle ALL of the way from school 2

No, I don't cycle any part of the journey from school 3

C12. How would you LIKE to travel most of the way TO or FROM school? (Select one option only)

Walk 1

Bicycle 2

Bus 3

Train 4

Taxi 5

Car 6

Other 7

C13. What do you like about walking or cycling TO or FROM school? If you don't walk or cycle to or from school at the moment, what would you like about walking or cycling TO or FROM school? (Select up to 3 options)

I can travel without an adult 1

I can choose my own route 2

It helps me to arrive on time 3

I can do things on my way to school 4

I can do things after school 5

I can talk with my friends 6

It saves money 7

It is enjoyable 8

It makes me feel healthier 9

It is better for the environment 10

Nothing would make me walk or cycle to school 11

Something else – please say what 12

**C14. Which, if any, of the following would encourage you to walk TO or FROM school more often?
(Select as many options as you need)**

- | | |
|--|-----------------------------|
| Living closer to school | <input type="checkbox"/> 1 |
| More footpaths | <input type="checkbox"/> 2 |
| Wider footpaths | <input type="checkbox"/> 3 |
| Better maintained footpaths | <input type="checkbox"/> 4 |
| More pedestrian crossings | <input type="checkbox"/> 5 |
| Improved street lighting | <input type="checkbox"/> 6 |
| Keeping footpaths clear (e.g. no parked cars) | <input type="checkbox"/> 7 |
| Less traffic | <input type="checkbox"/> 8 |
| Slower traffic | <input type="checkbox"/> 9 |
| Better weather | <input type="checkbox"/> 10 |
| Someone else to walk with | <input type="checkbox"/> 11 |
| If I did not have things to carry (School Bag, P.E. kit, Musical Instruments, etc) | <input type="checkbox"/> 12 |
| If I was not worried about crime/personal safety | <input type="checkbox"/> 13 |
| I already walk to or from school most days | <input type="checkbox"/> 14 |
| Nothing would encourage me to walk to or from school | <input type="checkbox"/> 15 |
| More road safety education about being a safe pedestrian | <input type="checkbox"/> 16 |
| Something else (please say what) | <input type="checkbox"/> 17 |

**C15. Which, if any, of the following would encourage you to cycle TO or FROM school more often?
(Select as many options as you need)**

- Living closer to school 1
- Cycle lane on my route to school 2
- Segregated cycle lanes separate from traffic/pedestrians 3
- Improved street lighting 4
- Safer cycling routes (e.g. more markings, signs to distinguish cycle lanes) 5
- Keeping cycle lanes clear (e.g. no parked cars) 6
- Less traffic 7
- Slower traffic 8
- Motorists who are more considerate to cyclists (e.g. taking more care when overtaking) 9
- Better weather 10
- More bicycle docks at school so bicycle can be secured 11
- Changing and showering facilities at school 12
- If I did not have things to carry (School Bag, P.E. kit, Musical Instruments, etc) 13
- If I was not worried about crime/personal safety 14
- I already cycle to or from school most days 15
- More road safety education about being a safer cyclist 16
- Nothing would encourage me to cycle to or from school 17
- Something else (please say what) 18

**C16. If you travel by car TO or FROM school, do any other pupils travel in the car with you?
(Select as many options as you need)**

- Yes, my brother(s)/ sister(s) 1
- Yes, my friend(s)/ other pupil(s) 2
- No 3
- I don't travel to or from school by car 4

CAREERS ADVICE AND GUIDANCE (YEAR 11 & 12)

The following questions are about careers advice and guidance. You may or may not have had a careers guidance interview with a Careers Adviser from the Careers Service – this Adviser is not a member of the school staff but attends your school at various times throughout the year to provide impartial careers guidance to pupils.

D1. How confident do you feel about making decisions about your career?

- Very confident 1
- Confident 2
- Not confident 3
- Don't know 4

D2. Which of the following careers support would help you to achieve your career goals?

	Very Important 1	Quite Important 2	Not very Important 3	Not at all Important 4
a. A meeting with a Careers Adviser to discuss my career plans and options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information on what employers are looking for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help with CV writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help with interview skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help to explore employment and career options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Information on Training and Apprenticeships including how to apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Information on the qualifications I need to progress my career plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Information on how to find part time and voluntary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Advice on starting my own business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Access to careers guidance online via webchat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Help to identify my strengths, weaknesses, likes and dislikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Information on Further and Higher Education including how to apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Information on current and future labour market trends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Help to find work experience opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. Are you aware of the Government's / Department for the Economy's all-age Careers Service?

Yes 1

No 2

D4. Do you know how to contact a Careers Adviser outside school?

Yes 1

No 2

UNIVERSITY (YEAR 11 & 12)

E1. Read the following statements and Select one box on each line to show how strongly you agree or disagree with them.

	Strongly agree	Agree	Disagree	Strongly Disagree	No idea/opinion
	1	2	3	4	5
a. It is important to have a university degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I want to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I expect to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Most of my friends want to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Most pupils in my school want to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My teachers encourage me to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My family encourage me to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Nobody encourages me to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STARTING A BUSINESS

F1. Do you have the opportunity to discuss starting a business/becoming an entrepreneur in school?

Yes 1

No 2

F2. Did/do you have an opportunity in school to trial a business idea?

Yes 1 → Go to F4

No 2 → Continue to F3

F3. Would this have been of interest?

Yes 1

No 2

F4 . Would you be interested in starting your own business at any time in the future?

Yes 1 → Go to F5

No 2 → Continue to F7

F5. Do you have a business idea?

Yes 1 → Go to F6

No 2 → Continue to F7

F6. Which category does your business idea fall into?

(Select one option only)

Arts & Crafts 1

Beauty/Personal Care 2

Business/Professional Services (e.g. advertising, legal, accountancy) 3

Entertainment & Events 4

Environmental/Climate 5

Food and Drink 6

Health & Well-being/Sport 7

Personal/Domestic Services (e.g. tutoring, gardening) 8

Retail/Consumer Goods 9

Social Enterprise (a business focused on creating social change) 10

Social Media/Publishing 11

Technology 12

Tradesperson Services (e.g. plumbing, electrician) 13

Don't Know 14

Other (please specify) 15

F7. Are you aware that support is available, to help you start your own business, from any of the following organisations? (Select as many options as you need)

- Invest NI 1
- Local Enterprise Agencies 2
- Local Councils 3
- Young Enterprise Northern Ireland 4
- Prince's Trust 5
- Universities & Colleges 6
- Advantage NI 7
- None of the above 8

F8. Do you know someone locally who has started a business?

- Yes 1
- No 2

F9. Would any of the issues below prevent you from starting a business?

(Select as many options as you need)

- Access to money 1
- Lack of support from family/friends 2
- Lack of advice/guidance 3
- Lack of knowledge/skills/experience 4
- Fear of failure 5
- Other (please specify) 6
- None of these 7

Do you agree with the following statements?

F10. In Northern Ireland most people consider starting a new business a desirable career choice.

- Yes 1
- No 2

F11. In Northern Ireland those successful at starting a new business have a high level of status and respect.

- Yes 1
- No 2

F12. In Northern Ireland you will often see stories in the public media or internet about successful new businesses.

Yes 1

No 2

F13. Can you think of person(s) in business who you would consider to be a role model?

Yes 1 → Go to F14

No 2 → Go to G1

F14. How much influence does having this role model have on your decisions about your career?

Very influential 1

Quite influential 2

Not very influential 3

Not at all influential 4

CREATIVE INDUSTRIES (YEAR 11 & 12)

Creative Industries includes areas such as TV & Film, Gaming, Tech & Fashion.

G1. Were you aware that you could have a career in the creative industries?

Yes 1

No 2

G2. Would you be interested in working in the creative industries?

Yes 1 → Go to Question G3

No 2 → Go to Question G4

**G3. In which of these areas would you be interested in working?
(Select all the boxes that you need)**

- Advertising 1
- Architecture 2
- Arts & Culture 3
- Crafts 4
- Design 5
- Fashion 6
- Games 7
- Music 8
- Publishing 9
- Tech (IT and software) 10
- TV & Film 11
- None 12

G4. Would you be interested in studying specific areas to help you work towards a career in the creative industries?

- Yes 1
- No 2

**G5. Have you had the opportunity to study any of these areas at school?
(Select all the boxes that you need)**

- Advertising 1
- Architecture 2
- Arts & Culture 3
- Crafts 4
- Design 5
- Fashion 6
- Games 7
- Music 8
- Publishing 9
- Tech 10
- TV & Film (IT and software) 11
- None 12

LONG TERM CONDITIONS

H1. In general, how would you say your health is?

- Very good 1
Good 2
Fair 3
Bad 4
Very Bad 5

H2. Do you have any physical or mental health conditions or illnesses, lasting or expected to last, for 12 months or more? *This type of long term medical condition is something which lasts a long time and can get worse over time. It needs to be treated, for example, with tablets or special exercises, over a period of years. Long term medical conditions can be very different from each other. Some examples are: stress, diabetes, asthma, epilepsy, depression, anxiety.*

- Yes 1 → Continue to Question H3
No 2 → Go to Question H4

H3. Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

- Yes, a lot 1
Yes, a little 2
Not at all 3

H4. In the last 12 months, which, if any, of the following conditions/disorders have you had? (Select as many options as you need)

- Acne 1
Allergies/rashes 2
Chest infection (e.g. bronchitis) 3
Asthma 4
Epilepsy 5
Diabetes 6
Migraine 7
Eating disorder (e.g. anorexia, bulimia) 8
Depression/anxiety 9
Autism (ASD) 10
None of the above 11

If Diabetes is selected ask H5, otherwise proceed to H6

H5. Do you have Type 1 or Type 2 diabetes?

Type 1 diabetes 1

Type 2 diabetes 2

Not sure which type 3

If diabetes, asthma, epilepsy, eating disorder, autism, or depression/anxiety are selected continue to H6. Otherwise go to I1.

H6. Have you been offered any of the following, to help you manage your condition, from a doctor, nurse, pharmacist or other health professional e.g. social worker? (Select as many options as you need)

Talking one to one 1 → Go to H6 (1a)

Given details of a group class where you learn how to manage your condition 2 → Go to H6 (2a)

Written information which explains how you can manage your condition (e.g. leaflets, pamphlets, care plan) 3 → Go to H6 (3a)

Given details of websites to learn how to manage your condition 4 → Go to H6 (4a)

Been told the name and contact details of groups which help people who have your condition 5 → Go to H6 (5a)

Not aware of any support being offered 6 → Go to I1

H6 (1a). Did you talk one to one with a health professional, e.g. doctor or nurse?

Yes 1 → Continue to Question H6 (1b)

No 2 → Go to I1 (unless further options selected in H6)

H6 (1b). How confident do you feel about managing your condition after talking one to one?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

H6 (2a). Did you attend a group class?

Yes 1 → Continue to Question H6 (2b)

No 2 → Go to I1 (unless further options selected in H6)

H6 (2b). How confident do you feel about managing your condition after attending the group class?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

H6 (3a). Did you read the written information offered?

Yes 1 → Continue to Question H6 (3b)

No 2 → Go to I1 (unless further options selected in H6)

H6 (3b). How confident do you feel about managing your condition after reading the written information?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

H6 (4a). Did you visit (go to) the websites suggested?

Yes 1 → Continue to Question H6 (4b)

No 2 → Go to I1 (unless further options selected in H6)

H6 (4b). How confident do you feel about managing your condition after visiting the websites?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

H6 (5a). Did you contact any of the groups that help people who have your condition?

Yes 1 → Continue to Question H6 (5b)

No 2 → Go to I1

H6 (5b). How confident do you feel about managing your condition after contacting the group?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

YOUNG CARER

I1 Do you care for or look after someone in your home because, for example, they have a long-term illness or disability? In other words, are you a young carer?

Yes 1

No 2

HEALTH SERVICES

The next few questions relate to health issues that are of an urgent nature. This could be defined as a condition that is not long-term or life-threatening but rather an issue that needs prompt attention.

J1. Which of these services would you be most likely to contact first if you had an urgent health condition?

- | | |
|--|----------------------------|
| GP (including out of hours GP service) | <input type="checkbox"/> 1 |
| Community pharmacist | <input type="checkbox"/> 2 |
| Nurse at GP surgery | <input type="checkbox"/> 3 |
| Pharmacist at GP surgery | <input type="checkbox"/> 4 |
| Minor injury unit – <i>please write in the name</i> | <input type="checkbox"/> 5 |
| Look up symptoms/treatment online | <input type="checkbox"/> 6 |
| A&E/Emergency Department – <i>please write in the name</i> | <input type="checkbox"/> 7 |
| Other, <i>please specify</i> | <input type="checkbox"/> 8 |

J2. Thinking about all the services that are available to people, how confident would you be in deciding which service is the most appropriate to use if you have an urgent health condition?

- | | |
|----------------------|----------------------------|
| Very confident | <input type="checkbox"/> 1 |
| Confident | <input type="checkbox"/> 2 |
| Not very confident | <input type="checkbox"/> 3 |
| Not confident at all | <input type="checkbox"/> 4 |

MEDICINES

Medicines include all tablets, capsules, liquids for oral use, creams, lotions for use on the skin, inhalers, injections, eye drops, contraceptive pill, etc.

The first set of questions relate to medicines that would be prescribed by a healthcare professional (e.g. doctor, pharmacist or nurse).

K1. In the past 12 months have you had a medicine prescribed for you by a healthcare professional, e.g. doctor, pharmacist or nurse?

- | | |
|-----|--|
| Yes | <input type="checkbox"/> 1 → Continue to question K2 |
| No | <input type="checkbox"/> 2 → Go to question K4 |

K2. What was the medicine being used to treat?

- A long term condition (such as asthma, diabetes, arthritis, eczema, psoriasis) 1
- An acute illness (such as an infection, stomach bug) 2
- Don't know 3

K3. Did your healthcare professional explain what the medicine was for and how it would help you?

- Yes, fully 1
- Yes, partly 2
- No 3
- Don't Know / Can't remember 4

Sometimes medicines are obtained from sources other than a prescription from a healthcare professional.

K4. In the past 12 months have you used any medicines that have not been prescribed for you by a healthcare professional?

- Yes 1 → Continue to question K5
- No 2 → Go to K6

K5. Where did you get these medicines? (Select as many options as you need)

- Bought them at a pharmacy (chemist) 1
- Bought them at a shop or supermarket 2
- Bought them online/via the internet 3
- Given to me by a parent or guardian 4
- Given to me by a friend 5
- They were prescribed by the doctor for another person 6
- Somewhere or someone else 7

These questions are about using the internet to buy medicines (such as tranquillizers, steroids, sleeping tablets, pain killers, slimming tablets).

K6. How easy do you think it is it to get medicines using the internet?

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

K7. Have you ever used the internet to buy medicines?

Yes, once 1

Yes, more than once 2

No, never 3

K8. Have you ever used medicines bought on the internet?

Yes, once 1 → Continue to Question K9

Yes, more than once 2 → Continue to Question K9

No, never 3 → Go to Question K10

K9. How often have you used medicines bought on the internet?

Daily 1

A few times a week 2

A few times a month 3

A few times a year 4

Rarely 5

Not anymore 6

K10. How much do you know about the risks of taking medicines bought on the internet?

Know a lot 1

Know quite a bit 2

Know some 3

Know very little 4

Know nothing at all 5

K11. Would you like more information about how to use medicines safely and appropriately?

Yes 1 → Continue to Question K12

No 2 → Go to Question K13

K12. Where would you like to be able to get this information?

(Select as many options as you need)

- At school 1
- From my doctor 2
- From a pharmacist based at my doctor's surgery 3
- From a community pharmacy (chemist) 4
- Online/via the internet 5
- Via social media 6
- From my parent or guardian 7
- Other, please specify 8

The next question relates to community pharmacies (chemists)

K13. In the past 12 months have you visited a community pharmacy (chemist)?

- Yes 1 → Continue to Question K14
- No 2 → Go to K15

**K14. What is the MAIN reason you normally visit a community pharmacy (chemist)?
(Select as many options as you need)**

- To have a prescription dispensed 1
- To purchase a medicine over the counter 2
- For advice about medicines 3
- For advice about the treatment of a minor condition 4
- For advice about the treatment of a long-term condition 5
- To use a service provided by the pharmacy (e.g. stop smoking,
minor ailments, medicines review) 6
- To purchase products other than medicines 7

The following questions are about antibiotics, which are a group of medicines used to treat certain illnesses.

K15. In the past 12 months have you taken an antibiotic?

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

**K16 Do you think the following statements are true, false or don't know?
(Select one option for each line)**

	True 1	False 2	Don't Know 3
a. Antibiotics are used to treat bacterial infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Antibiotics work on colds and flu's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is okay to stop taking an antibiotic when you feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If you take an antibiotic when you don't need it then they may not work as well in the future for you or other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CPR TRAINING

If a person won't wake up or isn't breathing, they could be having a cardiac arrest. Cardiac Arrest is when someone's heart stops pumping blood around their body. You need to start CPR straight away. CPR involves pressing up and down on the person's chest. CPR is a way of pumping the person's heart and breathing for them.

CPR training can be delivered through an instructor teaching you or you could teach yourself by reading about it in a book or watching a DVD or being instructed online with or without a manikin dummy.

L1. Have you ever had any type of training in CPR or learned CPR in any other way?

Yes 1 → Continue to Question L2

No 2 → Go to L5

L2. Where did you first have any type of training in CPR, or learn CPR in any other way?

At Primary School P _____ 1

At Secondary School Year _____ 2

Through an organisation other than school, please specify 3

L3. Since then, have you had any other CPR training, refresher training, or learnt CPR in any other way? If so, where was the most recent?

At Primary School P _____ 1

At Secondary School Year _____ 2

Through an organisation other than school, please specify 3

No other CPR training 4

L4. Which of these best describes how you most recently had any type of training in CPR or learned CPR in any other way?

- I taught myself from a book, using a DVD or online (through the internet (e.g. YouTube, other website)) or another self-learning tool 1
- Training which was compulsory for me to take as part of my volunteering or hobby 2
- Training which I opted to take as part of my volunteering or hobby 3
- Training I took at school 4
- Other form of CPR training, please specify 5

L5. How likely is it that you would perform CPR on someone who has collapsed and stopped breathing?

- Very likely 1
- Fairly likely 2
- Not very likely 3
- Not at all likely 4

L6. How confident would you be in performing CPR on someone who has collapsed and stopped breathing?

- Very confident 1
- Fairly confident 2
- Not very confident 3
- Not at all confident 4

L7. How useful do you think it is to learn CPR in School?

- Very useful 1
- Fairly useful 2
- Not very useful 3
- Not at all useful 4

An automated external defibrillator (AED) is a portable electronic device that gives the heart an electronic shock when someone's heart has stopped (cardiac arrest). You may have seen these devices on the wall outside your local supermarket.



L8. Have you ever been shown how to use or been trained in the use of an AED (defibrillator)?

Yes 1 → Continue to Question L9

No 2 → Go to M1

L9. Where were you first shown how to use or trained in the use of an AED?

At Primary School P ____ 1

At Secondary School Year _____ 2

Through an organisation other than school, please specify 3

L10. Since then, have you received any further instruction or been trained in the use of an AED? If so, where did you receive this?

At Primary School P ____ 1

At Secondary School Year _____ 2

Through an organisation other than school, please specify 3

No other CPR Training 4

SELF EFFICACY

YEAR 8 ONLY

M1. Sometimes school can be difficult and we want to understand the different things that pupils find tough. How difficult would you find the following things to be? (Select one box for each line)

	Very Hard 1	Hard 2	Easy 3	Very Easy 4
a. Get teachers to help me when I get stuck on schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Get another pupil to help me when I get stuck on schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Solve difficult maths problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do schoolwork for English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Get myself to concentrate in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Get myself to do homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YEAR 9-12 ONLY

M2. Thinking about how you feel about your ability to cope with the challenges of daily life, how much do you agree or disagree with the following statements. (Tick one box for each line)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
a. I can always manage to solve difficult problems if I try hard enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If someone opposes me, I can find means and ways to get what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is easy for me to stick to my aims and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am confident that I could deal efficiently with unexpected events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can solve most problems if I invest the necessary effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. When I am confronted with a problem, I can usually find several solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I am in a bind, I can usually think of something to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. No matter what comes my way, I'm usually able to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCUS OF CONTROL & WELLBEING

YEAR 8 ONLY

**M3. Do you believe the following statements?
(Select one answer for each line)**

	Yes 1	No 2
a. Do you believe that most problems will solve themselves if you just leave them alone?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you feel that most of the time parents listen to what their children have to say?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you feel that when you do something wrong there's very little you can do to make it right?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you felt that when people were nasty to you it was usually for no reason at all?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you feel that when somebody your age wants to be your enemy there's nothing you can do to change matters?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you feel that when someone doesn't like you there's nothing you can do about it?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you usually feel that it's almost useless to try in school because most other children are just smarter than you are?	<input type="checkbox"/>	<input type="checkbox"/>
j. Are you the kind of person who believes that planning ahead makes things turn out better?	<input type="checkbox"/>	<input type="checkbox"/>

**M4. How do you feel about your life as a whole? On the scale below 1 is 'not at all happy' and 7 is 'completely happy'.
(Select the one you feel you are at)**

1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Not Happy
at all**

**Completely
Happy**

YEAR 9-12 ONLY

**M5. Thinking about your beliefs about things that happen in everyday life, how much Do you agree or disagree with the following statements?
(Select one box for each line)**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
a. I am in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If I take the right steps, I can avoid problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Most things that affect my life happen by accident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If it's meant to be, I will be successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can only do what my people in my life want me to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M6. On a scale of 0 – 10 where 0 is not satisfied at all and 10 is completely satisfied, overall, how satisfied are with your life nowadays?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied at all									Completely satisfied	

PROGRAMME FOR GOVERNMENT

N1. The following statements are about Northern Ireland society today. Please select whether you **AGREE** or **DISAGREE** with each one. (Tick one box for each line)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
A. We have a strong economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. We look after our environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. We Have an Equal Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. We Enjoy Long, Healthy, Active Lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. We have opportunities for people to be innovative, creative and fulfil their potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. We have more people working in better jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. We have a safe community where we respect the Law and each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. We care for others and we help those in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. We are a shared, welcoming and confident society that respects difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. We have a place where people want to live, work and visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Our communication and travel networks help people to connect with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. We give our children and young people the best start in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIBRARIES

O1. How often have you used the public library service in the last 12 months? (Public library service includes public libraries, mobile libraries or the Libraries NI website [www.librariesni.org.uk] – it does NOT include school libraries) (Select one option only)

- Once a week or more 1 → Continue to Question O2
- Once every 2-3 weeks 2 → Continue to Question O2
- Once a month 3 → Continue to Question O2
- Once every few months 4 → Continue to Question O2
- Less often 5 → Continue to Question O2
- Not at all 6 → Go to Question O5

O2. Why do you use the public library service? (NOT including school libraries) (Select as many options as you need)

- To borrow/bring back or renew books 1
- To download free eBooks/audiobooks 2
- To download free eMagazines 3
- To look up information 4
- To do homework or study 5
- To read books, newspapers or graphic novels 6
- To use the computer for Internet, e-mails, word processing, etc 7
- To use the free Wi-Fi 8
- To search the library catalogue 9
- To go to an activity (e.g. reading group, Lego club, IT/coding club etc.) 10
- To use photocopier/printer/scanner 11
- To use other services (e.g. coffee dock, toilet, etc.) 12
- To meet friends and/or make new friends 13
- Some other reason (please tell us) 14

**O3. Has using the public library service helped you to ...?
(Select as many options as you need)**

- Read better or enjoy reading 1
- Do better at school 2
- Use computers better 3
- Do homework/study for school 4
- Make friends 5
- Join in with others and try new things 6
- Learn and find out things 7
- Something else (please tell us) 8
- It hasn't helped me with anything 9

**O4. Thinking about the last time you used the public library service, how much did you enjoy it? (this does NOT include school libraries)
(Select one option only)**

- A lot 1
- A little 2
- Not at all 3

**O5. What would encourage you to use the Public Library Service (more often)?
(Select as many options as you need)**

- Easier to join the library 1
- Better selection of books 2
- Different opening hours 3
- More online resources and services 4
- If I had more free time 5
- More activities for young people 6
- Better computer / Internet facilities 7
- If the library was quieter 8
- If the library was not so quiet 9
- If staff were more friendly 10
- Better public transport service to and from libraries 11
- Something else, please tell us 12
- Nothing, I already use it as much as I want 13
- Nothing, I have no interest in using the public library service 14

**O6. Overall, how satisfied or dissatisfied are you with the public library provision in Northern Ireland?
(Select one option only)**

- | | | |
|------------------------------------|--------------------------|---|
| Very satisfied | <input type="checkbox"/> | 1 |
| Fairly satisfied | <input type="checkbox"/> | 2 |
| Neither satisfied nor dissatisfied | <input type="checkbox"/> | 3 |
| Fairly dissatisfied | <input type="checkbox"/> | 4 |
| Very dissatisfied | <input type="checkbox"/> | 5 |

MUSEUMS & SCIENCE CENTRES

Please read the following before answering the questions on museums and science centres:

The following questions are about your experiences of museums and science centres in Northern Ireland. When you are thinking about what is meant by a museum, please also INCLUDE the Ulster American Folk Park in Omagh. When you are thinking about science centres, you should include W5 and the Armagh Observatory & Planetarium.

**P1. Which, if any, of the following places have you visited in the last 12 months?
(Select as many options as you need)**

- | | | |
|---|--------------------------|-----------------------|
| Ulster Museum in Belfast | <input type="checkbox"/> | 1 |
| Ulster Folk & Transport Museum in Cultra | <input type="checkbox"/> | 2 |
| Ulster American Folk Park in Omagh | <input type="checkbox"/> | 3 |
| W5 at Odyssey Centre in Belfast | <input type="checkbox"/> | 4 |
| Armagh Observatory & Planetarium | <input type="checkbox"/> | 5 |
| Other museum(s) or science centre in Northern Ireland | <input type="checkbox"/> | 6 |
| None | <input type="checkbox"/> | 7 → Go to Question P4 |

**P2. Was your visit(s) to the museum or science centre...?
(Select as many options as you need)**

- | | | |
|---|--------------------------|---|
| On a school trip | <input type="checkbox"/> | 1 |
| With a club/group (e.g. youth group, scouts, etc) | <input type="checkbox"/> | 2 |
| With family or friends | <input type="checkbox"/> | 3 |

P3. While visiting the museum did you take part in any activity related to something you are studying at school?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |

P4. Did any museum visit your class in the last 12 months?

Yes 1

No 2

P5. Thinking about the last time you visited a museum or science centre in Northern Ireland or participated in a museum or science centre event, how much did you enjoy it?

A lot 1

A little 2

Not at all 3

**P6. What benefits, if any, have you experienced as a result of visiting a museum or science centre or participating in a museum or science centre event?
(Select as many options as you need)**

Learned new skills / developed existing skills 1

Improved my knowledge 2

Helped me think about a future career 3

Helped me with studies for school 4

Helped me gain a qualification 5

Enabled me to communicate with family / friends 6

Improved health 7

Positive impact on my well-being 8

Developed my confidence 9

I made new friends 10

I had fun 11

Helped me get a job 12

Other (please state) 13

No benefit 14

P7. Which, if any, of the reasons listed below would encourage you to go to a museum or science centre in Northern Ireland more often?

(Select as many options as you need)

- An exhibition I am particularly interested in 1
- More activities, especially for people my age 2
- Better opening times 3
- Better public transport service to and from museums 4
- More information about what is on 5
- If I had more time 6
- If I had someone to go with 7
- Cheaper admission prices 8
- If museums were closer to where I live 9
- If museums were in safer areas 10
- Nothing – I already go as often as I want to 11
- Nothing – I'm not really interested 12
- Something else (please tell us) 13

HISTORIC ENVIRONMENT

Q1. In the last 12 months, have you visited any of the following places?

(Select as many options as you need)

- Visited a historic building, garden or landscape open to the public (e.g a National Trust House, a historic town hall, a museum in an old building, or an event in a historic house or its grounds) 1
- Visited historical monuments or sites of archaeological interest (Castles, ruins, and forts) 2
- Visited a city or town with historic character (a town with lots of old buildings) 3
- None of these 4

ARTS

**R1. Which, if any, of the following 'Arts' activities have you DONE or TAKEN PART in the last 12 months?
(Select as many options as you need)**

- | | | |
|---|--------------------------|----|
| Danced (any kind, but not for fitness) | <input type="checkbox"/> | 1 |
| Sang (not karaoke) or played a musical instrument
to an audience, including rehearsal for a performance | <input type="checkbox"/> | 2 |
| Played a musical instrument for your own pleasure | <input type="checkbox"/> | 3 |
| Written music in your free time | <input type="checkbox"/> | 4 |
| Written any stories or poetry in your free time
(not including school work or homework) | <input type="checkbox"/> | 5 |
| Performed in or rehearsed for a play/drama/pantomime/musical/opera | <input type="checkbox"/> | 6 |
| Painting, drawing, sculpture or printmaking in your free time
(not including school work or homework) | <input type="checkbox"/> | 7 |
| Photography or made films/videos as an artistic activity
(not including family or holiday photos, films or videos) | <input type="checkbox"/> | 8 |
| Any sort of crafts such as textiles, wood, pottery or jewellery making | <input type="checkbox"/> | 9 |
| Read for pleasure (not including school books, newspapers, magazines
or comics) | <input type="checkbox"/> | 10 |
| Helped to organise or run a musical/festival/pantomime or show of any kind | <input type="checkbox"/> | 11 |
| Used a computer to create original artworks or animation | <input type="checkbox"/> | 12 |
| None of the above | <input type="checkbox"/> | 13 |

**R2. Which, if any, of the following 'Arts' events have you BEEN TO in the last 12 months?
(Select as many options as you need)**

- | | | |
|--|--------------------------|---------------|
| Film at a cinema or other venue | <input type="checkbox"/> | 1 |
| Circus or carnival | <input type="checkbox"/> | 2 |
| Pantomime or musical | <input type="checkbox"/> | 3 |
| An Arts festival or Community festival | <input type="checkbox"/> | 4 |
| Play or drama at a theatre or other venue | <input type="checkbox"/> | 5 |
| Opera | <input type="checkbox"/> | 6 |
| Rock or pop music performance | <input type="checkbox"/> | 7 |
| Traditional or folk music performance | <input type="checkbox"/> | 8 |
| Classical or jazz music performance | <input type="checkbox"/> | 9 |
| Other live music performance or concert | <input type="checkbox"/> | 10 |
| Ballet | <input type="checkbox"/> | 11 |
| Irish dancing performance | <input type="checkbox"/> | 12 |
| Any other live dance event | <input type="checkbox"/> | 13 |
| Poetry reading or storytelling/anything to do with books/writing | <input type="checkbox"/> | 14 |
| Any type of event including art/photography/sculpture/video/
electronic arts/crafts | <input type="checkbox"/> | 15 |
| Street art (such as art in parks, busking) | <input type="checkbox"/> | 16 |
| Museum | <input type="checkbox"/> | 17 |
| None of the above | <input type="checkbox"/> | 18 → Go to R5 |

**R3. You mentioned that you had taken part in or been to an arts event. How did you benefit from this?
(Select as many options as you need)**

- It had a positive impact on my well-being 1
- I learned new skills/ developed existing skills 2
- It improved my knowledge 3
- It helped me think about a future career 4
- It helped with studies for school 5
- It allowed me to spend time with my family or friends 6
- It improved my health 7
- I was able to communicate better with family/ friends 8
- I felt more confident 9
- I made new friends 10
- I had fun 11
- I was able to express myself in a new way 12
- I enjoyed being creative 13
- I didn't feel any benefits 14

**R4. Thinking about the last 'Arts' event you went to, how much did you enjoy it?
(Select one option only)**

- A lot 1
- A little 2
- Not at all 3

R5. What, if anything, would encourage you to attend (more) the types of 'Arts' events or activities mentioned earlier? (Select as many options as you need)

- Better quality performances and events 1
- More high profile performances 2
- Better quality venues 3
- Better access in and around venues 4
- Lower costs 5
- Someone to go with 6
- Venues closer to where I live 7
- Improved transport/access 8
- Performances at different times of the day 9
- More aware of what events are on 10
- Something else 11
- Nothing, I already attend as often as I want to 12
- Nothing, I am just not interested in attending 13

R6. In the last 12 months, how often, if at all, have you received any tuition from an instructor (other than your teacher during normal lessons) to help improve your performance in any art activity?

- At least once a week 1
- At least once a month 2
- Once every 2-3 months 3
- Once or twice in the last 12 months 4
- Not at all in the last 12 months 5

SIGN LANGUAGE

**S1. Do you know how to communicate in Sign Language?
(Select as many options as you need)**

- Yes in British Sign Language 1 →Continue to S2
- Yes in Irish Sign Language 2 → Continue to S2
- Yes other (Please specify) 3 → Continue to S2
- No 4 →Go to S3

**S2. Which statement best describes your current ability to communicate using sign language?
(Select one option only)**

- Able to sign single words or simple phrases e.g. 'hello', 'how are you?' 1
- Able to sign simple sentences e.g. 'can I have a cup of tea?' 2
- Able to carry on an everyday conversation e.g. describing your day 3
- Able to carry on a complicated conversation e.g. conversation about a school topic 4

S3. Would you be interested in learning sign language in school?

- Yes 1
- No 2

USE OF IRISH AND ULSTER-SCOTS LANGUAGE

**T1. Can you understand, speak, read or write Irish, to some level?
(Select all the options that you need)**

- Understand spoken Irish 1
- Speak Irish 2 → Go to T2
- Read Irish 3
- Write Irish 4
- None of the above 5

**T2. How often do you speak Irish?
(Select one option only)**

- Daily 1
- Weekly 2
- Less often 3
- Never 4

T3. Would you be interested in learning Irish language in school?

- Yes 1
- No 2

**T4. Can you understand, speak, read or write Ulster-Scots, to some level?
(Select all the options that you need)**

- Understand spoken Ulster-Scots 1
Speak Ulster-Scots 2 → Go to T5
Read Ulster-Scots 3
Write Ulster-Scots 4
None of the above 5

**T5. How often do you speak Ulster-Scots?
(Select one option only)**

- Daily 1
Weekly 2
Less often 3
Never 4

T6. Would you be interested in learning Ulster-Scots language in school?

- Yes 1
No 2

BREASTFEEDING

**U1. What do you think is the healthiest way to feed a 3 month old baby?
(Select one option only)**

- Breastfeeding only 1
Bottle feeding only 2
Breast and bottle feeding 3
Breast feeding and some solid foods 4
Bottle feeding and some solid foods 5
Breast and bottle feeding and some solid foods 6

U2. What do you first think of when you see a woman breastfeeding her baby?

- I feel uncomfortable 1
I think it is a nice thing for a mum and baby 2
I think it is just a normal part of life 3
I have never seen anyone breastfeeding 4

ORGAN DONATION

V1. Have you ever heard of organ donation?

Organs (such as a kidney, liver, heart etc.) can be removed from one person and put into someone else when their organ has stopped working. Moving an organ from one person into another person is called transplanting. You can choose to give your organs after your death for transplantation. This is called organ donation.

Yes 1 →Continue to V2

No 2 →Go to V4

**V2. Have you ever discussed the issue of organ donation with any of the following?
(Select as many options as you need)**

Mother/father or guardian 1 →Continue to V3

Brothers/sisters 2 →Continue to V3

Friends 3 →Continue to V3

Teachers 4 →Continue to V3

None of the above 5 →Go to V4

V3. Please tell us why you discussed organ donation with this person/these people...

After seeing something in the media about organ donation 1

The other person started the conversation 2

I know/heard of someone who donated 3

Other (please say what) 4

V4. Have you ever heard of the NHS Organ Donor Register?

The NHS Organ Donor Register is a confidential, computerised database that holds the wishes of people who have decided that they would like to be an organ donor after their death.

Yes 1

No 2

V5. At what age do you think you can join the NHS Organ Donation Register?

_____ Years Old

V6. Have you put your name on the NHS Organ Donor Register?

- Yes 1
- Not yet, but I will think about it 2
- Not yet, but will definitely do it sometime in the future 3
- No, I would never sign it 4
- Don't Know 5

V7. Who do you think should provide young people with information about organ donation? (Select as many options as you need)

- Self – look for ourselves 1
- Family/parents 2
- Schools – to be taught as part of the curriculum 3
- Media campaigns (TV, radio, etc) 4
- Other (please say what) 5

V8. Have you ever heard of living organ donation?

Along with choosing to donate organs or tissue after you die, you can also choose to donate an organ (eg kidney) or parts of organs (eg lungs or livers) to another person when you are alive. This is known as living organ donation.

- Yes 1
- No 2

V9. Below are some statements about organ donation. How much do you agree or disagree with these. (Select one box for each line)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	1	2	3	4	5
a. Removing organs from the body just isn't right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Organ donation allows something positive to come out of a person's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I sign the organ donor register, doctors might not try so hard to save my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The thought of organ donation makes me uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Everyone should be willing to donate their kidney while they are alive if it helps someone they love who is sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES TOWARDS DOMESTIC VIOLENCE (YEAR 11 & 12)

**W1. Which of the following would you consider an example of domestic violence/abuse?
(Select as many options as you need)**

- Physical violence against a partner 1
- Abuse of older people in a nursing home 2
- Abusing a family pet 3
- Controlling a partner's money 4
- Arguing with a partner 5
- Threatening a partner 6
- A parent abusing their children 7
- Blocking a partner's access to sources of support – e.g. Police, Health services 8
- Stalking an ex-partner 9
- Withholding contraception 10
- Being unfaithful in a relationship 11
- A young person/child abusing their parent 12
- Virtual or on-line abuse of partner 13
- Destroying personal property of partner – e.g. mobile phones 14
- Damaging a partners self-confidence 15
- Isolating partner from friends and family 16

W2. Who can be a victim of domestic violence/abuse?

- Only females 1
- Only males 2
- Both 3

W3. Who can commit acts of domestic violence/abuse?

- Only females 1
- Only males 2
- Both 3

W4. Does your school or college include awareness sessions on the subject of domestic violence/abuse?

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

**W5. If you wanted to discuss concerns regarding domestic violence/abuse, who would you contact?
(Select as many options as you need)**

- School teacher/other member of school support staff 1
- Friend 2
- Family member 3
- Health professional e.g. GP, Social Worker 4
- Youth leader 5
- Faith/religious leader 6
- Police 7
- 24 hour Domestic and Sexual Abuse Helpline 8
- Childline 9
- Other (Please say what) 10

CARE IN THE SUN

**X1. If you are spending more than 30 minutes outdoors during the summer, on a sunny day, do you...
(Select one box for each line)**

	Always 1	Often 2	Sometimes 3	Rarely 4	Never 5	Don't know 6
Seek shade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear sunscreen (suncream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover up (with clothing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take no protective measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X2. Have you ever used sunscreen (suncream)?

- Yes 1 → Continue to Question X3
- No 2 → Continue to Question X4

X3. On which of these occasions do you use a sunscreen (suncream)?

X3a Sunbathing abroad, in a warm country

Yes 1

No 2

I have not been sunbathing abroad 3

X3b Outdoors when abroad in a warm country, but not sunbathing

Yes 1

No 2

I have not been abroad in a warm country 3

X3c Sunbathing in this country

Yes 1

No 2

I do not sunbathe in this country 3

X3d Outdoors in this country doing something else

Yes 1

No 2

X4. A sunburn is defined as a reddening or discomfort of your skin that lasts longer than 12 hours after exposure to the sun. In the past year how many times have you had sunburn?

None 1

One 2

Two 3

Three or more 4

Don't know 5

X5. For each of the following statements, please indicate if you strongly agree, agree, disagree or strongly disagree. (Select one box for each line)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
	1	2	3	4	5
I look better with a tan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a tan makes people look healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who tan are damaging their skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanning causes premature skin aging (wrinkles, age spots, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X6. Have you used fake tan?

Yes 1 → Go to X7

No 2 → Go to X9

X7. What was/is your main reason for using fake tan?

I look better 1

I am involved in a sport or activity that encourages a tanned look 2 → Go to X8

Other, please specify 3

X8. Which sport/activity is this? (Select all that apply)

Dancing 1

Cheerleading 2

Gymnastics 3

Bodybuilding 4

Drama/theatre 5

Modelling 6

Other, please specify 7

X9. If you wanted to get the best idea of the risk of sunburn for the day, which part of the weather forecast would you look for? (Select one option only)

Humidity

Cloud Cover

Wind conditions

Ultra Violet (UV) index

Temperature

X10. What can you do to protect yourself from the sun's UV rays? (Select as many options as you need)

Seek shade

Wear a hat

Wear sunscreen (suncream)

Cover up (with clothing)

Nothing

X11. Have you heard of the UV index (also known as the solar UV index)?

Yes

No

The UV index tells us how strong the sun is and ranges from 0 (low) to 11+ (extremely high).

X12. Most people in NI have fair skin- so at what UV index level do you think they should protect their skin from the sun? (Select one option only)

1 or above

3 or above

5 or above

7 or above

9 or above

SUNBEDS

THIS NEXT SECTION IS ABOUT SUNBEDS, BY THIS WE MEAN INDOOR TANNING MACHINES THAT YOU EITHER LIE DOWN ON OR STAND UP IN TO GET A TAN (*WE DO NOT MEAN SPRAY TANNING DEVICES*).



**X13. Which, if any, of the following effects would you associate with using a sunbed?
(Select as many options as you need)**

- A higher risk of skin cancer 1
- Protection against sunburn from the sun 2
- Eye damage 3
- Helps acne and other skin problems 4
- Premature skin ageing (e.g. wrinkles, age spots) 5
- Balancing of skin tone (getting an even suntan) 6
- Increasing Vitamin D levels 7
- None of the above 8
- I don't know what a sunbed is 9

X14. Have you ever used a sunbed?

- Yes 1 → Continue to Question X15
- No 2 → Go to next section

**X15. Where have you used a sunbed?
(Select as many options as you need)**

- Sunbed premises/salon 1
- Video shop 2
- Beauty salon 3
- Hairdressers 4
- At home 5
- At a friend or family member's home 6
- Other (Please Specify) 7

X16. When using a sunbed did you wear protective goggles?

- Yes 1
No 2
Sometimes but not always 3

X17. When using a sunbed, have you used any of these products to try to make your skin tan faster?

	Yes	No
	1	2
a. Injections	<input type="checkbox"/>	<input type="checkbox"/>
b. Creams	<input type="checkbox"/>	<input type="checkbox"/>
c. Skin Sprays	<input type="checkbox"/>	<input type="checkbox"/>
e. Nasal Sprays	<input type="checkbox"/>	<input type="checkbox"/>

TATTOOING & PIERCING (YEAR 11 & 12)

The next set of questions relate to tattooing and piercing. By a tattoo, we mean permanent tattooing, not semi-permanent or henna.

Y1. Have you had a tattoo or piercing (other than earlobes)?

- Yes, tattoo 1 → Go to Y2
Yes, piercing 2 → Go to Y2
Yes, both tattoo & piercing 3 → Go to Y2
No 4 → Go to Y5

Y2a. Did you get your tattoo(s) at a registered premises? (by this we mean a tattoo parlour/shop as opposed to being done by a friend, family member, mobile tattoo unit outside a nightclub).

- Yes 1
No 2

Y3a. Did you have any problems such as infection or pain for longer than expected after your tattooing(s)?

- Yes 1 → Go to Y4a
No 2 → Go to Y5

Y4a. Did you seek medical advice after your tattooing(s), e.g. from a pharmacist, GP or A&E?

Yes 1

No 2

Y2b. Did you get your piercing(s) at a registered premises? (by this we mean a piercing parlour/shop as opposed to being done by a friend, family member).

Yes 1

No 2

Don't know 3

Y3b. Did you have any problems such as infection or pain for longer than expected after your piercing(s)?

Yes 1 → Go to Y4b

No 2 → Go to Y5

Y4b. Did you seek medical advice after your piercing(s), e.g. from a pharmacist, GP or A&E?

Yes 1

No 2

Y5. Do you know if there is an age restriction on getting a tattoo?

No age restriction – anyone can get a tattoo 1

16 and over 2

18 and over 3

25 and over 4

Don't know 5

Y6. Are you aware that tattooing/piercing businesses must be registered with their local council?

Yes 1

No 2

MORE ABOUT YOUR HEALTH

Z1. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day?

- 1 1
2 2
3 3
4 4
5 5
More than 5 6
None 7

Z2. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy?

- 1 1
2 2
3 3
4 4
5 5
More than 5 6
None 7
Don't know 8

VOLUNTEERING

AA1. Thinking back over the last 12 months, have you given up any of your time to volunteer or help out with things like clubs, campaigns or organisations?

- Yes, in school time 1 → Go to AA2
Yes, in my own spare time 2 → Go to AA2
No, but I'd like to in the future 3 → Go to AA7
No, and I'd not consider doing so in the future 4 → Go to AA7

AA2. Which of these areas have you been volunteering in?

(Select as many options as you need)

- Sport or exercise 1
- Children or young people's activities (outside school) 2
- Children or young people (in school) 3
- Hobbies/arts clubs 4
- Local community or neighbourhood groups 5
- Older people 6
- Health or disabilities 7
- First aid or safety 8
- Church/Faith Based 9
- The Environment/animal protection 10
- Political groups 11
- Justice and human rights 12
- Other – please specify 13

AA3. How often have you volunteered in the last 12 months?

- A few times a week 1
- About once a week 2
- At least once a month 3
- Five or six times a year 4
- A few times a year 5
- No more than once a year 6

AA4. Have you experienced any of the following as a result of volunteering?

(Select as many options as you need)

- Learning new skills 1
- Increased confidence 2
- Feeling happier 3
- Feeling appreciated 4
- Feeling part of a team 5
- Making new friends 6
- Feeling I've made a difference 7
- Feeling better about myself 8
- Feeling I've improved my job prospects 9
- Learning how to overcome challenges 10
- Increased trust in others 11
- Increased understanding of what I can achieve 12
- Finding a paid job 13
- Feeling I've improved my study prospects 14
- None of these 15

AA5. Since you began your volunteering work, has your circle of friends increased, decreased or remained the same?

- Increased 1
- Remained the same 2
- Decreased 3
- Don't Know 4

AA6. And how about your contact with people of a different community or religious backgrounds? Has this increased, decreased or remained the same?

- Increased 1
- Remained the same 2
- Decreased 3
- Don't Know 4

AA7. Would you be more likely to volunteer if it helped you achieve any of the following?

(Select as many options as you need)

- | | |
|--|-----------------------------|
| Having fun | <input type="checkbox"/> 1 |
| Learning new skills | <input type="checkbox"/> 2 |
| Finding a paid job | <input type="checkbox"/> 3 |
| Making new friends | <input type="checkbox"/> 4 |
| Improved confidence | <input type="checkbox"/> 5 |
| Feeling happier | <input type="checkbox"/> 6 |
| Feeling I've made a difference | <input type="checkbox"/> 7 |
| Feeling better about myself | <input type="checkbox"/> 8 |
| Feeling I've improved job prospects | <input type="checkbox"/> 9 |
| Feeling appreciated | <input type="checkbox"/> 10 |
| Increased trust in others | <input type="checkbox"/> 11 |
| Learning how to overcome challenges | <input type="checkbox"/> 12 |
| Feeling part of a team | <input type="checkbox"/> 13 |
| Increased understanding of what I can achieve | <input type="checkbox"/> 14 |
| Feeling I've improved my study prospects | <input type="checkbox"/> 15 |
| Nothing would make me more likely to volunteer | <input type="checkbox"/> 16 |