

VERSION B

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

**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 |

PLAY AND LEISURE

The following questions are about your experience of play and leisure. When you are thinking about what is meant by play and leisure, think about the things you do in your free time and the places you go e.g. parks, play areas.

C1. Thinking about the play and leisure facilities in your area, would you say they are?

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

**C2. Which, if any, of the following reasons stop you from accessing play and leisure facilities in your local area?
(Select all that apply)**

- | | | |
|---|--------------------------|----|
| Not enough time | <input type="checkbox"/> | 1 |
| I don't have any friends to go to them with | <input type="checkbox"/> | 2 |
| Difficulty in getting there/lack of transport | <input type="checkbox"/> | 3 |
| Concerned about safety | <input type="checkbox"/> | 4 |
| Cost of activities | <input type="checkbox"/> | 5 |
| Cost of transport to activities | <input type="checkbox"/> | 6 |
| No adults to look after me | <input type="checkbox"/> | 7 |
| There aren't enough facilities close to where I live | <input type="checkbox"/> | 8 |
| The facilities available are not suitable for me (please say why) | <input type="checkbox"/> | 9 |
| Some other reason (please say why) | <input type="checkbox"/> | 10 |
| Nothing stops me | <input type="checkbox"/> | 11 |
| I don't know what facilities are available | <input type="checkbox"/> | 12 |

C3. Thinking about where you live, are there areas where you can meet up with your friends that are safe and welcoming for people of your age?

- Yes, there are a lot 1
- Yes, there are a few 2
- No, there are none 3
- Don't know 4

C4. How often do you use the internet at home?

- Once or more than once a day 1
- Almost every day 2
- At least once or twice every week 3
- At least once every month 4
- Less than once a month 5
- Never 6

C5. Have you been taught about staying safe online in the last year?

- Yes 1 → Continue to Question C6
- No 2 → Go to Question C7
- Not sure 3 → Go to Question C7

**C6. Who has taught you about staying safe online?
(Select all that apply)**

- My parent(s) 1
- My teacher 2
- My friends 3
- A TV programme 4
- Someone else (Please say who) 5
- I can't remember 6

C7. How do you feel the media (TV/Radio/Newspapers) represents young people?

- Always in a fair way 1
- Often in a fair way 2
- Sometimes in a fair way 3
- Rarely in a fair way 4
- Never in a fair way 5

C8. Does the way that young people are represented in the media bother you?

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

SOCIAL MEDIA

These questions are about Social Media.

D1. Do you use any social media sites or apps, e.g. Facebook, Instagram, SnapChat, Twitter, WhatsApp?

- Yes 1 → Continue to Question D2
- No 2 → Go to section E

D2. How often do you use social media sites or apps?

- Daily or most days 1
- A few times a week 2
- Once a week 3
- A few times a month 4
- Once a month 5
- Less often than once a month 6

D3. When you use social media sites or apps how much time in total do you spend using them on a typical school day?

- Less than 30 minutes 1
- 30 minutes or more 2
- One hour or more 3
- Two hours or more 4
- Three hours or more 5
- Four hours or more 6
- Five hours or more 7
- Six hours or more 8
- Seven hours or more 9

D4. When you use social media sites or apps how much time in total do you spend using them on a typical weekend or holiday day?

- Less than 30 minutes 1
- 30 minutes or more 2
- One hour or more 3
- Two hours or more 4
- Three hours or more 5
- Four hours or more 6
- Five hours or more 7
- Six hours or more 8
- Seven hours or more 9

**D5. When do you use social media sites or apps?
(Select all that apply)**

- Before school or college 1
- During school or college 2
- After school or college before 8pm 3
- After school or college after 8pm 4
- At weekends 5
- During school holidays 6

D6. Thinking about the social media sites and apps you use do you have your own profile or account?

- Yes 1 → Continue to Question D7
- No 2 → Go to section E

To what extent do you agree or disagree with the following statements:

D7. My social media accounts are a true reflection of myself.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5
- Don't know 6

D8. I compare myself to others on social media sites and apps.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5
- Don't know 6

D9. I can be honest with people on social media sites and apps about how I am feeling.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5
- Don't know 6

D10. I monitor the amount of likes, comments or shares I get on social media.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5
- Don't know 6

D11. The number of likes, comments or shares I get on social media has an impact on my mood.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5
- Don't know 6

SCHOOL

The next set of questions are about your school.

E1. Think about each of the following statements and tick one box on each line to show how strongly you agree or disagree with them.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	1	2	3	4	5
a. My school is a good school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I like learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staying on at school is important if you want to get a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teachers give me the marks I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teachers at my school really care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel like I am important to this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I learn things that will be useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It is important that I have Maths and English qualifications by the time I leave school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Teachers help me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I think I could do well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2. Overall, how do you feel about school at present?

- I like it a lot 1
- I like it a bit 2
- I don't like it very much 3
- I don't like it at all 4

E3. If you have problems at school, are your parents/guardians willing to help you?

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

**E4. Which of the following people encourage you to do well at school?
(Select all that apply)**

- | | | |
|---------------------------------------|--------------------------|---|
| Nobody encourages me | <input type="checkbox"/> | 1 |
| The Principal/Headmaster/Headmistress | <input type="checkbox"/> | 2 |
| My teachers | <input type="checkbox"/> | 3 |
| Other pupils | <input type="checkbox"/> | 4 |
| Parents | <input type="checkbox"/> | 5 |
| Brothers/sisters | <input type="checkbox"/> | 6 |
| Other family members | <input type="checkbox"/> | 7 |
| Other/Somebody else | <input type="checkbox"/> | 8 |

E5. Have you ever had any difficulty learning/studying any subjects?

- | | | | |
|-----|--------------------------|---|---------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question E6 |
| No | <input type="checkbox"/> | 2 | → Go to Question E8 |

E6. Did you receive any extra support?

- | | | | |
|-----|--------------------------|---|---------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question E7 |
| No | <input type="checkbox"/> | 2 | → Go to Question E8 |

**E7. Who provided the support?
(Select as many answers as you need)**

- | | | |
|--------------------|--------------------------|---|
| One of my teachers | <input type="checkbox"/> | 1 |
| Another teacher | <input type="checkbox"/> | 2 |
| Parent | <input type="checkbox"/> | 3 |
| Brother/sister | <input type="checkbox"/> | 4 |
| Tutor | <input type="checkbox"/> | 5 |
| Friend | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

E8. How stressed do you feel by the school work you have to do?

- | | | | |
|------------|--------------------------|---|---------------------------|
| Not at all | <input type="checkbox"/> | 1 | → Go Question E10 |
| A little | <input type="checkbox"/> | 2 | → Continue to Question E9 |
| Some | <input type="checkbox"/> | 3 | → Continue to Question E9 |
| A lot | <input type="checkbox"/> | 4 | → Continue to Question E9 |

E9. What is it about school that you are worried about?

- | | | |
|---------------------------------|--------------------------|---|
| Exams/tests | <input type="checkbox"/> | 1 |
| Homework | <input type="checkbox"/> | 2 |
| Falling behind in class | <input type="checkbox"/> | 3 |
| Teachers | <input type="checkbox"/> | 4 |
| Other pupils | <input type="checkbox"/> | 5 |
| Bullying | <input type="checkbox"/> | 6 |
| Other (please say other reason) | <input type="checkbox"/> | 7 |

E10. Does your school have a school council?

- | | | | |
|------------|--------------------------|---|----------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question E11 |
| No | <input type="checkbox"/> | 2 | → Go Question E13 |
| Don't know | <input type="checkbox"/> | 3 | → Go Question E13 |

E11. Do you think the school council is an effective way for pupils to get their views across?

- | | | |
|------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |

E12. Does the school council play an active role in decisions that impact on the pupils' school day?

- | | | | |
|------------|--------------------------|---|-------------------|
| Yes | <input type="checkbox"/> | 1 | → Go Question E14 |
| No | <input type="checkbox"/> | 2 | → Go Question E14 |
| Don't know | <input type="checkbox"/> | 3 | → Go Question E14 |

E13. If your school does not have a school council, what other forms of pupil participation are offered?

- | | | |
|-------------------------|--------------------------|---|
| Questionnaires/surveys | <input type="checkbox"/> | 1 |
| Interest groups | <input type="checkbox"/> | 2 |
| Other (please say what) | <input type="checkbox"/> | 3 |
| None | <input type="checkbox"/> | 4 |

E14. Have you heard of the United Nations Convention on the rights of the Child (UNCRC)? (This is an agreement made by nearly every country in the world that their government will make sure children and young people have certain rights.)

- | | | | |
|-----|--------------------------|---|----------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question E15 |
| No | <input type="checkbox"/> | 2 | → Go to Question E17 |

**E15. Where did you first hear about the United Nations Convention on the rights of the Child?
(Select one answer only)**

- Friends 1
- School 2
- Internet 3
- Newspaper 4
- Magazine 5
- TV 6
- Youth groups 7
- Library 8
- Other (please say) 9

**E16. How do you feel about the United Nations Convention on the rights of the Child?
(Select all that apply)**

- It doesn't bother me, it has very little affect on me 1
- It is important, but only to children living in poor countries 2
- It is important to some children in Northern Ireland, but not to me 3
- It is important to my life but I am not sure why 4
- It is important to my life because it gives me the right to things like education, health, respect, support, protection 5
- It is important to my life because it gives me the right to have a say 6
- Other 7
- Don't know 8

E17. Do you feel you have the chance to give your views about issues that affect you?

- Yes 1 → Continue to Question E18
- No 2 → Go to Question E20

E18. Do you think your views are listened to?

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

**E19. Who do you give your views to?
(Select all that apply)**

- Parents/Guardian 1
- Teacher 2
- Doctor or nurse, etc. 3
- Government workers (e.g. politicians, civil servants) 4
- Youth worker/youth group/youth club 5
- School council 6
- Adults in charge of organisations that help children and young people 7
- Other 8

E20. How often do you participate in voluntary or community work (e.g. charity fundraising)?

- More than once a week 1
- Weekly 2
- Monthly 3
- A few times a year 4
- Rarely 5
- Never 6

SUBJECT CHOICES (YEAR 11 & 12)

The following questions are about your Subject Choices.

Below are some statements about subject choice. How much do you agree or disagree with these.

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
F1. I have a good choice of subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2. I am able to study subjects in which I am interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3. I am able to study subjects which I am good at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F4. Were there subjects you would have liked to study in Years 11 and 12 which were not available at your own school?

- Yes 1 → Continue to Question F5
 No 2 → Go to Question F8

F5. Were you given the opportunity to study these subjects at somewhere other than your own school?

- Yes 1 → Continue to Question F6
 No 2 → Go to Question F7

F6. Where was this?

- At another school 1 → Continue to Question F8
 At a Further Education college 2 → Continue to Question F8
 At a training organisation 3 → Continue to Question F8
 Other, please specify 4 → Continue to Question F8

F7. If you had been given the opportunity to study these subjects at somewhere other than your own school, would you have done so?

- Yes 1
 No 2
 Don't Know 3

F8. Have you ever heard of the term STEM (Science, Technology, Engineering and Maths)?

- Yes 1 → Continue to Question F9
 No 2 → Go to Question F13

F9. Have you ever heard of STEM career choices/pathways?

- Yes 1 → Continue to Question F10
No 2 → Go to Question F13

**F10. Where did you hear about STEM career choices/pathways?
(Select all that apply)**

- Careers Teacher in my school 1
Careers Adviser (from the Careers Service) 2
In individual subjects i.e. LLW Employability/Science/Maths/Technology/Other 3
STEM Events i.e. Sentinus/BT Young Scientist Competition/Career Conventions 4
Other (please say what) 5

F11. Did any of the STEM career choices/pathways influence your choice for GCSE/"A" Level subjects/vocational courses/work experience or career choices?

- Yes 1
No 2
Haven't chosen subjects yet 3

F12. Overall, how would you rate your knowledge of STEM?

- Very good 1
Good 2
Poor 3
Very poor 4

Think about each of the following statements, and select one box to show how strongly you agree or disagree with them.

F13. I chose subjects with a career area in mind.

- Strongly agree 1
Agree 2
Neither agree nor disagree 3
Disagree 4
Strongly disagree 5

F14. I am content with the advice I got about my subject choices from my careers teachers.

- Strongly agree 1
Agree 2
Neither agree nor disagree 3
Disagree 4
Strongly disagree 5
Did not receive advice from careers teachers 6

F15. I am content with the advice I got about my subject choices from my other teachers.

- Strongly agree 1
- Agree 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5
- Did not receive advice from other teachers 6

F16. I am content with the advice I got about my subject choices from my careers advisor (from the Careers Service).

- Strongly agree 1
- Agree 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5
- Did not receive advice from external careers advisors 6

F17. Do you ever attend lessons for any of your subjects at places other than your own school...leading to a recognised academic qualification?

- Yes 1 → Continue to Question F18
- No 2 → Go to Question F20

**F18. Where else do you attend lessons/courses?
(Select as many boxes as you need)**

- Another school 1
- A college 2
- A training organisation 3
- Other (please say where) 4

F19. Overall, how well does this work out for you?

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

F20. Do you have any of your lessons delivered online from another school/college?

- Yes 1 → Continue to Question F21
- No 2 → Go to next section

F21. Overall, how well does this work out for you?

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

NEXT STEPS (YEAR 11 & 12)

The following few questions are about what you plan to do after year 12.

G1. The government gives money to pupils who stay in education after 16, depending on their family circumstances. Have you heard about this Education Maintenance Allowance (EMA)?

Yes, I have heard of it and understand it 1

Yes, I have heard of it but I don't know what it is about 2

No, I haven't heard of it 3

**G2. If you were eligible to receive an allowance of £60 every two weeks and a cash bonus of £100 every so often would you stay on at school or go to Further Education College?
(Select one answer only)**

Yes, I would only stay on at school if I received this 1

I would stay on at school anyway 2

Yes, I would only go to Further Education College if I received this 3

I would go to Further Education College anyway 4

No, I would do none of the above 5

**G3. Which of the following do you want to do immediately after you finish year 12?
Where relevant, this should include all courses over the following two year period.
(Select all that apply)**

Vocational Qualifications (e.g. BTEC, NVQ, Apprenticeship) 1 (Go to G4)

AS Level / A level 2 (Go to G4)

Other course of study, please specify 3 (Go to G4)

Not planning to stay on in education 4 (Go to G6)

**G4. If you could study your chosen subjects/course anywhere, where would you choose to study immediately after you finish year 12?
(Select all that apply)**

At my present school 1

At another school 2

At a Further Education college 3

At a training organisation 4

Other, please specify 5

G5. Are the subjects/course you wish to study immediately after finishing Year 12 available in the institution of your choice?

Yes 1

No 2

G6. Thinking ahead, would you be interested in undertaking a degree in any of the following health-related areas: social work, radiotherapy, occupational therapy, speech & language therapy, physiotherapy, dietetics, podiatry, or nursing?

Yes 1 → Continue to Question G7

No 2 → Go to next section

**G7. What would be the MAIN reason for this?
(Select one answer only)**

I have an interest in working in health care 1

I think it could lead to a well-paid job 2

I think the Health & Social Care sector
(sometimes referred to as the NHS) is a good employer 3

I want to do a degree where I might get help with funding
(e.g. to pay my fees or get a bursary) 4

I want a job where I can help people 5

**G8. If you were to undertake this degree, where do you see yourself working?
(Select one answer only)**

In the Health & Social Care sector in Northern Ireland,
sometimes referred to as the NHS 1

In private sector health care in Northern Ireland 2

In health care outside of Northern Ireland 3

Other, please specify 4

LONG TERM CONDITIONS

These questions are about your Health.

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 answers 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 you selected diabetes, asthma, epilepsy, eating disorder, autism, depression/anxiety continue to H6. If you didn't select any of these go to the next section (Question H7).

**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 boxes as you need)**

- | | | | |
|--|----------------------------|---|--------------------|
| Talking one to one | <input type="checkbox"/> 1 | → | Go to H6 (1a) |
| Given details of a group class where you learn how to manage your condition | <input type="checkbox"/> 2 | → | Go to H6 (2a) |
| Written information which explains how you can manage your condition (e.g. leaflets, pamphlets, care plan) | <input type="checkbox"/> 3 | → | Go to H6 (3a) |
| Given details of websites to learn how to manage your condition | <input type="checkbox"/> 4 | → | Go to H6 (4a) |
| Been told the name and contact details of groups which help people who have your condition | <input type="checkbox"/> 5 | → | Go to H6 (5a) |
| Not aware of any support being offered | <input type="checkbox"/> 6 | → | Go to next section |

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 next section (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 next section (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 next section (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 next section (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 next section

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

H7. 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 AND WELLBEING

These questions are about your Health and Well Being

(YEAR 10, 11 & 12 START AT QUESTION I1)

(YEAR 8 & 9 SKIP QUESTION I1 & START AT QUESTION I2)

Please select the answer that best describes your experience of each over the last 2 weeks

I1. Please consider each of the following statements and select one answer for each line.

	None of the time 1	Rarely 2	Some of the time 3	Often 4	All of the time 5
a. I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Hardly ever or never 1	Some of the time 2	Often 3
I2. How often do you feel that you have no one to talk to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I3. How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I4. How often do you feel alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Often or always 1	Some of the time 2	Occasionally 3	Hardly ever 4	Never 5
15. How often do you feel lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. I would now like you to think about your family and friends (by family I mean those that live with you, as well as those who live somewhere else).

Here are some comments that people have made about their family and friends. Please say whether or not they are true for you.

	Yes 1	No 2
a. I have family/friends who can be relied on no matter what happens	<input type="checkbox"/>	<input type="checkbox"/>
b. I have family/friends who would see that I am taken care of if I need to be	<input type="checkbox"/>	<input type="checkbox"/>
c. I have family/friends who make me feel an important part of their lives	<input type="checkbox"/>	<input type="checkbox"/>
d. I have family/friends who give me support and encouragement	<input type="checkbox"/>	<input type="checkbox"/>
e. I have family/friends who do things to make me happy	<input type="checkbox"/>	<input type="checkbox"/>
f. I have family/friends who make me feel loved	<input type="checkbox"/>	<input type="checkbox"/>
g. I have family/friends who accept me just as I am	<input type="checkbox"/>	<input type="checkbox"/>

As well as physical health, we are also interested in asking about mental health and wellbeing. By mental health, we mean conditions/illnesses like depression, anxiety, stress, bipolar disorder, eating disorder, etc.

17. Have you ever had any concerns or worries about your mental health?
(Select one answer only)

Yes definitely 1 → Continue to I8

To some extent 2 → Continue to I8

No 3 → Go to I13

Don't know 4 → Go to I13

18. Did you seek help from anyone?

Yes 1 → Continue to Question I9

No 2 → Go to Question I10

19. Who did you seek help from? (Select as many answers as you need)

- | | | |
|---|--------------------------|-------------------------|
| Family member | <input type="checkbox"/> | 1 → Go to Question I11 |
| Friend | <input type="checkbox"/> | 2 → Go to Question I11 |
| School teacher/other member of school support staff | <input type="checkbox"/> | 3 → Go to Question I11 |
| Youth leader | <input type="checkbox"/> | 4 → Go to Question I11 |
| Faith/religious leader | <input type="checkbox"/> | 5 → Go to Question I11 |
| GP | <input type="checkbox"/> | 6 → Go to Question I11 |
| A&E | <input type="checkbox"/> | 7 → Go to Question I11 |
| Hospital | <input type="checkbox"/> | 8 → Go to Question I11 |
| CAMHS (Child and Adolescent Mental Health Service) | <input type="checkbox"/> | 9 → Go to Question I11 |
| District/community nurse | <input type="checkbox"/> | 10 → Go to Question I11 |
| Childline/Lifeline | <input type="checkbox"/> | 11 → Go to Question I11 |
| Mental health charity | <input type="checkbox"/> | 12 → Go to Question I11 |
| Other | <input type="checkbox"/> | 13 → Go to Question I11 |

110. Why did you not seek help? (Select as many boxes as you need)

- | | | |
|--|--------------------------|---|
| I could handle things on my own | <input type="checkbox"/> | 1 |
| I didn't know where to go to get help | <input type="checkbox"/> | 2 |
| I was too embarrassed | <input type="checkbox"/> | 3 |
| I felt unable to speak with anyone | <input type="checkbox"/> | 4 |
| I was too busy/didn't have time | <input type="checkbox"/> | 5 |
| I asked for help before and didn't get any | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

111. Have you received any of the following therapy (such as counselling, CBT) or medical treatment (including medication) for a mental health problem in the past year? (Select as many boxes as you need)

- | | | |
|-------------------------------------|--------------------------|------------------------------|
| Counselling | <input type="checkbox"/> | 1 → Continue to Question I12 |
| Cognitive behavioural therapy (CBT) | <input type="checkbox"/> | 2 → Continue to Question I12 |
| Psychotherapy or psychoanalysis | <input type="checkbox"/> | 3 → Continue to Question I12 |
| Medication | <input type="checkbox"/> | 4 → Continue to Question I12 |
| Other | <input type="checkbox"/> | 5 → Continue to Question I12 |
| No therapy or treatment | <input type="checkbox"/> | 6 → Go to Question I13 |

112. How helpful did you find/are you finding your therapy/treatment?

- Very helpful 1
- Quite helpful 2
- Not very helpful 3
- Not at all helpful 4

113. If you did have concerns about your mental health, who or where would you go for help?

(Select as many boxes as you need)

- Family member 1
- Friend 2
- School teacher/other member of school support staff 3
- Youth leader 4
- Faith/religious leader 5
- GP 6
- A&E 7
- Hospital 8
- CAMHS (Child and Adolescent Mental Health Service) 9
- District/community nurse 10
- Childline/Lifeline 11
- Mental health charity 12
- Somewhere else 13
- I wouldn't know where to go 14

114. Do you know anyone who has, or has had some kind of mental illness (including yourself)?

- Yes 1 → Continue to Question I15
- No 2 → Go to Question I16

115. Who is the person closest to you who has, or has had some kind of mental illness?

- Myself 1
- Close family (parent, sister, brother, etc.) 2
- Other family (uncle, aunt, cousin, grandparent, etc.) 3
- Friend 4
- Someone at my school 5
- Neighbour 6
- Other 7

116. Here are some statements or descriptions about how you might have been feeling or thinking about things over the past couple of weeks.

For each one please select the answer which best describes your thoughts and feelings; there are no right or wrong answers.

	Never 1	Not much of the time 2	Some of the time 3	Quite a lot of the time 4	All of the time 5
a. I think good things will happen in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have always told the truth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been able to make choices easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can find lots of fun things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel that I am good at some things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I think lots of people care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I like everyone I have met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I think there are many things I can be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been feeling calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been in a good mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I enjoy what each new day brings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been getting on well with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I always share my sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been cheerful about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOTHER FATHER

J1 How much do you think your mother/female carer really knows about...?

Please select one option for each line. If you don't have or don't see the person, select that option (the last option).

	I think she knows a lot 1	I think she knows a little 2	I don't think she knows anything 3	Don't know 4	Don't have or don't see this person 5
a. Who your friends are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How you spend your money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Where you are after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J2 How much do you think your father/male carer really knows about...?

Please select one option for each line. If you don't have or don't see the person, select that option (the last option).

	I think he knows a lot 1	I think he knows a little 2	I don't think he knows anything 3	Don't know 4	Don't have or don't see this person 5
a. Who your friends are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How you spend your money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Where you are after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J3 If you were really worried about something, how likely would you be to talk to the following people about it?

Please select one option for each line. If you don't have or don't see the person, select that option (the last option).

	Very likely 1	Fairly likely 2	Not very likely 3	Not at all likely 4	Don't know 5	Don't have or don't see this person 6
a. Your mother/female carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your father/male carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else in your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEXUAL HEALTH

The following questions are about any boyfriend(s)/ girlfriend(s) you may have had.

(Year 8, 9 & 10 just answer K1a & K2a)

(Year 11 & 12 answer from question K1b on)

K1a. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

K2a. How much, if any, sexual experience have you had?

None 1

Small amount (e.g. only kissing) 2

Some experiences but no sexual intercourse 3

Experienced, including sexual intercourse 4

SEXUAL HEALTH (Year 11 & 12 only)

The following questions are about any boyfriend(s)/ girlfriend(s) you may have had.

K1b. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

K2b. How much, if any, sexual experience have you had?

- None 1 → Go to Question K6
Small amount (e.g. only kissing) 2 → Go to Question K6
Some experiences but no sexual intercourse 3 → Go to Question K6
Experienced, including sexual intercourse 4 → Continue to Question K3

K3. At what age did you first have sexual intercourse?

I was _____ years old

K4. Did you or your partner use something to prevent getting pregnant (i.e. a form of contraception)?

- Yes 1 → Continue to Question K5
No 2 → Go to Question K6
Don't know 3 → Go to Question K6

**K5. What form of contraception did you or your partner use?
(Select one answer only)**

- Condom 1
The pill 2
Both a condom and the pill 3
Some other contraceptive 4

K6. Would you find it easy to get contraceptives (ie: condoms etc)?

- Yes 1
No 2

**K7. If you needed to, where would you actually get your contraceptives?
(Select as many answers as you need)**

- Shops/chemists 1
Other public places
eg: bars, public toilets 2
Family planning clinics/doctors 3
Friends 4
Parents/other family members 5
Other 6
Would not need to 7
Don't know 8

**K8. From which, if any, of the following did you learn about sexual matters and relationships?
(Select all that apply)**

- | | | |
|------------------------------------|--------------------------|----|
| Mother | <input type="checkbox"/> | 1 |
| Father | <input type="checkbox"/> | 2 |
| Lessons at school | <input type="checkbox"/> | 3 |
| School nurse | <input type="checkbox"/> | 4 |
| Friends | <input type="checkbox"/> | 5 |
| Boyfriend/girlfriend | <input type="checkbox"/> | 6 |
| Brother/sister | <input type="checkbox"/> | 7 |
| Doctor | <input type="checkbox"/> | 8 |
| Family Planning Clinic | <input type="checkbox"/> | 9 |
| Magazines/Newspapers/Books/Posters | <input type="checkbox"/> | 10 |
| TV/films | <input type="checkbox"/> | 11 |
| Radio | <input type="checkbox"/> | 12 |
| Internet | <input type="checkbox"/> | 13 |
| Telephone helplines | <input type="checkbox"/> | 14 |
| None | <input type="checkbox"/> | 15 |

K9. Do you find it easy or difficult to talk to your mother/female guardian about sexual matters?

- | | | |
|--------------------------------------|--------------------------|---|
| Easy | <input type="checkbox"/> | 1 |
| Difficult | <input type="checkbox"/> | 2 |
| Don't discuss | <input type="checkbox"/> | 3 |
| It depends on the topic | <input type="checkbox"/> | 4 |
| Do not have a mother/female guardian | <input type="checkbox"/> | 5 |

K10. Do you find it easy or difficult to talk to your father/male guardian about sexual matters?

- | | | |
|------------------------------------|--------------------------|---|
| Easy | <input type="checkbox"/> | 1 |
| Difficult | <input type="checkbox"/> | 2 |
| Don't discuss | <input type="checkbox"/> | 3 |
| It depends on the topic | <input type="checkbox"/> | 4 |
| Do not have a father/male guardian | <input type="checkbox"/> | 5 |

**K11. Which, if any, of the following are sexually transmitted infections?
(Select all that apply)**

- HIV 1
- Gonorrhoea 2
- Measles 3
- Chlamydia 4
- Meningitis 5
- Genital Herpes 6
- Hepatitis B 7
- Tuberculosis 8
- Syphilis 9
- Influenza 10
- Genital Warts 11
- None of these 12

**K12. If you ever needed help or advice about sexual health issues what services would you be likely to use?
(Select all that apply)**

- Doctor/GP 1
- Family Planning Association 2
- Common Youth (used to be known as Brook Advisory) 3
- Friends 4
- Family 5
- Genito-Urinary Medicine (GUM) clinic 6
- Internet/website 7
- Sexual health clinic 8
- Texting information service 9
- An advice/helpline 10
- Other 11
- None 12
- Don't know 13

**K13. What would be important to you when you are seeking sexual health advice?
(Select all that apply)**

- Confidentiality 1
- Not being judged 2
- Free Service 3
- Speedy service 4
- Other (Please say what) 5
- None of these 6

MORE ABOUT YOU
(Year 11 & 12 only)

L1. Is your gender the same as the sex you were registered at birth?

- Yes 1
- No 2
- Prefer not to say 3

L2. If No, please type in your gender:

SMOKING

The following questions are about smoking.

**M1. Have you ever smoked tobacco?
*At least one whole cigarette, not just a puff of someone else's.***

- Yes, in the last week 1 → Continue to Question M2
- Yes, in the last month 2 → Continue to Question M2
- Yes, in the last year 3 → Continue to Question M2
- Yes, over a year ago 4 → Continue to Question M2
- No, never 5 → Go to Question M9

M2. What age were you when you had your first cigarette?

AGE _____

M3. How often do you smoke cigarettes now?

- | | | |
|--|----------------------------|---------------------------|
| Every day | <input type="checkbox"/> 1 | → Continue to Question M4 |
| At least once a week but not every day | <input type="checkbox"/> 2 | → Continue to Question M4 |
| Less than once a week | <input type="checkbox"/> 3 | → Go to Question M5 |
| I do not smoke now | <input type="checkbox"/> 4 | → Go to Question M5 |

M4. How many cigarettes do you usually smoke in a week?

_____ cigarettes a week

M5. Why did you first smoke a cigarette?

(Select all that apply)

- | | |
|--|-----------------------------|
| My friends smoke | <input type="checkbox"/> 1 |
| My parents/siblings smoke | <input type="checkbox"/> 2 |
| My friends encouraged me to smoke | <input type="checkbox"/> 3 |
| I did it for a dare/bet | <input type="checkbox"/> 4 |
| Liking a particular tobacco packaging branding | <input type="checkbox"/> 5 |
| Seeing smoking on television or in films | <input type="checkbox"/> 6 |
| I had easy access to cigarettes | <input type="checkbox"/> 7 |
| Made me feel cool/grown up | <input type="checkbox"/> 8 |
| I tried e-cigarettes and wanted to try normal cigarettes | <input type="checkbox"/> 9 |
| Other (please say other reason) | <input type="checkbox"/> 10 |

(M6 TO BE ASKED OF THOSE WHO ANSWERED 1, 2 OR 3 AT M3)

M6. Where do you usually get your cigarettes from?

Please select more than 1 option if you often get cigarettes from different people or places.

- I buy them from a supermarket 1
- I buy them from a shop, e.g. newsagent, garage or sweet shop 2
- I buy them from street markets 3
- I buy them from a vending machine 4
- I buy them from the internet 5
- I buy them from friends or relatives 6
- I buy them from someone else (please say who) 7
- Friends give them to me 8
- My brother or sister gives them to me 9
- My mother or father gives them to me 10
- I take them 11
- I get them in some other way (please say how) 12

(M7 TO BE ASKED OF THOSE WHO ANSWERED 1, 2 OR 3 AT M3)

M7. Have you ever tried to quit smoking?

Yes 1

No 2

(M8 TO BE ASKED OF THOSE WHO ANSWERED 1, 2 OR 3 AT M3)

M8. Which of the following best describes you...

- I REALLY want to stop smoking and intend to do so in the next month 1
- I REALLY want to stop smoking and intend to do so in the next 3 months 2
- I want to stop smoking and hope to do so soon 3
- I REALLY want to stop smoking but I don't know when I will 4
- I want to stop smoking but haven't thought about when 5
- I know I should stop smoking but I don't really want to 6
- I don't want to stop smoking 7

M9. Do any adults in your household smoke? *When we say household, we mean the people that you live with (even if you only live with them some of the time)*

Yes 1 → Continue to Question M10

No 2 → Go to Question M12

M10. Do the adults smoke inside your home?

Yes 1

No 2

M11. Do the adults smoke in your family car?

Yes 1

Yes, but not when children are in the car 2

No 3

We do not own a family car 4

M12. Are visitors allowed to smoke inside your home?

Yes 1

No 2

Don't Know 3

M13. Have you heard of e-cigarettes, sometimes known as electronic cigarettes or vaping devices?

Yes 1 → Continue to Question M14

No 2 → Go to Next Section

M14. Have you ever used e-cigarettes?

Yes, in the last week 1 → Continue to Question M15

Yes, in the last month 2 → Continue to Question M15

Yes, in the last year 3 → Continue to Question M15

Yes, over a year ago 4 → Continue to Question M15

No, never 5 → Go to Question M20

M15. How often do you use e-cigarettes now?

Every day 1

At least once a week but not every day 2

Less than once a week 3

I do not use e-cigarettes now 4

(M16 TO BE ASKED OF THOSE WHO ANSWERED 1, 2, 3 or 4 at M1 and 1, 2, 3 or 4 at M14 (i.e. those who have ever smoked and have ever used e-cigarettes))

M16. Did you start using electronic cigarettes/vaping device...

- Before you started smoking cigarettes 1
- After you started smoking cigarettes 2
- At the same time that you started smoking cigarettes 3

**M17. Thinking about the first time you ever tried an e-cigarette, which of the following best describes your reason(s) for doing so?
(Select all that apply)**

- I saw a friend using an e-cigarette, so I wanted to try them 1
- I saw a family member using an e-cigarette, so I wanted to try them 2
- I saw a famous person using an e-cigarette, so I wanted to try them 3
- I saw e-cigarettes displayed for sale (e.g. in a shop, at a stall in the shopping centre, in the street or at a market), so I wanted to try them 4
- I saw an advert for e-cigarettes (e.g. online, on social media, on TV on a billboard), so I wanted to try them 5
- I just wanted to try them to see what they were like 6
- I wanted to reduce the number of normal cigarettes I smoke 7
- I wanted to stop smoking normal cigarettes 8
- Other 9
- I can't remember 10

**M18. Thinking, again, about the first time you ever tried an e-cigarette, where did you get it from?
(Select all that apply)**

- From a friend/someone I was hanging around with 1
- From a family member 2
- From a specialist e-cigarette shop or stall 3
- From a supermarket or newsagent 4
- From a pharmacy 5
- From the internet 6
- Tried someone else's e-cigarette without asking them 7
- Other 8

(M19 is only asked if pupil selected option 1, 2 or 3 in M15)

M19. Why do you currently use e-cigarettes? Please give the MAIN reason only.

- Because I enjoy it 1
- To help me reduce the number of normal cigarettes I smoke 2
- To help me to stop smoking normal cigarettes altogether 3
- Just because my friends use them 4
- I feel pressure to fit in with everyone else who is using them 5
- Using them is a new trend and I want to be part of it 6
- I can't stop using them/I am addicted to them 7
- Other (please say other reason) 8

M20. Do any adults in your household use e-cigarettes? *When we say household, we mean the people that you live with (even if you only live with them for some of the time)*

- Yes 1
- No 2

ALCOHOL

The following questions are about alcohol.

**N1. Have you ever taken an alcoholic drink (not just a taste or a sip)?
(That means beer, wine, cider, alcopops or spirits like Gin, Vodka, Whiskey)**

- Yes, in the last week 1 → Continue to Question N2
- Yes, in the last month 2 → Continue to Question N2
- Yes, in the last year 3 → Continue to Question N2
- Yes, over a year ago 4 → Continue to Question N2
- No, never 5 → Continue to Question N9

N2. What age were you when you had your first alcoholic drink?

AGE _____

N3. At present, how often do you drink anything alcoholic, such as beer, wine, cider, alcopops or spirits like Gin, Vodka, Whiskey? Try to include even those times when you only drink a small amount (but not just a taste or a sip). (Select one answer only)

Presently I drink alcohol ...

- Daily 1
- A few times a week 2
- A few times a month 3
- A few times a year 4
- Rarely 5
- Not any more 6

N4. Have you ever had so much alcohol that you were drunk?

- No, never 1 → Go to Question N6
- Yes, once 2 → Continue to Question N5
- Yes, 2 - 3 times 3 → Continue to Question N5
- Yes, 4 - 10 times 4 → Continue to Question N5
- Yes, more than 10 times 5 → Continue to Question N5

N5. How many times have you been drunk in the last month?

- None 1
- Once 2
- 2-3 times 3
- 4-10 times 4
- More than 10 times 5

N6. Have you deliberately tried to get drunk in the last month?

- Yes 1
- No 2

N7. Have you ever bought alcohol yourself? Select all that apply

- No 1
- Yes, from a pub/club 2
- Yes, from an off-licence 3
- Yes, from a shop/supermarket 4
- Yes, from a website/online/internet 5

N8. As a result of drinking alcohol have you ever...?

	No 1	Once 2	More than once 3
a. Had an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ended up in a situation where you felt threatened/unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Had to be seen by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been sick (vomited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Been in trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Been in trouble with parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Been in trouble with local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Been in trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Done something you later regretted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N9. Have you had any type of education on the use of alcohol (e.g. talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year ...? (Select all that apply)

- At school 1 → Go to Question N10
- At a youth facility (ie: Youth club, Community centre etc) 2 → Continue to Question N10
- Somewhere else 3 → Continue to Question N10
- None of these 4 → Continue to Question N11

N10. Has the education you received made you less inclined to drink alcohol?

- Yes 1
- No 2

N11. Do any adults in your household drink alcohol? *When we say household, we mean the people that you live with (even if you only live with them for some of the time)*

- Yes 1 → Go to Question N12
- No 2 → Go to next section

N12. Do the adults drink alcohol while at home?

Yes 1

No 2

SOLVENTS & DRUGS

O1. The next questions are about drugs and solvents. Have you ever been offered any of the following drugs?

	Yes 1	No 2
Solvents (things that people inhale or sniff to get high like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint stripper)	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin, Pollen)	<input type="checkbox"/>	<input type="checkbox"/>
Speed (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts)	<input type="checkbox"/>	<input type="checkbox"/>
LSD (Acid, Tabs, Trips, Microdots, Cid)	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy ('E', Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes, Molly, Bangers)	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room)	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilisers (Downers, Benzos, Valium, Barbiturates, Blues, Yellows, Temazies, Jellies, Tranx, Temazepam, Xanax, Xannies)	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Smack, Skag, 'H', Gear, Junk, Brown, Horse)	<input type="checkbox"/>	<input type="checkbox"/>
Magic Mushrooms (Psilocybin, Mushies, Shrooms, Liberty Caps, Truffles)	<input type="checkbox"/>	<input type="checkbox"/>
Crack (Rock, Sand, Stone, Pebbles, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Coke, Charlie, Snow, Nose Candy, Blow)	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic Steroids (Juice, Roids, Stackers)	<input type="checkbox"/>	<input type="checkbox"/>
Mephedrone/ Methedrone (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow miaow, meow meow)	<input type="checkbox"/>	<input type="checkbox"/>
New Psychoactive Substances (sometimes referred to as legal highs, Magic, Snuff, Salvia, Party Pills, Stimulants, Bath salts)	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (K, Ket, Special K, Horsey)	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic Cannabis (synthetic cannabinoids, spice, black mamba, clockwork orange)	<input type="checkbox"/>	<input type="checkbox"/>
Gabapentanoids (Pregabalin, Gabapentin, Lyrica, Buds)	<input type="checkbox"/>	<input type="checkbox"/>

(If you answered Yes to any of the Drugs/solvents listed in the previous question, please continue to O2, otherwise go to O3)

O2. What age were you the first time you were offered drugs?

AGE _____ → Continue to Question O3

O3. Have you ever used or taken any of the drugs listed above (even if only once)?

Yes 1 → Continue to Question O4

No 2 → Go to Question O12

O4. When was the last time you ever used or took any of the following?

	In the last week 1	In the last month 2	In the last year 3	Over a year ago 4	No, never 5
Solvents (things that people inhale or sniff to get high like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint-stripper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin, Pollen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (Acid, Tabs, Trips, Microdots, Cid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy ('E', Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes, Molly, Bangers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers (Downers, Benzos, Valium, Barbiturates, Blues, Yellows, Temazies, Jellies, Tranx, Temazepam, Xanax, Xannies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Smack, Skag, 'H', Gear, Junk, Brown, Horse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic Mushrooms (Psilocybin, Mushies, Shrooms, Liberty ruffles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack (Rock, Sand, Stone, Pebbles, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Coke, Charlie, Snow, Nose candy, Blow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic Steroids (Juice, Roids, Stackers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mephedrone/Methedrone (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow miaow, meow meow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Psychoactive Substances (sometimes referred to as legal highs, Magic, Snuff, Salvia, Party Pills, Stimulants, Bath salts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (K, Ket, Special K, Horsey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic Cannabis (synthetic cannabinoids, spice, black mamba, clockwork orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gabapentanoids (Pregabalin, Gabapentin, Lyrica, Buds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O5. How often do you usually take drugs?

- I have only taken drugs once 1
- I used to take drugs sometimes but I don't take them anymore 2
- I take drugs a few times a year 3
- I take drugs once or twice a month 4
- I take drugs at least once a week 5
- I take drugs most days 6

06. The last time you used drugs, were you also drinking alcohol?

Yes 1

No 2

07. The last time you used drugs, did you use more than one type of drug?

Yes 1

No 2

08. Who were you with the last time you took drugs?

(Select all that apply)

By myself 1

With a friend 2

With boyfriend / girlfriend 3

With a group of friends 4

With parents 5

With brother(s) and/or sister(s) 6

With relatives 7

With someone else 8

09. Where were you the last time you took drugs?

(Select all that apply)

At home 1

At someone else's house 2

Somewhere outside such as the park, street, in an entry, under a bridge etc 3

At school 4

At a pub 5

At a party 6

At a rave, disco, club or concert 7

On holiday 8

Somewhere else 9

O10. As a result of taking drugs have you ever...?

	No 1	Once 2	More than once 3
a. Had an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ended up in a situation where you felt threatened/unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Had to be seen by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been sick (vomited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Been in trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Been in trouble with parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Been in trouble with local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Been in trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Done something you later regretted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O11. Have you ever felt that you needed to get help or treatment because you were using drugs?

- Yes 1
 No 2

O12. If you felt that you needed to get help because you were using drugs, who/where would you go to?

- School teacher/other member of school support staff 1
 Parent 2
 Friend 3
 Youth Leader 4
 Faith/religious leader 5
 GP (family doctor or practice nurse) 6
 FRANK Helpline 7
 Drug service (a community or health service that provides support or treatment) 8
 Online, internet 9
 Somewhere else 10
 I wouldn't know where to go 11

O13. Have you had any type of education on the use of drugs, including solvents, (e.g.: talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year ...? Select as many answers as you need.

- At school 1 → Go to Question O14
 At a youth facility (ie: Youth club, Community centre etc) 2 → Go to Question O14
 Somewhere else 3 → Go to Question O14
 None of these 4 → Go to Question O15

O14. Has the education you received made you less inclined to take drugs or solvents?

- Yes 1
 No 2

O15. Do any adults in your household take drugs? *When we say household, we mean the people that you live with (even if you only live with them for some of the time)*

- Yes 1 → Go to Question O16
 No 2 → Go to Question O17

O16. Do the adults take drugs while at home?

- Yes 1
 No 2

O17. Do you think it is ok for someone your age to do the following?

	It's ok 1	It's not ok 2	Don't know 3
a. Smoke cigarettes once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drink alcohol once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Get drunk once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sniff glue once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Take cannabis once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Take cocaine once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL SAFETY

The following questions are about personal safety.

P1. How safe do you feel in the area in which you live?

- Very safe 1
 Quite safe 2
 Slightly unsafe 3
 Very unsafe 4

P2. Which of the following, if any, do you think is a problem in the area in which you live? (Select all that apply)

- People using or dealing in drugs 1
 Vandalism, graffiti or deliberate damage to property 2
 People being rowdy or drunk in public places 3
 Mobile phone theft 4
 People buying or selling goods that are stolen or not genuine 5
 People being insulted, pestered or intimidated in the street 6
 People being threatened by paramilitaries (Paramilitaries are illegal armed groups who operate in communities in Northern Ireland and who may use violence to achieve their aims) 7
 People carrying knives in the street or at school 8
 People rioting/confronting police 9
 None of these 10

P3. In relation to your own personal safety, are you worried about any of the following happening to you?

	Yes 1	No 2
a. Being bullied	<input type="checkbox"/>	<input type="checkbox"/>
b. Being sexually abused	<input type="checkbox"/>	<input type="checkbox"/>
c. Being physically hurt (e.g. being kicked, slapped, punched, pushed, hit with a weapon)	<input type="checkbox"/>	<input type="checkbox"/>
d. Being threatened by paramilitaries (Paramilitaries are illegal armed groups who operate in communities in Northern Ireland and who may use violence to achieve their aims).	<input type="checkbox"/>	<input type="checkbox"/>
e. Being harassed/bullied/abused via the internet	<input type="checkbox"/>	<input type="checkbox"/>
f. Being bullied/harassed via texts/videos/images or calls to your mobile	<input type="checkbox"/>	<input type="checkbox"/>
g. Having things stolen from you including anything you are carrying/wearing (e.g. mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
h. Having your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>

P4. In the last 12 months, has anyone bullied you in a way that frightened or upset you?

Yes 1 → Go to Question P4a

No 2 → Go to Question P5

**P4a. Do you think the person or people who bullied you did this because of any of the following?
(Select all that apply)**

Your skin colour or racial background 1

Your religious background (for example Christian, Muslim, Jewish, Hindu) 2

A long term illness or disability you may have 3

Other (please specify) 4

None of these 5

**P5. In the last 12 months has anyone done any of the following things ON PURPOSE because they wanted to hurt you, even if you were not injured?
(Select all that apply)**

Kicked you 1

Hit/slapped/punched you 2

Pushed or shoved you 3

Used or hit you with a weapon 4

Been physically violent towards you in some other way 5

None of these 6 → Go to Question P6

P5a. Do you think the person or people who wanted to hurt you did this because of any of the following? (Select all that apply)

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long term illness or disability you may have 3
- Other (please specify) 4
- None of these 5

P6. In the last 12 months have you been the victim of sexual abuse?

- Yes 1 → Go to Question P6a
- No 2 → Go to Question P7

P6a. Do you think the person or people who abused you did this because of any of the following? (Select all that apply)

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long term illness or disability you may have 3
- Other (please specify) 4
- None of these 5

P7. In the last 12 months have you been threatened by paramilitaries? (They may have threatened to hurt you OR they may have threatened to use a weapon OR threatened you with a weapon)?

Paramilitaries are illegal armed groups who operate in communities in Northern Ireland and who may use violence to achieve their aims.

- Yes 1 → Go to Question P7a
- No 2 → Go to Question P8

P7a. Do you think the person or people who threatened you did this because of any of the following? (Select all that apply)

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long term illness or disability you may have 3
- Other (please specify) 4
- None of these 5

P8. In the last 12 months has anyone stolen or taken something that belonged to you without your permission, even if you got it back later?

Yes 1 → Go to Question P8a

No 2 → Go to Question P9

P8a. Do you think the person or people who stole from you did this because of any of the following? (Select all that apply)

Your skin colour or racial background 1

Your religious background (for example Christian, Muslim, Jewish, Hindu) 2

A long term illness or disability you may have 3

Other (please specify) 4

None of these 5

P9. In the last 12 months has anyone broken, damaged or ruined anything that belonged to you ON PURPOSE?

Yes 1 → Go to Question P9a

No 2 → Go to Question P10

P9a. Do you think the person or people who damaged your belongings did this because of any of the following? (Select all that apply)

Your skin colour or racial background 1

Your religious background (for example Christian, Muslim, Jewish, Hindu) 2

A long term illness or disability you may have 3

Other (please specify) 4

None of these 5

**P10. In the last 12 months, have any of these things happened to you while using the internet/your smartphone?
(Select all that apply)**

- A Computer Virus 1
- Loss of money 2
- Unauthorised access to/use of personal data (e.g. e-mail, Facebook) 3
- Upsetting images 4
- Abusive/threatening behaviour 5
- None of these 6
- Don't use the internet/ Smartphone 7
- Don't want to answer 8

**P10a. Do you think any of these things happened to you because of any of the following?
(Select all that apply)**

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long term illness or disability you may have 3
- Other (please specify) 4
- None of these 5

P11. Have you experienced cyber bullying in the last 12 months? For example has anyone sent you unwanted and nasty emails, texts or messages or posted something nasty about you on a website?

- Yes 1 → Go to Question P11a
- No 2 → Go to Question P12

**P11a. Do you think the person or people who bullied you did this because of any of the following?
(Select all that apply)**

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long term illness or disability you may have 3
- Other (please specify) 4
- None of these 5

ATTITUDES TOWARDS THE POLICE

P12. Which of the following best describes your opinion of the police in your area?

- When I think of the police, I think of them in a good way 1
- When I think of the police, I think of them in a bad way 2
- I don't really have an opinion of the police 3

P13. Would you feel comfortable contacting or asking the police for help if you needed them?

- Yes 1
- No 2

PARAMILITARISM

**P14. Do you believe there are paramilitary groups operating in the area in which you live?
Paramilitaries are illegal armed groups who operate in communities in Northern Ireland and who may use violence to achieve their aims.**

- Yes 1 → Go to Question P15
- No 2 → Go to next section
- Don't know 3 → Go to next section
- I don't know what a paramilitary group is 4 → Go to next section

P15. Do you agree or disagree with the following statements?

	Agree 1	Disagree 2
a. Paramilitary groups have a controlling influence in my area	<input type="checkbox"/>	<input type="checkbox"/>
b. Paramilitary groups help keep my area safe	<input type="checkbox"/>	<input type="checkbox"/>
c. Paramilitary groups contribute to crime, drug-dealing and anti-social behaviour in my area	<input type="checkbox"/>	<input type="checkbox"/>
d. Young people are being influenced too much by paramilitary groups in my area	<input type="checkbox"/>	<input type="checkbox"/>

NUTRITION

The following questions are about Nutrition.

Q1. How often do you

	More than once a day	Once a day	Most days	Once or twice a week	Less often or never
	1	2	3	4	5
a. Eat sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or KitKat).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat buns, cakes or pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink fizzy drinks or squashes that contain sugar (e.g. Coca Cola, Ribena, Club Orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drink diet drinks (e.g. Diet Coke, Sprite Zero)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Drink energy drinks (e.g. red bull)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eat chips or other fried potatoes (e.g. roast potatoes wedges, waffles, shapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat boiled or baked potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Eat other fried foods like sausages, eggs, bacon, fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Eat Meat products (e.g. sausage rolls, burgers, hot-dogs, pies, chicken nuggets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Eat meat and meat dishes (e.g. Bolognese, curry, roast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Eat fish not fried (e.g. tinned tuna, salmon, baked fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Eat beans and pulses (e.g. baked beans, kidney beans, lentils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Eat fruit (including fresh, tinned, dried, pure fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Eat vegetables and salads (not including potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Eat bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Eat rice or pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Drink milk or have milk on cereals, eat cheese or yoghurt or have milk puddings (e.g. rice, custard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q2. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day?
(Select one answer only)**

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

**Q3. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy?
(Select one answer only)**

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

Q4. Do you think your body size is

- Much too thin 1
- A bit too thin 2
- About the right size 3
- A bit too fat 4
- Much too fat 5
- I don't think about it 6

MORE ABOUT YOUR HEALTH

The following questions are about your health.

R1. 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 s | <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 |

R2. 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 | <input type="checkbox"/> 1 |
| About 1-2 hours | <input type="checkbox"/> 2 |
| About 3-4 hours | <input type="checkbox"/> 3 |
| About 5-6 hours | <input type="checkbox"/> 4 |
| About 7-8 hours | <input type="checkbox"/> 5 |
| About 9-10 hours | <input type="checkbox"/> 6 |
| More than 10 hours | <input type="checkbox"/> 7 |

R3. 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)				
b. Playing computer or console games (e.g. Playstation, Xbox, DS, etc)				
c. Doing school homework				
d. On social media (e.g. Facebook, Twitter, Instagram, SnapChat, WhatsApp, etc)				