YOUNG PERSONS’
BEHAVIOUR AND ATTITUDES
SURVEY
2016

Version B

Central Survey Unit
McAuley House
2-14 Castle Street
BELFAST
BT1 1SY
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? (Tick 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
- Sister(s) □ 7
- Brother(s) □ 8
- Step-sister(s) □ 9
- Step-brother(s) □ 10
- Half-sister(s) □ 11
- Half-brother(s) □ 12
- Grandmother □ 13
- Grandfather □ 14
- Foster parents □ 15
- None of these □ 16

A2. To which of the following do you consider yourself to belong to? (Tick one box only)

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

A3. Do all the people who live in your house have the same community background (e.g. Protestant, Catholic, or some other community)? (Tick one box only)

- Yes □ 1
- No □ 2
- Don’t know □ 3
A4. **What is your ethnic group?**
(Tick one option that best describes your ethnic group or background)

| Ethnic Group                                      |  
|--------------------------------------------------|---
| **White**                                        |  
| **Irish Traveller**                              |  
| **Mixed/Multiple ethnic groups**                  |  
| White and Black Caribbean                         |  
| White and Black African                           |  
| White and Asian                                   |  
| Any other Mixed/Multiple ethnic background        |  
| **Asian/Asian British**                           |  
| Indian                                            |  
| Pakistani                                         |  
| Bangladeshi                                       |  
| Chinese                                           |  
| Any other Asian background                        |  
| **Black/African/Caribbean/Black British**         |  
| African                                           |  
| Caribbean                                         |  
| Any other Black/African/Caribbean background      |  
| **Other ethnic group**                            |  
| Arab                                              |  
| Any other ethnic group, please specify             |  
| Don't know                                        |  

A5. **In which country were you born?**
(Tick one box only)

| Country                                           |  
|--------------------------------------------------|---
| Northern Ireland                                 |  
| England                                           |  
| Wales                                             |  
| Scotland                                          |  
| Republic of Ireland                               |  
| Somewhere else (please say where)                 |  
| Don't know                                        |  

TRAVELLING TO SCHOOL

B1. How far is it from home to school? (Tick one box 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

B2. How do you usually travel most of the way to school? (Tick one box only)

Walk □ 1
Bicycle □ 2
Bus □ 3
Train □ 4
Taxi □ 5
Car □ 6
Other □ 7

B3. 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 B5
No □ 2 → Continue to Question B4

B4. What is it that makes you feel unsafe? (Tick as many boxes as you need)

Driver drives too fast □ 1
Other driver behaviour □ 2
No seatbelts □ 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
Other (please say what) ____________________________ □ 11
B5. Do you usually WALK during any part of your journey TO school? (e.g. walking to/from a bus stop/train station?)
(Tick one box 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

B6. Do you usually CYCLE during any part of your journey TO school? (e.g. cycling to/from a bus stop/train station?)
(Tick one box 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

B7. How do you usually travel most of the way home FROM school? (Tick one box only)

Walk □ 1
Bicycle □ 2
Bus □ 3
Train □ 4
Taxi □ 5
Car □ 6
Other □ 7

B8. 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 B10
No □ 2  → Continue to Question B9
B9. What is it that makes you feel unsafe? (Tick as many boxes as you need)

- Driver drives too fast
  - 1
- Other driver behaviour
  - 2
- No seatbelts
  - 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
- Other (please say what)
  - 11

B10. Do you usually walk during any part of your journey home FROM school? (e.g. walking to/from a bus stop/train station?) (Tick one box 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

B11. Do you usually cycle during any part of your journey home FROM school? (e.g. cycling to/from a bus stop/train station?) (Tick one box 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

B12. How would you LIKE to travel most of the way TO or FROM school? (Tick one box only)

- Walk
  - 1
- Bicycle
  - 2
- Bus
  - 3
- Train
  - 4
- Taxi
  - 5
- Car
  - 6
- Other
  - 7
B13. 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? (Tick up to 3 boxes)

I can travel without an adult
I can choose my own route
It helps me to arrive on time
I can do things on my way to school
I can do things after school
I can talk with my friends
It saves money
It is enjoyable
It makes me feel healthier
It is better for the environment
Nothing would make me walk or cycle to school
Something else – please say what

B14. Which, if any, of the following would encourage you to walk TO or FROM school more often? (Tick as many boxes as you need)

Living closer to school
More footpaths
Wider footpaths
Better maintained footpaths
More pedestrian crossings
Keeping footpaths clear (e.g. no parked cars)
Less traffic
Slower traffic
Better weather
Someone else to walk with
If I did not have things to carry (School Bag, P.E. kit, Musical Instruments, etc)
If I was not worried about crime/personal safety
I already walk to or from school most days
Nothing would encourage me to walk to or from school
More road safety education about being a safe pedestrian
Something else (please say what)
B15. Which, if any, of the following would encourage you to cycle **TO** or **FROM** school more often? (Tick as many boxes as you need)

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

B16. If you travel by car **TO** or **FROM** school, do any other pupils travel in the car with you? (Tick as many boxes as you need)

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

B17. Do you qualify for free school transport (e.g. free school bus/train pass)?

- Yes  □ 1  →  Continue to Question B18
- No  □ 2  →  Go to Question C1

B18. How often do you use free school transport **TO** or **FROM** school?

- Everyday  □ 1
- A few times a week  □ 2
- Once a week  □ 3
- Once a fortnight  □ 4
- Once a month  □ 5
- Less than once a month  □ 6
**PUBLIC TRANSPORT**

C1. Thinking about travelling when not going to school or home from school, how often do you travel on a bus or train? *(Tick one box only)*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Several times a week</td>
<td>1</td>
</tr>
<tr>
<td>Once a week</td>
<td>2</td>
</tr>
<tr>
<td>Several times a month</td>
<td>3</td>
</tr>
<tr>
<td>Once a month</td>
<td>4</td>
</tr>
<tr>
<td>Once every 2 or 3 months</td>
<td>5</td>
</tr>
<tr>
<td>Once every 6 months</td>
<td>6</td>
</tr>
<tr>
<td>Once or twice a year</td>
<td>7</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
</tr>
</tbody>
</table>

C2. What would encourage you to use the bus or train more often? *(Tick as many boxes as you need)*

- Lower costs                      | 1   |
- Wi-Fi on buses                    | 2   |
- If I lived closer to a bus/ train stop | 3   |
- More reliable or punctual services | 4   |
- More frequent weekend services    | 5   |
- More frequent evening services    | 6   |
- Better information on services    | 7   |
- Better lighting at train stations /bus shelters/ stations at night | 8   |
- Other- please specify....................... | 9   |
- I already use the bus/ train as much as I can | 10  |
- Nothing would encourage me to use buses or trains | 11  |

C3. Which of the following methods that can be used to plan journeys by buses and trains are you aware of? *(Tick as many boxes as you need)*

- Timetable – hard copy | 1   |
- Timetable on Translink website | 2   |
- Translink call centre | 3   |
- Translink journey planner – personal computer/laptop | 4   |
- Translink journey planner - mobile app | 5   |
- None of these | 6   |
C4. Do you use any of these methods to plan any of your journeys by public transport?

Yes  □ 1 → Continue to C5
No   □ 2 → Go to Question C6
I don’t use public transport □ 3 → Go to Question C6

C5. Which of these methods do you use to plan your journeys by public transport? (Tick as many boxes as you need)

Timetable – paper copy  □ 1
Timetable – on Translink website □ 2
Translink call centre □ 3
Translink journey planner – personal computer/laptop □ 4
Translink journey planner – mobile app □ 5
I don’t use any of these □ 6
Other, please specify .......................................................... □ 7

C6. Are you aware of the bus and train services, such as timetables and routes, provided by Translink and other bus operators in your area?

Yes  □ 1
No   □ 2
**ROAD SAFETY**

**D1. How often do you do any of the following?**  
(Tick one box for each line)

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>Does not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the Green Cross Code – Stop, Look and listen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use pedestrian crossings if available</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wear bright coloured clothes while cycling/walking at night</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wear a cycle helmet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pay attention to traffic (e.g. when cycling/walking across the road)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wear a seatbelt in the front seat of the car</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wear a seatbelt in the back seat of the car</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**D2. Have you ever done any of the following?**  
Select either yes or no for each line

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk out on to the road to cross between cars</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Get off a bus and cross the road before it has moved off</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Realise when crossing the road that traffic is moving faster than you thought</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use a mobile phone/ipod/mp3 player when crossing the road (e.g. to text, make a phone call, listen to music, play games, access social media)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Run across the road without checking for traffic</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Carry on with friends while crossing the road</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
D3. In the last 12 months, have you had any type of education on road safety in school (e.g. talks/lessons, projects, packs, leaflets)?

Yes  ☐ 1  →  Continue to Question D4
No  ☐ 2  →  (Year 11 & 12) Go to E1
         (Year 8,9 & 10) Go to I1

D4. How many times have you had education on road safety in school in the last 12 months?

1-5 times  ☐ 1
6-10 times  ☐ 2
11 or more times  ☐ 3

D5. Who provided the road safety education in school?
(Tick as many boxes as you need)

Teacher  ☐ 1
Road Safety Education officials  ☐ 2
Police  ☐ 3
Someone else, please say who__________________________  ☐ 4

D6. Did you find the road safety education you received in school useful?

Yes  ☐ 1
No (Please say why not)______________________________  ☐ 2
Don't know  ☐ 3
LEARNING TO DRIVE (YEAR 11 & 12 ONLY)

E1. Do you intend to learn how to drive?
   Yes  [] 1 → Continue to Question E2
   No   [] 2 → Go to Question E7
   Don’t know [] 3 → Go to Question E7

E2. How long do you think it will take you to learn how to drive?
   0-3 months [] 1
   3-6 months [] 2
   6-9 months [] 3
   9-12 months [] 4
   Longer than 1 year [] 5
   Don’t know [] 6

E3. At what age do you hope to begin learning how to drive?
   _____ years old

E4. What are the main reasons why you want to learn to drive? (Tick up to 3 boxes)
   To travel to work [] 1
   To travel to school [] 2
   Friends/family pressure [] 3
   Parental pressure [] 4
   Freedom/independence [] 5
   Poor public transport in my area (mobility) [] 6
   Caring responsibilities [] 7
   Enable mobility due to disability [] 8
   Because my friends have their licence [] 9
   To give lifts to my friends [] 10
   Other (please state) ________________________________ [] 11
E5. What are the main ways you will prepare for your theory test (Computer based test)? (Tick up to 3 boxes)

Discuss with parents      □ 1
Discuss with driving instructor □ 2
Discuss with friends/ family member □ 3
Take a practice Theory Test □ 4
Internet Research □ 5
YouTube □ 6
Disc/DVDs □ 7
Books □ 8
Study the Highway Code □ 9
No preparation □ 10
Other (please state) ____________________ □ 11

E6. What are the main ways you will prepare for your Practical Driving Test? (Tick up to 3 boxes)

Learning with parents □ 1
Lessons with driving instructor □ 2
Learning with friends/family member □ 3
Driving a tractor □ 4
Driving off road □ 5
Driving simulators □ 6
Books □ 7
Internet Research □ 8
YouTube □ 9
No preparation □ 10
Other (please state) ____________________ □ 11
E7. Which of the following do you think makes a good driver?  
(Tick as many boxes as you need)

- Takes account of distractions  □ 1
- Can drive at high speeds  □ 2
- Is confident  □ 3
- Has good concentration  □ 4
- Can eat/smoke whilst driving  □ 5
- Is responsible  □ 6
- Anticipates dangers on the road  □ 7
- Can use their mobile whilst driving  □ 8
- Drives within the speed limit  □ 9
- Drives a car that is taxed and insured  □ 10
- Is patient  □ 11
- Passes their driving test the first time  □ 12
- Allows enough time for their journey  □ 13
- Honks the horn at bad drivers  □ 14
- Obeys the Highway Code/rules of the road  □ 15
- Other (please state) _____________________  □ 16
CAREERS ADVICE AND GUIDANCE  
(YEAR 11 & 12 ONLY)

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.

F1. How confident do you feel about making decisions about your career?

<table>
<thead>
<tr>
<th>Very confident</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confident</td>
<td>2</td>
</tr>
<tr>
<td>Not confident</td>
<td>3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4</td>
</tr>
</tbody>
</table>

F2. Which of the following careers support would help you to achieve your career goals? Tick one box on each line for each line that applies.

<table>
<thead>
<tr>
<th>Support</th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not very important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A meeting with a Careers Adviser to discuss my career plans and options</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Information on what Employers are looking for</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Help with CV writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Help with interview skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Help to explore employment and career options</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Information on Training and Apprenticeships including how to apply</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Information on the qualifications I need to progress my career plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Information on how to find part time and voluntary work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Advice on starting my own business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Access to careers guidance online via webchat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Help to identify my strengths, weaknesses, likes and dislikes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Information on Further and Higher Education including how to apply</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Information on current and future labour market trends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Help to find work experience opportunities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Select either yes or no for each line

F3. Are you aware of the Government’s / Department for the Economy’s all-age Careers Service?

F4. Do you know how to contact a Careers Adviser outside school?

---

UNIVERSITY (YEAR 11 & 12 ONLY)

G1. Read the following statements and tick one box on each line to show how strongly you agree or disagree with them.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>No idea/opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It is important to have a university degree</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. I want to go to university</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. I expect to go to university</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. Most of my friends want to go to university</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. Most pupils in my school want to go to university</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. My teachers encourage me to go to university</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g. My family encourage me to go to university</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h. Nobody encourages me to go to university</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
STARTING A BUSINESS (YEAR 11 & 12 ONLY)

H1. Would you be interested in starting your own business at any time in the future?

Yes  □ 1
No  □ 2

H2. Do you have a business idea?

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

H3. Which category does your business idea fall into?

Manufacturing  □ 1
Construction  □ 2
Retail  □ 3
Catering and Hospitality/Leisure/Entertainment  □ 4
Finance and Business  □ 5
Computing and ICT  □ 6
Education  □ 7
Health and Beauty  □ 8
Domestic Services e.g. gardening/cleaning  □ 9
Transport/Vehicle Service  □ 10
Craft Products and services/Creative Arts  □ 11
Agricultural  □ 12
Environmental  □ 13
Professional Services e.g. dentists/solicitors/accountancy  □ 14
Other  □ 15

H4. Are you aware of any support that is available to help you start your own business?

Yes  □ 1
No  □ 2
H5. Which, if any, of these organisations have you heard of? (Tick as many boxes as you need)

- Invest NI  □ 1
- Local Enterprise Agencies  □ 2
- Princes Trust  □ 3
- Advantage  □ 4
- Go for it  □ 5
- None of these  □ 6

H6. Did/do you have an opportunity in school to trial a business idea?

- Yes  □ 1  → Go to Question H8
- No  □ 2  → Continue to Question H7

H7. Would this have been of interest?

- Yes  □ 1
- No  □ 2

H8. Do you know someone personally who has started a business in the last 2 years?

- Yes  □ 1
- No  □ 2

H9. Would you like to have the knowledge, skills and experience to start a business?

- Yes  □ 1
- No  □ 2

H10. Would fear of failure prevent you from starting a business?

- Yes  □ 1
- No  □ 2
Do you agree with the following statements?

Yes 1  No 2

H11. In Northern Ireland most people consider starting a new business a desirable career choice.

H12. In Northern Ireland those successful at starting a new business have a high level of status and respect.

H13. In Northern Ireland you will often see stories in the public media about successful new businesses.

H14. Can you think of a person/s in business who you would consider to be a role model?

Yes 1 → Continue to Question H15

No 2 → Go to next section I1

H15. Considering your role model, 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
**YOUNG CARERS**

Most young people help out at home with, for example, shopping or cleaning. Some children and young people provide **extra help on an ongoing basis** for family members who are ill, disabled or need additional support.

They might live with a grandparent who needs help getting dressed in the morning, or they might have a sister who is disabled and needs help at mealtimes. Or maybe they live with their Dad and look after a younger brother while he works at night.

**I1. Thinking about the above, do you provide ongoing extra help or special care to someone?**

Yes  □ 1  → Continue to Question I2  
No   □ 2  → Go to next section J1

**I2. Thinking of the extra help you provide at home, do you provide care for any of the following people? (Tick as many boxes as you need)**

- Mum  □ 1
- Dad  □ 2
- Brothers/Sisters  □ 3
- Grandparents  □ 4
- Other adult relative  □ 5
- A family friend  □ 6
- Someone else  □ 7

**I3. Why does the person you care for need your help? (Tick as many boxes as you need)**

- They are old.  □ 1
- They have a physical or sensory disability. For example they have difficulties seeing or hearing, or need to use a wheelchair.  □ 2
- They have a learning disability. This means they have trouble learning new things or understanding difficult information.  □ 3
- They have a mental illness, for example, anxiety or depression. This changes the way they act. They might seem really sad sometimes, or get angry more easily, or worry about small things.  □ 4
- They use drugs or alcohol.  □ 5
- They are too young to look after themselves, and you care for them when Mum/Dad goes to work.  □ 6
- Other (please say what).  □ 7
Below are some jobs you might do to care for someone at home. In the last month have you carried out any of the following jobs?

<table>
<thead>
<tr>
<th>Task</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make breakfast, lunch or dinner for someone else</td>
<td>1</td>
</tr>
<tr>
<td>Wash or iron the clothes for someone you care for</td>
<td>2</td>
</tr>
<tr>
<td>Take responsibility for food shopping</td>
<td>3</td>
</tr>
<tr>
<td>Help someone you care for fill in forms or write letters</td>
<td>4</td>
</tr>
<tr>
<td>Help with financial matters e.g. putting money in the bank, collecting benefits, helping arrange bills to be paid</td>
<td>5</td>
</tr>
<tr>
<td>Interpret for someone because English is not their first language.</td>
<td>6</td>
</tr>
<tr>
<td>Sign for someone who has hearing difficulties</td>
<td>7</td>
</tr>
<tr>
<td>Take someone to the doctor’s or hospital</td>
<td>8</td>
</tr>
<tr>
<td>Speak to a doctor or nurse on behalf of someone else</td>
<td>9</td>
</tr>
<tr>
<td>Help someone you live with undress or dress</td>
<td>10</td>
</tr>
<tr>
<td>Help someone you live with wash or bath or shower</td>
<td>11</td>
</tr>
<tr>
<td>Help someone you live with use the toilet</td>
<td>12</td>
</tr>
<tr>
<td>Help someone you live with to walk, get up stairs, or get in and out of bed.</td>
<td>13</td>
</tr>
<tr>
<td>Help someone you live with eat or drink</td>
<td>14</td>
</tr>
<tr>
<td>Give medicine to someone you live with e.g. making sure s/he takes their pills, giving injections, changing dressings</td>
<td>15</td>
</tr>
<tr>
<td>Keep the person you care for company e.g. sitting with them, reading to them</td>
<td>16</td>
</tr>
<tr>
<td>Take the person you care for out e.g. for a walk to see friends</td>
<td>17</td>
</tr>
<tr>
<td>Look after a brother or sister who is disabled while an adult is nearby</td>
<td>18</td>
</tr>
<tr>
<td>Look after a brother or sister on your own for a long period when your parents are at work</td>
<td>19</td>
</tr>
<tr>
<td>None of these</td>
<td>20</td>
</tr>
</tbody>
</table>

Have you ever had an assessment carried out to decide whether you and your family can get support from social services or the government because you are a ‘young person who cares’?

Yes  | 1
No   | 2
Don't know  | 3
We all care for our family and friends, but it is important that you have time for schoolwork, friends and to relax. Help might be available for you and your family if you are helping someone at home who is disabled, ill or has a mental health condition.

I6. Did you know that if you care for someone you can get help in school, for example, more time to complete your homework?

Yes □ 1 → Continue to I7
No □ 2 → Go to question I8

I7. Did you ever get extra help in school because you care for someone?

Yes □ 1
No □ 2

I8. Did you know that there are young carer projects that provide weekend and afterschool activities where you can meet other young carers?

Yes □ 1 → Continue to I9
No □ 2 → Go to Next Section

I9. Have you ever attended weekend or afterschool activities for young carers?

Yes □ 1 → Continue to question I10
No □ 2 → Go to Next Section

I10. Did you find the weekend or afterschool activities enjoyable?

Yes □ 1 → Go to Next Section
No □ 2 → Continue to question I11

I11. What was it you didn’t find enjoyable?

________________________________________________________________
________________________________________________________________
LONG TERM CONDITIONS

J1. In general, how would you say your health is?

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

J2. 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 J3
No □ 2 → Go to Question J4

J3. 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

J4. In the last 12 months, which, if any, of the following conditions/disorders have you had? (Tick as many boxes 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 you selected diabetes, asthma, epilepsy, eating disorder, autism, depression/anxiety continue to J5. If you didn’t tick any of these go to next section.
J5. 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? (Tick as many boxes as you need)

(1) Talking one to one

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

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

(4) Given details of websites to learn how to manage your condition

(5) Been told the name and contact details of groups which help people who have your condition

(6) Not aware of any support being offered

J5 (1a). Did you talk one to one with a health professional, e.g. doctor or nurse?

Yes  □ 1 → Continue to Question J5 (1b)

No  □ 2 → Go to next section (unless further options selected in J5)

J5 (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

J5 (2a). Did you attend a group class?

Yes  □ 1 → Continue to Question J5 (2b)

No  □ 2 → Go to next section (unless further options selected in J5)

J5 (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
J5 (3a). Did you read the written information offered?
Yes ☐ 1 → Continue to Question J5 (3b)
No ☐ 2 → Go to next section (unless further options selected in J5)

J5 (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

J5 (4a). Did you visit (go to) the websites suggested?
Yes ☐ 1 → Continue to Question J5 (4b)
No ☐ 2 → Go to next section (unless further options selected in J5)

J5 (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

J5 (5a). Did you contact any of the groups that help people who have your condition?
Yes ☐ 1 → Continue to Question J5 (5b)
No ☐ 2 → Go to next section

J5 (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
HEALTH AND WELLBEING

(YEAR 10, 11 & 12 START AT QUESTION K1)
(YEAR 8 & 9 SKIP QUESTION K1 & START AT QUESTION K2)

Please tick the box that best describes your experience of each over the last 2 weeks

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

K1

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

a. I've been feeling optimistic about the future
b. I've been feeling useful
c. I've been feeling relaxed
d. I've been dealing with problems well
e. I've been thinking clearly
f. I've been feeling close to other people
g. I've been able to make up my own mind about things

K2. On a normal school night, what time do you go to sleep? (Tick one box)

- Around 7pm or earlier □ 1
- Around 8pm □ 2
- Around 9pm □ 3
- Around 10pm □ 4
- Around 11pm □ 5
- Around midnight □ 6
- Around 1am □ 7
- Later than 1am □ 8
K3.  On a normal school day, what time do you get up? (Tick one box)

- Around 5am or earlier
- Around 6am
- Around 7am
- Around 8am
- Later than 8am

K3a.  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. (Tick one box for each line)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I have family/friends who can be relied on no matter what happens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I have family/friends who would see that I am taken care of if I need to be</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I have family/friends who make me feel an important part of their lives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I have family/friends who give me support and encouragement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

K4.  Have you ever had any concerns or worries about your mental health? (Tick one box)

- Yes definitely
- To some extent
- No
- Don’t know

K5.  Did you seek help from anyone?

- Yes
- No
K6. Who did you seek help from? (Tick as many boxes as you need)

Family member
Friend
School teacher/other member of school support staff
Youth leader
Faith/religious leader
GP
A&E
Hospital
CAMHS (Child and Adolescent Mental Health Service)
District/community nurse
Childline/Lifeline
Mental health charity
Other

K7. Why did you not seek help? (Tick as many boxes as you need)

I could handle things on my own
I didn’t know where to go to get help
I was too embarrassed
I felt unable to speak with anyone
I was too busy/didn’t have time
I asked for help before and didn’t get any
Other

K8. 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? (Tick as many boxes as you need)

Counselling
Cognitive behavioural therapy (CBT)
Psychotherapy or psychoanalysis
Medication
Other
No therapy or treatment
K9. 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

K10. If you did have concerns about your mental health, who or where would you go for help? *(Tick 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

K11. Who is the person closest to you who has, or has had some kind of mental illness?

- Close family (parent, sister, brother, etc.) □ 1
- Other family (uncle, aunt, cousin, grandparent, etc.) □ 2
- Friend □ 3
- Someone at my school □ 4
- Neighbour □ 5
- Myself □ 6
- Other □ 7
- Don’t know anyone with a mental health illness □ 8
**K12. The Stirling Children’s Wellbeing Scale**

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 put a tick in the box which best describes your thoughts and feelings; there are no right or wrong answers.

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

L1. 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

L2. 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

L3. 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  □ 1
1 day  □ 2
2 days  □ 3
3 days  □ 4
4 days  □ 5
5 days  □ 6
6 days  □ 7
7 days  □ 8
L4. **In the last week how many hours did you spend...**  
(Tick one box for each line)

<table>
<thead>
<tr>
<th>Activity</th>
<th>None 1</th>
<th>Less than 10 hours 2</th>
<th>10-20 hours 3</th>
<th>More than 20 hours 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Watching TV, videos, DVDs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Playing computer or console games (e.g. Playstation, Xbox, DS, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Doing school homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. On social media (e.g. facebook, twitter, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 or nurse).

M1. In the past 12 months have you had a medicine prescribed for you by a doctor or nurse?

Yes ☐ 1 → Continue to question M2

No ☐ 2 → Go to question M4

M2. What was the medicine being used to treat?

☐ 1 A long term condition (such as asthma, diabetes, arthritis, eczema, psoriasis)

☐ 2 An acute illness (such as an infection, stomach bug)

☐ 3 Don’t know

M3. Did your doctor or nurse explain what the medicine was for and how it would help you?

☐ 1 Yes, fully

☐ 2 Yes, partly

☐ 3 No

☐ 4 Don’t Know/Can’t remember

M4. In the past 12 months have you used any medicines that have not been prescribed for you by a doctor or nurse?

Yes ☐ 1 → Continue to question M5

No ☐ 2 → Go to M6

M5. Where did you get these medicines? (Tick as many boxes as you need)

☐ 1 Bought them at a pharmacy (chemist)

☐ 2 Bought them at a shop or supermarket

☐ 3 Bought them online/via the internet

☐ 4 Given to me by a parent or guardian

☐ 5 Given to me by a friend

☐ 6 They were prescribed by the doctor for another person

☐ 7 Somewhere or someone else
These questions are about using the internet to buy medicines (such as tranquillizers, steroids, sleeping tablets, pain killers, slimming tablets).

M6. How easy do you think it is to get medicines using the internet?

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

M7. Have you ever used the internet to buy medicines?

- Yes, once □ 1
- Yes, more than once □ 2
- No, never □ 3

M8. Have you ever used medicines bought on the internet?

- Yes, once □ 1  → Continue to Question M9
- Yes, more than once □ 2  → Continue to Question M9
- No, never □ 3  → Go to Question M10

M9. 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

M10. 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
M11. Would you like more information about how to use medicines safely and appropriately?

Yes  ■ 1  → Continue to Question M12
No  ■ 2  → Go to Question M13

M12. Where would you like to be able to get this information?

At school  ■ 1
From my doctor  ■ 2
From a community pharmacy (chemist)  ■ 3
Online/via the internet  ■ 4
Via social media  ■ 5
From my parent or guardian  ■ 6

The next question relates to community pharmacies (chemists)

M13. In the past 12 months have you visited a community pharmacy (chemist)?

Yes  ■ 1  → Continue to Question M14
No  ■ 2  → Go to M15

M14. What is the MAIN reason you normally visit a community pharmacy (chemist)?

(Tick all the boxes 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.

M15. In the past 12 months have you taken an antibiotic?

- Yes ☐ 1
- No ☐ 2
- Don’t Know ☐ 3

M16. Do you think the following statements are true, false or don’t know? (Tick one box for each line)

<table>
<thead>
<tr>
<th>Statement</th>
<th>True 1</th>
<th>False 2</th>
<th>Don’t know 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Antibiotics are used to treat bacterial infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Antibiotics work on colds and flu’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. It is okay to stop taking an antibiotic when you feel better</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. If you take an antibiotic when you don’t need it then you can become resistant to the antibiotic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. If you take antibiotics when you don’t need them drug-resistant bacteria can develop and spread to other people</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SMOKING

N1. 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 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  → Go to Question N9

N2. What age were you when you had your first cigarette?

I was _________ years old  
I can’t remember  □

N3. How often do you smoke cigarettes now?

Every day  □ 1  → Continue to Question N4  
At least once a week but not every day  □ 2  → Continue to Question N4  
Less than once a week  □ 3  → Go to Question N9  
I do not smoke now  □ 4  → Go to Question N9

N4. How many cigarettes do you usually smoke in a week?

__________________ cigarettes a week

N5. Why did you first smoke a cigarette?  
(Tick as many boxes as you need)

My friends smoke  □ 1  
My parents/siblings smoke  □ 2  
My friends encouraged me to smoke  □ 3  
I did it for a dare/bet  □ 4  
Liking a particular tobacco packaging branding  □ 5  
Seeing smoking on television or in films  □ 6  
I had easy access to cigarettes  □ 7  
Made me feel cool/grown up  □ 8  
None of these  □ 9  
Other (please say other reason) ........................................... □ 10
N6. Where do you usually get your cigarettes from? (Please tick more than 1 box 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 through 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

N7. Have you ever tried to quit smoking?

- Yes ☐ 1
- No ☐ 2

N8. 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

N9. 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 N10
- No ☐ 2 → Go to Question N12
N10. **Do the adults smoke inside your home?**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>2</td>
</tr>
</tbody>
</table>

N11. **Do the adults smoke in your family car?**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Yes</th>
<th>Yes, but not when children are in the car</th>
<th>No</th>
<th>We do not own a family car</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Yes, but not when children are in the car</td>
<td>☐</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>We do not own a family car</td>
<td>☐</td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

N12. **Are visitors allowed to smoke inside your home?**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N13. **Have you heard of e-cigarettes?**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>2</td>
</tr>
</tbody>
</table>

N14. **Have you ever used e-cigarettes?**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Yes, in the last week</th>
<th>Yes, in the last month</th>
<th>Yes, in the last year</th>
<th>Yes, over a year ago</th>
<th>No, never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Yes, in the last week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, in the last month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, in the last year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, over a year ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N15. **How often do you use e-cigarettes now?**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Every day</th>
<th>At least once a week but not every day</th>
<th>Less than once a week</th>
<th>I do not use e-cigarettes now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>☐ 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least once a week but not every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than once a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not use e-cigarettes now</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
N16. Thinking about the **first** time you ever tried an e-cigarette, which of the following best describes your reason(s) for doing so? (Tick as many boxes as you need)

- I saw a friend using an e-cigarette, so I wanted to try them  
- I saw a family member using an e-cigarette, so I wanted to try them  
- I saw a famous person using an e-cigarette, so I wanted to try them  
- 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  
- I saw an advert for e-cigarettes (e.g. online, on social media, on TV on a billboard), so I wanted to try them  
- I just wanted to try them to see what they were like  
- I wanted to reduce the number of normal cigarettes I smoke  
- I wanted to stop smoking normal cigarettes  
- Other  
- I can’t remember  
- I don’t know

N17. Thinking, again, about the **first** time you ever tried an e-cigarette, where did you get it from? (Tick as many boxes as you need)

- From a friend/someone I was hanging around with  
- From a family member  
- From a specialist e-cigarette shop or stall  
- From a supermarket or newsagent  
- From a pharmacy  
- From the internet  
- Tried someone else’s e-cigarette without asking them  
- Other  
- I don’t know
N18. Why do you currently use e-cigarettes? Please give the MAIN reason only. (Tick one box 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
- I don’t know ☐ 9

N19. 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**

**01. 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 O2
- Yes, in the last month ☐ 2  → Continue to Question O2
- Yes, in the last year  ☐ 3  → Continue to Question O2
- Yes, over a year ago  ☐ 4  → Continue to Question O2
- No, never  ☐ 5  → Continue to Question O9

**02. What age were you when you had your first alcoholic drink?**
I was _____________ years old  I can’t remember  ☐

**03. 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).
(Tick one box 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

**04. Have you ever had so much alcohol that you were drunk?**
- No, never  ☐ 1  → Go to Question O6
- Yes, once  ☐ 2  → Continue to Question O5
- Yes, 2 - 3 times  ☐ 3  → Continue to Question O5
- Yes, 4 - 10 times  ☐ 4  → Continue to Question O5
- Yes, more than 10 times  ☐ 5  → Continue to Question O5
05. 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

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

- Yes □ 1
- No □ 2

07. Have you ever bought alcohol yourself? (Tick as many boxes as you need)

- 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

08. As a result of drinking alcohol have you ever...

<table>
<thead>
<tr>
<th>Event</th>
<th>No 1</th>
<th>Once 2</th>
<th>More than once 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had an argument</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had a fight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ended up in a situation where you felt threatened/unsafe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had to be seen by a doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been sick (vomited)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been in trouble with the police</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been in trouble with parent(s) or other family member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been in trouble with local people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been in trouble at school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Done something you later regretted</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
09. 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 ...? (Tick as many boxes as you need)

- At school
- At a youth facility (ie: Youth club, Community centre etc)
- Somewhere else
- None of these

If you ticked any of these boxes, please continue to Question 010

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

- Yes
- No

011. 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
- No

012. Do the adults drink alcohol inside your home?

- Yes
- No
# SOLVENTS & DRUGS

P1. The next questions are about drugs and solvents. Have you ever been offered any of the following drugs? (Tick one box for each line)

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solvents (things that people inhale or sniff to get high like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint stripper)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cannabis (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Speed (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>LSD (Acid, Tabs, Trips)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ecstasy (‘E’, Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Poppers (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tranquilisers (Downers, Benzos, Valium, Barbiturates, Blues, Temazies, Jellies, Tranx, Temazepam)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heroin (Smack, Skag, ‘H’, Gear, Junk, Brown, Horse)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Magic Mushrooms (Psilocybin, Mushies)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Crack (Rock, Sand, Stone, Pebbles, Freebase)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cocaine (Coke, Charlie, Snow, Nose Candy, Blow)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Anabolic Steroids</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mephedrone/ Methedrone (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow miaow, meow meow)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>New Psychoactive Substances (sometimes referred to as legal highs, Magic, Snuff, Salvia, Party Pills, Stimulants)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ketamine (K, Ket, Special K, Horsey)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Synthetic Cannabis (synthetic cannabinoids, spice, black mamba, clockwork orange)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other drugs that would not be given to you by a health professional (e.g. doctor, nurse or chemist)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
(If you answered Yes to any of the Drugs/solvents listed in previous question, please continue to P2, otherwise go to P3)

P2. **What age were you the first time you were offered drugs?**

I was _____ years old  → Continue to Question P3

P3. **Have you ever used or taken any of the drugs listed above (even if only once)?**

Yes  □ 1  → Continue to Question P4

No  □ 2  → Go to Question P12

P4. **When was the last time you ever used or took any of the following?**

<table>
<thead>
<tr>
<th></th>
<th>In the last week 1</th>
<th>In the last month 2</th>
<th>In the last year 3</th>
<th>Over a year ago 4</th>
<th>No, never 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Solvents</strong> (things that people inhale or sniff to get high like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint-stripper)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Cannabis</strong> (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Speed</strong> (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>LSD</strong> (Acid, Tabs, Trips)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Ecstasy</strong> (‘E’, Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Poppers</strong> (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Tranquillisers</strong> (Downers, Benzos, Valium, Barbiturates, Blues, Temazies, Jellies, Tranx, Temazepam)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Heroin</strong> (Smack, Skag, ‘H’, Gear, Junk, Brown, Horse)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Magic Mushrooms</strong> (Psilocybin, Mushies)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Crack</strong> (Rock, Sand, Stone, Pebbles, Freebase)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
**Cocaine** (Coke, Charlie, Snow, Nose candy, Blow)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Anabolic Steroids

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Mephedrone/Methedrone** (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow miaow, meow meow)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**New Psychoactive Substances** (sometimes referred to as legal highs, Magic, Snuff, Salvia, Party Pills, Stimulants)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Ketamine** (K, Ket, Special K, Horsey)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Synthetic Cannabis** (synthetic cannabinoids, spice, black mamba, clockwork orange)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Other drugs** that would not be given to you by a health professional (e.g. doctor, nurse or chemist)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**P5. How often do you usually take drugs?**

- I have only taken drugs once
- I used to take drugs sometimes but I don’t take them anymore
- I take drugs a few times a year
- I take drugs once or twice a month
- I take drugs at least once a week
- I take drugs most days

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**P6. The last time you used drugs, were you also drinking alcohol?**

- Yes
- No

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

**P7. The last time you used drugs, did you use more than one type of drug?**

- Yes
- No
**P8. Who were you with the last time you took drugs?**
*(Tick as many as you need)*

- By myself
- With a friend
- With boyfriend / girlfriend
- With a group of friends
- With parents
- With brother(s) and/or sister(s)
- With relatives
- With someone else

**P9. Where were you the last time you took drugs?**
*(Tick one box only)*

- At home
- At someone else’s house
- Somewhere outside such as the park, street, in an entry, under a bridge etc
- At school
- At a pub
- At a party
- At a rave, disco, club or concert
- On holiday
- Somewhere else
P10. As a result of taking drugs have you ever...

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

P11. Have you ever felt that you needed to get help or treatment because you were using drugs?

Yes ☐ 1
No ☐ 2

P12. 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
P13. 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 ...? (Tick as many boxes as you need)

- At school
- At a youth facility (ie: Youth club, Community centre etc)
- Somewhere else
- None of these

If you ticked any of these boxes, please continue to Question P14

P14. Has the education you received made you less inclined to take drugs or solvents?

- Yes
- No

P15. 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
- No

P16. Do the adults take drugs inside your home?

- Yes
- No

P17. Do you think it is ok for someone your age to do the following? (Tick one box on each row)

<table>
<thead>
<tr>
<th>Activity</th>
<th>It's ok</th>
<th>It's not ok</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Smoke cigarettes once a week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Drink alcohol once a week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Get drunk once a week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Sniff glue once a week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Take cannabis once a week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Take cocaine once a week</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PERSONAL SAFETY

Q1. How safe do you feel in the area in which you live?
   Very safe □ 1
   Quite safe □ 2
   Slightly unsafe □ 3
   Very unsafe □ 4

Q2. In the past 12 months, have you been a victim of the following?
   (Tick ‘Yes’ or ‘No’ for each line)
   Yes No
   Been bullied □ □
   Been sexually abused □ □
   Been physically abused □ □
   Been harassed/bullied/abused via the internet □ □
   Been bullied/harassed via texts/videos/images or calls to your mobile □ □
   Been threatened by paramilitaries (e.g. IRA/UVF) □ □
ATTITUDES TOWARDS DOMESTIC VIOLENCE
(Year 11 & 12 only)

R1. Which of the following would you consider an example of domestic violence/abuse?
(Tick as many boxes 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 partner’s self-confidence □ 15
- Isolating partner from friends and family □ 16

R2. Who can be a victim of domestic violence/abuse?

- Only females □ 1
- Only males □ 2
- Both □ 3

R3. Who can commit acts of domestic violence/abuse?

- Only females □ 1
- Only males □ 2
- Both □ 3
R4. Does your school or college include awareness sessions on the subject of domestic violence/abuse?

Yes □ 1
No □ 2
Don’t know □ 3

R5. If you wanted to discuss concerns regarding domestic violence/abuse, who would you contact?
(Tick as many boxes 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
Domestic Violence/Sexual Violence helpline □ 8
Childline □ 9
Other (Please say what) □ 10 _____________________
**SEXUAL HEALTH**

(Year 8, 9 & 10 just answer S1a & S2a)
(Year 11 & 12 answer from question S1b on)

**S1a.** Have you ever had a boyfriend or girlfriend?
- Yes ☐ 1
- No ☐ 2

**S2a.** 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)**

**S1b.** Have you ever had a boyfriend or girlfriend?
- Yes ☐ 1
- No ☐ 2

**S2b.** How much, if any, sexual experience have you had?
- None ☐ 1 → Go to Question S6
- Small amount (e.g., only kissing) ☐ 2 → Go to Question S6
- Some experiences but no sexual intercourse ☐ 3 → Go to Question S6
- Experienced, including sexual intercourse ☐ 4 → Continue to Question S3

**S3.** At what age did you first have sexual intercourse?
- I was _________________ years old

**S4.** Did you or your partner use something to prevent getting pregnant (i.e., a form of contraception)?
- Yes ☐ 1 → Continue to Question S5
- No ☐ 2 → Go to Question S6
- Don’t know ☐ 3 → Go to Question S6
S5. What form of contraception did you or your partner use?
(Tick one box only)
Condom □ 1
The pill □ 2
Both a condom and the pill □ 3
Some other contraceptive □ 4

S6. Would you find it easy to get contraceptives (ie: condoms etc)?
Yes □ 1
No □ 2

S7. If you needed to, where would you actually get your contraceptives?
(Tick as many boxes 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

S8. Which, if any, of the following are sexually transmitted infections?
(Tick as many boxes as you need)
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
S9. If you ever needed help or advice about sexual health issues what services would you be likely to use? (Tick as many boxes as you need)

<table>
<thead>
<tr>
<th>Service</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor/GP</td>
<td>1</td>
</tr>
<tr>
<td>Family Planning Association</td>
<td>2</td>
</tr>
<tr>
<td>Brook Advisory</td>
<td>3</td>
</tr>
<tr>
<td>Friends</td>
<td>4</td>
</tr>
<tr>
<td>Family</td>
<td>5</td>
</tr>
<tr>
<td>Genito-Urinary Medicine (GUM) clinic</td>
<td>6</td>
</tr>
<tr>
<td>Internet/website</td>
<td>7</td>
</tr>
<tr>
<td>Sexual health clinic</td>
<td>8</td>
</tr>
<tr>
<td>Texting information service</td>
<td>9</td>
</tr>
<tr>
<td>An advice/helpline</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
<tr>
<td>None of these</td>
<td>12</td>
</tr>
<tr>
<td>Don’t know</td>
<td>13</td>
</tr>
</tbody>
</table>

S10. What would be important to you when you are seeking sexual health advice? (Tick as many boxes as you need)

<table>
<thead>
<tr>
<th>Importance</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality</td>
<td>1</td>
</tr>
<tr>
<td>Not being judged</td>
<td>2</td>
</tr>
<tr>
<td>Free Service</td>
<td>3</td>
</tr>
<tr>
<td>Speedy service</td>
<td>4</td>
</tr>
<tr>
<td>Other (Please say what)</td>
<td>5</td>
</tr>
<tr>
<td>None of these</td>
<td>6</td>
</tr>
</tbody>
</table>
MORE ABOUT YOU
(Year 11 & 12 only)

T1. What is your gender identity?

- Male □ 1
- Female □ 2
- Male to female transgender □ 3
- Female to male transgender □ 4
- Other (Please write in)........................................ □ 5

T2. Which of the following statements applies best to you? (Please tick ONE box only)

I have felt sexually attracted:

- only to females and never to males □ 1
- more often to females and at least once to a male □ 2
- about equally often to females and males □ 3
- more often to males and at least once to a female □ 4
- only to males and never to females □ 5
- I have never felt sexually attracted to anyone at all □ 6

You have now completed the questionnaire.

Thank You