

Northern Ireland
**Statistics &
Research**
Agency

*Young Persons' Behaviour
& Attitudes Survey 2007*

Technical Report

Prepared by
Central Survey Unit

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1.0 Introduction

Central Survey Unit (CSU) of the Northern Ireland Statistics and Research Agency (NISRA) was commissioned by a consortium of government departments and public bodies to design, conduct and report on a study of the behaviour and attitudes of young people in Northern Ireland.

The Young Persons' Behaviour and Attitudes Survey (YPBAS) is a school-based survey carried out among 11-16 year olds and covers a wide range of topics relevant to the lives of young people today. The main aim of the YPBAS is to gain an insight into, and understanding of, their behaviour and lifestyle. It also aims to influence various government policies and practices relating to young people and to facilitate access to research findings and expertise.

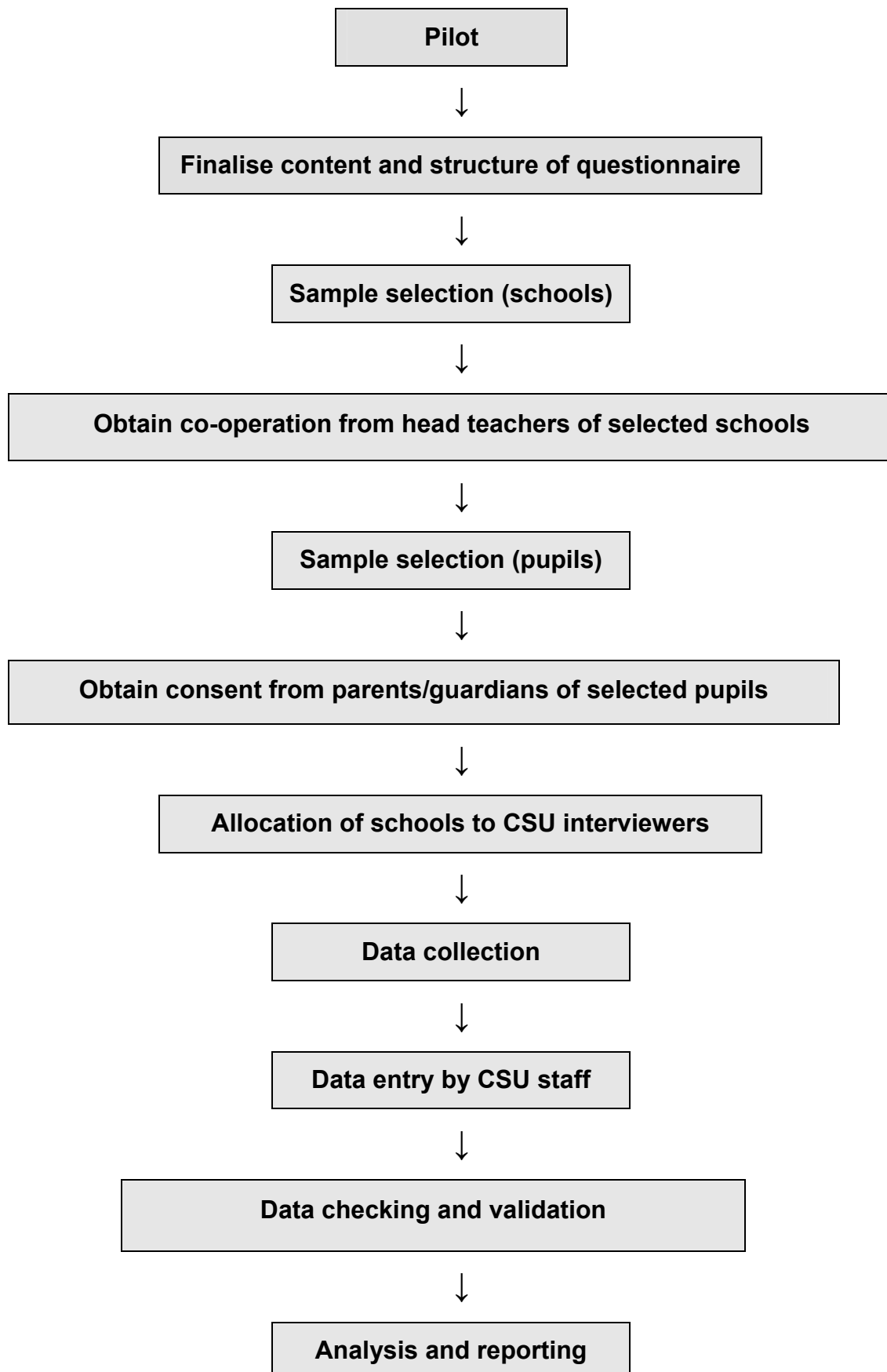
The YPBAS was first carried out in 2000 (62 post-primary schools, 6297 pupils) and again in 2003 (74 post-primary schools, 7223 pupils). This technical report documents the various stages of the third round of the YPBAS, conducted in 2007.

2.0 Pilot Study

A pilot survey was carried out in March/April 2007 as interest amongst policy makers was such that in order to meet their demands for additional questions and topics, it was decided to split the topics across two versions of the questionnaire, A and B. The main purpose of the pilot was to test the feasibility of the length of each questionnaire, and also the suitability of new questions for children of different ages and abilities.

Six schools participated in the survey (256 pupils completed Version A and 242 pupils completed Version B). The pilot provided a basis on which to make informed decisions regarding improvements to the content and format of the main survey.

2.1 Main Stages of the YPBAS



3.0 Implementation of the YPBAS

3.1 Questionnaire Design

As outlined previously, two versions of the questionnaire were used to accommodate demand for new topics on the 2007 survey. The content and structure of each questionnaire was agreed in consultation with clients. Schools were randomly assigned one version of the questionnaire.

Whilst some of the questions were amended the overall format was similar to that used in 2003. A number of new topics were added into the questionnaire: Subject Choices, Further Education, Starting a business, Libraries, Museums, Arts, Money, Attitudes towards domestic violence, Modern technology and Knife Culture

The complete range of topics in each of the questionnaires is as follows:

Questionnaire A

Demographics
More about you
Subject choices*
Further education*
Starting a business*
Social support
School
Nutrition
Sport and physical activity
Libraries
Museums
Arts
The environment
Travelling to school
Road safety
Money
Attitudes towards domestic violence*

Questionnaire B

Demographics
More about you
Modern technology
Subject choices*
Further education*
Starting a business*
Social support
Smoking
Alcohol
Solvents & drugs
Policing
Anti-social behaviour
Knife culture
Sexual experience & knowledge
Attitudes towards domestic violence*

* These modules were asked of pupils in Years 11 and 12 only.

(See Appendix for questionnaire)

3.2 Sample

The target population for the survey was young people at different stages in post-primary education. In the YPBAS, there is specific interest in subgroups (e.g. age/gender of respondents) as well as in the overall achieved sample. Therefore, the sample size needed to be sufficiently large to ensure an adequate level of precision for these subgroups.

A three stage sample design was used:

1. Schools

The Department of Education (DE) provided CSU with a list of all post-primary schools in Northern Ireland (excluding independent schools and those which catered solely for pupils with special needs). A stratified random sample of 150 schools, representative of school size, selection type (i.e. Secondary, Grammar), management group (i.e. Controlled, Voluntary etc) and Education and Library Board area was then selected. Given the number of schools agreeing to take part in the survey, it was decided to boost the sample by 15 schools and this was drawn using the same procedure as the original sample. Therefore, a total 165 schools were sampled.

2. Classes

Participating schools provided details of the number of classes in Years 8-12, together with class names. A class in each of the five year groups was then randomly selected to take part in the study.

3. Pupils

Only pupils from the selected classes were included in the study. If a selected pupil refused to participate or was absent on the day of the survey, no other replacement was accepted for that individual.

3.3 Maximising Participation

All selected schools were invited to take part in the survey and the Education and Library Boards were informed that schools in their area were being approached. Co-operation with the survey was voluntary but various efforts were made to encourage participation. These included enclosing a copy of the YPBAS 2003 bulletin with initial contact letters, issuing reminder letters and CSU staff contacting head teachers by telephone.

Once pupils had been selected in participating schools, they and their parents/guardians were notified of the survey in writing. They were informed that participation was voluntary and that they could contact CSU staff if they had any queries about the survey.

3.4 Preparation and Administration of the YPBAS in Schools

Fieldwork

The fieldwork period for conducting the YPBAS was from 15th October to 16th November 2007 (three schools participated just outside of this period).

Prior to Administration

Each school participating in the survey was asked to appoint a contact person with whom CSU could liaise, identify any preferred dates for the survey and the number of classes in each year group.

An information pack was sent to each contact person advising them of the classes selected, the date and the procedure for the survey. Consent letters were also included which the schools then forwarded to the parents/guardians of all selected pupils.

CSU interviewers were allocated schools and briefed on the survey protocol. The interviewers then made contact with their allocated schools to finalise arrangements for the survey. Arrangements were also made for a small

number of pupils with little/no English to have translators present on the day of the survey.

Questionnaire Administration

On the day of the survey, the pupils were assembled in class-sized groups and an interviewer issued each pupil with a self-completion paper questionnaire. Each group was allowed two consecutive school periods in which to complete the questionnaire, under supervision of the interviewer. Some schools requested that the questionnaire be administered to all selected pupils at the same time; in these instances, several interviewers supervised the completion of the questionnaires. All questionnaires were collected immediately after the designated time period and then returned to the CSU office where the data was transferred on to computer for validation and analysis.

4.0 Response

4.1 Schools

Seventy schools agreed to participate in the study, resulting in a response rate of 42%. Some of the schools that refused were sympathetic to the research but stated that they did not have the time or resources to take part. The majority, however, gave no reasons for their refusal to participate.

Table 1 *School Response Rate*

	Number	Response Rate	
		Sample	Responding
Sample	165		
Responding	70	42.4%	
Full	65	-	92.9%
Partial *	5	-	7.1%
Refusal	53	32.1%	-
Dropped out	3	1.8%	-
Non-responding	42	25.5%	-

* One school was a junior school, and therefore only had Years 8 - 10. One school was not willing to let Years 11 and 12 participate due to exam pressures and the remaining three schools did not have any pupils in particular year groups due to school closures.

4.2 Pupils

4.2.1 Version A

A total of 3524 pupils were surveyed out of a possible 3957, giving a response rate of 89%. Ninety percent of these completed the entire questionnaire.

Table 2 *Overall Pupil Response Rate*

	Number	Response Rate	
		Sample	Responses Achieved
Sample	3957		
Responses Achieved	3524	89.1%	
Full	3179	-	90.2%
Partial	345	-	9.8%
Refusal (parents or pupils)	51	1.3%	-
Absent	382	9.7%	-

Table 3 *Response Rates by Year Group*

Year Group	Sample	Response	Response Rate
Year 8	799	750	93.9%
Year 9	786	716	91.1%
Year 10	787	696	88.4%
Year 11	796	694	87.2%
Year 12	789	668	84.7%
TOTAL	3957	3524	89.1%

Table 4 *Response Rates by Gender*

Gender	Sample	Response	Response Rate
Male	2305	2054	89.1%
Female	1627	1449	89.1%
Information missing	25	21	84.0%
TOTAL	3957	3524	89.1%

4.2.2 Version B

A total of 3378 pupils were surveyed out of a possible 3823, giving a response rate of 88%. Ninety two percent of these completed the entire questionnaire.

Table 5 *Overall Pupil Response Rate*

	Number	Response Rate	
		Sample	Responses Achieved
Sample	3823		
Responses Achieved	3378	88.4%	
Full	3123	-	92.3%
Partial	255	-	7.7%
Refusal (parents or pupils)	79	2.1%	-
Absent	366	9.6%	-

Table 6 *Response Rates by Year Group*

Year Group	Sample	Response	Response Rate
Year 8	746	684	91.7%
Year 9	765	697	91.1%
Year 10	800	715	89.4%
Year 11	753	658	87.4%
Year 12	759	624	82.2%
TOTAL	3823	3378	88.4%

Table 7 *Response Rates by Gender*

Gender	Sample	Response	Response Rate
Male	1946	1722	88.5%
Female	1837	1620	88.2%
Information missing	40	36	90.0%
TOTAL	3823	3378	88.4%

5.0 Representativeness of the Achieved Sample

Despite efforts used to maximise response, there is a possibility of non-response bias in any survey. Non-response bias arises if the characteristics of non respondents differ significantly from those of respondents in such a way that they are reflected in the responses given in the survey. The extent of non-response bias can only be examined by comparing characteristics of the achieved sample with the distribution of the same characteristics in the population at the time of sampling.

To assess how accurately the YPBAS achieved sample reflects the post-primary population of Northern Ireland, the sample has been compared with characteristics collected by DE through the 2007/08 School Census (Tables 8, 9 and 10).

5.1 Schools

Table 8 Comparisons of the distribution of participating schools in the original sample with all post-primary schools in Northern Ireland

	Achieved YPBAS Sample (%)	Original YPBAS Sample (%)	Population (%)
Selection Type			
Secondary	64.2	70.7	69.7
Grammar	35.8	29.3	30.3
Management Group			
Controlled	35.8	35.3	36.0
Voluntary	25.4	22.7	22.8
Catholic Maintained	32.8	32.0	32.5
Other Maintained	0	0.7	0.4
Controlled Integrated	3.0	2.7	1.8
Grant Maintained Integrated	3.0	6.7	6.6
Education & Library Board			
Belfast (BELB)	14.9	17.3	17.1
Western (WELB)	20.9	19.3	19.7
North Eastern (NEELB)	20.9	22.0	22.8
South Eastern (SEELB)	17.9	18.0	17.1
Southern (SELB)	25.4	23.3	23.2
Base (No. Schools)	67	150	228

The above table shows that the distribution of the various school characteristics in the original sample of 150 schools broadly reflects those found in the population of all NI schools. However, there are some variations between the distribution of the achieved YPBAS sample and the population as a whole.

Table 9 *Comparisons of the distribution of participating schools in the booster sample with all post-primary schools in Northern Ireland*

	Achieved YPBAS Sample (%)	Booster YPBAS Sample (%)	Population (%)
Selection Type			
Secondary	100	100	69.7
Grammar	0	0	30.3
Management Group			
Controlled	100	60.0	36.0
Voluntary	0	0	22.8
Catholic Maintained	0	33.3	32.5
Other Maintained	0	0	0.4
Controlled Integrated	0	0	1.8
Grant Maintained Integrated	0	6.7	6.6
Education & Library Board			
Belfast (BELB)	0	33.3	17.1
Western (WELB)	0	0	19.7
North Eastern (NEELB)	100	33.3	22.8
South Eastern (SEELB)	0	33.3	17.1
Southern (SELB)	0	0	23.2
Base (No. Schools)	3	15	228

5.2 Pupils

Table 10 Comparisons of the distribution of participating pupils with all post-primary pupils in Northern Ireland

Year Group		Gender		
		Male	Female	TOTAL
Year 8	<i>Achieved YPBAS Sample (%)</i>	11.3	9.6	20.8
	Full YPBAS Sample (%)	10.2	8.7	19.0
	Population (%)	9.9	9.3	19.2
Year 9	<i>Achieved YPBAS Sample (%)</i>	11.3	9.1	20.4
	Full YPBAS Sample (%)	10.5	9.0	19.4
	Population (%)	10.0	9.6	19.6
Year 10	<i>Achieved YPBAS Sample (%)</i>	11.3	9.2	20.4
	Full YPBAS Sample (%)	10.4	9.4	19.7
	Population (%)	10.0	9.9	20.0
Year 11	<i>Achieved YPBAS Sample (%)</i>	10.7	8.8	19.5
	Full YPBAS Sample (%)	10.8	9.8	20.5
	Population (%)	10.3	10.0	20.3
Year 12	<i>Achieved YPBAS Sample (%)</i>	10.6	8.3	18.8
	Full YPBAS Sample (%)	11.3	10.0	21.3
	Population (%)	10.7	10.3	21.0
TOTAL	<i>Achieved YPBAS Sample (%)</i>	55.2	44.8	100
		Base = 6845		
	Full YPBAS Sample (%)	53.1	46.9	100
		Base = 85,733		
	Population (%)	50.9	49.1	100
	Base = 121,033			

Rows and columns may not sum to totals due to rounding

The above table shows that the distribution of pupil characteristics (gender and year group) in the sample of 165 schools matches the population distribution closely. However, there are some variations between the distribution of the achieved YPBAS sample and the population as a whole.

5.3 Weighting

In order to reflect the composition of the Northern Ireland post-primary population, weights could be applied to the data to compensate for non-response bias in the achieved YPBAS sample. Figures from the 2007/08 School Census were used to derive weights. However, please note that weighting cannot generate data for certain groups lost through non-response, and as not all school management groups were represented in the achieved YPBAS sample, this is reflected in the construction of the weights. In addition, given that there were two versions of the questionnaire, three different sets of weights have had to be calculated for (1) questions/modules common to both questionnaires (2) Version A (3) Version B. The following examples are based on weights that could be applied to the data for questions that are common to both questionnaires.

Pupil characteristics

Table 11 *Details of weights (variable 'W1' in the microdata) that could be applied to the data based on pupil proportions in the achieved YPBAS sample compared to the population with regard to pupil characteristics (gender & year group) for combined questions*

	Male	Female
Year 8	0.88	0.97
Year 9	0.89	1.05
Year 10	0.89	1.08
Year 11	0.96	1.14
Year 12	1.01	1.25

NOTE: Weights are rounded to 2 decimal places for presentation purposes.

For example, applying a weight of 0.88 to the responses of all males in year 8, adjusts the distribution from the original 11.3% to 9.9% (11.3×0.88), see Table 10.

To demonstrate the effects of weighting on the responses given by respondents, the question: 'In which country were you born?' was analysed, both weighted (using the set of weights for questions common to both questionnaires by gender and year group) and unweighted (Table 12).

Table 12 *Effects of weighting by gender & year group (W1)*

	Total weighted	Total unweighted
	%	%
Base = 100%		
Northern Ireland	92.3	92.2
England	3.1	3.1
Wales	0.1	0.1
Scotland	0.5	0.5
Republic of Ireland	1.7	1.7
Somewhere else	2.2	2.3
Don't know	0.1	0.1

School characteristics

Table 13 *Details of weights (variable 'W2' in the microdata) that could be applied to the data based on pupil proportions in the achieved YPBAS sample compared to the population with regard to school characteristics (Education & Library Board, selection type & management group) for combined questions*

ELB	Selection type	Management group					
		Controlled	Voluntary	Catholic Maintained	Other Maintained	Controlled Integrated	Grant Maintained Integrated
BELB	Grammar	0.68	1.37	-	-	-	-
	Secondary	1.04	-	1.46	*	-	*
WELB	Grammar	0.90	1.13	-	-	-	-
	Secondary	1.11	-	0.70	-	-	*
NEELB	Grammar	0.51	1.81	-	-	-	-
	Secondary	0.75	-	0.84	-	*	*
SEELB	Grammar	1.17	.78	-	-	-	-
	Secondary	2.16	-	0.73	-	1.11	1.06
SELB	Grammar	2.25	.67	-	-	-	-
	Secondary	1.10	-	1.59	-	0.40	1.30

- These school types do not exist.

* Weights cannot be calculated as none of these school types are represented in the achieved YPBAS sample.

NOTE: Weights are rounded to 2 decimal places for presentation purposes.

The Steering Group agreed that the data should be weighted by gender and year group (W1) to ensure that the achieved sample is fully representative of pupils at schools in NI with regard to these key characteristics. A weight for school selection type, management group and Education & Library Board (W2) is also included in the microdata for the survey and when applied in combination with W1 (i.e. W1xW2), ensures that the achieved sample is representative of pupils at the types of schools participating in the survey (again these were produced for questions that are common to both questions, Version A and Version B).

6.0 Sampling Error

No sample is likely to reflect precisely the characteristics of the population from which it is drawn because of both sampling and non-sampling errors. An estimate of the amount of error due to the sampling process can be calculated. Whilst there are design effects in the survey and thus complex standard errors should be used, the survey team were not tasked with carrying out this exercise. However, in order to demonstrate the likely effects of sampling error we have assumed a simple random sample design whereby the sampling error of any percentage, p , can be calculated by the formula:

$$\text{s.e. } (p) = \sqrt{p*(100-p)/n}$$

where n is the number of respondents on which the percentage is based.

A confidence interval for the population percentage can be calculated by the formula:

$$95 \text{ per cent confidence interval} = p \pm 1.96 * \text{s.e. } (p)$$

In order to illustrate the amount of error due to the sampling process we have used the above formula to show this for some answers on the questionnaire.

Table 14 *How often do you find that school is boring?*

	Valid cases	%	S.E.	95% CI	Lower CI	Upper CI
Every day	520	14.9	0.601028	1.18	13.7	16.0
Many days	717	20.5	0.682034	1.34	19.1	21.8
Some days	1,441	41.2	0.831721	1.63	39.5	42.8
Occasionally	696	19.9	0.674501	1.32	18.6	21.2
Never	127	3.6	0.315999	0.62	3.0	4.2
Total	3,501	100				

Table 15 *How often do you eat sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or Kitkat)?*

	Valid cases	%	S.E.	95% CI	Lower CI	Upper CI
More than once a day	1,176	33.6	0.797547	1.56	32.0	35.1
Once a day	963	27.5	0.753996	1.48	26.0	29.0
Most days	750	21.4	0.692723	1.36	20.0	22.8
Once or twice a week	506	14.4	0.593651	1.16	13.3	15.6
Less often or Never	110	3.1	0.294499	0.58	2.6	3.7
Total	3,505	100				

Table 16 *Have you ever smoked tobacco?*

	Valid cases	%	S.E.	95% CI	Lower CI	Upper CI
Yes	789	23.5	0.731275	1.43	22.0	24.9
No	2,571	76.5	0.731275	1.43	75.1	78.0
Total	3,360	100.0				

Table 17 *Have you ever had an alcoholic drink?*

	Valid cases	%	S.E.	95% CI	Lower CI	Upper CI
Yes	1,763	53.0	0.865184	1.70	51.3	54.7
No	1,497	45.0	0.862343	1.69	43.3	46.7
Don't know	68	2.0	0.245238	0.48	1.6	2.5
Total	3,328	100.0				

Table 18 *Have you ever been offered solvents to inhale?*

	Valid cases	%	S.E.	95% CI	Lower CI	Upper CI
Yes once	325	9.7	0.512385	1.00	8.7	10.7
Yes more than once	175	5.2	0.385218	0.76	4.5	6.0
No never	2843	85.0	0.616835	1.21	83.8	86.3
Total	3,343	100.0				

7.0 Results

A summary bulletin of the key findings of the YPBAS 2007, and tables of top-line results, are available in addition to this technical report.

Tables of top-line results show the weighted (by year group and gender) frequencies of responses and associated percentages. Survey findings are reported as a percentage of the total number of respondents who provided a response to that particular question. This means that the valid total number of respondents will vary from one question to another. Also, frequencies of responses may not sum exactly to the valid total shown in some tables, due to the rounding effects of weighting.

For questions which were not answered or not reached by respondents, survey findings are reported as 'Unanswered' and defined as missing values.

All outputs from each of the three rounds of the YPBAS can be found on the CSU website:

www.csu.nisra.gov.uk



YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY

2007

Version A

**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 all that apply)**

- | | | |
|-----------------------------|--------------------------|----|
| Mother | <input type="checkbox"/> | 1 |
| Father | <input type="checkbox"/> | 2 |
| Step-mother | <input type="checkbox"/> | 3 |
| Step-father | <input type="checkbox"/> | 4 |
| Mother's boyfriend/partner | <input type="checkbox"/> | 5 |
| Father's girlfriend/partner | <input type="checkbox"/> | 6 |
| Sister(s) | <input type="checkbox"/> | 7 |
| Brother(s) | <input type="checkbox"/> | 8 |
| Step-sister(s) | <input type="checkbox"/> | 9 |
| Step-brother(s) | <input type="checkbox"/> | 10 |
| Half-sister(s) | <input type="checkbox"/> | 11 |
| Half-brother(s) | <input type="checkbox"/> | 12 |
| Grandmother | <input type="checkbox"/> | 13 |
| Grandfather | <input type="checkbox"/> | 14 |
| Foster parents | <input type="checkbox"/> | 15 |
| None of these | <input type="checkbox"/> | 16 |

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

- | | | |
|--------------------------|--------------------------|---|
| The Protestant community | <input type="checkbox"/> | 1 |
| The Catholic community | <input type="checkbox"/> | 2 |
| Neither community | <input type="checkbox"/> | 3 |
| Other | <input type="checkbox"/> | 4 |

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

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

**A4. Does your father have a job at the moment?
(Tick one box only)**

- | | | |
|---------------------------------|--------------------------|---|
| Yes, has a job/is self employed | <input type="checkbox"/> | 1 |
| No – not working | <input type="checkbox"/> | 2 |
| No – retired | <input type="checkbox"/> | 3 |
| Do not have a father | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 5 |

**A5. Does your mother have a job at the moment?
(Tick one box only)**

- | | | |
|---------------------------------|--------------------------|---|
| Yes, has a job/is self employed | <input type="checkbox"/> | 1 |
| No – not working | <input type="checkbox"/> | 2 |
| No – retired | <input type="checkbox"/> | 3 |
| Do not have a mother | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 5 |

**A6. To which of these ethnic groups do you consider yourself to belong to?
(Tick one box only)**

- | | | |
|------------------------|--------------------------|----|
| White | <input type="checkbox"/> | 1 |
| Chinese/Hong Kong | <input type="checkbox"/> | 2 |
| Irish Traveller | <input type="checkbox"/> | 3 |
| Indian/Sri Lankan | <input type="checkbox"/> | 4 |
| Pakistani | <input type="checkbox"/> | 5 |
| Bangladeshi | <input type="checkbox"/> | 6 |
| Black – Caribbean | <input type="checkbox"/> | 7 |
| Black – African | <input type="checkbox"/> | 8 |
| Black – Other | <input type="checkbox"/> | 9 |
| Korean | <input type="checkbox"/> | 10 |
| Mixed ethnic group | <input type="checkbox"/> | 11 |
| Any other ethnic group | <input type="checkbox"/> | 12 |
| Don't know | <input type="checkbox"/> | 13 |

A7. In which country were you born?
(Tick one box only)

- Northern Ireland 1
England 2
Wales 3
Scotland 4
Republic of Ireland 5
Somewhere else (please say where) 6 _____
Don't know 7

A8. In which country was your father born?
(Tick one box only)

- Northern Ireland 1
England 2
Wales 3
Scotland 4
Republic of Ireland 5
Somewhere else (please say where) 6 _____
Don't know 7

A9. In which country was your mother born?
(Tick one box only)

- Northern Ireland 1
England 2
Wales 3
Scotland 4
Republic of Ireland 5
Somewhere else (please say where) 6 _____
Don't know 7

A10. Would you describe the place where you live as...?
(Tick one box only)

- A big city 1
The suburbs or outskirts of a big city 2
A small city or town 3
A country village 4
A farm or home in the country 5
Don't know 6

A11. Considering the area in which you now live, how long a walk (in minutes) do you think it would take you to move outside of your area?

- 0 to 5 minutes 1
- 6 to 10 minutes 2
- 11 to 15 minutes 3
- 16 to 20 minutes 4
- More than 20 minutes 5
- Not sure of the boundaries of my area 6
- Don't know 7

A12. Considering the area in which you now live, how long a walk (in minutes) do you think it would take you to move to the centre of your area?

- 0 to 5 minutes 1
- 6 to 10 minutes 2
- 11 to 15 minutes 3
- 16 to 20 minutes 4
- More than 20 minutes 5
- Not sure of the boundaries of my area 6
- Don't know 7

A13. Do you have any long-standing illness or disability that has troubled you over a period of time, or is likely to affect you in the future?

- Yes 1 → Continue to Question A14
- No 2 → Go to Question A15

A14. Does this illness or disability affect your activities in any way?

- Yes 1
- No 2

A15. In the last 12 months, which, if any, of the following medical conditions have you had? (Tick all that apply)

- | | | | |
|------------------|----------------------------|-------------|----------------------------|
| Acne | <input type="checkbox"/> 1 | Diabetes | <input type="checkbox"/> 5 |
| Allergies/rashes | <input type="checkbox"/> 2 | Migraine | <input type="checkbox"/> 6 |
| Asthma | <input type="checkbox"/> 3 | Period pain | <input type="checkbox"/> 7 |
| Chest infection | <input type="checkbox"/> 4 | None | <input type="checkbox"/> 8 |

MORE ABOUT YOU

**B1. What do you think you will be doing immediately after you finish school?
(Tick one box only)**

- | | | |
|--|--------------------------|---|
| Going to University | <input type="checkbox"/> | 1 |
| Going to a Further Education College (or Tech) | <input type="checkbox"/> | 2 |
| Doing some Training/Apprenticeship | <input type="checkbox"/> | 3 |
| On a Jobskills or Youth Training Scheme | <input type="checkbox"/> | 4 |
| I will be working | <input type="checkbox"/> | 5 |
| I will be unemployed | <input type="checkbox"/> | 6 |
| Don't know | <input type="checkbox"/> | 7 |

**B2. In the past 12 months, have you been a victim of the following?
(Tick 'Yes' or 'No' for each line)**

	Yes	No
	1	2
Been bullied	<input type="checkbox"/>	<input type="checkbox"/>
Been knocked down by a car or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Had things stolen from you that you were carrying/wearing (e.g.: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Had your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Been sexually or physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened/hurt by someone with a knife	<input type="checkbox"/>	<input type="checkbox"/>
Been harassed/bullied/abused via the internet	<input type="checkbox"/>	<input type="checkbox"/>
Been bullied/ harassed via texts/videos/images or calls to your mobile	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

SUBJECT CHOICES

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

C1. I have a good choice of subjects.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

C2. I am able to study subjects in which I am interested.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

C3. I am able to study subjects which I am good at.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

C4. I chose subjects with a career area in mind.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

C5. 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
- Does not apply 6

C6. 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
- Does not apply 6

C7. I am content with the advice I got about my subject choices from careers advisors (from an outside organisation).

- Strongly agree 1
- Agree 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5
- Does not apply 6

FURTHER EDUCATION

**D1. Which of the following do you want to do immediately after you finish year 12?
(Tick all that apply)**

- NVQs 1
AS Levels 2
A-Levels 3
Not planning to stay on in education 4
Other 5

D2. The government has just started giving money to pupils who stay in education after 16, depending on their family circumstances. Have you heard about this Education Maintenance Allowance?

- Yes, I have heard of it and understand what it means 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

**D3. 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?
(Tick one box 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
Don't know 6

**D4. Which do you think is the most important for getting a job with good pay?
(Tick one box only)**

- Staying on in education and getting as many qualifications as possible 1
Leaving school and getting a skilled trade 2
Neither of these 3

**D5. Which, if any, of the following groups of people encouraged you to think about going to Further Education College or University?
(Tick all that apply)**

- | | | | |
|--|--------------------------|---|---------------------|
| Your friends | <input type="checkbox"/> | 1 | |
| Parents/Guardians | <input type="checkbox"/> | 2 | |
| The rest of your family | <input type="checkbox"/> | 3 | |
| Careers teachers | <input type="checkbox"/> | 4 | |
| Other teachers | <input type="checkbox"/> | 5 | |
| Careers advisors
(from an outside organisation) | <input type="checkbox"/> | 6 | |
| None of these | <input type="checkbox"/> | 7 | → Go to Question E1 |

**D6. Which of these groups of people was most influential in encouraging you to think about going to Further Education College or University?
(Tick one box only)**

- | | | | |
|--|--------------------------|---|--|
| Your friends | <input type="checkbox"/> | 1 | |
| Parents/Guardians | <input type="checkbox"/> | 2 | |
| The rest of your family | <input type="checkbox"/> | 3 | |
| Careers teachers | <input type="checkbox"/> | 4 | |
| Other teachers | <input type="checkbox"/> | 5 | |
| Careers advisors
(from an outside organisation) | <input type="checkbox"/> | 6 | |

STARTING A BUSINESS

E1. Would you be interested in starting your own business at any time in the future?

Yes 1 → Continue to Question E2

No 2 → Go to Question E4

Don't know 3 → Go to Question E4

E2. Do you have a business idea?

Yes 1 → Continue to Question E3

No 2 → Go to Question E4

**E3. Which category does your business idea fall into?
(Tick all that apply)**

Manufacturing/Construction 1

Retail 2

Catering and Hospitality / Leisure 3

Finance and Business 4

Computing and ICT 5

Education 6

Health and Beauty 7

Domestic Services eg: gardening/cleaning 8

Transport/Vehicle Service 9

Craft Products and services / Creative Arts 10

Agricultural / Environmental 11

Professional Services eg: Dentists/Solicitors 12

Unknown 13

E4. Are you aware of any support that is available to help you start your own business?

Yes 1

No 2

**E5. Which, if any, of these organisations have you heard of?
(Tick all that apply)**

- Invest NI 1
- Local Enterprise Agencies 2
- Young Enterprise 3
- Shell Livewire 4
- Prince's Trust 5
- None of these 6 → Go to Question F1

**E6. Which, if any, of these organisations offer business support?
(Tick all that apply)**

- Invest NI 1
- Local Enterprise Agencies 2
- Young Enterprise 3
- Shell Livewire 4
- Prince's Trust 5
- None of these 6

SOCIAL SUPPORT

F1. 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)

	Yes 1	No 2	Don't know 3
I have family/friends who do things to make me happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who make me feel loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who can be relied on no matter what happens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who would see that I am taken care of if I need to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who accept me just as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who make me feel an important part of their lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who give me support and encouragement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F2. During the last 4 weeks, how good or bad have you felt about the following?
(Tick one box for each line)**

	Very good 1	Fairly good 2	Neither good nor bad 3	Fairly bad 4	Very bad 5
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to play sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The things you CAN do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your body and your looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you seem to feel most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you get along with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way life seems to be for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to be a friend to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way others seem to feel about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to talk with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL

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

My school is a place where...

	Strongly agree	Agree	Disagree	Strongly disagree	No idea/ opinion
	1	2	3	4	5
(a) teachers treat me fairly in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) the things I learn are important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) I like learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(d) I feel restless and want to be somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(e) teachers give me the marks I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(f) I have learned things that will be useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(g) the things I learn will help me in my adult life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(h) teachers help me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(i) the things I am taught are worthwhile learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(j) I am a success as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(k) I really like to go (to school) each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(l) teachers listen to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G2. How often do you find that school is boring?

- Every day 1
Many days 2
Some days 3
Occasionally 4
Never 5

G3. How many days did you skip/scheme/bunk/truant/mitch/skive classes or school this term?

- 0 days 1
1 day 2
2 days 3
3 days 4
4 or more days 5

G4. Have you ever been expelled or suspended from school?

- Yes 1
No 2

G5. If I have problems at school, my parents/guardians are ready to help me.

- Always 1
Often 2
Sometimes 3
Rarely 4
Never 5

G6. My parents/guardians are willing to come to school to talk to my teachers.

- Always 1
Often 2
Sometimes 3
Rarely 4
Never 5

G7. My parents/guardians encourage me to do well at school.

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

G8. My parents/guardians expect too much of me at school.

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

G9. 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

G10. How stressed do you feel by the school work you have to do?

- Not at all 1
- A little 2
- Some 3
- A lot 4

G11. At night, do you have difficulty falling asleep because you are thinking about school?

- Very often 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

G12. Does studying Citizenship make you want to learn more about people from other countries?

- Yes 1
No 2
Don't know 3
Don't study this 4 → Go to Question G14

G13. Does studying Citizenship make you want to learn more about people who have a different religion from you?

- Yes 1
No 2
Don't know 3

G14. Does studying Geography make you want to learn more about people from other countries?

- Yes 1
No 2
Don't know 3
Don't study this 4 → Go to Question G16

G15. Does studying Geography make you want to learn more about people who have a different religion from you?

- Yes 1
No 2
Don't know 3

G16. Does studying History make you want to learn more about people from other countries?

- Yes 1
No 2
Don't know 3
Don't study this 4 → Go to Question G18

G17. Does studying History make you want to learn more about people who have a different religion from you?

Yes 1

No 2

Don't know 3

G18. Does studying Religious Education make you want to learn more about people from other countries?

Yes 1

No 2

Don't know 3

Don't study this 4 → Go to Question G20

G19. Does studying Religious Education make you want to learn more about people who have a different religion from you?

Yes 1

No 2

Don't know 3

G20. Does your school have a school council?

Yes 1 → Continue to Question G21

No 2 → Go Question G22

Don't know 3 → Go Question G22

G21. Do you think the school council is an effective way for pupils to get their views across?

Yes 1

No 2

Don't know 3

G22. Have you heard of the United Nations Convention on the rights of the Child? (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 1

No 2

G23. Do you feel you have the chance to give your views about issues that affect you?

Yes 1 → Continue to Question G24

No 2 → Go to Question G26

G24. Do you think your views are listened to?

Always 1

Often 2

Sometimes 3

Rarely 4

Never 5

**G25. Who do you give your views to?
(Tick all that apply)**

Parents/Guardian 1

Teacher 2

Doctor or nurse etc. 3

Government workers (eg: 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

G26. Have you received education in school on the culture and traditions of people from a Catholic community background?

Yes 1 → Continue to Question G27

No 2 → Go to Question G28

G27. Would you say you know more about the Catholic culture and traditions as a result?

Yes, I know a lot more 1

Yes, I know a little more 2

No 3

G28. Have you received education in school on the culture and traditions of people from a Protestant community background?

Yes 1 → Continue to Question G29

No 2 → Go to Question G30

G29. Would you say you know more about the Protestant culture and traditions as a result?

Yes, I know a lot more 1

Yes, I know a little more 2

No 3

G30. Have you received education in school on the culture and traditions of people of a different race or colour?

Yes 1 → Continue to Question G31

No 2 → Go to Question G32

G31. Would you say you know more about the cultures and traditions of people of a different race or colour as a result?

Yes, I know a lot more 1

Yes, I know a little more 2

No 3

G32. Have you received education in school on religions other than Christianity? (eg: Islam, Buddhism etc.)

Yes 1 → Continue to Question G33

No 2 → Go to Question G34

G33. Would you say you know more about religions other than Christianity as a result?

Yes, I know a lot more 1

Yes, I know a little more 2

No 3

G34. How often do you participate in voluntary or community work (eg: charity fundraising)?

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

G35. Would you feel comfortable being friends with someone of a different race or colour?

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

NUTRITION

H1. How often do you eat or drink any of the following?
(Tick one box for each line)

	More than once a day 1	Once a day 2	Most days 3	Once or twice a week 4	Less often or never 5
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"/>
Buns, cakes or pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fizzy drinks or squashes that contain sugar (eg: Coca Cola, Ribena, Club Orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet drinks (eg: Diet Coke, Sprite Zero)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chips or other fried potatoes (eg: roast potatoes wedges, waffles, shapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiled or baked potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fried foods like sausages, eggs, bacon, fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat products (eg: sausage rolls, burgers, hot-dogs, pies, chicken nuggets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat and meat dishes (eg: bolognaise, curry, roast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish not fried (eg: tinned tuna, salmon, baked fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H1. (continued) How often do you eat or drink any of the following?
(Tick one box for each line)**

	More than once a day 1	Once a day 2	Most days 3	Once or twice a week 4	Less often or never 5
Beans and pulses (eg: baked beans, kidney beans, lentils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fruit (including fresh, tinned, dried, pure fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vegetables and salads (not including potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rice or pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drink milk or have milk on cereals, eat cheese or yoghurt or have milk puddings (eg: rice, custard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H2. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day?

0 1

1 2

2 3

3 4

4 5

5 6

More than 5 7

H3. How often do you usually eat breakfast on school days?

Never eat breakfast on school days 1

Have breakfast on most school days 2

Have breakfast every school day 3

H4. How often do you usually eat breakfast at weekends?

Do not usually have breakfast at weekends 1

Usually have breakfast at weekends 2

**H5. What do you usually do for lunch at school?
(Tick all that apply)**

Eat a school dinner 1 → Go to Question H7

Buy a snack in the school cafeteria 2 → Go to Question H7

Eat a packed lunch 3

Buy lunch outside school 4

Go home for lunch 5

Skip lunch/don't have lunch 6

Do something else 7

**H6. If you don't usually eat a school dinner/snack why not?
(Tick all that apply)**

Don't like school dinners/snacks 1

Too expensive 2

Because of the queue 3

I don't like the dining hall 4

Not enough time, because of other school activities 5

Other reason 6

**H7. What do you think is the main reason some children do not take a free school meal
when they are allowed to take one?
(Tick one box only)**

They are too embarrassed 1

They are afraid of being bullied/teased 2

They don't like the quality/choice of food available 3

They don't like using the canteen 4

The canteen is too crowded 5

They don't like queuing 6

They bring a packed lunch 7

Don't know 8

Other reason 9

H8. Do you think there is usually a good choice of food available in school?

- Yes, all the time 1
- Yes, if you come early 2
- Yes, sometimes 3
- No, never 4
- Don't know 5

H9. Is there always a food option available in school which you consider to be healthy?

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

H10. Would you like to see more healthy foods available in school?

- Yes 1
- No, I am not interested in healthy food 2
- No, there is sufficient already 3
- Don't know 4

H11. Have you been taught about healthy eating at school (not including Primary School)?

- Yes 1 → Continue to Question H12
- No 2 → Go to Question H14

**H12. In which subject(s) were you taught about healthy eating?
(Tick all that apply)**

- Biology 1
- Home Economics 2
- Physical Education 3
- Health and Social Care 4
- PSHE/Personal Development/Learning for Life and Work 5
- Science 6
- Other 7

H13. Did this help you to make sensible choices?

- Yes 1
No 2
Don't know 3
Would have made sensible choices anyway 4

H14. Are you on a diet to lose weight?

- No, because my weight is fine 1
No, but I do need to lose weight 2
Yes 3

H15. 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

SPORT AND PHYSICAL ACTIVITY

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

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

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

I1. Do you enjoy doing sport or physical activity?

- Yes, a lot 1
- Yes, a little 2
- No, not very much 3
- No, not at all 4

**I2. Which, if any, of the following things put you off taking part in sport or physical activity?
(Tick all that apply)**

- I get short of breath 1
- I don't like the sports offered at school 2
- I'm not fit/ I get tired easily 3
- I'm not good at sport or physical activity 4
- I'm not interested in sport or physical activity 5
- I'm overweight 6
- I don't have enough time/ I would rather do other things with my time 7
- It is difficult for me to get to places where I can do sport or physical activities 8
- The weather is bad 9
- I'm afraid of getting hurt or injured 10
- Taking part is expensive 11
- I find it embarrassing to exercise in front of others 12
- I find sport boring 13
- I have a medical condition/disability that restricts me taking part in sport 14
- I find it embarrassing to change in front of others 15
- Because I have too much homework 16
- None of these 17
- Something else 18

13. In the last 12 months, which, if any, of the following sports or physical activities have you done? (Tick all that apply)

Active games (eg: chase, skipping, rounders etc.)	<input type="checkbox"/> 1
Aerobics	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Boxing	<input type="checkbox"/> 5
Cricket	<input type="checkbox"/> 6
Cycling	<input type="checkbox"/> 7
Dancing (eg: disco, ballet, tap etc.)	<input type="checkbox"/> 8
Gaelic Football	<input type="checkbox"/> 9
Golf	<input type="checkbox"/> 10
Gym/fitness room	<input type="checkbox"/> 11
Gymnastics	<input type="checkbox"/> 12
Hockey	<input type="checkbox"/> 13
Horse riding	<input type="checkbox"/> 14
Hurling/ Camogie	<input type="checkbox"/> 15
Jogging or running	<input type="checkbox"/> 16
Martial Arts (eg: Karate/Judo/Tae Kwon Do etc.)	<input type="checkbox"/> 17
Rollerblading/skateboarding	<input type="checkbox"/> 18
Rugby	<input type="checkbox"/> 19
Soccer/football	<input type="checkbox"/> 20
Swimming	<input type="checkbox"/> 21
Tennis/badminton/squash	<input type="checkbox"/> 22
Trampolining	<input type="checkbox"/> 23
Walking for exercise	<input type="checkbox"/> 24
Any other sports or physical activities	<input type="checkbox"/> 25
None	<input type="checkbox"/> 26 → Go to I5

14. In the last 7 days, which, if any, of the following sports or physical activities have you done? (Tick all that apply)

Active games (eg: chase, skipping, rounders etc.)	<input type="checkbox"/> 1
Aerobics	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Boxing	<input type="checkbox"/> 5
Cricket	<input type="checkbox"/> 6
Cycling	<input type="checkbox"/> 7
Dancing (eg: disco, ballet, tap etc.)	<input type="checkbox"/> 8
Gaelic Football	<input type="checkbox"/> 9
Golf	<input type="checkbox"/> 10
Gym/fitness room	<input type="checkbox"/> 11
Gymnastics	<input type="checkbox"/> 12
Hockey	<input type="checkbox"/> 13
Horse riding	<input type="checkbox"/> 14
Hurling/ Camogie	<input type="checkbox"/> 15
Jogging or running	<input type="checkbox"/> 16
Martial Arts (eg: Karate/Judo/Tae Kwon Do etc.)	<input type="checkbox"/> 17
Rollerblading/skateboarding	<input type="checkbox"/> 18
Rugby	<input type="checkbox"/> 19
Soccer/football	<input type="checkbox"/> 20
Swimming	<input type="checkbox"/> 21
Tennis/badminton/squash	<input type="checkbox"/> 22
Trampolining	<input type="checkbox"/> 23
Walking for exercise	<input type="checkbox"/> 24
Any other sports or physical activities	<input type="checkbox"/> 25
None	<input type="checkbox"/> 26

15. In the last 7 days, have you played any sport, done any exercise, or played actively that made you out of breath or hot and sweaty?

Yes 1 → Continue to Question I6

No 2 → Go to Question I8

16. 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 day 2 days 3 days 4 days 5 days 6 days 7 days

17. Over the last 7 days, how many hours in total did you exercise so much that you got out of breath or hot and sweaty?

More than 7 hours 1

About 7 hours 2

About 6 hours 3

About 5 hours 4

About 4 hours 5

About 3 hours 6

About 2 hours 7

About 1 hour 8

About ½ hour 9

None 10

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

At least once a week 1

At least once a month 2

Once every 2-3 months 3

Once or twice in the last 12 months 4

Not at all in the last 12 months 5

I14. At school, do you usually spend any time during lunchtimes playing any sport, doing any exercise, or playing actively that makes you out of breath or hot and sweaty?

Yes 1

No 2

I15. At school, do you usually spend any time during break times playing any sport, doing any exercise, or playing actively that makes you out of breath or hot and sweaty?

Yes 1

No 2

I16. Are you a member of a school club or team that involves you taking part in sport or physical activity?

Yes 1

No 2

I17. Are you a member of any other clubs or teams not connected with your school that involves you taking part in sport or physical activity?

Yes 1

No 2

I18. Can you swim 25m (approximately the length of pool) without any arm bands or floats etc.?

Yes 1

No 2

Don't know 3

I19. In the last 12 months, how often, if at all, have you gone to a live sports event at or with school as a spectator?

At least once a week 1

At least once a month 2

Once every 2-3 months 3

Once or twice in the last 12 months 4

Not at all in the last 12 months 5

I20. In the last 12 months, how often, if at all, have you gone to a live sports event not connected with school as a spectator?

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

**I21. On school days how many hours do you usually spend...
(Tick one box for each line)**

	None 1	Less than 2 hours 2	2-5 hours 3	More than 5 hours 4
Watching TV, videos, DVDs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing computer or console games (eg: Playstation, Gamecube, Xbox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing school homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I22. On Saturdays and Sundays how many hours do you usually spend...
(Tick one box for each line)**

	None 1	Less than 2 hours 2	2-5 hours 3	More than 5 hours 4
Watching TV, videos, DVDs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing computer or console games (eg: Playstation, Gamecube, Xbox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing school homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIBRARIES

**J1. How often do you go to a Public Library? (this does NOT include school libraries)
(Tick one box only)**

- | | | | |
|----------------------------|--------------------------|---|---------------------------|
| Several times a week | <input type="checkbox"/> | 1 | → Continue to Question J2 |
| Once a week | <input type="checkbox"/> | 2 | → Continue to Question J2 |
| Once every 2-3 weeks | <input type="checkbox"/> | 3 | → Continue to Question J2 |
| Monthly | <input type="checkbox"/> | 4 | → Continue to Question J2 |
| Once every 2-3 months | <input type="checkbox"/> | 5 | → Continue to Question J2 |
| Once every 4-6 months | <input type="checkbox"/> | 6 | → Continue to Question J2 |
| Once in the last 12 months | <input type="checkbox"/> | 7 | → Continue to Question J2 |
| Less frequently | <input type="checkbox"/> | 8 | → Continue to Question J2 |
| Never | <input type="checkbox"/> | 9 | → Go to Question J4 |

**J2. Why do you go to a Public Library? (this does NOT include school libraries)
(Tick all that apply)**

- | | | |
|---|--------------------------|----|
| To borrow/ return/ renew books | <input type="checkbox"/> | 1 |
| To borrow/ return/ renew other material such as DVDs, CDs, Videos, CD-ROMS | <input type="checkbox"/> | 2 |
| To look up information | <input type="checkbox"/> | 3 |
| To study/ do homework | <input type="checkbox"/> | 4 |
| To browse/ read books/ newspapers | <input type="checkbox"/> | 5 |
| To use the computer (eg: to use word processing/ database/ spreadsheet packages etc.) | <input type="checkbox"/> | 6 |
| To access the Internet | <input type="checkbox"/> | 7 |
| To attend an event/ exhibition | <input type="checkbox"/> | 8 |
| To use photocopier/ fax | <input type="checkbox"/> | 9 |
| To use other facilities (eg: café, toilet, shop etc.) | <input type="checkbox"/> | 10 |
| Other reason | <input type="checkbox"/> | 11 |

**J3. Thinking about the last time you visited or used a Public Library, how much did you enjoy it? (this does NOT include school libraries)
(Tick one box only)**

- | | | |
|---------------|--------------------------|---|
| A lot | <input type="checkbox"/> | 1 |
| A little | <input type="checkbox"/> | 2 |
| Not very much | <input type="checkbox"/> | 3 |
| Not at all | <input type="checkbox"/> | 4 |

**J4. What would encourage you to visit or use a Public Library more often? (this does NOT include school libraries)
(Tick all that apply)**

- Better selection of books 1
- Longer opening hours 2
- Better facilities for people with disabilities 3
- Better selection of DVDs/ CDs/CD-ROMs/ Videos 4
- If I had more free time 5
- More activities for children/ young people 6
- Better public transport links/ access to transport 7
- Better computer/ Internet facilities 8
- If there were fewer people there 9
- Better facilities such as toilets, shops, parking 10
- Safer neighbourhood/better location 11
- More welcoming staff 12
- Fines were less expensive 13
- Nothing 14
- Other reason 15

**J5. Have you ever used the public library service website (www.ni-libraries.net)?
(Tick one box only)**

- Never heard of it 1
- Yes 2
- No 3

MUSEUMS

Please read the following before answering the questions on museums:

The following questions are about your experiences of museums in Northern Ireland. When you are thinking about what is meant by a museum, please also **INCLUDE** the W5 at the Odyssey Centre in Belfast and the Ulster American Folk Park in Omagh.

K6. Which, if any, of the following museums have you visited in the last 12 months?

(Tick all that apply)

- | | | |
|--|--------------------------|------------------------|
| Ulster Museum in Belfast | <input type="checkbox"/> | 1 |
| Ulster Folk & Transport Museum in Cultra | <input type="checkbox"/> | 2 |
| Ulster American Folk Park in Omagh | <input type="checkbox"/> | 3 |
| W5 at Odyssey Centre in Belfast | <input type="checkbox"/> | 4 |
| Armagh County Museum | <input type="checkbox"/> | 5 |
| Other museum(s) in Northern Ireland | <input type="checkbox"/> | 6 |
| None | <input type="checkbox"/> | 7 → Go to Question K10 |

K8. Have you visited any museum in Northern Ireland as part of a trip organised by school in the last 12 months?

(Tick one box only)

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

K9. Thinking about the last time you visited a museum in Northern Ireland, how much did you enjoy it?

(Tick one box only)

- | | | |
|---------------|--------------------------|---|
| A lot | <input type="checkbox"/> | 1 |
| A little | <input type="checkbox"/> | 2 |
| Not very much | <input type="checkbox"/> | 3 |
| Not at all | <input type="checkbox"/> | 4 |

K10. Which, if any, of the reasons listed below would put you off going to a museum in Northern Ireland? (Tick all that apply)

- | | | |
|--|--------------------------|----|
| It is difficult to find the time | <input type="checkbox"/> | 1 |
| It costs too much | <input type="checkbox"/> | 2 |
| Not really interested | <input type="checkbox"/> | 3 |
| I wouldn't enjoy it | <input type="checkbox"/> | 4 |
| I might feel uncomfortable or out of place | <input type="checkbox"/> | 5 |
| Not having enough information about what is on | <input type="checkbox"/> | 6 |
| Difficulty in getting there/lack of transport | <input type="checkbox"/> | 7 |
| Not enough activities, especially for young people | <input type="checkbox"/> | 8 |
| I don't have anyone to go with | <input type="checkbox"/> | 9 |
| Nothing would put me off | <input type="checkbox"/> | 10 |
| Other reason | <input type="checkbox"/> | 11 |

ARTS

L12. Which, if any, of the following 'Arts' activities have you DONE or TAKEN PART in the last 12 months? (Tick all that apply)

- | | |
|--|---|
| Dancing of any kind – not for fitness | <input type="checkbox"/> 1 |
| Sang (not karaoke) or played a musical instrument to an audience, including rehearsal for a performance | <input type="checkbox"/> 2 |
| Played a musical instrument for your own pleasure | <input type="checkbox"/> 3 |
| Written music in your free time | <input type="checkbox"/> 4 |
| Written any stories or poetry in your free time (not including school work or homework) | <input type="checkbox"/> 5 |
| Performed in or rehearsed for a play/drama/pantomime/musical/opera | <input type="checkbox"/> 6 |
| Painting, drawing, sculpture or printmaking in your free time (not including school work or homework) | <input type="checkbox"/> 7 |
| Photography or made films/videos as an artistic activity (not including family or holiday photos, films or videos) | <input type="checkbox"/> 8 |
| Any sort of crafts such as textiles, wood, pottery or jewellery making | <input type="checkbox"/> 9 |
| Read for pleasure (not including school books, newspapers, magazines or comics) | <input type="checkbox"/> 10 |
| Helped with organising or running of a musical/festival/pantomime or show of any kind | <input type="checkbox"/> 11 |
| None of the above | <input type="checkbox"/> 12 → Go to L14 |

L13. Thinking about the last 'Arts' activity you did or took part in, how much did you enjoy it? (Tick one box only)

- | | |
|---------------|----------------------------|
| A lot | <input type="checkbox"/> 1 |
| A little | <input type="checkbox"/> 2 |
| Not very much | <input type="checkbox"/> 3 |
| Not at all | <input type="checkbox"/> 4 |

L14. Which, if any, of the reasons listed below would put you off doing or taking part in the types of 'Arts' activities mentioned earlier? (Tick all that apply)

- It is difficult to find the time 1
- They cost too much 2
- I'm not really interested 3
- I don't have anyone to do them with 4
- I wouldn't enjoy them 5
- I might feel uncomfortable or out of place 6
- I don't have enough information about what is on 7
- There aren't enough facilities close to where I live 8
- My health isn't good enough 9
- I don't have the ability or talent 10
- Nothing would put me off 11
- Other reason 12

L15. Which, if any, of the following 'Arts' events have you BEEN TO in the last 12 months? (Tick all that apply)

- Film at a cinema or other venue 1
- Circus or carnival 2
- Pantomime or musical 3
- An Arts festival or Community festival 4
- Play or drama at a theatre or other venue 5
- Opera 6
- Rock or pop music performance 7
- Traditional or folk music performance 8
- Classical or jazz music performance 9
- Other live music performance or concert 10
- Ballet 11
- Irish dancing performance 12
- Any other live dance event 13
- Poetry reading or storytelling/anything to do with books/writing 14
- Any type of event including art/photography/sculpture/video/electronic arts/crafts 15
- None of the above 16 → Go to L17

**L16. Thinking about the last 'Arts' event you went to, how much did you enjoy it?
(Tick one box only)**

A lot 1

A little 2

Not very much 3

Not at all 4

**L17. Which, if any, of the reasons listed below would put you off going to the types of
'Arts' events mentioned earlier? (Tick all that apply)**

It is difficult to find the time 1

They cost too much 2

I'm not really interested 3

I don't have anyone to go to them with 4

I wouldn't enjoy them 5

I might feel uncomfortable or out of place 6

I don't have enough information about what is on 7

There aren't enough facilities close to where I live 8

My health isn't good enough 9

Nothing would put me off 10

Religious reasons 11

Other reason 12

THE ENVIRONMENT

M1. Are any of these environmental issues important to you?
(Tick one box for each line)

	Yes	No	Don't know
	1	2	3
Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global warming/Climate change/Damage to the ozone layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pollution (of sea, rivers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter/Waste management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using up natural resources (coal, gas, oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of plants, animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M2. Do you think that through your own actions you can make a difference to any of these issues?
(Tick one box for each line)

	Yes	No	Don't know
	1	2	3
Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global warming/Climate change/Damage to the ozone layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pollution (of sea, rivers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter/Waste management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using up natural resources (coal, gas, oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of plants, animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M3. How often do you sort/encourage others to sort glass, newspapers etc. for recycling?
(Tick one box only)

Always	<input type="checkbox"/>	1
Often	<input type="checkbox"/>	2
Sometimes	<input type="checkbox"/>	3
Never	<input type="checkbox"/>	4

M4. How often do you make/encourage others to make a special effort to use less electricity/gas at home or school (eg: by switching lights off)?
(Tick one box only)

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

M5. How often do you make/encourage others to make a special effort to use less water at home or school (eg: by taking showers rather than baths, turning off taps)?
(Tick one box only)

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

M6. Which, if any, of the following methods of saving water have you heard of?
(Tick all that apply)

- Only filling the kettle as much as you need 1
- Not letting the tap run whilst brushing your teeth 2
- Putting a jug of tap water in the fridge rather than run the tap for every drink 3
- Using a water butt in the garden to collect rain water for gardening 4
- Placing a hippo bag in the cistern of the toilet 5
- Using dishwashers/washing machines at the lowest possible setting (eg: 30 °C instead of 40 °C) 6
- None of these

7

M7. Which form of transport do you use most regularly?
(Tick one box only)

- Car/taxi 1
- Public Transport (eg: bus, train etc.) 2
- Cycle 3
- Walk 4

**M8. How often do you make a special effort to make sure that your noise (eg: from a TV/CD player/radio) does not disturb other people?
(Tick one box only)**

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

**M9. How often do you buy/encourage others to buy environmentally friendly products (eg: recycled paper, low energy light bulbs etc)?
(Tick one box only)**

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

**M10. How often do you dispose of your litter carefully?
(Tick one box only)**

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

**M11. From where do you learn most about environmental issues?
(Tick one box only)**

- School 1
- Television 2
- Radio 3
- Newspapers/magazines 4
- Parents 5
- Internet 6
- Somewhere else 7

M12. In the last 12 months, have you participated in any school trips which were related to the environment (eg: Biology/Geography field trips)?

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

M13. Are you involved in any environmental projects through school or outside school (eg: Ecoschools, Young Environmentalist awards, local community wildlife projects, members of UWT, RSPB etc)?

Yes 1

No 2

Don't know 3

M14. When shopping for food you should try to buy foods that are produced in Northern Ireland.

Strongly Agree 1

Agree 2

Neither Agree nor Disagree 3

Disagree 4

Strongly Disagree 5

Don't know 6

M15. You should choose organic foods because they have a less damaging effect on the environment.

Strongly Agree 1

Agree 2

Neither Agree nor Disagree 3

Disagree 4

Strongly Disagree 5

Don't know 6

M16. In general, there is too much packaging on food.

Strongly Agree 1

Agree 2

Neither Agree nor Disagree 3

Disagree 4

Strongly Disagree 5

Don't know 6

PLEASE READ:

Renewable energy is produced from naturally occurring sources that cannot be used up, such as sunshine, wind or water. Energy produced by fossil fuels such as coal, oil or gas is not renewable energy as supplies of these will eventually run out.

M17. Do you believe that a large proportion of the energy produced/used in Northern Ireland in the next 10 years will be renewable energy?

Yes 1

No 2

Don't know 3

M18. Do you believe renewable energy can help in fighting climate change/global warming/damage to ozone?

Yes 1

No 2

Don't know 3

TRAVELLING TO SCHOOL

**N1. How do you usually travel most of the way TO school?
(Tick one box only)**

- | | | |
|---------|--------------------------|---|
| Walk | <input type="checkbox"/> | 1 |
| Bicycle | <input type="checkbox"/> | 2 |
| Bus | <input type="checkbox"/> | 3 |
| Train | <input type="checkbox"/> | 4 |
| Taxi | <input type="checkbox"/> | 5 |
| Car | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

**N2. How would you LIKE to travel most of the way TO school?
(Tick one box only)**

- | | | |
|---------|--------------------------|---|
| Walk | <input type="checkbox"/> | 1 |
| Bicycle | <input type="checkbox"/> | 2 |
| Bus | <input type="checkbox"/> | 3 |
| Train | <input type="checkbox"/> | 4 |
| Taxi | <input type="checkbox"/> | 5 |
| Car | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

**N3. How do you usually travel most of the way home FROM school?
(Tick one box only)**

- | | | |
|---------|--------------------------|---|
| Walk | <input type="checkbox"/> | 1 |
| Bicycle | <input type="checkbox"/> | 2 |
| Bus | <input type="checkbox"/> | 3 |
| Train | <input type="checkbox"/> | 4 |
| Taxi | <input type="checkbox"/> | 5 |
| Car | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

**N4. How would you LIKE to 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

**N5. If you travel by car TO or FROM school, do any other pupils travel in the car with you?
(Tick all that apply)**

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

N6. Do you qualify for free school transport (eg: free school bus/train pass)?

- Yes 1 → Continue to Question N7
No 2 → Go to Question N8

N7. How often do you use free 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

N8. Can I just check do you ever take the bus TO or FROM school?

- Yes 1 → Continue to Question N9
No 2 → Go to Question N15

N9. Do you usually find travelling TO or FROM school by bus a pleasant experience?

Yes 1

No 2

N10. Are you usually comfortable while you are travelling TO or FROM school by bus?

Yes 1

No 2

N11. Do you usually feel safe while travelling TO or FROM school by bus?

Yes 1 → Go to Question N13

No 2 → Continue to Question N12

**N12. Which of the following makes you feel unsafe while travelling by bus?
(Tick all that apply)**

Overcrowding 1

Lack of seatbelts 2

Having to stand 3

Having to sit 3 to a seat 4

Passenger behaviour (eg: bullying, rowdiness etc) 5

Bus driver behaviour (eg: driving too fast, careless etc.) 6

Something else 7

N13. Do you ever feel your safety is at risk just before getting on or just after getting off the bus?

Yes 1 → Continue to Question N14

No 2 → Go to Question N15

**N14. Which of the following makes you feel your safety is at risk just before getting on or just after getting off the bus?
(Tick all that apply)**

Could get run over by the bus 1

Could get run over by a car, lorry etc. coming after the bus 2

Could get run over by a car, lorry etc. coming on the other side of the road from the bus 3

Could get pushed onto the road by other children 4

Something else – please say what _____ 5

N15. Are you satisfied or dissatisfied with the public transport (eg: bus, train etc.) you use to get TO or FROM school?

- Satisfied 1
- Neither satisfied nor dissatisfied 2
- Dissatisfied 3
- Don't use public transport to or from school 4

N16. Are you satisfied or dissatisfied with the public transport (eg: bus, train etc.) you use on journeys OTHER than to or from school?

- Satisfied 1
- Neither satisfied nor dissatisfied 2
- Dissatisfied 3
- Don't use public transport for other journeys 4

ROAD SAFETY

O1. How often do you do any of the following?
(Tick one box for each line)

	Always 1	Often 2	Sometimes 3	Never 4	Does not Apply 5
Use the Green Cross Code – Stop, Look and listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use pedestrian crossings if available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear bright coloured clothes while cycling/walking at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a cycle helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay attention to traffic (eg: when cycling/walking across the road)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt in the front seat of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt in the back seat of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk out on to the road to cross between cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get off a bus and cross the road before it has moved off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realise when crossing the road that traffic is moving faster than you thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a mobile phone when crossing the road (eg: to text, make a phone call)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run across the road without checking for traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry on with friends while crossing the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O2. In the last 12 months, have you had any type of education on road safety in school (eg: talks/lessons, projects, packs, leaflets)?

Yes 1 → Continue to Question O3

No 2 → Go to Question P1

O3. 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

O4. Who provided the road safety education in school? (Tick all that apply)

Teacher 1

Road Safety Education Officer (RSEO) 2

Police 3

Someone else 4

O5. Did you find the road safety education you received in school useful?

Yes 1

No 2

Don't know 3

MONEY

P1. If you borrowed £50 from your parents/guardians, which of the following describes what you would do first?

(Tick one box only)

- | | |
|---------------------------------|----------------------------|
| Use my own money to pay it back | <input type="checkbox"/> 1 |
| Borrow money to pay it back | <input type="checkbox"/> 2 |
| Avoid paying it back | <input type="checkbox"/> 3 |
| None of these | <input type="checkbox"/> 4 |
| Don't know | <input type="checkbox"/> 5 |

P2. If you got £100 as a present from your parents/guardians today, would you spend it or save it?

(Tick one box only)

- | | |
|--------------------------|----------------------------|
| Save it | <input type="checkbox"/> 1 |
| Spend it | <input type="checkbox"/> 2 |
| Save some and spend some | <input type="checkbox"/> 3 |
| Don't know | <input type="checkbox"/> 4 |

P3. Which one of the following best describes how you are learning to manage money?

(Tick one box only)

- | | |
|-------------------------|----------------------------|
| From parents/guardians | <input type="checkbox"/> 1 |
| From friends | <input type="checkbox"/> 2 |
| At school | <input type="checkbox"/> 3 |
| Through experience | <input type="checkbox"/> 4 |
| From TV/newspapers etc. | <input type="checkbox"/> 5 |
| Don't know | <input type="checkbox"/> 6 |

ATTITUDES TOWARDS DOMESTIC VIOLENCE

Q1. Do you think boyfriends who hit girlfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

Q2. Do you think husbands who hit wives once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

Q3. Do you think girlfriends who hit boyfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

Q4. Do you think wives who hit husbands once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

Q5. Do you think it is okay for a man to hit his girlfriend/wife if she is nagging or won't stop arguing with him?

Yes 1

No 2

Don't know 3

Q6. Do you think it is okay for a woman to hit her boyfriend/husband if he is nagging or won't stop arguing with her?

Yes 1

No 2

Don't know 3

Q7. Do you think it is okay for a man to hit his girlfriend/wife if she is not treating him with respect?

Yes 1

No 2

Don't know 3

Q8. Do you think it is okay for a woman to hit her boyfriend/husband if he is not treating her with respect?

Yes 1

No 2

Don't know 3

Q9. Do you think it is okay for a man to hit his girlfriend/wife if she has slept with someone else?

Yes 1

No 2

Don't know 3

Q10. Is it okay for a woman to hit her boyfriend/husband if he has slept with someone else?

Yes 1

No 2

Don't know 3

You have now completed the questionnaire.

Thank You



YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY

2007

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 all that apply)**

- | | | |
|-----------------------------|--------------------------|----|
| Mother | <input type="checkbox"/> | 1 |
| Father | <input type="checkbox"/> | 2 |
| Step-mother | <input type="checkbox"/> | 3 |
| Step-father | <input type="checkbox"/> | 4 |
| Mother's boyfriend/partner | <input type="checkbox"/> | 5 |
| Father's girlfriend/partner | <input type="checkbox"/> | 6 |
| Sister(s) | <input type="checkbox"/> | 7 |
| Brother(s) | <input type="checkbox"/> | 8 |
| Step-sister(s) | <input type="checkbox"/> | 9 |
| Step-brother(s) | <input type="checkbox"/> | 10 |
| Half-sister(s) | <input type="checkbox"/> | 11 |
| Half-brother(s) | <input type="checkbox"/> | 12 |
| Grandmother | <input type="checkbox"/> | 13 |
| Grandfather | <input type="checkbox"/> | 14 |
| Foster parents | <input type="checkbox"/> | 15 |
| None of these | <input type="checkbox"/> | 16 |

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

- | | | |
|--------------------------|--------------------------|---|
| The Protestant community | <input type="checkbox"/> | 1 |
| The Catholic community | <input type="checkbox"/> | 2 |
| Neither community | <input type="checkbox"/> | 3 |
| Other | <input type="checkbox"/> | 4 |

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

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

**A4. Does your father have a job at the moment?
(Tick one box only)**

- | | | |
|---------------------------------|--------------------------|---|
| Yes, has a job/is self employed | <input type="checkbox"/> | 1 |
| No – not working | <input type="checkbox"/> | 2 |
| No – retired | <input type="checkbox"/> | 3 |
| Do not have a father | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 5 |

**A5. Does your mother have a job at the moment?
(Tick one box only)**

- | | | |
|---------------------------------|--------------------------|---|
| Yes, has a job/is self employed | <input type="checkbox"/> | 1 |
| No – not working | <input type="checkbox"/> | 2 |
| No – retired | <input type="checkbox"/> | 3 |
| Do not have a mother | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 5 |

**A6. To which of these ethnic groups do you consider yourself to belong to?
(Tick one box only)**

- | | | |
|------------------------|--------------------------|----|
| White | <input type="checkbox"/> | 1 |
| Chinese/Hong Kong | <input type="checkbox"/> | 2 |
| Irish Traveller | <input type="checkbox"/> | 3 |
| Indian/Sri Lankan | <input type="checkbox"/> | 4 |
| Pakistani | <input type="checkbox"/> | 5 |
| Bangladeshi | <input type="checkbox"/> | 6 |
| Black – Caribbean | <input type="checkbox"/> | 7 |
| Black – African | <input type="checkbox"/> | 8 |
| Black – Other | <input type="checkbox"/> | 9 |
| Korean | <input type="checkbox"/> | 10 |
| Mixed ethnic group | <input type="checkbox"/> | 11 |
| Any other ethnic group | <input type="checkbox"/> | 12 |
| Don't know | <input type="checkbox"/> | 13 |

A7. In which country were you born?
(Tick one box only)

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

A8. In which country was your father born?
(Tick one box only)

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

A9. In which country was your mother born?
(Tick one box only)

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

A10. Would you describe the place where you live as...?
(Tick one box only)

- | | | |
|--|--------------------------|---|
| A big city | <input type="checkbox"/> | 1 |
| The suburbs or outskirts of a big city | <input type="checkbox"/> | 2 |
| A small city or town | <input type="checkbox"/> | 3 |
| A country village | <input type="checkbox"/> | 4 |
| A farm or home in the country | <input type="checkbox"/> | 5 |
| Don't know | <input type="checkbox"/> | 6 |

A11. Considering the area in which you now live, how long a walk (in minutes) do you think it would take you to move outside of your area?

- 0 to 5 minutes 1
- 6 to 10 minutes 2
- 11 to 15 minutes 3
- 16 to 20 minutes 4
- More than 20 minutes 5
- Not sure of the boundaries of my area 6
- Don't know 7

A12. Considering the area in which you now live, how long a walk (in minutes) do you think it would take you to move to the centre of your area?

- 0 to 5 minutes 1
- 6 to 10 minutes 2
- 11 to 15 minutes 3
- 16 to 20 minutes 4
- More than 20 minutes 5
- Not sure of the boundaries of my area 6
- Don't know 7

A13. Do you have any long-standing illness or disability that has troubled you over a period of time, or is likely to affect you in the future?

- Yes 1 → Continue to Question A14
- No 2 → Go to Question A15

A14. Does this illness or disability affect your activities in any way?

- Yes 1
- No 2

A15. In the last 12 months, which, if any, of the following medical conditions have you had? (Tick all that apply)

- | | | | |
|------------------|----------------------------|-------------|----------------------------|
| Acne | <input type="checkbox"/> 1 | Diabetes | <input type="checkbox"/> 5 |
| Allergies/rashes | <input type="checkbox"/> 2 | Migraine | <input type="checkbox"/> 6 |
| Asthma | <input type="checkbox"/> 3 | Period pain | <input type="checkbox"/> 7 |
| Chest infection | <input type="checkbox"/> 4 | None | <input type="checkbox"/> 8 |

MORE ABOUT YOU

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

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

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

B1. In the last 7 days, have you played any sport, done any exercise, or played actively that made you out of breath or hot and sweaty?

Yes 1

No 2

The following question is about your experiences of museums in Northern Ireland. When you are thinking about what is meant by a museum, please also INCLUDE the W5 at the Odyssey Centre in Belfast and the Ulster American Folk Park in Omagh.

B2. Which, if any, of the following museums have you visited in the last 12 months? (Tick all that apply)

- | | |
|--|----------------------------|
| Ulster Museum in Belfast | <input type="checkbox"/> 1 |
| Ulster Folk & Transport Museum in Cultra | <input type="checkbox"/> 2 |
| Ulster American Folk Park in Omagh | <input type="checkbox"/> 3 |
| W5 at Odyssey Centre in Belfast | <input type="checkbox"/> 4 |
| Armagh County Museum | <input type="checkbox"/> 5 |
| Other museum(s) in Northern Ireland | <input type="checkbox"/> 6 |
| None | <input type="checkbox"/> 7 |

B3. How often do you go to a Public Library? (this does NOT include school libraries) (Tick one box only)

- | | |
|----------------------------|----------------------------|
| Several times a week | <input type="checkbox"/> 1 |
| Once a week | <input type="checkbox"/> 2 |
| Once every 2-3 weeks | <input type="checkbox"/> 3 |
| Monthly | <input type="checkbox"/> 4 |
| Once every 2-3 months | <input type="checkbox"/> 5 |
| Once every 4-6 months | <input type="checkbox"/> 6 |
| Once in the last 12 months | <input type="checkbox"/> 7 |
| Less frequently | <input type="checkbox"/> 8 |
| Never | <input type="checkbox"/> 9 |

B4. In the last 12 months, how often, if at all, have you attended an 'Arts' performance or an event (eg: music concert, play, pantomime etc) as a visitor or member of an audience?

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

B5. Do you agree or disagree with the following statements?

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
I would feel out of place in an art gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public libraries provide an Important service to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy seeing exhibitions and displays at museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of opportunities for me to take part in sport, if I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODERN TECHNOLOGY

B6. Have you taken part in digital technology classes or other creative activities at a Creative Learning Centre, such as The Nerve Centre, AmmA Centre or Studio On?

Yes 1

No 2

**B7. Which, if any, of the following do you own or have access to?
(Tick all that apply)**

MP3 player or iPod 1

Mobile Phone **with** photo camera
or video camera 2

Mobile phone **without** photo camera
or video camera 3

Portable DVD player 4

Digital photo camera 5

Digital video camera 6

None of these 7

B8. Do you have access to a personal computer or laptop at home?

Yes 1 → Continue to Question B9

No 2 → Go to Question B10

Don't know 3 → Go to Question B10

B9. What sort of Internet access do you have at home?

Don't have Internet at home 1

Broadband Internet access 2

Dial up connection Internet access 3

Don't know what type of access it is 4

B10. Are you a member of Bebo, Myspace, Faceparty or have a Weblog (blog)?

Yes 1

No 2

SUBJECT CHOICES

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

C1. I have a good choice of subjects.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

C2. I am able to study subjects in which I am interested.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

C3. I am able to study subjects which I am good at.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

C4. I chose subjects with a career area in mind.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

C5. I am content with the advice I got about my subject choices from my careers teachers.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |
| Does not apply | <input type="checkbox"/> | 6 |

C6. I am content with the advice I got about my subject choices from my other teachers.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |
| Does not apply | <input type="checkbox"/> | 6 |

C7. I am content with the advice I got about my subject choices from careers advisors (from an outside organisation).

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |
| Does not apply | <input type="checkbox"/> | 6 |

FURTHER EDUCATION

**D1. Which of the following do you want to do immediately after you finish year 12?
(Tick all that apply)**

- NVQs 1
- AS Levels 2
- A-Levels 3
- Not planning to stay on in education 4
- Other 5

D2. The government has just started giving money to pupils who stay in education after 16, depending on their family circumstances. Have you heard about this Education Maintenance Allowance?

- Yes, I have heard of it and understand what it means 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

**D3. 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?
(Tick one box 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
- Don't know 6

**D4. Which do you think is the most important for getting a job with good pay?
(Tick one box only)**

- Staying on in education and getting as many qualifications as possible 1
- Leaving school and getting a skilled trade 2
- Neither of these 3

**D5. Which, if any, of the following groups of people encouraged you to think about going to Further Education College or University?
(Tick all that apply)**

Your friends 1

Parents/Guardians 2

The rest of your family 3

Careers teachers 4

Other teachers 5

Careers advisors
(from an outside organisation) 6

None of these 7

→ Go to Question E1

**D6. Which of these groups of people was most influential in encouraging you to think about going to Further Education College or University?
(Tick one box only)**

Your friends 1

Parents/Guardians 2

The rest of your family 3

Careers teachers 4

Other teachers 5

Careers advisors
(from an outside organisation) 6

STARTING A BUSINESS

E1. Would you be interested in starting your own business at any time in the future?

Yes 1 → Continue to Question E2

No 2 → Go to Question E4

Don't know 3 → Go to Question E4

E2. Do you have a business idea?

Yes 1 → Continue to Question E3

No 2 → Go to Question E4

**E3. Which category does your business idea fall into?
(Tick all that apply)**

Manufacturing/Construction 1

Retail 2

Catering and Hospitality / Leisure 3

Finance and Business 4

Computing and ICT 5

Education 6

Health and Beauty 7

Domestic Services eg: gardening/cleaning 8

Transport/Vehicle Service 9

Craft Products and services / Creative Arts 10

Agricultural / Environmental 11

Professional Services eg: Dentists/Solicitors 12

Unknown 13

E4. Are you aware of any support that is available to help you start your own business?

Yes 1

No 2

**E5. Which, if any, of these organisations have you heard of?
(Tick all that apply)**

- Invest NI 1
- Local Enterprise Agencies 2
- Young Enterprise 3
- Shell Livewire 4
- Prince's Trust 5
- None of these 6 → Go to Question F1

**E6. Which, if any, of these organisations offer business support?
(Tick all that apply)**

- Invest NI 1
- Local Enterprise Agencies 2
- Young Enterprise 3
- Shell Livewire 4
- Prince's Trust 5
- None of these 6

SOCIAL SUPPORT

F1. 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)

	Yes	No	Don't know
	1	2	3
I have family/friends who do things to make me happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who make me feel loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who can be relied on no matter what happens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who would see that I am taken care of if I need to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who accept me just as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who make me feel an important part of their lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who give me support and encouragement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. During the last 4 weeks, how good or bad have you felt about the following? (Tick one box for each line)

	Very good	Fairly good	Neither good nor bad	Fairly bad	Very bad
	1	2	3	4	5
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to play sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The things you CAN do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your body and your looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you seem to feel most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you get along with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way life seems to be for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to be a friend to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way others seem to feel about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to talk with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SMOKING

G1. Have you ever smoked tobacco?
(At least one whole cigarette not just a puff of someone else's)

Yes 1 → Continue to Question G2

No 2 → Go to Question G8

G2. What age were you when you had your first cigarette?

I was _____ years old

I can't remember

G3. How often do you smoke cigarettes now?

Every day 1 → Continue to Question G4

At least once a week but not every day 2 → Continue to Question G4

Less than once a week 3 → Go to Question G8

I do not smoke now 4 → Go to Question G8

G4. How many cigarettes do you usually smoke in a week?

_____ cigarettes a week

G5. Which of these would you be most likely to try for help giving up smoking?
(Tick one box only)

Ask an adult in school (eg: teacher or school nurse) for help/advice 1 → Continue to Question G6

Ask family or friends for help/advice 2 → Continue to Question G6

Use any nicotine products e.g. patches, chewing gum 3 → Continue to Question G6

Go to see your family doctor or GP 4 → Continue to Question G6

Phone a smokers helpline 5 → Continue to Question G6

Attend a stop smoking group or see a counsellor 6 → Continue to Question G6

Some other thing 7 → Continue to Question G6

Would not want to give up smoking 8 → Go to Question G7

G6. Would you like to give up smoking cigarettes altogether?

Yes 1

No 2

**G7. Which, if any, of the following things have you done to help you give up smoking?
(Tick all that apply)**

Asked an adult in school (eg: teacher or school nurse) for help/advice 1

Asked family or friends for help/advice 2

Used any nicotine products eg: patches, chewing gum 3

Been to see your family doctor or GP 4

Phoned a smokers helpline 5

Attended a stop smoking group or saw a counsellor 6

Some other thing 7

None of these 8

G8. Below are a few things that people say about smoking. Some people agree with these and others don't. Do you agree or disagree with each of these statements?

	Agree 1	Disagree 2
Smoking makes you look more grown up	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can help calm you down	<input type="checkbox"/>	<input type="checkbox"/>
Smoking helps you feel more confident	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can put you in a better mood	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can help you stay slim	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can help you make friends more easily	<input type="checkbox"/>	<input type="checkbox"/>
Smokers have more fun than people who don't smoke	<input type="checkbox"/>	<input type="checkbox"/>
Smokers are more likely to have boyfriends or girlfriends than people who don't smoke	<input type="checkbox"/>	<input type="checkbox"/>
Smokers are more boring than people who don't smoke	<input type="checkbox"/>	<input type="checkbox"/>
Smokers tend to be more 'hard' than people who don't smoke	<input type="checkbox"/>	<input type="checkbox"/>

G9. Do any adults in your household smoke?

Yes 1 → Continue to Question G10

No 2 → Go to Question G11

G10. Do the adults smoke inside your home?

Yes 1

No 2

G11. Are visitors allowed to smoke inside your house?

Yes 1

No 2

Don't Know 3

ALCOHOL

H1. 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 1 → Continue to Question H2

No 2 → Go to Question H14

Don't know 3 → Go to Question H14

H2. What age were you when you had your first alcoholic drink?

I was _____ years old I can't remember

H3. How many times have you had an alcoholic drink in your life?

Once 1

Twice 2

3 times 3

4-10 times 4

11-24 times 5

25 times or more 6

H4. How did you get the alcoholic drink the last time you drank?
(Tick one box only)

I bought it myself from an off licence 1

I bought it myself in a pub 2

I bought it myself in a club/disco 3

I got it myself at a party/wedding etc 4

Friends bought it for me/gave it to me 5

My Mother/Father offered/gave it to me 6

My Brother/Sister offered/gave it to me 7

Another relative offered/gave it to me 8

Someone else bought it for me/gave it to me 9

I took it without permission 10

Other 11

**H5. Where were you the last time you drank alcohol?
(Tick one box only)**

- 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
- At a special occasion e.g. wedding 9
- Somewhere else 10

**H6. Who were you with the last time you drank alcohol?
(Tick one box only)**

- 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

**H7. 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 → Continue to Question H8
- A few times a week 2 → Continue to Question H8
- A few times a month 3 → Continue to Question H8
- A few times a year 4 → Continue to Question H8
- Rarely 5 → Continue to Question H8
- Not any more 6 → Go to Question H10

H8. Have you drunk any alcohol in the past week (last 7 days)?

Yes 1 → Continue to Question H9

No 2 → Go to Question H10

H9. In the past week (last 7 days) how much alcohol have you drunk?

(If you have not drunk any bottles, cans, glasses etc then please write in 0
– please do not leave any blanks)

Beer/lager/stout write in how many bottles _____

write in how many cans _____

write in how many pint glasses _____

Shandy write in how many bottles _____

write in how many cans _____

write in how many pint glasses _____

Cider write in how many bottles _____

write in how many large bottles _____

write in how many pint glasses _____

Alcopops/Spirit based mixers (eg: Hooch, Barcardi Breezers, Smirnoff Ice, WKD) write in how many bottles _____

Spirits and liqueurs (eg: whiskey, gin - but not counting spirit based mixers) write in how many measures/glasses _____

Wine write in how many bottles _____

write in how many glasses _____

Shots (eg: Aftershock, Cocopops) write in how many shot glasses _____

H10. Have you ever had so much alcohol that you were drunk?

No, never 1 → Go to Question H12

Yes, once 2 → Continue to Question H11

Yes, 2 - 3 times 3 → Continue to Question H11

Yes, 4 - 10 times 4 → Continue to Question H11

Yes, more than 10 times 5 → Continue to Question H11

H11. 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

H12. Have you ever been in trouble with any of the following because of drinking alcohol? (Tick one box for each of the people or groups listed)

	Never 1	Once 2	More than once 3
Parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H13. Have you ever bought alcohol yourself? (Tick all that apply)

- No 1
Yes, from a pub 2
Yes, from an off-licence 3
Yes, from a shop/supermarket 4

**H14. How much do you know about the effects/risks of drinking alcohol?
(Tick one box only)**

- Know a lot 1
Know quite a bit 2
Know some 3
Know very little 4
Know nothing at all 5

H15. Have you had any type of education on the use of alcohol (eg: talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year ...?
(Tick all that apply)

At school

 1

At a youth facility
(ie: Youth club, Community centre etc)

 2

Somewhere else

 3

If you ticked any of
these boxes, please
continue to Question
H16

None of these

 4 → Go to Question H17

H16. Has the education you received made you less inclined to drink alcohol?

Yes 1

No 2

H17. Where do you get information about alcohol from?
(Tick all that apply)

School 1

Youth club 2

Parents 3

Brothers/sisters 4

Other relatives 5

Friends 6

Church 7

TV 8

Radio 9

Books/magazines 10

Posters/billboards 11

Internet 12

Doctor 13

Police 14

Helpline 15

Other (Please say where) 16 _____

None of these 17

SOLVENTS & DRUGS

J1. The following set of questions are about SOLVENTS: things that people inhale to get high (like glue, lighter fuel, petrol, gas etc).

(1a) Have you ever been offered SOLVENTS to inhale?

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

(1b) Have you ever inhaled SOLVENTS?

- Yes, in the last week 1 → Continue to section (1c)
Yes, in the last month 2 → Continue to section (1c)
Yes, in the last year 3 → Continue to section (1c)
Yes, over a year ago 4 → Continue to section (1c)
No, never 5 → Go to section (1j)

(1c) How often do you use SOLVENTS?

- 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

(1d) What age were you the first time you used SOLVENTS?

I was _____ years old I can't remember

(1e) How many times have you used SOLVENTS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

(1f) The last time you used SOLVENTS, what type did you use?
(Tick one box only)

- Butane gas, lighter refills 1
- Aerosols 2
- Glue 3
- Tippex, correcting fluids 4
- Petrol 5
- Other (please say what) 6 _____

(1g) The last time you used SOLVENTS, how did you get them?
(Tick one box only)

- I got them from a relative (eg: brother, sister, uncle, cousin etc) 1
- I got them from an adult I didn't know 2
- I got them from an adult I knew 3
- I got them from a friend or other person around my own age I knew 4
- I got them from someone my own age I didn't really know 5
- I bought them in a shop 6
- I got them myself 7
- Other (please say what) _____ 8

(1h) Who were you with the last time you used SOLVENTS?
(Tick one box only)

- 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

(1i) Have you ever been in trouble with any of the following because of having used or tried SOLVENTS? (Tick one box for each of the people or groups listed)

	Never	Once	More than once
	1	2	3
Parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1j) Have you ever offered SOLVENTS to anyone else?

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

(1k) How much do you know about the effects/risks of taking SOLVENTS? (Tick one box only)

- Know a lot 1
- Know quite a bit 2
- Know some 3
- Know very little 4
- Know nothing at all 5

J2. The questions on this page are about the drug CANNABIS (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed).

(2a) Have you ever been offered CANNABIS?

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

(2b) How easy would it be to get some CANNABIS if you wanted to?

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

(2c) Have you ever used or tried CANNABIS?

- Yes, in the last week 1 → Continue to section (2d)
- Yes, in the last month 2 → Continue to section (2d)
- Yes, in the last year 3 → Continue to section (2d)
- Yes, over a year ago 4 → Continue to section (2d)
- No, never 5 → Go to Question J3

(2d) How often do you use CANNABIS?

- 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

(2e) What age were you the first time you used CANNABIS?

I was _____ years old I can't remember

(2f) How many times have you used CANNABIS in your life?

- Once 1
- Twice 2
- 3 times 3
- 4-10 times 4
- 11-24 times 5
- 25 times or more 6

J3. The questions on this page are about the drug SPEED (Amphetamines, Uppers, Whizz, Sulphate, Billy).

(3a) Have you ever been offered SPEED?

Yes, once 1

Yes, more than once 2

No, never 3

(3b) Have you ever used or tried SPEED?

Yes, in the last week 1 → Continue to section (3c)

Yes, in the last month 2 → Continue to section (3c)

Yes, in the last year 3 → Continue to section (3c)

Yes, over a year ago 4 → Continue to section (3c)

No, never 5 → Go to Question J4

(3c) How often do you use SPEED?

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

(3d) What age were you the first time you used SPEED?

I was _____ years old I can't remember

(3e) How many times have you used SPEED in your life?

Once 1

Twice 2

3 times 3

4-10 times 4

11-24 times 5

25 times or more 6

J4. The questions on this page are about the drug LSD (Acid, Tabs, Trips).

(4a) Have you ever been offered LSD?

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

(4b) Have you ever used or tried LSD?

- Yes, in the last week 1 → Continue to section (4c)
Yes, in the last month 2 → Continue to section (4c)
Yes, in the last year 3 → Continue to section (4c)
Yes, over a year ago 4 → Continue to section (4c)
No, never 5 → Go to Question J5

(4c) How often do you use LSD?

- 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

(4d) What age were you the first time you used LSD?

I was _____ years old I can't remember

(4e) How many times have you used LSD in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

J5. The questions on this page are about the drug ECSTASY ('E', Dennis the menace).

(5a) Have you ever been offered ECSTASY?

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

(5b) How easy would it be to get some ECSTASY if you wanted to?

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

(5c) Have you ever used or tried ECSTASY?

- Yes, in the last week 1 → Continue to section (5d)
Yes, in the last month 2 → Continue to section (5d)
Yes, in the last year 3 → Continue to section (5d)
Yes, over a year ago 4 → Continue to section (5d)
No, never 5 → Go to Question J6

(5d) How often do you use ECSTASY?

- 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

(5e) What age were you the first time you used ECSTASY?

I was _____ years old I can't remember

(5f) How many times have you used ECSTASY in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

J6. The questions on this page are about POPPERS (Amyl Nitrates, Liquid Gold, Nitrates).

(6a) Have you ever been offered POPPERS?

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

(6b) Have you ever used or tried POPPERS?

- Yes, in the last week 1 → Continue to section (6c)
Yes, in the last month 2 → Continue to section (6c)
Yes, in the last year 3 → Continue to section (6c)
Yes, over a year ago 4 → Continue to section (6c)
No, never 5 → Go to Question J7

(6c) How often do you use POPPERS?

- 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

(6d) What age were you the first time you used POPPERS?

I was _____ years old I can't remember

(6e) How many times have you used POPPERS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

J7. The questions on this page are about TRANQUILLISERS (Downers, Barbiturates, Blues, Temazies, Jellies, Tranx, Temazepam).

(7a) Have you ever been offered TRANQUILLISERS?

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

(7b) Have you ever used or tried TRANQUILLISERS?

- Yes, in the last week 1 → Continue to section (7c)
Yes, in the last month 2 → Continue to section (7c)
Yes, in the last year 3 → Continue to section (7c)
Yes, over a year ago 4 → Continue to section (7c)
No, never 5 → Go to Question J8

(7c) How often do you use TRANQUILLISERS?

- 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

(7d) What age were you the first time you used TRANQUILLISERS?

I was _____ years old I can't remember

(7e) How many times have you used TRANQUILLISERS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

J8. The questions on this page are about the drug HEROIN (Smack, Skag, 'H').

(8a) Have you ever been offered HEROIN?

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

(8b) Have you ever used or tried HEROIN?

- Yes, in the last week 1 → Continue to section (8c)
Yes, in the last month 2 → Continue to section (8c)
Yes, in the last year 3 → Continue to section (8c)
Yes, over a year ago 4 → Continue to section (8c)
No, never 5 → Go to Question J9

(8c) How often do you use HEROIN?

- 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

(8d) What age were you the first time you used HEROIN?

I was _____ years old I can't remember

(8e) How many times have you used HEROIN in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

J9. The questions on this page are about the drug MAGIC MUSHROOMS (Psilocybin).

(9a) Have you ever been offered MAGIC MUSHROOMS?

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

(9b) Have you ever used or tried MAGIC MUSHROOMS?

- Yes, in the last week 1 → Continue to section (9c)
Yes, in the last month 2 → Continue to section (9c)
Yes, in the last year 3 → Continue to section (9c)
Yes, over a year ago 4 → Continue to section (9c)
No, never 5 → Go to Question J10

(9c) How often do you use MAGIC MUSHROOMS?

- 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

(9d) What age were you the first time you used MAGIC MUSHROOMS?

I was _____ years old I can't remember

(9e) How many times have you used MAGIC MUSHROOMS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

J10. The questions on this page are about the drug CRACK (Rock, Sand, Stone, Pebbles).

(10a) Have you ever been offered CRACK?

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

(10b) How easy would it be to get some CRACK if you wanted to?

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

(10c) Have you ever used or tried CRACK?

- Yes, in the last week 1 → Continue to section (10d)
- Yes, in the last month 2 → Continue to section (10d)
- Yes, in the last year 3 → Continue to section (10d)
- Yes, over a year ago 4 → Continue to section (10d)
- No, never 5 → Go to Question J11

(10d) How often do you use CRACK?

- 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

(10e) What age were you the first time you used CRACK?

I was _____ years old I can't remember

(10f) How many times have you used CRACK in your life?

- Once 1
- Twice 2
- 3 times 3
- 4-10 times 4
- 11-24 times 5
- 25 times or more 6

J11. The questions on this page are about the drug COCAINE (Coke, Charlie).

(11a) Have you ever been offered COCAINE?

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

(11b) Have you ever used or tried COCAINE?

- Yes, in the last week 1 → Continue to section (11c)
Yes, in the last month 2 → Continue to section (11c)
Yes, in the last year 3 → Continue to section (11c)
Yes, over a year ago 4 → Continue to section (11c)
No, never 5 → Go to Question J12

(11c) How often do you use COCAINE?

- 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

(11d) What age were you the first time you used COCAINE?

I was _____ years old I can't remember

(11e) How many times have you used COCAINE in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

J12. The questions on this page are about the drug ANABOLIC STEROIDS.

(12a) Have you ever been offered ANABOLIC STEROIDS?

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

(12b) Have you ever used or tried ANABOLIC STEROIDS?

- Yes, in the last week 1 → Continue to section (12c)
Yes, in the last month 2 → Continue to section (12c)
Yes, in the last year 3 → Continue to section (12c)
Yes, over a year ago 4 → Continue to section (12c)
No, never 5 → Go to Question J13

(12c) How often do you use ANABOLIC STEROIDS?

- 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

(12d) What age were you the first time you used ANABOLIC STEROIDS?

I was _____ years old I can't remember

(12e) How many times have you used ANABOLIC STEROIDS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

Please answer the following questions which are about drugs in general.

J13. What age were you the first time you were offered drugs (not counting solvents)?

I was _____ years old → Continue to Question J14

I can't remember → Continue to Question J14

I have never been offered drugs → Go to Question J16

J14. Who offered drugs (not counting solvents) to you the first time? (Tick one box only)

A relative (eg: brother, sister, uncle, cousin etc) 1

An adult I didn't know 2

An adult I knew 3

A friend or other person around my own age I knew 4

Someone my own age I didn't really know 5

No one offered me drugs, I got them myself 6

Someone else 7

J15. Where were you the first time you were offered drugs (not counting solvents)? (Tick one box only)

At home 1

At someone else's house (not a party) 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

J16. Have you ever offered drugs (not counting solvents) to anyone else?

Yes, once 1

Yes, more than once 2

No, never 3

If you said in Questions J2 to J12 that you have NEVER used or tried ANY of those drugs, please go to Question J20.

If you said in Questions J2 to J12 that you have used or tried ANY of those drugs, please continue to Question J17.

J17. Who were you with the last time you took drugs (not counting solvents)?
(Tick one box only)

- 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

J18. Where were you the last time you took drugs (not counting solvents)?
(Tick one box only)

- 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

J19. Have you ever been in trouble with any of the following because of having used or tried drugs?

(Tick one box for each of the people or groups listed)

	Never 1	Once 2	More than once 3
Parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J20. How much do you know about the effects/risks of taking drugs?
(Tick one box only)

- Know a lot 1
- Know quite a bit 2
- Know some 3
- Know very little 4
- Know nothing at all 5

J21. It is against the law to carry certain drugs around with you. Please tick the drugs that you think are illegal from the list below.

(Tick all that apply)

- Cannabis 1
- Heroin 2
- Speed (amphetamine) 3
- Cocaine 4
- Ecstasy 5
- Crack 6
- LSD 7
- Poppers 8
- Magic Mushrooms 9

J22. Have you had any type of education on the use of drugs (eg: talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year ...?

(Tick all that apply)

At school

 1

At a youth facility
(ie: Youth club, Community centre etc)

 2

Somewhere else

 3

If you ticked any of
these boxes, please
continue to Question
J23

None of these

 4 → Go to Question J24

J23. Has the education you received made you less inclined to take drugs?

Yes 1

No 2

**J24. Where do you get information about drugs from?
(Tick all that apply)**

School 1

Youth club 2

Parents 3

Brothers/sisters 4

Other relatives 5

Friends 6

Church 7

TV 8

Radio 9

Books/magazines 10

Posters/billboards 11

Internet 12

Doctor 13

Police 14

Helpline 15

Other (Please say where) 16 _____

None of these 17

POLICING

K1. In the past 12 months, have you spoken to a police officer in Northern Ireland, or has a police officer in Northern Ireland ever spoken to you?

Yes 1 → Continue to Question K2

No 2 → Go to Question K3

**K2. Was this because ...
(Tick all that apply)**

They were telling you to move on 1

You were in trouble/had done something wrong/were arrested or cautioned 2

You were looking for help 3

You were telling them about a crime 4

They were giving a talk in school (e.g.: on drugs or road safety) 5

They were in contact through a youth club 6

Some other reason (Please say what) _____ 7

K3. How fairly do you think the police in Northern Ireland treat young people?

Very fairly 1

Quite fairly 2

Neither fairly nor unfairly 3

Quite unfairly 4

Very unfairly 5

K4. In general, how satisfied or dissatisfied are you with the way the police in Northern Ireland do their job?

Very satisfied 1

Quite satisfied 2

Neither satisfied nor dissatisfied 3

Not very satisfied 4

Not at all satisfied 5

K5. Would you be interested in joining the police in Northern Ireland when you finish your education?

Yes 1

No 2

Don't know 3

ANTI-SOCIAL BEHAVIOUR

L1. In the past 12 months, have you done any of the following? (Tick 'Yes' or 'No' for <u>each</u> line)	Yes	No
	1	2
Tried to avoid paying the correct fare on the bus or train	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in vandalism or deliberate damage to property	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately damaged a vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in stealing or trying to steal a car	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in stealing or trying to steal something from a car	<input type="checkbox"/>	<input type="checkbox"/>
Been noisy or rude near your home so that neighbours have complained	<input type="checkbox"/>	<input type="checkbox"/>
Been noisy or rude in a public place so that you got into trouble	<input type="checkbox"/>	<input type="checkbox"/>
Written or sprayed graffiti on a building, fence, train etc	<input type="checkbox"/>	<input type="checkbox"/>
Attacked, threatened or been rude to someone because of their religion	<input type="checkbox"/>	<input type="checkbox"/>
Attacked, threatened or been rude to someone because of their race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Attacked, threatened or been rude to someone for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Carried a knife or other weapon for your own protection	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL SAFETY

L2. How safe do you feel in the area in which you live?

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

L3. How much of a problem are the following in your area?

(Tick one box for each line)

	Very big problem	Fairly big problem	Not a big problem	Not a problem	Don't know
	1	2	3	4	5
People being bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No safe facilities for young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gangs of other people looking for trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Lack of street lighting – too many dark corners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joy-riders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing in drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Vandalism, graffiti or deliberate damage to property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of closed circuit television cameras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy neighbours or loud parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Rubbish or litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being rowdy or drunk in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phone theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
People buying or selling goods that are stolen or not genuine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being harassed or attacked because of their religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being harassed or attacked because of their race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
People being insulted, pestered or intimidated in the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People carrying knives in the street or at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L4. Are you worried about your safety going into your nearest town/city centre at night?

- Very worried 1 → Continue to Question L5
Fairly worried 2 → Continue to Question L5
Not very worried 3 → Go to Question L6
Not at all worried 4 → Go to Question L6

**L5. Why are you worried about your safety going into your nearest town/city centre at night?
(Tick all that apply)**

Fear of:

- Being bullied 1
Having things stolen from me that I am carrying/wearing (eg: mobile phone) 2
Being sexually or physically abused 3
Being threatened by paramilitaries 4
Being called names/harassed because of my religion 5
Being called names/harassed because of my race or skin colour 6
Being assaulted because of my religion 7
Being assaulted because of my race or skin colour 8
People using or dealing in drugs 9
Gangs of other people looking for trouble 10
People being rowdy or drunk in public places 11
People carrying knives or other weapons 12
Something else 13
None of these 14

L6. In relation to your own personal safety, are you worried about any of the following happening to you? (Tick 'Yes' or 'No' for each line)

	Yes	No
	1	2
Being bullied	<input type="checkbox"/>	<input type="checkbox"/>
Being knocked down by a car or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Having things stolen from you that you are carrying/wearing (eg: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Having your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Being sexually or physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened/hurt by someone with a knife	<input type="checkbox"/>	<input type="checkbox"/>
Being harassed/bullied/abused via the internet	<input type="checkbox"/>	<input type="checkbox"/>
Being bullied/ harassed via texts/videos/images or calls to your mobile	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

L7. In the past 12 months, have you been a victim of the following? (Tick 'Yes' or 'No' for each line)

	Yes	No
	1	2
Been bullied	<input type="checkbox"/>	<input type="checkbox"/>
Been knocked down by a car or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Had things stolen from you that you were carrying/wearing (e.g.: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Had your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Been sexually or physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened/hurt by someone with a knife	<input type="checkbox"/>	<input type="checkbox"/>
Been harassed/bullied/abused via the internet	<input type="checkbox"/>	<input type="checkbox"/>
Been bullied/ harassed via texts/videos/images or calls to your mobile	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

**L8. In the past 12 months, have you seen someone else being a victim of the following?
(Tick 'Yes' or 'No' for each line)**

	Yes 1	No 2
Being bullied	<input type="checkbox"/>	<input type="checkbox"/>
Being knocked down by a car or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Having things stolen from them that they were carrying/wearing (eg: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Having their belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Being sexually or physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of their religion	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of their race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of their religion	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of their race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened/hurt by someone with a knife	<input type="checkbox"/>	<input type="checkbox"/>
Being harassed/bullied/abused via the internet	<input type="checkbox"/>	<input type="checkbox"/>
Being bullied/ harassed via texts/videos/images or calls to their mobile	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

KNIFE CULTURE

**M1. Which, if any, of the following knives have you ever carried as a weapon?
(Tick all that apply)**

- | | | |
|------------------------------------|--------------------------|-----------------------|
| Pen / Swiss army knife | <input type="checkbox"/> | 1 |
| Cutlery / dinner knife | <input type="checkbox"/> | 2 |
| Kitchen / vegetable / meat knife | <input type="checkbox"/> | 3 |
| Flick knife | <input type="checkbox"/> | 4 |
| Dagger | <input type="checkbox"/> | 5 |
| Sword (apart from using in sports) | <input type="checkbox"/> | 6 |
| Other - please say what | <input type="checkbox"/> | 7 _____ |
| None of these | <input type="checkbox"/> | 5 → Go to Question N1 |

If you ticked any of these boxes, please continue to Question M2

M2. Have you used your knife to injure someone ...?

- Yes 1 → Continue to Question M3
No 2 → Go to Question M4

**M3. Where have you used your knife to injure someone?
(Tick all that apply)**

- | | | |
|------------------------------------|--------------------------|---------|
| At school | <input type="checkbox"/> | 1 |
| At home | <input type="checkbox"/> | 2 |
| At youth facility | <input type="checkbox"/> | 3 |
| At a party | <input type="checkbox"/> | 4 |
| At a rave, disco or concert | <input type="checkbox"/> | 5 |
| Somewhere outside eg: park, street | <input type="checkbox"/> | 6 |
| At the shops / other businesses | <input type="checkbox"/> | 7 |
| While with friends socializing | <input type="checkbox"/> | 8 |
| Somewhere else - please say where | <input type="checkbox"/> | 9 _____ |

M4. Have you used your knife to threaten someone ...?

- Yes 1 → Continue to Question M5
No 2 → Go to Question M6

M5. Where have you used your knife to threaten someone ...?

- At school 1
- At home 2
- At youth facility 3
- At a party 4
- At a rave, disco or concert 5
- Somewhere outside eg: park, street 6
- At the shops / other businesses 7
- While with friends socializing 8
- Somewhere else - please say where 9 _____

**M6 Why do/did you carry a knife?
(Tick all that apply)**

- To help me feel safer 1
- To be taken more seriously 2
- To help me feel more confident 3
- Because my friends do / did 4
- Because my parents do / did 5
- Because my brother / sister does / did 6
- It is / was trendy 7
- Everyone I know carries / everyone I knew carried a knife 8
- To feel in control 9
- Other reason - please say why 10 _____

SEXUAL EXPERIENCE AND KNOWLEDGE

N1. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

N2. How much, if any, sexual experience have you had?

None 1 → Go to Question N6

Small amount (eg: only kissing) 2 → Go to Question N6

Some experiences but no sexual intercourse 3 → Go to Question N6

Experienced, including sexual intercourse 4 → Continue to Question N3

N3. At what age did you first have sexual intercourse?

I was _____ years old

N4. Did you or your partner use something to prevent getting pregnant (ie: a form of contraception)?

Yes 1 → Continue to Question N5

No 2 → Go to Question N6

Don't know 3 → Go to Question N6

**N5. 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

N6. Would you find it easy to get contraceptives (ie: condoms etc)?

Yes 1

No 2

**N7. If you needed to, where would you actually get your contraceptives?
(Tick all that apply)**

- 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

**N8. From which , if any, of the following did you learn about sexual matters and relationships?
(Tick all that apply)**

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

N9. Do you find it easy or difficult to talk to your (mother/female guardian) about sexual matters?

- Easy 1
- Difficult 2
- Don't discuss 3
- It depends on the topic 4
- Do not have a mother / female guardian 5

N10. Do you find it easy or difficult to talk to your (father/male guardian) about sexual matters?

- Easy 1
- Difficult 2
- Don't discuss 3
- It depends on the topic 4
- Do not have a father / male guardian 5

**N11. Which, if any, of the following are sexually transmitted diseases?
(Tick all that apply)**

- HIV 1
- Gonorrhoea 2
- Measles 3
- Chlamydia 4
- Meningitis 5
- Herpes 6
- Hepatitis B 7
- Tuberculosis 8
- Hepatitis A 9
- Syphilis 10
- Influenza 11
- Warts 12
- AIDS 13
- None of these 14

**N12. If you ever needed help or advice about sexual health issues what services would you be likely to use?
(Tick all that apply)**

- | | | |
|--------------------------------------|--------------------------|----|
| Doctor / GP | <input type="checkbox"/> | 1 |
| Family Planning Association | <input type="checkbox"/> | 2 |
| Brook Advisory | <input type="checkbox"/> | 3 |
| Friends | <input type="checkbox"/> | 4 |
| Family | <input type="checkbox"/> | 5 |
| Genito-Urinary Medicine (GUM) clinic | <input type="checkbox"/> | 6 |
| Internet / website | <input type="checkbox"/> | 7 |
| Sexual health clinic | <input type="checkbox"/> | 8 |
| Texting information service | <input type="checkbox"/> | 9 |
| An advice / helpline | <input type="checkbox"/> | 10 |
| Other | <input type="checkbox"/> | 11 |
| None of these | <input type="checkbox"/> | 12 |
| Don't know | <input type="checkbox"/> | 13 |

**N13. What would be important for you when you are seeking sexual health advice?
(Tick all that apply)**

- | | | |
|-------------------------|--------------------------|---------|
| Confidentiality | <input type="checkbox"/> | 1 |
| Not being judged | <input type="checkbox"/> | 2 |
| Free Service | <input type="checkbox"/> | 3 |
| Speedy service | <input type="checkbox"/> | 4 |
| Other (Please say what) | <input type="checkbox"/> | 5 _____ |
| None of these | <input type="checkbox"/> | 6 |

ATTITUDES TOWARDS DOMESTIC VIOLENCE

O1. Do you think boyfriends who hit girlfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

O2. Do you think husbands who hit wives once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

O3. Do you think girlfriends who hit boyfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

O4. Do you think wives who hit husbands once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

O5. Do you think it is okay for a man to hit his girlfriend/wife if she is nagging or won't stop arguing with him?

Yes 1

No 2

Don't know 3

O6. Do you think it is okay for a woman to hit her boyfriend/husband if he is nagging or won't stop arguing with her?

Yes 1

No 2

Don't know 3

07. Do you think it is okay for a man to hit his girlfriend/wife if she is not treating him with respect?

Yes 1

No 2

Don't know 3

08. Do you think it is okay for a woman to hit her boyfriend/husband if he is not treating her with respect?

Yes 1

No 2

Don't know 3

09. Do you think it is okay for a man to hit his girlfriend/wife if she has slept with someone else?

Yes 1

No 2

Don't know 3

010. Is it okay for a woman to hit her boyfriend/husband if he has slept with someone else?

Yes 1

No 2

Don't know 3

You have now completed the questionnaire.

Thank You