

Northern Ireland
Statistics &
Research
Agency

*Young Persons' Behaviour
& Attitudes Survey 2013*

Technical Report

Prepared by
Central Survey Unit

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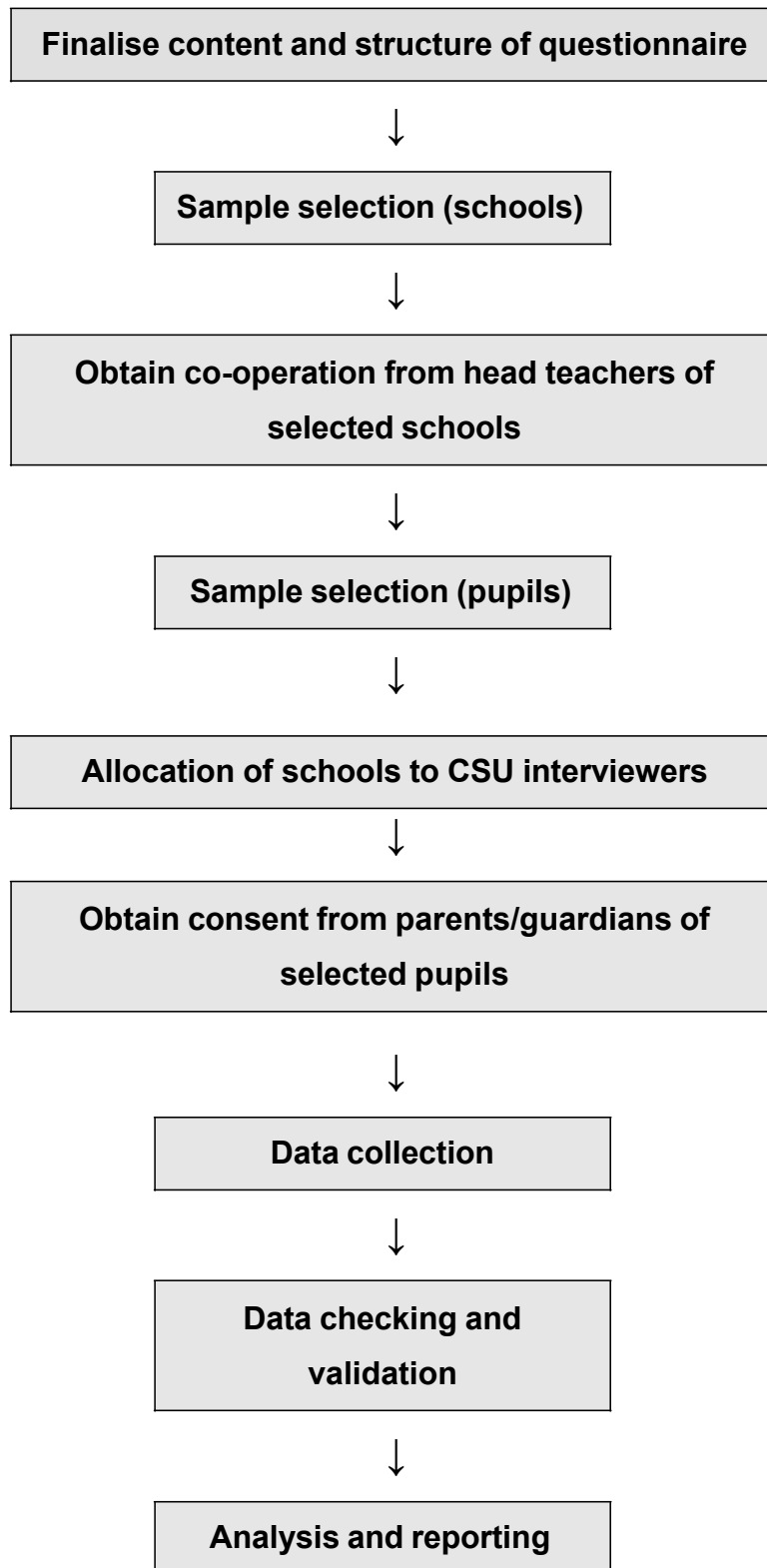
1.0 Introduction

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), in 2003 (74 post-primary schools, 7223 pupils) in 2007 (70 post primary schools, 6902 pupils) and again in 2010 (77 post primary schools, 7616 pupils). This technical report documents the various stages of the fourth round of the YPBAS, conducted in 2013.

2.0 Main Stages of the YPBAS



3.0 Implementation of the YPBAS

3.1 Questionnaire Design

As in 2007 and 2010, two versions of the questionnaire were used to accommodate demand for topics on the 2013 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 2010. A number of new topics were added into the questionnaire, e.g. Family Financial Circumstances, Breastfeeding, Organ Donation, Firework Safety, Medicines. Some topics were also removed, e.g. The Environment.

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

Questionnaire A

Demographics
Family Financial Circumstances
Subject Choices*
Next Steps*
Starting a Business*
School
Shared Education
Nutrition
Sport and Physical Activity
Play and Leisure
Libraries
Museums & Science Centres
Arts
Irish and Ulster Scots
Travelling to School
Road Safety
Police Ombudsman
Sexual Experience & Knowledge*

Questionnaire B

Demographics
More about You
Family Financial Circumstances
Breastfeeding
Flu Vaccine
Organ Donation
Sun Protection
Social Support
Smoking
Alcohol
Health and Wellbeing
Solvents and Drugs
Firework Safety
Personal Safety
Medicines
Sexual Experience & Knowledge*
Attitudes towards Sexual Violence*
Attitudes towards Domestic Violence*
Long Term Conditions
More About Your Views*

* 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 179 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.

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 2010 bulletin with initial contact letters and issuing reminder letters at two different times.

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 24th September to 13th December 2013 (two schools participated just outside 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.

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. This included visiting the contact person to advise them of the classes selected, and to finalise the date and the procedure for the survey. Consent letters were also left in the school, which the schools then forwarded to the parents/guardians of all selected pupils.

Questionnaire Administration

Some schools had requested that the questionnaire be administered to all selected pupils at the same time; in these instances the survey was usually carried out in the school gym/assembly hall. Some schools preferred children to be surveyed one or two classes at a time.

This was the first time that the survey was conducted using laptops. Interviewers liaised with CSU staff in advance of the survey day to ensure the correct amount of laptops were delivered to the school. CSU staff transported the laptops (mice and mouse mats) to the school on the morning of the survey and set them up ready for use. CSU staff remained with the interviewer throughout the data collection period to help the children with any technical issues.

The data collection session usually ran over two consecutive school periods. After all five classes were surveyed at each school, the laptops were returned immediately to CSU, where the data was transferred on to computer for validation and analysis.

4.0 Response

4.1 Schools

Seventy-five 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	179		
Responding	75	41.9%	
Full	65	-	86.7%
Partial *	10	-	13.3%
Refusal	35	19.6%	-
Dropped out	2	1.1%	-
Non-responding	69	38.5%	-

*One school was a junior school and therefore only had Years 8 - 10. One school was a senior school and therefore only had Years 11-12. The remaining 8 'partial' schools let us survey some year groups but not all. The reason for certain year groups being omitted were usually 'exam pressure' or 'controlled assessments'.

4.2 Pupils

4.2.1 Version A

A total of 3174 pupils were surveyed out of a possible 3726, giving a response rate of 85%.

Table 2 Overall Pupil Response Rate

	Number	Response Rate
Sample	3726	
Responses Achieved	3174	85.2%
Refusal (parents or pupils)	171	4.6%
Absent	343	9.2%
Removed*	38	1%

*For example due to late refusals, pupil becoming stressed, questionnaires being incorrectly completed.

Table 3 Response Rates by Year Group

Year Group	Sample	Response	Response Rate
Year 8	786	663	84.4%
Year 9	734	650	88.6%
Year 10	771	671	87%
Year 11	744	638	85.8%
Year 12	691	552	79.9%
TOTAL	3726	3174	85.2%

Table 4 Response Rates by Gender

Gender	Sample	Response	Response Rate
Male	2110	1775	84.1%
Female	1608	1392	86.6%
Information missing	8	7	87.5%
TOTAL	3726	3174	85.2%

4.2.1 Version B

A total of 3902 pupils were surveyed out of a possible 4516, giving a response rate of 86%.

Table 5 *Overall Pupil Response Rate*

	Number	Response Rate
Sample	4516	
Responses Achieved	3902	86.4%
Refusal (parents or pupils)	192	4.3%
Absent	378	8.4%
Removed*	44	1%

*For example due to late refusals, pupil becoming stressed, questionnaires being incorrectly completed.

Table 6 *Response Rates by Year Group*

Year Group	Sample	Response	Response Rate
Year 8	978	880	90%
Year 9	915	804	87.9%
Year 10	874	772	88.3%
Year 11	886	751	84.8%
Year 12	863	695	80.5%
TOTAL	4516	3902	86.4%

Table 7 *Response Rates by Gender*

Gender	Sample	Response	Response Rate
Male	2229	1920	86.1%
Female	2286	1981	86.7%
Information missing	1	1	100.0%
TOTAL	4516	3902	86.4%

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 2013/14 School Census (Tables 8 and 9).

Schools

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

	Achieved YPBAS Sample (%)	Original YPBAS Sample (%)	Population (%)
Selection Type			
Secondary	68.0	68.2	68.4
Grammar	32.0	31.8	31.6
Management Group			
Controlled	32.0	33.5	33.5
Voluntary	25.3	22.9	23.7
Catholic Maintained	34.7	32.4	33.0
Other Maintained	1.3	0.6	0.5
Controlled Integrated	0.0	2.8	2.3
Grant Maintained Integrated	6.7	7.8	7.0
Education & Library Board			
Belfast (BELB)	14.7	16.2	16.3
Western (WELB)	26.7	20.1	20.0
North Eastern (NEELB)	13.3	22.9	22.8
South Eastern (SEELB)	18.7	16.8	16.7
Southern (SELB)	26.7	24.0	24.2
Base (No. Schools)	75	179	215

The above table shows that the distribution of the various school characteristics in the original sample of 179 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.

Pupils

Table 9 Comparisons of the distribution of participating pupils with all post-primary pupils in Northern Ireland

		Achieved YPBAS Sample (%)			Population (%)		
Year Group	Religion	Male	Female	Total	Male	Female	Total ¹
Year 8	Protestant	3.6	4.2	7.8	3.6	3.6	7.3
	Catholic	6.1	5.3	11.4	5.0	4.9	9.9
	Other	1.4	1.2	2.7	1.1	0.9	2.0
Year 9	Protestant	4.0	3.3	7.3	3.7	3.7	7.4
	Catholic	5.8	5.4	11.2	5.1	4.8	9.8
	Other	1.0	1.0	2.1	1.1	0.9	2.0
Year 10	Protestant	3.8	3.3	7.1	4.0	3.7	7.7
	Catholic	5.8	5.3	11.1	5.2	4.9	10.1
	Other	1.1	1.0	2.2	1.0	0.9	1.9
Year 11	Protestant	3.7	3.6	7.3	4.2	4.1	8.3
	Catholic	5.5	4.9	10.4	5.4	5.2	10.6
	Other	1.0	1.0	2.0	1.1	0.9	2.0
Year 12	Protestant	3.0	2.5	5.5	4.0	4.0	8.0
	Catholic	5.3	4.3	9.6	5.4	5.3	10.7
	Other	1.0	1.4	2.4	1.2	1.1	2.3
Total	Protestant	18.1	16.9	35.0	19.6	19.1	38.7
	Catholic	28.5	25.2	53.7	26.0	25.1	51.1
	Other	5.6	5.7	11.3	5.4	4.8	10.2
	Total	52.3	47.7	100.0	51.0	49.0	100.0

¹ Rows and columns may not sum to totals due to rounding

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

5.1 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 2013/14 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 had to be calculated for (1) questions/modules common to both questionnaires, (2) Version A and (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 10 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, religion & year group)

		Gender	
	Religion	Male	Female
Year 8	Protestant	1.01	0.87
	Catholic	0.81	0.94
	Other	0.75	0.77
Year 9	Protestant	0.94	1.11
	Catholic	0.87	0.89
	Other	1.01	0.93
Year 10	Protestant	1.04	1.13
	Catholic	0.89	0.93
	Other	0.87	0.91
Year 11	Protestant	1.14	1.15
	Catholic	0.98	1.06
	Other	1.10	0.90
Year 12	Protestant	1.33	1.57
	Catholic	1.02	1.22
	Other	1.14	0.78

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

For example, applying a weight of 1.11 to the responses of all Protestant females in year 9, adjusts the distribution from the original 3.3% to 3.7% (3.3×1.11), see Table 9.

To demonstrate the effects of weighting on the responses given by respondents, the question: 'In which country were you born?' was analysed, both weighted (by gender, religion and year group) and unweighted (Table 11).

Table 11 *Effects of weighting by gender, religion & year group (W1)*

	Total weighted	Total unweighted
	%	%
Base = 100%		
Northern Ireland	89.8	89.5
England	2.9	2.9
Wales	0.2	0.2
Scotland	0.6	0.6
Republic of Ireland	2.5	2.6
Somewhere else	3.9	4.1
Refusal	0.1	0.1
Don't know	0.0	0.1

School characteristics

Table 12 *Details of weights (variables W_SchTyp, W_MgtTyp, W_Board 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*

Selection Type	
Secondary	0.41
Grammar	0.51

Management Group	
Controlled	1.12
Roman Catholic Maintained	0.83
Voluntary – Roman Catholic Managed	1.20
Voluntary – Other Managed	0.94
Other Maintained	0.31
Grant Maintained Integrated	1.22
Controlled Integrated	*

Education and Library Board	
Belfast (BELB)	0.63
Western (WELB)	0.32
North Eastern (NEELB)	0.68
South Eastern (SEELB)	0.39
Southern (SELB)	0.40

* *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, religion 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. Weights for school selection type, management group and Education & Library Board (W_SchTyp, W_MgtTyp, W_Board) are also

included in the microdata for the survey.

6.0 Standard Errors and Design Effects

As with all surveys based on random samples, the results are subject to random variation and estimates with a lower level of random variation are said to have higher precision. The standard error of a survey estimate is a measure of its precision and is the square root of its variance. Standard errors can be used to construct confidence intervals around estimates or to make inference about whether observed differences or changes are statistically significant.

To calculate unbiased standard errors, the complex sample design of the survey must be taken into account, including the stratification and the multi-stage sampling. Weighting also needs to be taken into account, considering both the weighting used to compensate for different probabilities of selection and for weighting to population totals.

The survey sample was based on a sample of schools, which was stratified by dividing the list of schools into strata based on whether the school is Grammar or Secondary; the size of the school (small, medium or large), the five Education and Library Boards and the Management Group. The number of schools drawn from each stratum was proportionate to the number of schools in the stratum.

From each sampled school one class was drawn from each year group and all pupils within that class sampled.

The survey uses weighting to population totals broken down by religion, year group and gender, with the resulting weights provided in a variable called w1. As the full three-way breakdown of these classificatory variables is used, this weighting is a simple post-stratification.

The YPBAS survey has both stratification and multi-stage sampling. The stratification will tend to reduce sampling errors by attempting to include a cross-section of pupils in all possible samples. The multi-stage sampling will tend to increase sampling errors compared with a single-stage sample as pupils from the same class within the same school will tend to report similar behaviour and attitudes, but this approach is more cost-effective.

As well as the stratification applied in the selection of schools, the sample is also stratified by year group because exactly one class is taken from each year group. As it is assumed that outcomes from different year groups are likely to differ, this has been included in the representation of the stratification and so are effectively treating the class as the primary sampling unit. This does not perfectly represent the sampling, as the fact that the inclusion of one class from a school ensures another is sampled is not reflected.

The standard estimator includes a factor for each stratum $(1 - f_h)$, called the *finite population correction* which accounts for the sampling rate within the stratum. In many social surveys this can be ignored as the sampling rate f_h is small and so the factor is close to one. However, for the YPBAS, the sampling rates are substantial and as such reduce the standard error s by 20-24%.

The standard estimator for calculating a variance

We present here the standard formula used to estimate the variance of an estimate from a stratified, multi-stage sample with design weighting to take account of different selection probabilities. The standard error is the square root of the variance.

While these formulae account for the above features of the sample design, they do not account for the usually beneficial effect of weighting the data to population totals, although that effect can be captured by making modifications to the input variables.

The formulae assume the sample is divided into $h = 1, 2 \dots H$ strata and primary sampling units (PSUs) $i = 1, 2 \dots n_h$ are drawn from each stratum, h . From each PSU elements $j = 1, 2 \dots m_{hi}$ are drawn. Each element has a weight w_{hij} and a survey variable y_{hij} derived from information collected in the survey.

We can estimate a total from the survey as: $\hat{Y} = \sum_{hij} w_{hij} y_{hij}$, that is by multiplying the survey variable by the weight for each element and summing over the whole sample. The variance estimator for this is then:

$$\hat{v}(\hat{Y}) = \sum_h (1 - f_h) \frac{n_h}{n_h - 1} \sum_i (z_{hi} - \bar{z}_h)^2$$

where f_h is the sampling rate for the stratum, and $z_{hi} = \sum_j w_{hij} y_{hij}$ is the weighted total of the survey variable for each PSU and $\bar{z}_h = \sum_i z_{hi} / n_h$ its stratum mean.

Practical use

It is recognised that the calculation of these complex standard errors taking into account stratification, multi-stage sampling and the finite population correction factor are not straightforward to calculate and require specialist software.

For comparative purposes the following table shows the confidence interval for a range of variables using the true complex formula and compared with that calculated using the standard error of proportions based on a simple random sample using the formula:

$$se(p) = \sqrt{\frac{p \times (1 - P)}{n}}$$

Table 13 *Comparison of standard errors calculated using design effects with those assuming a simple random sample*

Question	Variable name	Sample base	Survey estimate	SE using design effects and FPCF	CI using design effects and FPCF	SE using SRS approximation	CI using SRS approximation
Which community do you belong to?	DEM_A2	Asked of all pupils	37.6% protestant	0.4%	36.8% - 38.4%	0.6%	36.5%- 38.7%
Do you eat breakfast at the weekend?	NUT_5	All persons - Version A	79.7% responded 'yes'	0.5%	78.7%- 80.7%	0.7%	78.3% - 81.1%
Choose subjects with a career in mind?	SUB_C9	Asked of year 11 & 12 - Version A	27.5% agreed	1.0%	25.6% - 29.4%	1.2%	25.1% - 29.9%
Do any adults in your household smoke?	SMO_11	All persons - Version B	37.8% responded 'yes'	0.7%	26.5% - 39.1%	0.8%	36.3% - 39.3%
Have you ever had a girlfriend or a boyfriend?	SEX_1	Years 11 and 12 - Both versions	67.7% responded 'yes'	0.8%	66.0% - 69.4%	0.9%	66.0% - 69.4%

7.0 Results

Tables of top- line results, are available in addition to this technical report. These tables show the weighted (by year group, religion and gender) frequencies of responses and associated percentages. 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 four rounds of the YPBAS can be found on the CSU website:

www.csu.nisra.gov.uk



YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY
2013

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
(e.g. 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 1
- No – not working 2
- No – retired 3
- Do not have a father 4
- Don't know 5

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

- Yes, has a job/is self employed 1
- No – not working 2
- No – retired 3
- Do not have a mother 4
- Don't know 5

A6. What is your ethnic group?
(Tick one option that best describes your ethnic group or background)

- | | | |
|--|--------------------------|----|
| White | <input type="checkbox"/> | 1 |
| Irish Traveller | <input type="checkbox"/> | 2 |
| Mixed/Multiple ethnic groups | | |
| White and Black Caribbean | <input type="checkbox"/> | 3 |
| White and Black African | <input type="checkbox"/> | 4 |
| White and Asian | <input type="checkbox"/> | 5 |
| Any other Mixed/Multiple ethnic background | <input type="checkbox"/> | 6 |
| Asian/Asian British | | |
| Indian | <input type="checkbox"/> | 7 |
| Pakistani | <input type="checkbox"/> | 8 |
| Bangladeshi | <input type="checkbox"/> | 9 |
| Chinese | <input type="checkbox"/> | 10 |
| Any other Asian background | <input type="checkbox"/> | 11 |
| Black/African/Caribbean/Black British | | |
| African | <input type="checkbox"/> | 12 |
| Caribbean | <input type="checkbox"/> | 13 |
| Any other Black/African/Caribbean background | <input type="checkbox"/> | 14 |
| Other ethnic group | | |
| Arab | <input type="checkbox"/> | 15 |
| Any other ethnic group, please specify_____ | <input type="checkbox"/> | 16 |
| Don't know | <input type="checkbox"/> | 17 |

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. Do you have any physical or mental health conditions or illnesses, lasting or expected to last, for 12 months or more?

- Yes 1 → Continue to Question A11
No 2 → Go to Question A12

A11. Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

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

A12. In the last 12 months, which, if any, of the following conditions/disorders have you had? (Tick all that apply)

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

FAMILY FINANCIAL CIRCUMSTANCES

B1. How well off do you think your family is financially?

- Not at all well off 1
Not very well off 2
Average 3
Well off 4
Very well off 5

B2. Do you have your own bedroom for yourself in the home where you normally live?

- Yes 1
No 2
Not sure 3

B3. Does your family own a car, van or truck?

- Yes, one 1
Yes, two or more 2
No 3

B4. During the past 12 months, how many times did you travel away on holiday with your family?

- Not at all 1
Once 2
Twice 3
More than twice 4

B5. How many computers or laptops does your family own?

- None 1
One 2
Two 3
3 or more 4

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

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

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

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

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

C4. Have you ever heard of the term STEM (Science, Technology, Engineering and Maths)?

- Yes 1 → Continue to Question C5
- No 2 → Go to Question C9

C5. Have you ever heard of STEM career choices/pathways?

- Yes 1 → Continue to Question C6
- No 2 → Go to Question C8

**C6. Where did you hear about STEM career choices/pathways?
(Tick all that apply)**

- Careers Teacher 1
- In individual subjects i.e. LLW Employability/Science/Maths/Technology/Other 2
- STEM Events i.e. Sentinus/BT Young Scientist Competition/Career Conventions 3
- Other (please say what) _____ 4

C7. Did any of the STEM career choices/pathways influence your choice for GCSE/"A" Level subjects/vocational courses/work experience or career choices?

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

C8. Overall, how would you rate your knowledge of STEM?

- Very good 1
- Good 2
- Poor 3
- Very poor 4

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

C9. I chose subjects with a career area in mind.

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

C10. I am content with the advice I got about my subject choices from my careers teachers.

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

C11. I am content with the advice I got about my subject choices from my other teachers.

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

C12. 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
- Did not receive advice from external careers advisors 6

C13a. Do you ever attend lessons for any of your subjects at places other than your own school...leading to a recognised academic qualification?

- Yes 1 → Continue to Question C14
- No 2 → Go to Question C16

C13b. Do you ever attend lessons for any of your subjects at places other than your own school... not leading to a recognised academic qualification (for example an activity such as sport, music, etc or a short enrichment course)?

- Yes 1 → Continue to Question C14
- No 2 → Go to Question C16

**C14. Where else do you attend lessons/courses?
Tick all that apply**

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

C15. Overall, how well does this work out for you?

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

C16. Do you have any of your lessons delivered online from another school/college?

- Yes 1 → Continue to Question C17
- No 2 → Go to Question D1

C17. Overall, how well does this work out for you?

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

NEXT STEPS

D1. Which of the following do you want to do immediately after you finish year 12? Where relevant, this should include all courses over the following two year period.

(Tick all that apply)

- | | | |
|--------------------------------------|--------------------------|---|
| Vocational Qualifications | <input type="checkbox"/> | 1 |
| AS Levels | <input type="checkbox"/> | 2 |
| A-Levels | <input type="checkbox"/> | 3 |
| Other | <input type="checkbox"/> | 4 |
| Not planning to stay on in education | <input type="checkbox"/> | 5 |

D2. The government gives money to pupils who stay in education after 16, depending on their family circumstances. Have you heard about this Education Maintenance Allowance (EMA)?

- | | | |
|---|--------------------------|---|
| Yes, I have heard of it and understand what it means | <input type="checkbox"/> | 1 |
| Yes, I have heard of it but I don't know what it is about | <input type="checkbox"/> | 2 |
| No, I haven't heard of it | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 1 |
| I would stay on at school anyway | <input type="checkbox"/> | 2 |
| Yes, I would only go to Further Education College if I received this | <input type="checkbox"/> | 3 |
| I would go to Further Education College anyway | <input type="checkbox"/> | 4 |
| No, I would do none of the above | <input type="checkbox"/> | 5 |
| Don't know | <input type="checkbox"/> | 6 |

STARTING A BUSINESS (Year 11 & 12 only)

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

Yes 1

No 2

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?

Manufacturing 1

Construction 2

Retail 3

Catering and Hospitality/Leisure/Entertainment 4

Finance and Business 5

Computing and ICT 6

Education 7

Health and Beauty 8

Domestic Services e.g. gardening/cleaning 9

Transport/Vehicle Service 10

Craft Products and services/Creative Arts 11

Agricultural 12

Environmental 13

Professional Services e.g. dentists/solicitors/accountancy 14

Other 15

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
- Princes Trust 3
- Advantage 4
- None of these 5

E6. Did/do you have an opportunity in school to trial a business idea?

- Yes 1 → Go to Question E8
- No 2 → Continue to Question E7

E7. Would this have been of interest?

- Yes 1
- No 2

E8. Do you know someone personally who has started a business in the last 2 years?

- Yes 1
- No 2

E9. Would you like to have the knowledge, skills and experience to start a business?

- Yes 1
- No 2

E10. Would fear of failure prevent you from starting a business?

- Yes 1
- No 2

Do you agree with the following statements?

	Yes	No
E11. In Northern Ireland most people consider starting a new business a desirable career choice.	<input type="checkbox"/>	<input type="checkbox"/>
E12. In Northern Ireland those successful at starting a new business have a high level of status and respect.	<input type="checkbox"/>	<input type="checkbox"/>
E13. In Northern Ireland you will often see stories in the public media about successful new businesses.	<input type="checkbox"/>	<input type="checkbox"/>
E14. Can you think of a person/s in business who you would consider to be a role model?		

Yes 1 → Continue to Question E15

No 2 → Go to Question F1

E15. Considering your role model, how much influence does having this role model have on your decisions about your career?

Very influential 1

Quite influential 2

Not very influential 3

Not at all influential 4

SCHOOL

F1. Think about each of the following statements and tick one box on each line to show how strongly you agree or disagree with them.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No idea/ opinion
	1	2	3	4	5	6
My school is a good school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying on at school is important if you want to get a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers give the marks I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn things that will be useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that I have Maths and English qualifications by the time I leave school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers help me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think I could do well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. Overall, how do you feel about school at present?

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

F3. How often do you find that school is boring?

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

F4. 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

F5. Have you ever been expelled or suspended from school?

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

F6. Why were you expelled or suspended?

- Alcohol abuse 1
- Bullying of a pupil 2
- Disruptive behaviour in class 3
- Persistent infringement (breaking) of school rules 4
- Physical attack on pupil 5
- Physical attack on staff 6
- Significant damage to, or misuse of, property 7
- Stealing 8
- Substance abuse 9
- Verbal abuse of pupil 10
- Verbal abuse of staff 11

F7. If you have problems at school, are your parents/guardians willing to help you?

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

F8. Which of the following people encourage you to do well at school?

(Tick all that apply)

- Nobody encourages me 1
The Principal/Headmaster/Headmistress 2
My teachers 3
Other pupils 4
My family 5
Other/Somebody else 6

F9. Which of the following people expect too much of you? (Tick all that apply)

- Nobody expects too much of me 1
The Principal/Headmaster/Headmistress 2
My teachers 3
Other pupils 4
My family 5
Other/Somebody else 6

F10. Have you ever had any difficulty learning/studying any subjects?

- Yes 1 → Continue to Question F11
No 2 → Go to Question F13

F11. Did you receive any extra support?

- Yes 1 → Continue to Question F12
No 2 → Go to Question F13

F12. Who provided the support?

(Tick all that apply)

- One of my teachers 1
Another teacher 2
Parent 3
Brother/sister 4
Tutor 5
Friend 6
Other 7

F13. 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

F14. At night, do you have difficulty falling asleep because you are thinking about school?

- Yes, Often 1 → Continue to Question F15
- Yes, Sometimes 2 → Continue to Question F15
- No, Never 3 → Go to Question F16

F15. What is it about school that you are worried about?

- Exams/tests 1
- Homework 2
- Falling behind in class 3
- Teachers 4
- Other pupils 5
- Bullying 6
- Other (please say other reason) _____ 7

F16. Does your school have a school council?

- Yes 1 → Continue to Question F17
- No 2 → Go Question F19
- Don't know 3 → Go Question F19

F17. 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

F18. Does the school council play an active role in decisions that impact on the pupils' school day?

Yes 1 → Go Question F20

No 2 → Go Question F20

Don't know 3 → Go Question F20

F19. If your school does not have a school council, what other forms of pupil participation are offered?

Questionnaires/surveys 1

Interest groups 2

Other (please say what) _____ 3

None 4

F20. Have you heard of the United Nations Convention on the rights of the Child (UNCRC)? (This is an agreement made by nearly every country in the world that their Government will make sure children and young people have certain rights.)

Yes 1 → Continue to Question F21

No 2 → Go to Question F23

F21. Where did you first hear about the United Nations Convention on the rights of the Child? (Tick one box only)

Friends 1

School 2

Internet 3

Newspaper 4

Magazine 5

TV 6

Youth groups 7

Library 8

Other (please say) 9

F22. How do you feel about the United Nations Convention on the rights of the Child? (Tick all that apply)

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

F23. Do you feel you have the chance to give your views about issues that affect you?

- Yes 1 → Continue to Question F24
- No 2 → Go to Question F26

F24. Do you think your views are listened to?

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

**F25. Who do you give your views to?
(Tick all that apply)**

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

F26. Have you heard of the Commissioner for Children and Young people for Northern Ireland (NICCY)?

- Yes 1 → Continue to Question F27

No 2 → Go to Question F28

F27. How do you know about the Commissioner for Children and Young people for Northern Ireland (NICCY)? (Tick one box only)

- | | |
|-------------------------------|----------------------------|
| Friends | <input type="checkbox"/> 1 |
| School | <input type="checkbox"/> 2 |
| Internet | <input type="checkbox"/> 3 |
| Newspaper | <input type="checkbox"/> 4 |
| Magazine | <input type="checkbox"/> 5 |
| TV | <input type="checkbox"/> 6 |
| Youth groups | <input type="checkbox"/> 7 |
| Library | <input type="checkbox"/> 8 |
| Other (please say what) _____ | <input type="checkbox"/> 9 |

F28. How often do you participate in voluntary or community work (e.g. charity fundraising)?

- | | |
|-----------------------|----------------------------|
| More than once a week | <input type="checkbox"/> 1 |
| Weekly | <input type="checkbox"/> 2 |
| Monthly | <input type="checkbox"/> 3 |
| A few times a year | <input type="checkbox"/> 4 |
| Rarely | <input type="checkbox"/> 5 |
| Never | <input type="checkbox"/> 6 |

(Questions F29 – F35: ask to Year 11 & 12 only)

F29. Have you received education in school on Community Relations, Equality and Diversity (CRED)?

Yes 1 → Continue to F30

No 2 → Go to G1

**F30. What subject area was used to deliver CRED?
Tick all that apply**

- History 1
English 2
Maths 3
Citizenship 4
Learning for Life and Work 5
Other (please say what) _____ 6

F31. As a result of this would you say you know more about CRED?

- Yes 1
No 2
Don't know 3

**F32. As part of CRED education, did you learn about the following groups of people
(Section 75 groups)?**

	Yes	No
People with different political opinion	<input type="checkbox"/>	<input type="checkbox"/>
People with different religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages (older or younger people/children)	<input type="checkbox"/>	<input type="checkbox"/>
People who are single, cohabitating (living together as a couple), married or divorced	<input type="checkbox"/>	<input type="checkbox"/>
People with different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>
Men and Women	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability and those without a disability	<input type="checkbox"/>	<input type="checkbox"/>
People with dependents (e.g. children) and those without	<input type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities and those without caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>

F33. As a result of this, would you say you know more about the Section 75 groups??

- Yes 1
No 2
Don't know 3

F34. Does this knowledge encourage you to respect others within the Section 75 groups?

	Yes	No
People with different political opinion	<input type="checkbox"/>	<input type="checkbox"/>
People with different religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages (older or younger people/children)	<input type="checkbox"/>	<input type="checkbox"/>
People who are single, cohabitating (living together as a couple), married or divorced	<input type="checkbox"/>	<input type="checkbox"/>
People with different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>
Men and Women	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability and those without a disability	<input type="checkbox"/>	<input type="checkbox"/>
People with dependents (e.g. children) and those without	<input type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities and those without caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>

F35. As a result of what you have learned do you think your attitude towards the following groups of people has changed positively (POS), No Change (NC) or negatively (NEG)?

	POS	NC	NEG
People with different political opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with different religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages (older or younger people/children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are single, cohabitating (living with someone as a couple), married or divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men and Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability and those without a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with dependents (e.g. children) and those without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities and those without caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHARED EDUCATION

Shared education refers to schools working and learning together. It gives pupils the opportunity to share classes, projects, sport facilities, equipment and teachers. Furthermore it allows pupils to mix with pupil from different backgrounds e.g. Catholic with Protestants, Secondary school with Grammar school pupils, special needs with able bodied pupils

G1. In the last school year, have *you* been involved in projects or shared classes with pupils from another school(s)?

Yes 1 → Continue to G2

No 2 → Go to G7

**G2. If yes, have you done any of the following?
(Tick all that apply)**

Project(s) with pupils from other schools 1

Had classes with pupils from other schools 2

Used or shared sport facilities or equipment,
like computers 3

Other (please say what) 4 _____

G3. Did you enjoy the shared classes or projects?

Yes 1 → Continue to G4

No 2 → Go to G5

**G4. Why do you enjoy the shared classes or projects?
(Tick all that apply)**

Made new friends 1

Doing classes we don't normally get to do at our school 2

Doing interesting/fun project (s) 3

Using the other schools sports facilities and/or computer equipment 4

**G5. Where did the shared classes or projects take place?
(Tick all that apply)**

In my own school 1

In the other school 2

In another location e.g. Education centres, Leisure centres 3

G6. Were the children you shared with a different religion to you?

Yes 1

No 2

Don't know 3

G7. Would/do you have any concerns about undertaking projects or shared classes with another school?

Yes 1

No 2

Don't know 3

G8. Do you think your school does a lot of sharing with other schools?

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 (e.g. Coca Cola, Ribena, Club Orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet drinks (e.g. 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 (e.g. 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 (e.g. sausage rolls, burgers, hot-dogs, pies, chicken nuggets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat and meat dishes (e.g. bolognese, curry, roast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish not fried (e.g. tinned tuna, salmon, baked fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 (e.g. 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 (e.g. 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?
(Tick one box only)**

One	<input type="checkbox"/> 1
Two	<input type="checkbox"/> 2
Three	<input type="checkbox"/> 3
Four	<input type="checkbox"/> 4
Five	<input type="checkbox"/> 5
More than five	<input type="checkbox"/> 6
None	<input type="checkbox"/> 7

**H3. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy?
(Tick one box only)**

- One 1
- Two 2
- Three 3
- Four 4
- Five 5
- More than five 6
- None 7
- Don't know 8

H4. 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

H5. Do you usually eat breakfast at weekends?

- Yes 1
- No 2

**H6. What do you usually do for lunch at school?
(Tick one box only)**

- Eat a school dinner 1 → Go to Question H8
- Buy a snack in the school cafeteria 2 → Go to Question H8
- Eat a packed lunch 3 → Continue to Question H7
- Buy lunch outside school 4 → Continue to Question H7
- Go home for lunch 5 → Continue to Question H7
- Skip lunch/don't have lunch 6 → Continue to Question H7
- Do something else 7 → Continue to Question H7

**H7. 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

**H8. 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

H9. 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

H10. Is there always a food option available in school which you consider to be healthy?

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

H11. 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

H12. Have you been taught about healthy eating at school (not including Primary School)?

- Yes 1 → Continue to Question H13
No 2 → Go to Question H15

**H13. 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
Personal Development/Learning for Life and Work 5
Science 6
Other 7

H14. Did this help you to make sensible choices?

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

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 at all 3

I2. In the last 12 months, which, if any, of the following sports or physical activities have you done? (Tick as many boxes as you need)

Active games (e.g. chase, skipping, rounders etc.)	<input type="checkbox"/> 1
Angling/fishing	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Boxing	<input type="checkbox"/> 5
Canoeing/Kayaking	<input type="checkbox"/> 6
Cricket	<input type="checkbox"/> 7
Cycling	<input type="checkbox"/> 8
Dancing (e.g. Disco, ballet, tap etc.)	<input type="checkbox"/> 9
Darts	<input type="checkbox"/> 10
Football	<input type="checkbox"/> 11
Gaelic Football	<input type="checkbox"/> 12
Golf, pitch and putt, putting	<input type="checkbox"/> 13
Gymnastics	<input type="checkbox"/> 14
Hockey	<input type="checkbox"/> 15
Horse riding	<input type="checkbox"/> 16

Hurling/ Camogie	<input type="checkbox"/> 17
Ice skating	<input type="checkbox"/> 18
Indoor bowls	<input type="checkbox"/> 19
Jogging	<input type="checkbox"/> 20
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 21
Martial Arts	<input type="checkbox"/> 22
Motor sports	<input type="checkbox"/> 23
Rugby union or league	<input type="checkbox"/> 24
Shooting	<input type="checkbox"/> 25
Skateboarding/Rollerblading	<input type="checkbox"/> 26
Skiing	<input type="checkbox"/> 27
Snooker, pool, billiards	<input type="checkbox"/> 28
Swimming or diving	<input type="checkbox"/> 29
Table tennis	<input type="checkbox"/> 30
Tennis/Badminton/Squash	<input type="checkbox"/> 31
Tenpin bowling	<input type="checkbox"/> 32
Trampolining	<input type="checkbox"/> 33
Walking for Exercise/Hill walking	<input type="checkbox"/> 34
Weight training/lifting/body building	<input type="checkbox"/> 35
Windsurfing/boardsailing	<input type="checkbox"/> 36
Yachting or dinghy sailing	<input type="checkbox"/> 37
Any Other Sports or Physical Activities	<input type="checkbox"/> 38
None of these	<input type="checkbox"/> 39 → Go to I6

13. What benefits have you experienced as a result of your participation in sports or physical activities over the past 12 months? (Tick as many boxes as you need)

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

14. In the last 7 days, which, if any, of the following sports or physical activities have you done? (Tick as many boxes as you need)

Active games (e.g. chase, skipping, rounders, etc.)	<input type="checkbox"/> 1
Angling/fishing	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Boxing	<input type="checkbox"/> 5
Canoeing/Kayaking	<input type="checkbox"/> 6
Cricket	<input type="checkbox"/> 7
Cycling	<input type="checkbox"/> 8
Dancing (e.g. Disco, ballet, tap etc.)	<input type="checkbox"/> 9
Darts	<input type="checkbox"/> 10
Football	<input type="checkbox"/> 11
Gaelic Football	<input type="checkbox"/> 12
Golf, pitch and putt, putting	<input type="checkbox"/> 13
Gymnastics	<input type="checkbox"/> 14

Hockey	<input type="checkbox"/> 15
Horse riding	<input type="checkbox"/> 16
Hurling/Camogie	<input type="checkbox"/> 17
Ice skating	<input type="checkbox"/> 18
Indoor bowls	<input type="checkbox"/> 19
Jogging	<input type="checkbox"/> 20
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 21
Martial Arts	<input type="checkbox"/> 22
Motor sports	<input type="checkbox"/> 23
Rugby union or league	<input type="checkbox"/> 24
Shooting	<input type="checkbox"/> 25
Skateboarding/Rollerblading	<input type="checkbox"/> 26
Skiing	<input type="checkbox"/> 27
Snooker, pool, billiards	<input type="checkbox"/> 28
Swimming or diving	<input type="checkbox"/> 29
Table tennis	<input type="checkbox"/> 30
Tennis/Badminton/Squash	<input type="checkbox"/> 31
Tenpin bowling	<input type="checkbox"/> 32
Trampolining	<input type="checkbox"/> 33
Walking for Exercise/Hill walking	<input type="checkbox"/> 34
Weight training/lifting/body building	<input type="checkbox"/> 35
Windsurfing/boardsailing	<input type="checkbox"/> 36
Yachting or dinghy sailing	<input type="checkbox"/> 37
Any Other Sports or Physical Activities	<input type="checkbox"/> 38
None of these	<input type="checkbox"/> 39 → Go to I6

15. 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

1 2 3 4 5 6 7 8

16. How many hours per week do you normally take part in PE/games lessons at school?

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

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

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

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

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

19. How many minutes do you think you SHOULD spend each day playing sport,

doing physical activity or playing actively to make you out of breath or hot or sweaty in order to be healthy?

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

I10. Are you a member of a school club or team that involves you taking part in sport or physical activity?

- Yes 1
No 2

I11. 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

**I12. Which, if any, of the following things put you off taking part in sport or physical activity?
(Tick as many boxes as you need)**

- 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
I have too much homework 16

- I don't like the PE uniform 17
- Something else 18
- None of these 19

I13. 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. What types of sport or physical activity would you prefer to do? (Tick as many boxes as you need)

- Team sports/physical activities 1
- Non-team sports 2
- Adventure/extreme/outdoor pursuits/alternative sports 3
- Keep fit, aerobics, yoga, pilates, dance exercise 4
- Martial arts/boxing 5
- Other type of sport or physical exercise 6

I15. In the last 12 months, how often, if at all, have you gone to a live sports event, 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

I16. Which of the following statements most applies to you? (Tick one box only)

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

PLAY AND LEISURE

The following questions are about your experience of play and leisure. When you are

thinking about what is meant by play and leisure, think about the things you do in your free time and the places you go e.g. parks, play areas.

J1. Thinking about the play and leisure facilities in your area, would you say they are?

- Very good 1
- Fairly good 2
- Neither good nor poor 3
- Fairly poor 4
- Very poor 5
- Don't know 6

J2. Thinking about your experience of play and leisure, would you like more opportunities to take part in challenging and stimulating activities?

- Yes, I would like more opportunities 1
- No, I have enough opportunities 2
- No, I don't wish to take part in challenging and stimulating activities 3
- Don't know 4

J3. Do you know what play and leisure opportunities are available in your local area?

- Yes, I know a lot 1
- Yes, I know a little 2
- No, I know hardly anything 3
- No, I know nothing at all 4

J4. Which, if any, of the following reasons stop you from accessing play and leisure facilities in your local area? (Tick all that apply)

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

J5. Thinking about where you live, are there areas where you can meet up with your friends that are safe and welcoming for people of your age?

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

J6. How much do you agree or disagree with the following statements? (Tick one box for each line)

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5	Don't know 6
Public spaces (e.g. shopping centres, sports centres, hospitals etc) create a welcoming environment for young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/guardian realise that it is good for me to have leisure time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough time during breaks at school to eat my lunch/snacks and spend time with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In my experience of play and leisure, I feel sufficiently challenged and stimulated.

J7. How often do you use the internet at home?

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

J8. Have you been taught about staying safe online in the last year?

- Yes 1 → Continue to Question J9
No 2 → Go to Question J10
Not sure 3 → Go to Question J10

J9. Who has taught you about staying safe online?

(Tick all that apply)

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

J10. How confident are you that you know how to stay safe online?

- Very confident 1
Confident 2
Neither confident nor unconfident 3
Unconfident 4
Not very confident 5

J11. How do you feel the media (TV/Radio/Newspapers) represents young people?

- Always in a fair way 1
Often in a fair way 2
Sometimes in a fair way 3
Rarely in a fair way 4

Never in a fair way 5

Don't know 6

J12. Does the way that young people are represented in the media bother you?

Always 1

Often 2

Sometimes 3

Rarely 4

Never 5

Don't know 6

LIBRARIES

K1. How often have you used the public library service in the last 12 months? (Public library service includes public libraries, mobile libraries or the Libraries NI website (www.librariesni.org.uk) (it does NOT include school libraries) (Tick one box only)

Once a week or more 1 → Continue to Question K2

Once every 2-3 weeks 2 → Continue to Question K2

Once a month 3 → Continue to Question K2

Once every few months 4 → Continue to Question K2

Less often 5 → Continue to Question K2

Not at all 6 → Go to Question K5

K2. Why do you use the public library service? (this does NOT include school libraries) (Tick as many boxes as you need)

To borrow/bring back or renew books 1

To borrow/bring back or renew DVDs, CDs 2

To download eBooks/talking books 3

To look up information 4

To do homework or study 5

To read books, comics or magazines 6

To use the computer for Internet, e-mails, word processing, etc 7

To search the library catalogue for books or look up online encyclopaedias 8

To go to an activity (e.g. reading group) 9

To use photocopier/printer/scanner 10

To use other services (e.g. café, toilet, etc.) 11

Some other reason (please tell us) 12

**K3. Has using the public library service helped you to ...?
(Tick as many boxes as you need)**

Read better 1

Do better at school 2

Use computers better 3

Do homework/study for school 4

Make friends 5

Join in with others and try new things 6

Learn and find out things 7

Something else (please tell us) 8

It hasn't helped me with anything 9

**K4. Thinking about the last time you used the public library service, how much did you enjoy it? (this does NOT include school libraries)
(Tick one box only)**

A lot 1

A little 2

Not at all 3

**K5. Which, if any, of the reasons listed below would put you off using the public library service more often? (this does NOT include school libraries)
(Tick as many boxes as you need)**

- | | | |
|---|--------------------------|----|
| Poor choice of books | <input type="checkbox"/> | 1 |
| Library is not open when I want to go | <input type="checkbox"/> | 2 |
| No activities for people my age | <input type="checkbox"/> | 3 |
| I have no free time | <input type="checkbox"/> | 4 |
| No separate area in the library for people my age | <input type="checkbox"/> | 5 |
| There are too many people in the library | <input type="checkbox"/> | 6 |
| Poor choice of DVDs, CDs | <input type="checkbox"/> | 7 |
| Poor choice of comics or magazines | <input type="checkbox"/> | 8 |
| Poor choice of eBooks/talking books | <input type="checkbox"/> | 9 |
| Poor services for people with disabilities | <input type="checkbox"/> | 10 |
| Better computer/Internet services in the library | <input type="checkbox"/> | 11 |
| Library staff are not friendly or helpful | <input type="checkbox"/> | 12 |
| The library is not in a safe area | <input type="checkbox"/> | 13 |
| Poor public transport service to and from the library | <input type="checkbox"/> | 14 |
| I have no interest in reading books | <input type="checkbox"/> | 15 |
| I don't need to go | <input type="checkbox"/> | 16 |
| I use other services of information | <input type="checkbox"/> | 17 |
| Something else (please tell us) | <input type="checkbox"/> | 18 |
| Nothing | <input type="checkbox"/> | 19 |

**K6. Overall, how satisfied or dissatisfied are you with the public library provision in Northern Ireland?
(Tick one box only)**

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

MUSEUMS & SCIENCE CENTRES

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

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

L1. Which, if any, of the following places have you visited in the last 12 months? (Tick as many boxes as you need)

- | | |
|---|--|
| Ulster Museum in Belfast | <input type="checkbox"/> 1 |
| Ulster Folk & Transport Museum in Cultra | <input type="checkbox"/> 2 |
| Ulster American Folk Park in Omagh | <input type="checkbox"/> 3 |
| W5 at Odyssey Centre in Belfast | <input type="checkbox"/> 4 |
| Armagh Planetarium | <input type="checkbox"/> 5 |
| Armagh County Museum | <input type="checkbox"/> 6 |
| Other museum(s) or science centre in Northern Ireland | <input type="checkbox"/> 7 |
| None | <input type="checkbox"/> 8 → Go to Question L5 |

L2. Was your visit(s) to the museum or science centre...? (Tick as many boxes as you need)

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

L3. While visiting the museum did you take part in any activity related to something you are studying at school?

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

L4. Thinking about the last time you visited a museum or science centre in Northern Ireland, how much did you enjoy it? (Tick one answer only)

- | | |
|----------|----------------------------|
| A lot | <input type="checkbox"/> 1 |
| A little | <input type="checkbox"/> 2 |

Not at all 3

L5. Did any museum visit your class in the last 12 months?

Yes 1

No 2

L6. Which, if any, of the reasons listed below would encourage you to go to a museum or science centre in Northern Ireland more often? (Tick as many boxes as you need)

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

ARTS

M1. Which, if any, of the following 'Arts' activities have you DONE or TAKEN PART in the last 12 months? (Tick as many boxes as you need)

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

M2. Which, if any, of the following 'Arts' events have you BEEN TO in the last 12 months? (Tick as many boxes as you need)

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

(If you answered "None of the above" at Question M1 and Question M2, please skip Question M3 and go straight to M4)

M3. You mentioned that you had taken part in or been to an arts event. How did you benefit from this? (Tick as many boxes as you need)

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

M4. 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 at all 3

M5. Which, if any, of the reasons listed below would put you off going to the types of 'Arts' events or 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 go to them with 4
- I don't think I would 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 or events close to where I live 8
- My health isn't good enough 9
- Religious reasons 10
- Lack of transport 11
- There is nothing on that I would like 12
- Something else (please tell us) _____ 13
- Nothing would put me off 14

M6. In the last 12 months, how often, if at all, have you received any tuition from an instructor (other than your teacher during normal lessons) to help improve your performance in any art activity?

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

IRISH AND ULSTER SCOTS

**N1. Do you think there should be an opportunity to study the following in school?
(Tick as many boxes as you need)**

- | | | |
|-----------------------------------|--------------------------|---|
| Irish Language | <input type="checkbox"/> | 1 |
| Irish culture and heritage | <input type="checkbox"/> | 2 |
| Ulster-Scots language | <input type="checkbox"/> | 3 |
| Ulster-Scots culture and heritage | <input type="checkbox"/> | 4 |
| None of the above | <input type="checkbox"/> | 5 |

**N2. Would you be interested in studying any of the following in school?
(Tick as many boxes as you need)**

- | | | |
|-----------------------------------|--------------------------|---|
| Irish Language | <input type="checkbox"/> | 1 |
| Irish culture and heritage | <input type="checkbox"/> | 2 |
| Ulster-Scots language | <input type="checkbox"/> | 3 |
| Ulster-Scots culture and heritage | <input type="checkbox"/> | 4 |
| None of the above | <input type="checkbox"/> | 5 |

**N3. Do you study any of the following, either in school or outside of school?
(Tick as many boxes as you need)**

- | | | |
|-----------------------------------|--------------------------|---|
| Irish Language | <input type="checkbox"/> | 1 |
| Irish culture and heritage | <input type="checkbox"/> | 2 |
| Ulster-Scots language | <input type="checkbox"/> | 3 |
| Ulster-Scots culture and heritage | <input type="checkbox"/> | 4 |
| None of the above | <input type="checkbox"/> | 5 |

TRAVELLING TO SCHOOL

P1. How far is it from home to school? (Tick one box only)

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

P2. How do you usually travel most of the way TO school? (Tick one box only)

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

**P3. Do you usually WALK during any part of your journey TO school?
(e.g. walking to/from a bus stop/train station?)
Tick one box only**

- I walk PART of the way to school 1
- I walk ALL of the way to school 2
- No, I don't walk any part of the journey to school 3

**P4. Do you usually CYCLE during any part of your journey TO school?
(e.g. cycling to/from a bus stop/train station?)
Tick one box only**

- I cycle PART of the way to school 1
- I cycle ALL of the way to school 2
- No, I don't cycle any part of the journey to school 3

P5. Thinking of how you usually travel most of the way TO school and your road safety, do you usually feel safe?

- Yes 1 → Go to Question P7
- No 2 → Continue to Question P6

P6. What it is that makes you feel unsafe? (Tick all that apply)

- | | | |
|---------------------------------------|--------------------------|----|
| Driver drives too fast | <input type="checkbox"/> | 1 |
| Other driver behaviour | <input type="checkbox"/> | 2 |
| No seatbelts | <input type="checkbox"/> | 3 |
| Drivers attitudes towards cyclists | <input type="checkbox"/> | 4 |
| Drivers attitudes towards pedestrians | <input type="checkbox"/> | 5 |
| Traffic is too fast | <input type="checkbox"/> | 6 |
| Passenger behaviour | <input type="checkbox"/> | 7 |
| No cycle lane on my route | <input type="checkbox"/> | 8 |
| Footpaths poorly maintained | <input type="checkbox"/> | 9 |
| Traffic blocking footpaths | <input type="checkbox"/> | 10 |
| Other (please say what) _____ | <input type="checkbox"/> | 11 |

P7. 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 |

**P8. Do you usually walk during any part of your journey home FROM school?
(e.g. walking to/from a bus stop/train station?)**

Tick one box only

- | | | |
|--|--------------------------|---|
| I walk PART of the way from school | <input type="checkbox"/> | 1 |
| I walk ALL of the way from school | <input type="checkbox"/> | 2 |
| No, I don't walk any part of the journey from school | <input type="checkbox"/> | 3 |

**P9. Do you usually cycle during any part of your journey home FROM school?
(e.g. cycling to/from a bus stop/train station?)**

Tick one box only

- | | | |
|---|--------------------------|---|
| I cycle PART of the way from school | <input type="checkbox"/> | 1 |
| I cycle ALL of the way from school | <input type="checkbox"/> | 2 |
| No, I don't cycle any part of the journey from school | <input type="checkbox"/> | 3 |

P10. Thinking of how you usually travel most of the way home FROM school and your road safety, do you usually feel safe?

Yes 1 → Go to Question P12

No 2 → Continue to Question P11

P11. What it is that makes you feel unsafe? (Tick all that apply)

- | | |
|---------------------------------------|-----------------------------|
| Driver drives too fast | <input type="checkbox"/> 1 |
| Other driver behaviour | <input type="checkbox"/> 2 |
| No seatbelts | <input type="checkbox"/> 3 |
| Drivers attitudes towards cyclists | <input type="checkbox"/> 4 |
| Drivers attitudes towards pedestrians | <input type="checkbox"/> 5 |
| Traffic is too fast | <input type="checkbox"/> 6 |
| Passenger behaviour | <input type="checkbox"/> 7 |
| No cycle lane on my route | <input type="checkbox"/> 8 |
| Footpaths poorly maintained | <input type="checkbox"/> 9 |
| Traffic blocking footpaths | <input type="checkbox"/> 10 |
| Other (please say what) _____ | <input type="checkbox"/> 11 |

P12. How would you LIKE to travel most of the way TO or 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 |

P13. What do you like about walking TO or FROM school? If you don't walk to or

from school at the moment, what would you like about walking TO or FROM school?

(Tick up to 3 boxes)

- | | | |
|--|--------------------------|----|
| I can travel without an adult | <input type="checkbox"/> | 1 |
| I can choose my own route | <input type="checkbox"/> | 2 |
| It helps me to arrive on time | <input type="checkbox"/> | 3 |
| I can do things on my way to school | <input type="checkbox"/> | 4 |
| I can do things after school | <input type="checkbox"/> | 5 |
| I can talk with my friends | <input type="checkbox"/> | 6 |
| It saves money | <input type="checkbox"/> | 7 |
| It is enjoyable | <input type="checkbox"/> | 8 |
| It makes me feel healthier | <input type="checkbox"/> | 9 |
| It is better for the environment | <input type="checkbox"/> | 10 |
| Something else – please say what _____ | <input type="checkbox"/> | 11 |

P14. What do you like about cycling TO or FROM school? If you don't cycle to or from school at the moment, what would you like about cycling TO or FROM school?

(Tick up to 3 boxes)

- | | | |
|--|--------------------------|----|
| I can travel without an adult | <input type="checkbox"/> | 1 |
| I can choose my own route | <input type="checkbox"/> | 2 |
| It helps me to arrive on time | <input type="checkbox"/> | 3 |
| I can do things on my way to school | <input type="checkbox"/> | 4 |
| I can do things after school | <input type="checkbox"/> | 5 |
| I can talk with my friends | <input type="checkbox"/> | 6 |
| It saves money | <input type="checkbox"/> | 7 |
| It is enjoyable | <input type="checkbox"/> | 8 |
| It makes me feel healthier | <input type="checkbox"/> | 9 |
| It is better for the environment | <input type="checkbox"/> | 10 |
| Nothing would make me cycle to school | <input type="checkbox"/> | 11 |
| Something else – please say what _____ | <input type="checkbox"/> | 12 |

P15. Which, if any, of the following would encourage you to walk TO or FROM school more often? (Tick all that apply)

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

P16. Which, if any, of the following would encourage you to cycle TO or FROM school more often? (Tick all that apply)

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

P17. 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

P18. Do you qualify for free school transport (e.g. free school bus/train pass)?

Yes 1 → Continue to Question P19

No 2 → Go to Question Q1

P19. How often do you use free school transport TO or FROM school?

Everyday 1

A few times a week 2

Once a week 3

Once a fortnight 4

Once a month 5

Less than once a month 6

ROAD SAFETY

Q1. 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 (e.g. 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/ipod/mp3 player when crossing the road (e.g. to text, make a phone call, listen to music)	<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"/>

Q2. In the last 12 months, have you had any type of education on road safety in school (e.g. talks/lessons, projects, packs, leaflets)?

Yes 1 → Continue to Question Q3

No 2 → Go to Question R1

Q3. 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

**Q4. Who provided the road safety education in school?
(Tick all that apply)**

Teacher 1

Road Safety Education Officer (RSEO) 2

Police 3

Someone else, please say what _____ 4

Q5. Did you find the road safety education you received in school useful?

Yes 1

No 2

Don't know 3

POLICE OMBUDSMAN

R1. Has a police officer ever behaved towards you in a way that you thought was unacceptable?

- Yes, once or twice 1 → Continue to R2
Yes, more than once or twice 2 → Continue to R2
No 3 → Go to R6

R2. Thinking about the most recent incident, what did the police officer do that you thought was unacceptable?

- The officer was violent towards you (for example, pushed or struck you) 1
The officer was disrespectful or impolite to you 2
The officer swore at you 3
The officer used sectarian, racist or sexist language when dealing with you 4
The officer didn't do his/her duty properly (for example, by not investigating the crime properly or not responding to a call) 5
The officer bothered you 6
The officer didn't follow proper procedures 7
The officer stopped you or searched you without reason 8
The officer searched your house without reason 9
The officer said you had done something you hadn't 10
The officer took an item of your property 11
The officer discriminated against you (for example, because of your race, gender, age or religion) 12
Other 13
I would prefer not to answer this question 14

R3. Thinking again about the most recent incident, did you make a complaint about this?

- Yes 1 → Continue to R4
No 2 → Go to R5

R4. Where did you make your complaint?

- | | |
|--|--|
| Local police station | <input type="checkbox"/> 1 → Go to R7 |
| Solicitor | <input type="checkbox"/> 2 → Go to R7 |
| The Police Ombudsman | <input type="checkbox"/> 3 → Go to R8 then R10 |
| The Chief Constable of the PSNI | <input type="checkbox"/> 4 → Go to R7 |
| Your MP/MLA | <input type="checkbox"/> 5 → Go to R7 |
| A local politician (for example, Councillor) | <input type="checkbox"/> 6 → Go to R7 |
| The Citizens' Advice Bureau | <input type="checkbox"/> 7 → Go to R7 |
| The Policing Board | <input type="checkbox"/> 8 → Go to R7 |
| Wouldn't make a complaint | <input type="checkbox"/> 9 → Go to R7 |
| Other | <input type="checkbox"/> 10 → Go to R7 |
| Don't Know | <input type="checkbox"/> 11 → Go to R7 |

R5. What was the MAIN reason you didn't make a complaint about this?

- | | |
|--|----------------------------|
| Felt it would not be taken seriously | <input type="checkbox"/> 1 |
| Felt nothing would be done about it | <input type="checkbox"/> 2 |
| Incident was not serious enough | <input type="checkbox"/> 3 |
| Couldn't be bothered | <input type="checkbox"/> 4 |
| Scared of police revenge | <input type="checkbox"/> 5 |
| Didn't want to make trouble for the police | <input type="checkbox"/> 6 |
| Forgot | <input type="checkbox"/> 7 |
| Didn't know how to complain about police behaviour | <input type="checkbox"/> 8 |
| Other | <input type="checkbox"/> 9 |

R6. If you wanted to make a complaint against the police, where would you go first of all?

- | | |
|--|--|
| Local police station | <input type="checkbox"/> 1 → Go to R7 |
| Solicitor | <input type="checkbox"/> 2 → Go to R7 |
| The Police Ombudsman | <input type="checkbox"/> 3 → Go to R8 then R10 |
| The Chief Constable of the PSNI | <input type="checkbox"/> 4 → Go to R7 |
| Your MP/MLA | <input type="checkbox"/> 5 → Go to R7 |
| A local politician (for example, Councillor) | <input type="checkbox"/> 6 → Go to R7 |
| The Citizens Advice Bureau | <input type="checkbox"/> 7 → Go to R7 |
| The Policing Board | <input type="checkbox"/> 8 → Go to R7 |

- Wouldn't make a complaint 9 → Go to R7
- Other 10 → Go to R7
- Don't Know 11 → Go to R7

R7. Have you heard of the Police Ombudsman for Northern Ireland?

- Yes 1 → Continue to R8
- No 2 → Go to R9

R8. How did you hear of the Police Ombudsman for Northern Ireland?

- Television 1
- Radio 2
- Newspaper/Magazine 3
- In School 4
- Through Youth Club 5
- Word of mouth 6
- Friends/family 7
- Website 8
- You Tube 9
- Twitter 10
- Leaflets 11
- Posters 12
- Attended a presentation about the Police Ombudsman 13
- Other 14

R9. You said earlier that if you wanted to make a complaint about the police you would go to (answer fed forward from Q6). What was the MAIN reason why you would not go to the Police Ombudsman first of all?

- Did not know you could make a complaint directly to the Police Ombudsman 1
- It would be more convenient to go to the place just mentioned 2
- Other 3 → Continue to R9a
- Don't know 4

R9a. What was the other reason?

R10. Do you think the Police Ombudsman for Northern Ireland is part of the police or a separate organisation?

Part of the police 1

Separate organisation 2

R11. Do you think that the Police Ombudsman's office deals with complaints fairly?

Yes 1 → Go to R12

No 2 → Continue to R11a

R11a. Why do you think that the Police Ombudsman for Northern Ireland does not deal with complaints fairly?

R12. If you needed to contact the Office of the Police Ombudsman where would you go to find the relevant contact details?

Telephone Directory 1

Internet 2

Call personally at the Office of the Police Ombudsman 3

Directory Enquiries 4

Advice Agency 5

Political Representative 6

Legal Representative 7

Police Station 8

Community Association 9

Other 10

Refusal 11

Don't Know 12

R13. If you were to make a complaint against a police officer to the Police Ombudsman, do you think that you would be treated fairly?

Yes 1 → Go to Q14

No 2 → Continue to Q13a

R13a. Why do you think you would not be treated fairly?

R14. If you made a complaint about a police officer, do you think the police officer would be treated fairly?

- Yes 1 → Go to R15
No 2 → Continue to R14a

R14a. Why do you think the police officer would not be treated fairly?

R15. Do you think that the Police Ombudsman for Northern Ireland will help ensure that the police do a good job?

- Yes 1 → Continue to R16
No 2 → Go to Question S1

R16. In what way do you think the police will do a good job because of the Police Ombudsman?

- | | |
|---|--|
| The police will be more polite | <input type="checkbox"/> 1 → Go to Question S1 |
| The police will attend to incidents more quickly | <input type="checkbox"/> 2 → Go to Question S1 |
| The police will treat all communities in Northern Ireland more fairly | <input type="checkbox"/> 3 → Go to Question S1 |
| The police will investigate crime better | <input type="checkbox"/> 4 → Go to Question S1 |
| The police will use less physical force | <input type="checkbox"/> 5 → Go to Question S1 |
| The police will patrol more | <input type="checkbox"/> 6 → Go to Question S1 |
| The police will give less cause for complaints from the public | <input type="checkbox"/> 7 → Go to Question S1 |
| Other | <input type="checkbox"/> 8 → Continue to Q16a |

R16a. Please state the 'other' way.

SEXUAL EXPERIENCE AND KNOWLEDGE (Year 11 & 12 only)

S1. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

S2. How much, if any, sexual experience have you had?

None 1 → Go to Question S6

Small amount (eg: only kissing) 2 → Go to Question S6

Some experiences but no sexual intercourse 3 → Go to Question S6

Experienced, including sexual intercourse 4 → Continue to Question S3

S3. At what age did you first have sexual intercourse?

I was _____ years old

S4. Did you or your partner use something to prevent getting pregnant (ie: a form of contraception)?

Yes 1 → Continue to Question S5

No 2 → Go to Question S6

Don't know 3 → Go to Question S6

**S5. What form of contraception did you or your partner use?
(Tick one box only)**

Condom 1

The pill 2

Both a condom and the pill 3

Some other contraceptive 4

S6. Would you find it easy to get contraceptives (ie: condoms etc)?

Yes 1

No 2

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

S8. 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

S9. 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

S10. 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

**S11. Which, if any, of the following are sexually transmitted diseases?
(Tick all that apply)**

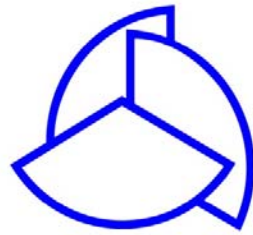
- HIV 1
- Gonorrhoea 2
- Measles 3
- Chlamydia 4
- Meningitis 5
- Herpes 6
- Hepatitis B 7
- Tuberculosis 8
- Hepatitis A 9
- Syphilis 10
- Influenza 11
- Warts 12
- AIDS 13
- None of these 14

**S12. 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 |

**S13. What would be important to 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 |



Northern Ireland
Statistics &
Research
Agency

YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY
2013

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
(e.g. 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 1
- No – not working 2
- No – retired 3
- Do not have a father 4
- Don't know 5

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

- Yes, has a job/is self employed 1
- No – not working 2
- No – retired 3
- Do not have a mother 4
- Don't know 5

A6. What is your ethnic group?
(Tick one option that best describes your ethnic group or background)

- | | | |
|--|--------------------------|----|
| White | <input type="checkbox"/> | 1 |
| Irish Traveller | <input type="checkbox"/> | 2 |
| Mixed/Multiple ethnic groups | | |
| White and Black Caribbean | <input type="checkbox"/> | 3 |
| White and Black African | <input type="checkbox"/> | 4 |
| White and Asian | <input type="checkbox"/> | 5 |
| Any other Mixed/Multiple ethnic background | <input type="checkbox"/> | 6 |
| Asian/Asian British | | |
| Indian | <input type="checkbox"/> | 7 |
| Pakistani | <input type="checkbox"/> | 8 |
| Bangladeshi | <input type="checkbox"/> | 9 |
| Chinese | <input type="checkbox"/> | 10 |
| Any other Asian background | <input type="checkbox"/> | 11 |
| Black/African/Caribbean/Black British | | |
| African | <input type="checkbox"/> | 12 |
| Caribbean | <input type="checkbox"/> | 13 |
| Any other Black/African/Caribbean background | <input type="checkbox"/> | 14 |
| Other ethnic group | | |
| Arab | <input type="checkbox"/> | 15 |
| Any other ethnic group, please specify_____ | <input type="checkbox"/> | 16 |
| Don't know | <input type="checkbox"/> | 17 |

**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. Do you have any physical or mental health conditions or illnesses, lasting or expected to last, for 12 months or more?

- Yes 1 → Continue to Question A11
- No 2 → Go to Question A12

A11. Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

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

A12. In the last 12 months, which, if any, of the following conditions/disorders have you had? (Tick all that apply)

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

FAMILY FINANCIAL CIRCUMSTANCES

B1. How well off do you think your family is financially?

- Not at all well off 1
Not very well off 2
Average 3
Well off 4
Very well off 5

B2. Do you have your own bedroom for yourself in the home where you normally live?

- Yes 1
No 2
Not sure 3

B3. Does your family own a car, van or truck?

- Yes, one 1
Yes, two or more 2
No 3

B4. During the past 12 months, how many times did you travel away on holiday with your family?

Not at all 1

Once 2

Twice 3

More than twice 4

B5. How many computers or laptops does your family own?

None 1

One 2

Two 3

3 or more 4

MORE ABOUT YOU

C1. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day?

1 1

2 2

3 3

4 4

5 5

More than 5 6

None 7

C2. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy?

1 1

2 2

3 3

4 4

5 5

More than 5 6

None 7

Don't know 8

BREASTFEEDING

D1. What do you think is the normal way for a 3 month old baby to be fed?

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

D2. What do you first think of when you see a woman breastfeeding her baby?

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

FLU VACCINE

E1. If you were offered a nasal spray (one that you sniff through your nose) vaccine from a doctor/nurse (or other health professional) to protect you against flu – would you take it?

Yes 1 → Go to Question F1

No 2 → Go to Question E2

**E2. If not, why not?
(Tick all that apply)**

I do not think it would work 1

I think I might catch the flu from the vaccine 2

I would not want to receive a squirt of vaccine up the nose 3

I would rather receive the flu vaccine via an injection 4

Other (Please say why) _____ 5

ORGAN DONATION

F1. Have you ever heard of organ donation?

Yes 1

No 2

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

**F2. Have you ever discussed the issue of organ donation with any of the following?
(Tick all that apply)**

Mother/father or guardian 1

Brothers/sisters 2

Friends 3

Teachers 4

None of the above 5

F3. Have you ever heard of the NHS Organ Donor Register?

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

Yes 1

No 2

F4. At what age do you think you can join the NHS Organ Donation Register

F5. Have you put your name on the NHS Organ Donor Register?

Yes 1

Not yet, but will think about it 2

Not yet, but will definitely do it sometime in the future 3

No, will never sign it 4

Don't Know 5

F6. Below are some statements about organ donation, please say how much you agree or disagree with each statement.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Removing organs from the body just isn't right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organ donation allows something positive to come out of a person's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I sign an organ donor card doctors might not try so hard to save my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thought of organ donation makes me uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F7. Currently persons age 18 and over have to register with or 'opt-in' to the NHS Organ Donation Register. This means that they only 'opt-in' if they wish to donate their organs after death.

Some countries use an 'opt-out' system where it is assumed that a person automatically agrees to donate their organs after death unless that person or their family has stated otherwise.

Which of the following statements best reflects your view?

- I would be in favour of keeping the current system of 'opting-in', i.e. only donate my organs if I am registered on the Organ Donor Register 1
- I would be in favour of changing to a system of 'opting out', i.e. donate my organs after death unless I or my family/close friend don't agree to this practice 2
- I would need more information to decide 3
- Don't know 4

SUN PROTECTION

**G1. Which, if any, of the following effects would you associate with using a sunbed?
(Tick all that apply)**

- | | | |
|---|--------------------------|---|
| A higher risk of skin cancer | <input type="checkbox"/> | 1 |
| Protection against sunburn from the sun | <input type="checkbox"/> | 2 |
| Eye damage | <input type="checkbox"/> | 3 |
| Helps acne and other skin problems | <input type="checkbox"/> | 4 |
| Premature skin ageing | <input type="checkbox"/> | 5 |
| Balancing of skin tone | <input type="checkbox"/> | 6 |
| Increasing Vitamin D levels | <input type="checkbox"/> | 7 |
| None of the above | <input type="checkbox"/> | 8 |

G2. Have you ever used a sunbed?

- Yes 1 → Continue to Question G3
No 2 → Go to Question H1

**G3. Where have you used a sunbed?
(Tick all that apply)**

- | | | |
|-------------------------------------|--------------------------|---|
| Sunbed premises | <input type="checkbox"/> | 1 |
| Video shop | <input type="checkbox"/> | 2 |
| Beauty salon | <input type="checkbox"/> | 3 |
| Hairdressers | <input type="checkbox"/> | 4 |
| At home | <input type="checkbox"/> | 5 |
| At a friend or family member's home | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

G4. When using a sunbed did you wear protective goggles?

- Yes 1
No 2
Sometimes but not always 3

SOCIAL SUPPORT

H1. 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"/>

H2. 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"/>

**16. Where do you usually get your cigarettes from?
(Please tick more than 1 box if you often get cigarettes from different people or places)**

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

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

- Ask an adult in school (e.g. teacher or school nurse) for help/advice 1 → Continue to Question 18
- Ask family or friends for help/advice 2 → Continue to Question 18
- Use any nicotine products e.g. patches, chewing gum 3 → Continue to Question 18
- Go to see your family doctor or GP 4 → Continue to Question 18
- Phone a smokers helpline 5 → Continue to Question 18
- Attend a stop smoking group or see a counsellor 6 → Continue to Question 18
- Access the internet for help/advice 7 → Continue to Question 18
- Use an App/text message service/Facebook site 8 → Continue to Question 18
- Some other thing 9 → Continue to Question 18
- Would not want to give up smoking 10 → Go to Question 19

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

- Yes 1
- No 2

19. 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 (e.g. teacher or school nurse) for help/advice 1
- Asked family or friends for help/advice 2
- Used any nicotine products e.g. 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
- Accessed the internet for help/advice 7
- Used an App/text message service/Facebook site 8
- Some other thing 9
- None of these 10

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

I11. Do any adults in your household smoke?

Yes 1 → Continue to Question I12

No 2 → Go to Question I14

I12. Do the adults smoke inside your home?

Yes 1

No 2

I13. Do the adults smoke in your family car?

Yes 1

No 2

We do not own a family car 3

I14. Are visitors allowed to smoke inside your home?

Yes 1

No 2

Don't Know 3

ALCOHOL

J1. Have you ever taken an alcoholic drink (not just a taste or a sip)?
(That means beer, wine, cider, alcopops or spirits like Gin, Vodka, Whiskey)

- Yes, in the last week 1 → Continue to Question J2
Yes, in the last month 1 → Continue to Question J2
Yes, in the last year 1 → Continue to Question J2
Yes, over a year ago 1 → Continue to Question J2
No, never 2 → Go to Question J12

J2. What age were you when you had your first alcoholic drink?

I was _____ years old I can't remember

J3. 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

J4. 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, please say how _____ 11

**J5. 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

**J6. 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

**J7. At present, how often do you drink anything alcoholic, such as beer, wine, cider, alcopops or spirits like Gin, Vodka, Whiskey? Try to include even those times when you only drink a small amount (but not just a taste or a sip).
(Tick one box only)**

Presently I drink alcohol ...

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

J8. Have you ever had so much alcohol that you were drunk?

- No, never 1 → Go to Question J10
- Yes, once 2 → Continue to Question J9
- Yes, 2 - 3 times 3 → Continue to Question J9
- Yes, 4 - 10 times 4 → Continue to Question J9
- Yes, more than 10 times 5 → Continue to Question J9

J9. 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

J10. 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"/>

J11. 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

J12. 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

**J13. Have you had any type of education on the use of alcohol (e.g. talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year ...?
(Tick all that apply)**

At school

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

Somewhere else

None of these

1

2

3

4 → Go to Question J15

If you ticked any of **these boxes, please** continue to Question J14

J14. Has the education you received made you less inclined to drink alcohol?

Yes 1

No 2

**J15. 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

HEALTH AND WELLBEING

(K1 is to be asked to Years 10, 11 & 12)

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

	None of the time	Rarely	Some of the time	Often	All of the time
<u>K1</u>					
1. I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Years 10, 11 & 12 pupils – please skip to section L

Year 8 & 9 pupils please ignore K1 & go to question K2

(To be asked to Years 8 & 9)

K2. In general, how would you say your health is?

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

K3. Thinking about the last week... Have you felt fit and well?

- Not at all 1
- Slightly 2
- Moderately 3
- Very 4
- Extremely 5

**K4. Thinking about the last week...
(Tick one box for each line)**

Always	Never	Seldom	Quite	Very	Often
	1	2	3	4	5
Have you felt full of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had enough time for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been able to do the things that you want to in your free time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have your parent(s) or guardian(s) treated you fairly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had fun with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K5. Thinking about the last week... Have you got on well at school?

- Not at all 1
- Slightly 2
- Moderately 3
- Very 4

Extremely 5

K6. Thinking about the last week... Have you been able to pay attention?

Never 1

Seldom 2

Quite often 3

Very often 4

Always 5

K7. Thinking about the last week... Has your life been enjoyable?

Not at all 1

Slightly 2

Moderately 3

Very 4

Extremely 5

**K8. Thinking about the last week...
(Tick one box for each line)**

	Never	Seldom	Quite	Very	Always	
	1	2	Often	Often	4	5
Have you been in a good mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had fun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you felt so bad that you didn't want to do anything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been happy with the way you are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SOLVENTS & DRUGS

L1. The following set of questions are about SOLVENTS: things that people inhale to get high (like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint-stripper, 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 (1i)

(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) 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 _____

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

- I got them from a relative (e.g. 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

**(1g) 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

(1h) 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 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"/>

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

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

(1j) How much do you know about the effects/risks of taking SOLVENTS?

(Tick one box only)

- | | | |
|---------------------|--------------------------|---|
| Know a lot | <input type="checkbox"/> | 1 |
| Know quite a bit | <input type="checkbox"/> | 2 |
| Know some | <input type="checkbox"/> | 3 |
| Know very little | <input type="checkbox"/> | 4 |
| Know nothing at all | <input type="checkbox"/> | 5 |

L2. The questions on this page are about the drug CANNABIS (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin).

(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 L3

(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 anymore 6

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

I was _____ years old I can't remember

L3. The questions on this page are about the drug SPEED (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts).

(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 L4

(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

L4. 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 L5

(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

L5. The questions on this page are about the drug ECSTASY ('E', Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes).

(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 L6

(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

L6. The questions on this page are about POPPERS (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room).

(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 L7

(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

L7. 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 L8

(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

L8. The questions on this page are about the drug HEROIN (Smack, Skag, 'H', Gear, Junk, Brown, Horse).

(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 L9

(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

L9. The questions on this page are about the drug MAGIC MUSHROOMS (Psilocybin, Mushies).

(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 L10

(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 anymore 6

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

I was _____ years old

I can't remember

L10. The questions on this page are about the drug CRACK (Rock, Sand, Stone, Pebbles, Freebase).

(10a) Have you ever been offered CRACK?

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

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

- Yes, in the last week 1 → Continue to section (10c)
- Yes, in the last month 2 → Continue to section (10c)
- Yes, in the last year 3 → Continue to section (10c)
- Yes, over a year ago 4 → Continue to section (10c)
- No, never 5 → Go to Question L11

(10c) 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

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

I was _____ years old I can't remember

L11. The questions on this page are about the drug COCAINE (Coke, Charlie, Snow, Nose candy, Blow).

(11a) Have you ever been offered COCAINE?

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

(11b) How easy would it be to get some COCAINE if you wanted to?

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

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

- Yes, in the last week 1 → Continue to section (11d)
Yes, in the last month 2 → Continue to section (11d)
Yes, in the last year 3 → Continue to section (11d)
Yes, over a year ago 4 → Continue to section (11d)
No, never 5 → Go to Question L12

(11d) 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

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

I was _____ years old I can't remember

L12. 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 L13

(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

L13. The questions on this page are about the drug MEPHEDRONE (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow, meow).

(13a) Have you ever been offered MEPHEDRONE?

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

(13b) Have you ever used or tried MEPHEDRONE?

- Yes, in the last week 1 → Continue to section (13c)
Yes, in the last month 2 → Continue to section (13c)
Yes, in the last year 3 → Continue to section (13c)
Yes, over a year ago 4 → Continue to section (13c)
No, never 5 → Go to Question L14

(13c) How often do you use MEPHEDRONE?

- 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

(13d) What age were you the first time you used MEPHEDRONE?

I was _____ years old I can't remember

L14. The questions on this page are about LEGAL HIGHS (Magic, Snuff, Salvia, Party Pills, Stimulants).

(14a) Have you ever been offered LEGAL HIGHS?

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

(14b) Have you ever used or tried LEGAL HIGHS?

- Yes, in the last week 1 → Continue to section (14c)
Yes, in the last month 2 → Continue to section (14c)
Yes, in the last year 3 → Continue to section (14c)
Yes, over a year ago 4 → Continue to section (14c)
No, never 5 → Go to Question L15

(14c) How often do you use LEGAL HIGHS?

- 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

(14d) What age were you the first time you used LEGAL HIGHS?

I was _____ years old I can't remember

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

L15. What age were you the first time you were offered drugs (not counting solvents)?

- I was _____ years old → Continue to Question L16
I can't remember → Continue to Question L16
I have never been offered drugs → Go to Question L18

L16. 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

L17. 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

L18. 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 L2 to L14 that you have NEVER used or tried ANY of those drugs, please go to Question L22.

If you said in Questions L2 to L14 that you have used or tried ANY of those drugs, please continue to Question L19.

L19. 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

L20. 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

L21. 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	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"/>

**L22. 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

L23. 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
- Tranquillisers 10
- Anabolic Steroids 11
- Mephedrone 12

**L24. Have you had any type of education on the use of drugs, including solvents, (e.g.: talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year ...?
(Tick all that apply)**

At school

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

Somewhere else

None of these

 1 2 3 4

If you ticked any of these boxes, please continue to Question L25

→ Go to Question L26

L25. Has the education you received made you less inclined to take drugs or solvents?

Yes 1

No 2

**L26. Where do you get information about drugs or solvents 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

FIREWORK SAFETY

M1. In the last 12 months, have you seen any television/poster advertisements or heard any radio advertisements on firework safety?

Yes 1 → Continue to Question M2

No 2 → Go to Question M3

M2. What message was in the television, radio or poster advertisements? (Tick any that apply)

- Fireworks are dangerous 1
- You could get hurt/scarred for life 2
- Never throw a firework 3
- Keep them away from pets/animals 4
- Only adults should light fireworks 5
- Only light one firework at a time 6
- Keep fireworks out of reach from children 7
- Allow 15mins before returning to a lit firework 8
- Keep a bucket of water close by 9
- Soak unlit or spent fireworks before putting in bin 10
- You could be breaking the law 11

M3. In the last 12 months, have you had any type of education on firework safety in school (e.g. talks/lessons, projects, packs, leaflets)?

Yes 1 → Continue to Question M4

No 2 → Go to Question M5

M4. Who provided the firework safety education in school? (Tick all that apply)

- Teacher 1
- Fire Service 2
- Police 3
- Someone else 4 Please say who _____

M5. Did the firework safety advertisements or information received change the way you behave around fireworks?

- Yes 1 → Continue to M6
- No 2 → Go to Question N1
- Don't know 3 → Go to Question N1
- Not applicable 4 → Go to Question N1

M6. To what extent did your behaviour change?

- Not at all 1
- A little 2
- Some 3
- A lot 4
- Not applicable 5

PERSONAL SAFETY

N1. How safe do you feel in the area in which you live?

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

**N2. 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)**

	1	Yes 2	No
Being bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being sexually abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being physically abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened by paramilitaries (e.g. IRA/UVF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of your religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of your religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being harassed/bullied/abused via the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being bullied/ harassed via texts/videos/images or calls to your mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**N3. In the past 12 months, have you been a victim of the following?
 (Tick 'Yes' or 'No' for each line)**

	Yes 1	No 2
Been bullied	<input type="checkbox"/>	<input type="checkbox"/>
Been sexually abused	<input type="checkbox"/>	<input type="checkbox"/>
Been physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened by paramilitaries (e.g. IRA/UVF)	<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 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 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"/>

MEDICINES

These questions are about medicines which have not been supplied to you by your doctor, pharmacist (chemist) or parent.

Some examples are:

*tranquillizers (drugs which make you calm),
steroids (body building drugs),
sleeping tablets,
pain killers (e.g. paracetamol, Anaddin),
slimming tablets.*

P1. Have you ever been offered medicines other than by your doctor, pharmacist (chemist) or parent?

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

P2. Have you ever used or tried medicines other than those supplied to you by your doctor, pharmacist (chemist) or parent?

- Yes, in the last week 1 → Continue to question P3
Yes, in the last month 2 → Continue to question P3
Yes, in the last year 3 → Continue to question P3
Yes, over a year ago 4 → Continue to question P3
No, never 5 → Go to Question P5

P3. How often do you use medicines which have been supplied to you other than by your doctor, pharmacist (chemist) or parent?

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

P4. What age were you the first time you used medicines supplied to you other than by your doctor, pharmacist (chemist) or parent?

- I was _____ years old I can't remember 1

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

P5. How easy do you think it is to get medicines using the internet?

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

P6. Have you ever used the internet to buy medicines?

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

P7. Have you ever used medicines bought on the internet?

- Yes, once 1 → Continue to Question P8
- Yes, more than once 2 → Continue to Question P8
- No, never 3 → Go to Question P9

P8. How often have you used medicines bought on the internet?

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

P9. How much do you know about the risks of taking medicines bought on the internet?

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

SEXUAL EXPERIENCE AND KNOWLEDGE (Year 11 & 12 only)

Q1. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

Q2. How much, if any, sexual experience have you had?

None 1 → Go to Question Q6

Small amount (e.g. only kissing) 2 → Go to Question Q6

Some experiences but no sexual intercourse 3 → Go to Question Q6

Experienced, including sexual intercourse 4 → Continue to Question Q3

Q3. At what age did you first have sexual intercourse?

I was _____ years old I can't remember 1

Q4. Did you or your partner use something to prevent getting pregnant (i.e. a form of contraception)?

Yes 1 → Continue to Question Q5

No 2 → Go to Question Q6

Don't know 3 → Go to Question Q6

**Q5. 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

Q6. Would you find it easy to get contraceptives (ie: condoms etc)?

Yes 1

No 2

**Q7. 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

Q8. 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

Q9. 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

Q10. 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

**Q11. 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

**Q12. 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 1
- Family Planning Association 2
- Brook Advisory 3
- Friends 4
- Family 5
- Genito-Urinary Medicine (GUM) clinic 6
- Internet/website 7
- Sexual health clinic 8
- Texting information service 9
- An advice/helpline 10
- Other 11
- None of these 12
- Don't know 13

**Q13. What would be important to you when you are seeking sexual health advice?
(Tick all that apply)**

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

ATTITUDES TOWARDS SEXUAL VIOLENCE

R1. Please read each of the following statements and indicate whether you believe each one is true or false:

	True	False	Don't know
Rape/sexual violence is usually carried out by strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many victims experience sexual violence when they have been drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls are more likely to be victims of child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers present the greatest threat to children when it comes to child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most victims know the person who raped/sexually abused them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unless somebody freely agrees to it, nobody has the right to carry out any act which is in any way sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R2. Do you agree or disagree with the following statements?

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
It is OK to pressure your girlfriend/boyfriend or anyone else into kissing or touching you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to physically force your girlfriend/boyfriend or anyone else into kissing or touching you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to pressure your girlfriend/boyfriend or anyone else into having sexual intercourse with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to physically force your girlfriend/boyfriend or anyone else into having sexual intercourse with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES TOWARDS DOMESTIC VIOLENCE

S1. Do you think boyfriends who hit girlfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

S2. Do you think husbands who hit wives once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

S3. Do you think girlfriends who hit boyfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

S4. Do you think wives who hit husbands once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

S5. 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

S6. 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

S7. 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

S8. 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

S9. 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

S10. Do you think it is okay for a woman to hit her boyfriend/husband if he has slept with someone else?

- Yes 1
No 2
Don't know 3

S11. Thinking about relationships between people of the same sex (or gender) do you think it is okay for one partner to hit the other if:

	Yes	No	Don't know
He/she is nagging or won't stop arguing with their partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she is not treating their partner with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she has slept with someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LONG TERM CONDITIONS

A long term medical condition is something which lasts a long time and usually gets gradually worse and needs to be treated (e.g. with tablets) over a period of years.

Long term medical conditions can be very different from each other.

Some examples are:

*stress,
diabetes,
asthma,
epilepsy,
depression,
anxiety.*

T1. In the past 12 months have you been told that you have, or have you been receiving treatment for, one or more long term condition?

Yes 1 Continue to Question T2

No 2 Continue to Question U1

Don't know 3 Continue to Question U1

**T2. Have you received any support to help you manage your condition from a doctor, nurse, pharmacist or other health professional e.g. social worker?
(Tick all that apply)**

One to one sessions 1 → Go to T3

Referred to a patient education/self management programme
(formal group sessions over a period of days, weeks or months which provided information and advice on how to manage your condition). 2 → Go to T3

Written information about your condition and how you can manage it
(e.g. care plan, leaflet) . 3 → Go to T3

Signposted to relevant information on websites 4 → Go to T3

Provided with contact details for voluntary and community sector
organisations which offer support 5 → Go to T3

No support has been provided 6 → Go to
Question U1

T3. If you did receive support please indicate whether as a result you felt more knowledgeable and confident about managing your condition? (Tick all that apply)

	Yes a lot more knowledgeable & confident	Yes, a little more knowledgeable & confident	No difference	Less knowledgeable & confident
One to one sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to a patient education/ self management programme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written information about your condition and how you can manage it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signposted to relevant information on websites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided with contact details for voluntary and community sector organisations which offer support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MORE ABOUT YOUR OPINIONS

U1. From the following list, do you know anyone personally who is gay, lesbian or bisexual?

Please tick ALL that apply

- A relative 1
- I am gay, lesbian or bisexual 2
- Someone in your school or College 3
- Someone in your neighbourhood 4
- A close friend of yours 5
- Someone in your work place 6
- Someone else (Please write in) 7
- No, I do not know anyone who is gay, lesbian or bisexual 8

U2. And how comfortable do you generally feel around people who identify as gay, lesbian or bisexual?

- Very comfortable 1
- Fairly comfortable 2
- Neither comfortable nor uncomfortable 3
- Fairly uncomfortable 4
- Very uncomfortable 5
- Other (Please say what) _____ 6
- I don't know 7

U3. Have any of your friends called someone names to their face because they saw them as gay or lesbian?

- Often 1
- Sometimes 2
- Only once or twice 3
- Never 4
- Don't know 5

U4. And how about you? Have you ever called someone names to their face because you saw them as gay or lesbian?

- Often 1
- Sometimes 2
- Only once or twice 3
- Never 4
- Don't know 5