YOUNG PERSONS’ BEHAVIOUR AND ATTITUDES SURVEY

2003 QUESTIONNAIRE

Please put a tick in the box that applies to your answer: eg Boy ✓

1. Are you a boy or a girl?
   Boy □ 1   Girl □ 2

2. What is your date of birth? __ / __ / __

3. What class are you in?
   Form 1 (Year 8) □ 1
   Form 2 (Year 9) □ 2
   Form 3 (Year 10) □ 3
   Form 4 (Year 11) □ 4
   Form 5 (Year 12) □ 5

4. Who of the following, if any, do you live with?
   (Tick all that apply)
   Mother □ 1
   Father □ 2
   Step-mother □ 3
   Step-father □ 4
   Mother’s boyfriend/partner □ 5
   Father’s girlfriend/partner □ 6
   Sister(s) □ 7
   Brother(s) □ 8
   Step-sister(s) □ 9
   Step-brother(s) □ 10
   Half-sister(s) □ 11
   Half-brother(s) □ 12
   Grandmother □ 13
   Grandfather □ 14
   Foster parents □ 15
5. **Does your father have a job or is he self-employed at the moment or not?**  
   *(Tick one box only)*
   - Yes, has a job
   - Yes, is self employed
   - No – not working
   - No – retired
   - Do not have a father

6. **Does your mother have a job or is she self-employed at the moment or not?**  
   *(Tick one box only)*
   - Yes, has a job
   - Yes, is self employed
   - No – not working
   - No – retired
   - Do not have a mother

7. **Which religious community do you belong to?**  
   *(Tick one box only)*
   - The Protestant community
   - The Catholic community
   - Neither community
   - Other – please specify__________________
(Think about each of the following statements and tick one box on each line to show how strongly you agree or disagree with them)

8. **My school is a place where...**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>No idea/opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) teachers treat me fairly in class</td>
<td></td>
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<td></td>
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<tr>
<td>(b) the things I learn are important to me</td>
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<tr>
<td>(c) I really get involved in my school work</td>
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<tr>
<td>(d) I like learning</td>
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<tr>
<td>(e) I feel restless and want to be somewhere else</td>
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<tr>
<td>(f) teachers give me the marks I deserve</td>
<td></td>
<td></td>
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<tr>
<td>(g) I have learned things that will be useful to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(h) I always do well in my work</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(i) teachers are interested in helping me with my schoolwork</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(j) the things I learn will help me in my adult life</td>
<td></td>
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<tr>
<td>(k) I can cope with the work</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>(l) teachers help me to do my best</td>
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<tr>
<td>(m) the things I am taught are worthwhile learning</td>
<td></td>
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<tr>
<td>(n) I am a success as a student</td>
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<td></td>
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</tr>
<tr>
<td>(o) I really like to go (to school) each day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(p) I have learnt to work hard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(q) teachers listen to what I say</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. How often do you find that school is boring?
   - Every day □ 1
   - Many days □ 2
   - Some days □ 3
   - Occasionally □ 4
   - Never □ 5

10. 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

11. If I have problems at school, my parents are ready to help me
   - Always □ 1
   - Often □ 2
   - Sometimes □ 3
   - Rarely □ 4
   - Never □ 5

12. My parents are willing to come to school to talk to my teachers
   - Always □ 1
   - Often □ 2
   - Sometimes □ 3
   - Rarely □ 4
   - Never □ 5

13. My parents encourage me to do well at school
   - Always □ 1
   - Often □ 2
   - Sometimes □ 3
   - Rarely □ 4
   - Never □ 5
14. My parents expect too much of me at school

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

15. My parents are satisfied with my school work

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

16. How important do you think each of the following are?
(Think about each of the following statements and tick one box on each line.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all important</th>
<th>Not very important</th>
<th>Not sure</th>
<th>Important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obeying a teacher even when you feel he/she is being unfair</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Getting on well with your teacher</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Achieving good grades in all your subjects</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Being able to approach a teacher about anything</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

17. 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
18. **How pressured do you feel by the school work you have to do?**

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

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

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

20. **Are you worried about answering questions or speaking out in class?**

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

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

- Going to University □ 1
- Going to a Further Education College (or Tech) □ 2
- Doing some Training/Apprenticeship □ 3
- On a Jobskills or Youth Training Scheme □ 4
- I will be working □ 5
- I will be unemployed □ 6
- Don’t know □ 7

22. **Have you ever been expelled or suspended from school?**

- Yes □ 1
- No □ 2
23. **How easy is it for you to talk to the following persons about things that really bother you?** (Tick one box for each line)

<table>
<thead>
<tr>
<th></th>
<th>Very easy</th>
<th>Easy</th>
<th>Difficult</th>
<th>Very difficult</th>
<th>Don't have or see this person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
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<tr>
<td>Elder brother(s)</td>
<td></td>
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<tr>
<td>Elder sister(s)</td>
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<tr>
<td>Friends of the same sex</td>
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<tr>
<td>Friends of the opposite sex</td>
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<tr>
<td>Other relative</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Fairly good</th>
<th>Neither good nor bad</th>
<th>Fairly bad</th>
<th>Very bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your school work</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Your ability to play sports</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Your friendships</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>The things you CAN do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>The way you get along with others</td>
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<tr>
<td>Your body and your looks</td>
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<td></td>
<td></td>
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<tr>
<td>The way you seem to feel most of the time</td>
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<td></td>
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<tr>
<td>The way you get along with your family</td>
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<tr>
<td>The way life seems to be for you</td>
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<tr>
<td>Your ability to be a friend to others</td>
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<tr>
<td>The way others seem to feel about you</td>
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<td></td>
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<tr>
<td>Your ability to talk with others</td>
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<tr>
<td>Your health in general</td>
<td></td>
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</tr>
</tbody>
</table>
25. **How often do you eat or drink any of the following?**

(Tick one box for each line)

<table>
<thead>
<tr>
<th>Item</th>
<th>More than once a day</th>
<th>Once a day</th>
<th>Most days</th>
<th>Once or twice a week</th>
<th>Less often or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweets, chocolate bars or biscuits (including wrapped chocolate</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>biscuits like Twix or KitKat)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Buns, cakes or pastries</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Fizzy drinks or squashes that contain sugar</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>(eg: Coca Cola, Ribena, Club Orange)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Crisps</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
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<tr>
<td>Chips or other fried potatoes (eg: roast potatoes, waffles, shapes)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Boiled or baked potatoes</td>
<td>□</td>
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<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Other fried foods like sausages, eggs, bacon</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Meat products (eg: sausage rolls, burgers, hot-dogs, pies, chicken</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>nuggets)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Meat and meat dishes (eg: bolognaise, curry, roast)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Fried fish (eg: battered or breadcrumbed such as fishfingers)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Fish not fried (eg: tinned tuna or salmon or baked fish)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Beans and pulses (eg: baked beans, kidney beans &amp; lentils)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Fruit (including fresh, tinned, dried or pure fruit juice)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Vegetables and salads (not including potatoes)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Bread</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Rice or pasta</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Drink milk, eat cheese or yoghurt or have milk puddings (eg: rice</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>or custard)</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have cereals with milk</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
26. **How often would you eat 5 or more portions of fresh fruit/vegetables a day?**
(Tick one box only)
- Every day
- Most days
- 2-3 times a week
- Once a week
- Less than once a week
- Occasionally
- Never

27. **How many times do you usually eat breakfast on school days?**
- Never eat breakfast on school days
- Have breakfast on most school days
- Have breakfast every school day

28. **How many times do you usually eat breakfast at weekends?**
- Do not normally have breakfast at weekends
- Usually have breakfast at weekends

29. **What do you usually do for lunch at school?**
(Tick all that apply)
- Eat a school dinner
- Buy a snack in the school cafeteria
- Eat a packed lunch
- Buy lunch outside school
- Go home for lunch
- Skip lunch/don’t have lunch
- Do something else - please tell us what this is

30. **If you don’t usually eat a school dinner/snack why not?**
(Tick all that apply)
- Don’t like school dinners/snacks
- Too expensive
- Because of the queue
- I don’t like the dining hall
- Not enough time, because of other school activities
- Other reasons(s) – please tell us what they are
31. **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  
- They are afraid of being bullied/teased  
- They don’t like the quality/choice of food available  
- They don’t like using the canteen  
- The canteen is too crowded  
- They don’t like queuing  
- They bring a packed lunch  
- Other reason (please specify)  

32. **Are you aware of the benefits of healthy eating? (eg: salads, baked or boiled potatoes, fruit)**

- Yes  
- No  
- Don’t know  

33. **Have you been taught about healthy eating?**

- Yes  → Continue to Question 34  
- No  → Go to Question 36  

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

- Biology  
- Home Economics  
- Physical Education  
- Personal and Social Education  
- Science  
- Other (please specify)  

35. **Did this help you to make sensible choices?**

- Yes  
- No  
- Don’t know  
- Would have made sensible choices anyway  

---

*Tick one box only*
36. **Does your school have vending machines? (eg: sweets/drinks/crisps machines)**

   - Yes [ ] 1 → Continue to Question 37
   - No [ ] 2 → Go to Question 39
   - Don’t know [ ] 3 → Go to Question 39

37. **Do they have alternatives to fizzy drinks, for example sparkling/still spring water and fruit juices?**

   - Yes [ ] 1
   - No [ ] 2
   - Don’t know [ ] 3

38. **Are there alternatives to chocolate, for example cereal bars?**

   - Yes [ ] 1
   - No [ ] 2
   - Don’t know [ ] 3

39. **Do you think there is usually a good choice available in the school canteen/cafeteria?**

   - Yes, all the time [ ] 1
   - Yes, if you come early [ ] 2
   - Yes, sometimes [ ] 3
   - No, never [ ] 4
   - School dinners brought in by meals on wheels [ ] 5
   - Don’t know [ ] 6

40. **Do you consider the selections available to be healthy?**

   - Yes [ ] 1
   - No [ ] 2
   - Don’t know [ ] 3

41. **Would you like to see more healthy foods available?**

   - Yes [ ] 1
   - No, I am not interested in healthy food [ ] 2
   - No, there is sufficient already [ ] 3
   - Don’t know [ ] 4
42. **Are you on a diet to lose weight?**

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

43. **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
GENERAL HEALTH

44. How healthy do you think you are?
   Very healthy  □ 1
   Quite healthy □ 2
   Not very healthy □ 3

45. Do you have any long-standing illness or disability that has troubled you over a period of time, or is likely to affect you in the future?
   Yes □ 1  → Continue to Question 46
   No □ 2  → Go to Question 47

46. Does this illness or disability affect your activities in any way?
   Yes □ 1
   No □ 2

47. In the last 12 months, have you had any of the following medical conditions?

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Allergies/rashes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Asthma</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Chest infection</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Diabetes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Migraine</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Period pain</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

48. Some people have extra family responsibilities because they look after someone who is sick, disabled or elderly. Is there anyone who is sick, disabled or elderly who you look after or give special help to (for example, a sick, disabled or elderly relative, parent, child, friend etc.)?
   Yes □ 1
   No □ 2
PHYSICAL ACTIVITY/SPORT

49. Generally speaking, do you enjoy taking part in physical activity or sports (this means exercise that makes you out of breath)?

Yes  □ 1  → Go to Question 51
No    □ 2  → Continue to Question 50

50. Why don’t you like it?
(Tick all that apply)

I get short of breath        □ 1
I don’t like the sports offered at school □ 2
I get tired easily           □ 3
I’m not fit                  □ 4
I’m not good at sport        □ 5
I’m not interested in sport  □ 6
I’m overweight               □ 7
Other ____________________  □ 12
I find it embarrassing to exercise in front of others □ 8
I find sport boring          □ 9
I have a medical condition that restricts me taking part in sport □ 10
I find it embarrassing to change in front of others □ 11

51. Thinking back to yesterday, how long did you spend sitting, lying down and sleeping (eg: watching TV, using a computer, sitting in class)?

__________hours _________minutes

52. At the moment, how many school days per week do you normally stay behind at school for sports?

None      □ 1
Once or twice a week □ 2
3 or 4 times a week □ 3
Every day   □ 4

53. At the moment, how many days per week do you normally take part in sports or other physical activities like dancing, cycling, walking (not counting those which you stay behind at school to do)?

None         □ 1
Once or twice a week □ 2
3 - 5 times a week □ 3
6 or 7 times a week □ 4
54. During school holidays, how physically active are you, compared to when at school?

- Less active □ 1
- About the same □ 2
- More active □ 3

55. It is recommended that schools offer pupils at least 2 hours per week of physical activity. Do you think 2 hours is about right?

- Yes □ 1 → Go to Question 57
- No □ 2 → Continue to Question 56

56. How many hours of physical activity per week do you think you should do in school?

___________________________

57. Do you think school should be made to provide a minimum of hours of physical activity per week?

- Yes □ 1 → Go to Question 59
- No □ 2 → Continue to Question 58

58. Do you think your school should choose how many hours of physical activity to provide each week?

- Yes □ 1
- No □ 2

59. Do you usually take part in physical activity or sports as part of PE/ Games lessons in school?

- Yes □ 1
- No □ 2

60. Are you a member of a sports club outside of school?

- Yes □ 1
- No □ 2
61. In the last 12 months, which of the following physical activities have you taken part in, either in school or outside of school? (Tick all that apply)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Option 1</th>
<th>Activity</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerobics</td>
<td>[ ] 1</td>
<td>Hockey</td>
<td>[ ] 9</td>
</tr>
<tr>
<td>Athletics/cross-country</td>
<td>[ ] 2</td>
<td>Hurling</td>
<td>[ ] 10</td>
</tr>
<tr>
<td>Badminton</td>
<td>[ ] 3</td>
<td>Netball</td>
<td>[ ] 11</td>
</tr>
<tr>
<td>Basketball</td>
<td>[ ] 4</td>
<td>Rugby</td>
<td>[ ] 12</td>
</tr>
<tr>
<td>Camogie</td>
<td>[ ] 5</td>
<td>Soccer/football</td>
<td>[ ] 13</td>
</tr>
<tr>
<td>Cricket</td>
<td>[ ] 6</td>
<td>Swimming</td>
<td>[ ] 14</td>
</tr>
<tr>
<td>Dancing</td>
<td>[ ] 7</td>
<td>Tennis</td>
<td>[ ] 15</td>
</tr>
<tr>
<td>Gaelic football</td>
<td>[ ] 8</td>
<td>Other ____________</td>
<td>[ ] 16</td>
</tr>
</tbody>
</table>

62. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>4 to 6 times a week</td>
<td>[ ] 2</td>
</tr>
<tr>
<td>2 to 3 times a week</td>
<td>[ ] 3</td>
</tr>
<tr>
<td>Once a week</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Once a month</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>[ ] 6</td>
</tr>
<tr>
<td>Never</td>
<td>[ ] 7</td>
</tr>
</tbody>
</table>

63. OUTSIDE SCHOOL HOURS: How many HOURS a week do you usually exercise in your free time so much that you get out of breath or sweat?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>About half an hour</td>
<td>[ ] 2</td>
</tr>
<tr>
<td>About 1 hour</td>
<td>[ ] 3</td>
</tr>
<tr>
<td>About 2 to 3 hours</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>About 4 to 6 hours</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>7 hours or more</td>
<td>[ ] 6</td>
</tr>
</tbody>
</table>
**LEISURE ACTIVITIES**

64. **On how many days during the last week have you...**

(Tick one box for each line)

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watched TV, videos, DVDs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read books, magazines or comics? (for fun)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Played computer games?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Done school homework?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taken part in sport or exercise?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Played a musical instrument?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Done a part time job?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been to a public library?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

65. **In the last 12 months, how often, if at all, have you gone to a sports event as a spectator?**

<table>
<thead>
<tr>
<th></th>
<th>(a) At school?</th>
<th>(b) Outside school?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>At least once a week</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>At least once a month</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Once every 2 or 3 months</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Once or twice in the last year</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Not at all in the last year</td>
<td>5</td>
</tr>
</tbody>
</table>

66. **In the last 12 months, how often, if at all, have you attended an Arts performance or an event as a visitor or member of an audience?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At least once a week</td>
<td>1</td>
</tr>
<tr>
<td>At least once a month</td>
<td>2</td>
</tr>
<tr>
<td>Once every 2 or 3 months</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice in the last year</td>
<td>4</td>
</tr>
<tr>
<td>Not at all in the last year</td>
<td>5</td>
</tr>
</tbody>
</table>
67. Which, if any, of the following activities do you think of as being part of ‘the Arts’? (Tick all that apply)

Ballet  □ 1  Opera  □ 12
Circus  □ 2  Paintings/drawings  □ 13
Classical concerts  □ 3  Photography  □ 14
Community arts projects  □ 4  Plays  □ 15
Contemporary music  □ 5  Poetry  □ 16
Festivals/carnivals  □ 6  Pottery/crafts  □ 17
Fiction  □ 7  Rock music  □ 18
Jazz  □ 8  Sculpture  □ 19
Mime  □ 9  Theatre/drama  □ 20
Modern art  □ 10  TV/Cinema  □ 21
Modern dance  □ 11  Video/digital art  □ 22
None of the above  □ 23

68. Have you taken any classes or lessons during the past 12 months in any of these subjects? (Tick one box for each line)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Yes, at school</th>
<th>Yes, outside of school</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music, singing or playing an instrument</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Drama or dance</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Creative writing</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Photography or film making</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Painting, drawing</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Craft</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other art activity</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

69. Have you ever visited the following attractions? (Tick one box for each line)

<table>
<thead>
<tr>
<th>Attraction</th>
<th>Yes, as part of a trip organised by school</th>
<th>Yes, for fun or recreation</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulster Museum, Belfast</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Ulster Folk &amp; Transport Museum, Cultra</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Ulster American Folk Park, Omagh</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>W5, Odyssey Centre, Belfast</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Armagh County Museum</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
70. **How often do you go to the Public Library (including mobile libraries)?**
   *(Tick one box only)*

   - Several times a week [ ] 1 → Continue to Question 71
   - Once a week [ ] 2 → Continue to Question 71
   - Once every 2-3 weeks [ ] 3 → Continue to Question 71
   - Monthly [ ] 4 → Continue to Question 71
   - Once every 2-3 months [ ] 5 → Continue to Question 71
   - Once every 4-6 months [ ] 6 → Continue to Question 71
   - Once a year [ ] 7 → Continue to Question 71
   - Less than once a year [ ] 8 → Continue to Question 71
   - Never [ ] 9 → Go to Question 72

71. **Why do you go to the library?**
   *(Tick all that apply)*

   - To borrow books [ ] 1
   - To use books to look up information [ ] 2
   - To study/ do homework [ ] 3
   - To use the computer (eg: to use word processing/database/spreadsheet packages etc) [ ] 4
   - To use the computer (eg: to access Internet) [ ] 5
   - Other (please specify) ____________________ [ ] 6

---

72. **Do you have access to a personal computer at home?**

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

73. **Do you have access to the internet at home?**

   - Yes [ ] 1
   - No [ ] 2
   - Don't know [ ] 3
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would feel out of place in an art gallery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public libraries provide an Important service to people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I enjoy seeing exhibitions and displays at museums</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>There are lots of opportunities for me to take part in sport, if I want to</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
SMOKING

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

Yes  1  → Continue to Question 76
No  2  → Go to Question 81

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

I was ___________ years old  I can’t remember  0

77. Who gave you cigarettes the first time you smoked? (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  4
Someone my own age I didn’t really know  5
I bought them myself  6
Someone else - please state who or how  7  _______________________

78. Where were you the first time you smoked? (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 youth club  4
At school  5
At a pub  6
At a party  7
At a rave, disco, club, or concert  8
Somewhere else (please write in)  9  _______________________

79. How often do you smoke cigarettes now?

Every day  1  → Continue to Question 80
At least once a week but not every day  2  → Continue to Question 80
Less than once a week  3  → Go to Question 81
I do not smoke now  4  → Go to Question 81
80. How many cigarettes do you usually smoke in a week?
________________ cigarettes a week

81. 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?

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

82. Below are a few things that people say about smoking. Some people think they are true and some people think they are not true. What do you think?

(Against each sentence tick one box to show if you think it is true or false)

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

83. Do any adults in your household smoke?
   Yes ☐ 1 → Continue to Question 84
   No ☐ 2 → Go to Question 85

84. Do the adults smoke inside your home?
   Yes ☐ 1
   No ☐ 2
ALCOHOL

85. Have you ever taken an alcoholic drink (not just a taste or a sip)?

(That means beer, wine, cider, alcopops or spirits like Gin, Vodka, Whiskey)

Yes ☐ 1 → Continue to Question 86
No ☐ 2 → Go to Question 98
Don’t know ☐ 3 → Go to Question 98

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

I was _____________ years old  I can’t remember  ☐

87. 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

88. 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
I took it without permission ☐ 9
Other - please state who or how ☐ 10 ______________________
89. 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
- Somewhere else (please write in) [ ] 8 _______________________

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

- By myself [ ] 1
- With a friend [ ] 2
- With a group of friends [ ] 3
- With parents [ ] 4
- With brother(s) and/or sister(s) [ ] 5
- With relatives [ ] 6
- With someone else (please write in) [ ] 7 _______________________

91. 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
92. **In the past week (last 7 days) how much alcohol have you drunk?**

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

- **Beer/lager/stout**
  - write in how many bottles: ________
  - write in how many cans: ________
  - write in how many pint glasses: ________

- **Cider**
  - write in how many bottles: ________
  - write in how many large bottles: ________
  - write in how many pint glasses: ________

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

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

- **Wine**
  - write in how many bottles: ________
  - write in how many glasses: ________

- **Shots** (eg: Aftershook, Cocopops)
  - write in how many shot glasses: ________

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

- No, never: [ ] 1  → Go to Question 95
- Yes, once: [ ] 2  → Continue to Question 94
- Yes, 2 - 3 times: [ ] 3  → Continue to Question 94
- Yes, 4 - 10 times: [ ] 4  → Continue to Question 94
- Yes, more than 10 times: [ ] 5  → Continue to Question 94

94. **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
95. 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)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once</th>
<th>More than once</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s) or other family member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

96. 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

97. Below is a list of some reasons why people drink alcohol. Put a tick by each item to show whether each reason is true or false FOR YOU.

<table>
<thead>
<tr>
<th>Reason for drinking</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Like the taste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To escape problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be confident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To feel relaxed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To get drunk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because my friends do</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because my parents/family do</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be sociable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To celebrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because I’m under pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like the effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It cheers me up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To find out what it is like</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

98. 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
The following set of questions are about SOLVENTS: things that people inhale to get high (like glue, lighter fuel, petrol, gas etc).

(a) Have you ever been offered SOLVENTS to inhale?
- Yes, once □ 1
- Yes, more than once □ 2
- No, never □ 3

(b) Have you ever inhaled SOLVENTS?
- Yes, in the last week □ 1 → Continue to section (c)
- Yes, in the last month □ 2 → Continue to section (c)
- Yes, in the last year □ 3 → Continue to section (c)
- Yes, over a year ago □ 4 → Continue to section (c)
- No, never □ 5 → Go to section (j)

(c) 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

(d) What age were you the first time you used SOLVENTS?
- I was ______ years old
- I can’t remember □

(e) How many times have you used SOLVENTS in your life?
- Once □ 1
- Twice □ 2
- 3 times □ 3
- 4-10 times □ 4
- 11-24 times □ 5
- 25 times or more □ 6
(f) 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 specify) [ ] 6 ______________________________

(g) The last time you used SOLVENTS, how did you get them?

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

(h) Who were you with the last time you used SOLVENTS?

- By myself [ ] 1
- With a friend [ ] 2
- With a group of friends [ ] 3
- With parents [ ] 4
- With brother(s) and/or sister(s) [ ] 5
- With relatives [ ] 6
- With someone else (please write in) [ ] 7 ___________________________

(i) 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)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once</th>
<th>More than once</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s) or other family member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(j) Have you ever offered SOLVENTS to anyone else?

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

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

- Know a lot □ 1
- Know quite a bit □ 2
- Know some □ 3
- Know very little □ 4
- Know nothing at all □ 5
100. The questions on this page are about the drug CANNABIS (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed).

(a) Have you ever been offered CANNABIS?
   - Yes, once □ 1
   - Yes, more than once □ 2
   - No, never □ 3

(b) 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

(c) Have you ever used or tried CANNABIS?
   - Yes, in the last week □ 1 → Continue to section (d)
   - Yes, in the last month □ 2 → Continue to section (d)
   - Yes, in the last year □ 3 → Continue to section (d)
   - Yes, over a year ago □ 4 → Continue to section (d)
   - No, never □ 5 → Go to Question 101

(d) How often do you use CANNABIS?
   - Daily □ 1
   - A few times a week □ 2
   - A few times a month □ 3
   - A few times a year □ 4
   - Rarely □ 5
   - Not any more □ 6

(e) What age were you the first time you used CANNABIS?
   I was _____ years old  I can’t remember □

(f) How many times have you used CANNABIS in your life?
   - Once □ 1
   - Twice □ 2
   - 3 times □ 3
   - 4-10 times □ 4
   - 11-24 times □ 5
   - 25 times or more □ 6
101. The questions on this page are about the drug SPEED (Amphetamines, Uppers, Whizz, Sulphate, Billy).

(a) Have you ever been offered SPEED?
   - Yes, once    [ ] 1
   - Yes, more than once    [ ] 2
   - No, never    [ ] 3

(b) Have you ever used or tried SPEED?
   - Yes, in the last week    [ ] 1  →  Continue to section (c)
   - Yes, in the last month    [ ] 2  →  Continue to section (c)
   - Yes, in the last year    [ ] 3  →  Continue to section (c)
   - Yes, over a year ago    [ ] 4  →  Continue to section (c)
   - No, never    [ ] 5  →  Go to Question 102

(c) 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

(d) What age were you the first time you used SPEED?
   - I was ______ years old
   - I can’t remember    [ ]

(e) How many times have you used SPEED in your life?
   - Once    [ ] 1
   - Twice    [ ] 2
   - 3 times    [ ] 3
   - 4-10 times    [ ] 4
   - 11-24 times    [ ] 5
   - 25 times or more    [ ] 6
102. The questions on this page are about the drug LSD (Acid, Tabs, Trips).

(a) Have you ever been offered LSD?
- Yes, once ☐ 1
- Yes, more than once ☐ 2
- No, never ☐ 3

(b) Have you ever used or tried LSD?
- Yes, in the last week ☐ 1 → Continue to section (c)
- Yes, in the last month ☐ 2 → Continue to section (c)
- Yes, in the last year ☐ 3 → Continue to section (c)
- Yes, over a year ago ☐ 4 → Continue to section (c)
- No, never ☐ 5 → Go to Question 103

(c) 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

(d) What age were you the first time you used LSD?
- I was ______ years old
- I can't remember ☐

(e) How many times have you used LSD in your life?
- Once ☐ 1
- Twice ☐ 2
- 3 times ☐ 3
- 4-10 times ☐ 4
- 11-24 times ☐ 5
- 25 times or more ☐ 6
103. The questions on this page are about the drug ECSTASY ('E', Dennis the menace).

(a) Have you ever been offered ECSTASY?
   Yes, once  
   Yes, more than once  
   No, never  

(b) How easy would it be to get some ECSTASY if you wanted to?
   Very easy  
   Fairly easy  
   Fairly difficult  
   Very difficult  
   Don't know  

(c) Have you ever used or tried ECSTASY?
   Yes, in the last week  
   Yes, in the last month  
   Yes, in the last year  
   Yes, over a year ago  
   No, never  

(d) How often do you use ECSTASY?
   Daily  
   A few times a week  
   A few times a month  
   A few times a year  
   Rarely  
   Not any more  

(e) What age were you the first time you used ECSTASY?
   I was _____ years old  
   I can't remember  

(f) How many times have you used ECSTASY in your life?
   Once  
   Twice  
   3 times  
   4-10 times  
   11-24 times  
   25 times or more  

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

(a) Have you ever been offered POPPERS?
- Yes, once □ 1
- Yes, more than once □ 2
- No, never □ 3

(b) Have you ever used or tried POPPERS?
- Yes, in the last week □ 1 → Continue to section (c)
- Yes, in the last month □ 2 → Continue to section (c)
- Yes, in the last year □ 3 → Continue to section (c)
- Yes, over a year ago □ 4 → Continue to section (c)
- No, never □ 5 → Go to Question 105

(c) 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

(d) What age were you the first time you used POPPERS?
- I was ______ years old
- I can’t remember □

(e) How many times have you used POPPERS in your life?
- Once □ 1
- Twice □ 2
- 3 times □ 3
- 4-10 times □ 4
- 11-24 times □ 5
- 25 times or more □ 6
105. The questions on this page are about TRANQUILLISERS (Downers, Barbiturates, Blues, Temazies, Jellies, Tranx, Temazepam).

(a) Have you ever been offered TRANQUILLISERS?
   Yes, once   □ 1
   Yes, more than once   □ 2
   No, never   □ 3

(b) Have you ever used or tried TRANQUILLISERS?
   Yes, in the last week   □ 1 → Continue to section (c)
   Yes, in the last month  □ 2 → Continue to section (c)
   Yes, in the last year   □ 3 → Continue to section (c)
   Yes, over a year ago    □ 4 → Continue to section (c)
   No, never    □ 5 → Go to Question 106

(c) 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

(d) What age were you the first time you used TRANQUILLISERS?
   I was _____ years old   □
   I can't remember    □

(e) How many times have you used TRANQUILLISERS in your life?
   Once   □ 1
   Twice   □ 2
   3 times   □ 3
   4-10 times   □ 4
   11-24 times   □ 5
   25 times or more   □ 6
106. The questions on this page are about the drug HEROIN (Smack, Skag, 'H').

(a) Have you ever been offered HEROIN?
- Yes, once ☐ 1
- Yes, more than once ☐ 2
- No, never ☐ 3

(b) Have you ever used or tried HEROIN?
- Yes, in the last week ☐ 1 → Continue to section (c)
- Yes, in the last month ☐ 2 → Continue to section (c)
- Yes, in the last year ☐ 3 → Continue to section (c)
- Yes, over a year ago ☐ 4 → Continue to section (c)
- No, never ☐ 5 → Go to Question 107

(c) 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

(d) What age were you the first time you used HEROIN?
- I was ______ years old
- I can’t remember ☐

(e) How many times have you used HEROIN in your life?
- Once ☐ 1
- Twice ☐ 2
- 3 times ☐ 3
- 4-10 times ☐ 4
- 11-24 times ☐ 5
- 25 times or more ☐ 6
The questions on this page are about the drug MAGIC MUSHROOMS (Psilocybin).

(a) Have you ever been offered MAGIC MUSHROOMS?
   Yes, once ☐ 1
   Yes, more than once ☐ 2
   No, never ☐ 3

(b) Have you ever used or tried MAGIC MUSHROOMS?
   Yes, in the last week ☐ 1 → Continue to section (c)
   Yes, in the last month ☐ 2 → Continue to section (c)
   Yes, in the last year ☐ 3 → Continue to section (c)
   Yes, over a year ago ☐ 4 → Continue to section (c)
   No, never ☐ 5 → Go to Question 108

(c) How often do you use MAGIC MUSHROOMS?
   Daily ☐ 1
   A few times a week ☐ 2
   A few times a month ☐ 3
   A few times a year ☐ 4
   Rarely ☐ 5
   Not any more ☐ 6

(d) What age were you the first time you used MAGIC MUSHROOMS?
   I was ______ years old I can’t remember ☐

(e) How many times have you used MAGIC MUSHROOMS in your life?
   Once ☐ 1
   Twice ☐ 2
   3 times ☐ 3
   4-10 times ☐ 4
   11-24 times ☐ 5
   25 times or more ☐ 6
108. The questions on this page are about the drug CRACK (Rock, Sand, Stone, Pebbles).

(a) Have you ever been offered CRACK?
   Yes, once  □ 1
   Yes, more than once  □ 2
   No, never  □ 3

(b) How easy would it be to get some CRACK if you wanted to?
   Very easy  □ 1
   Fairly easy  □ 2
   Fairly difficult  □ 3
   Very difficult  □ 4
   Don’t know  □ 5

(c) Have you ever used or tried CRACK?
   Yes, in the last week  □ 1 ➔ Continue to section (d)
   Yes, in the last month  □ 2 ➔ Continue to section (d)
   Yes, in the last year  □ 3 ➔ Continue to section (d)
   Yes, over a year ago  □ 4 ➔ Continue to section (d)
   No, never  □ 5 ➔ Go to Question 109

(d) 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

(e) What age were you the first time you used CRACK?
   I was ______ years old  □
   I can’t remember  □

(f) How many times have you used CRACK in your life?
   Once  □ 1
   Twice  □ 2
   3 times  □ 3
   4-10 times  □ 4
   11-24 times  □ 5
   25 times or more  □ 6
109. The questions on this page are about the drug COCAINE (Coke, Charlie).

(a) Have you ever been offered COCAINE?
   - Yes, once \(\square\) 1
   - Yes, more than once \(\square\) 2
   - No, never \(\square\) 3

(b) Have you ever used or tried COCAINE?
   - Yes, in the last week \(\square\) 1 \(\rightarrow\) Continue to section (c)
   - Yes, in the last month \(\square\) 2 \(\rightarrow\) Continue to section (c)
   - Yes, in the last year \(\square\) 3 \(\rightarrow\) Continue to section (c)
   - Yes, over a year ago \(\square\) 4 \(\rightarrow\) Continue to section (c)
   - No, never \(\square\) 5 \(\rightarrow\) Go to Question 110

(c) How often do you use COCAINE?
   - Daily \(\square\) 1
   - A few times a week \(\square\) 2
   - A few times a month \(\square\) 3
   - A few times a year \(\square\) 4
   - Rarely \(\square\) 5
   - Not any more \(\square\) 6

(d) What age were you the first time you used COCAINE?
   - I was _____ years old
   - I can’t remember \(\square\)

(e) How many times have you used COCAINE in your life?
   - Once \(\square\) 1
   - Twice \(\square\) 2
   - 3 times \(\square\) 3
   - 4-10 times \(\square\) 4
   - 11-24 times \(\square\) 5
   - 25 times or more \(\square\) 6
110. The questions on this page are about the drug ANABOLIC STEROIDS.

(a) Have you ever been offered ANABOLIC STEROIDS?
   Yes, once
   Yes, more than once
   No, never

(b) Have you ever used or tried ANABOLIC STEROIDS?
   Yes, in the last week
   Yes, in the last month
   Yes, in the last year
   Yes, over a year ago
   No, never

(c) How often do you use ANABOLIC STEROIDS?
   Daily
   A few times a week
   A few times a month
   A few times a year
   Rarely
   Not any more

(d) What age were you the first time you used ANABOLIC STEROIDS?
   I was ______ years old
   I can’t remember

(e) How many times have you used ANABOLIC STEROIDS in your life?
   Once
   Twice
   3 times
   4-10 times
   11-24 times
   25 times or more
Please answer the following questions which are about drugs in general.

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

I was _____ years old  → Continue to Question 112
I can’t remember    → Continue to Question 112
I have never been offered drugs → Go to Question 114

112. 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 – please say who ________________  □ 7

113. 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
Somewhere else – please say where  □ 8 ________________

114. 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 100 to 110 that you have NEVER used or tried ANY of those drugs, please go to Question 118.

If you said in Questions 100 to 110 that you have used or tried ANY of those drugs, please continue to Question 115.
115. 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 a group of friends □ 3
With parents □ 4
With brother(s) and/or sister(s) □ 5
With relatives □ 6
With someone else (please write in) □ 7 _______________________

116. 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
Somewhere else (please write in) □ 8 _______________________

117. 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)

<table>
<thead>
<tr>
<th></th>
<th>Never 1</th>
<th>Once 2</th>
<th>More than once 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s) or other family member</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Local people</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>School</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Police</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Friends</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
118. **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

119. **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
120. How dangerous do you think it is for people to ...

(Tick one box for each line)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all dangerous</th>
<th>A little dangerous</th>
<th>Quite dangerous</th>
<th>Very dangerous</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke cigarettes occasionally?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke one or more packs of cigarettes per day?</td>
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<td></td>
<td></td>
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<tr>
<td>Have one or two drinks nearly every day?</td>
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<td></td>
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<tr>
<td>Have four or five drinks nearly every day?</td>
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<tr>
<td>Have five or more drinks each weekend?</td>
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<tr>
<td>Try cannabis once or twice?</td>
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<tr>
<td>Smoke cannabis occasionally?</td>
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<tr>
<td>Smoke cannabis regularly?</td>
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<tr>
<td>Try LSD once or twice?</td>
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<tr>
<td>Take LSD regularly?</td>
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<tr>
<td>Try speed once or twice?</td>
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<tr>
<td>Take speed regularly?</td>
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<tr>
<td>Try cocaine or crack once or twice?</td>
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<td></td>
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<tr>
<td>Take cocaine or crack regularly?</td>
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<td></td>
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<tr>
<td>Try ecstasy once or twice?</td>
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<tr>
<td>Take ecstasy regularly?</td>
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<td></td>
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<tr>
<td>Try solvents once or twice?</td>
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<td></td>
</tr>
<tr>
<td>Take solvents regularly?</td>
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</tbody>
</table>
121. Have you had any type of education on the use of alcohol and/or drugs (eg: talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year?

(Tick Yes or No for each line) Yes No

1 At school
2 At a youth facility (ie: Youth club, Community centre etc)
3 Somewhere else
   - if yes, please say where ____________________

122. Has the education you received made you less inclined to ...

Yes No
1 Drink alcohol?
2 Take drugs?

123. Where do you get information about drugs and 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 specify) 16 ________________________
POLICING

124. In the past 12 months, have you spoken to a police officer in Northern Ireland, or has a police officer in Northern Ireland ever spoken to you?
   Yes □ 1 → Continue to Question 125
   No □ 2 → Go to Question 126

125. Was this because ...
   (Tick all that apply)
   - They were telling you to move on □ 1
   - You were in trouble/had done something wrong/were arrested or cautioned □ 2
   - You were looking for help □ 3
   - You were telling them about a crime □ 4
   - They were giving a talk in school (eg: on drugs or road safety) □ 5
   - They were in contact through a youth club □ 6
   - Some other reason - please tell us about it ________________________ □ 7

126. How fairly do you think the police in Northern Ireland treat young people?
   Very fairly □ 1
   Quite fairly □ 2
   Neither fairly nor unfairly □ 3
   Quite unfairly □ 4
   Very unfairly □ 5

127. In general, how satisfied or dissatisfied are you with the way the police in Northern Ireland do their job?
   Very satisfied □ 1
   Quite satisfied □ 2
   Neither satisfied nor dissatisfied □ 3
   Not very satisfied □ 4
   Not at all satisfied □ 5

128. Would you be interested in joining the police in Northern Ireland when you finish your education?
   Yes □ 1
   No □ 2
   Don’t know □ 3
### ANTI-SOCIAL BEHAVIOUR

**129. In the past 12 months, have you done any of the following?**

(Tick ‘Yes’ or ‘No’ for each line)

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

- Tried to avoid paying the correct fare on the bus or train
- Been noisy or rude near your home so that neighbours have complained
- Been noisy or rude in a public place so that you got into trouble
- Written or sprayed graffiti on a building, fence, train etc
- Picked on or bullied another school pupil
- Attacked, threatened or been rude to someone because of their religion
- Attacked, threatened or been rude to someone because of their race/skin colour
- Attacked, threatened or been rude to someone for some other reason
- Been joy-riding in a car that either you or someone else broke into
- Carried a knife or other weapon for your own protection
- Burgled or tried to burgle someone else’s house
- Stolen anything that someone else was carrying/wearing (e.g., mobile phone)
- Stolen anything from a shop
- Stolen a vehicle or driven it away without permission
- Stolen from inside a vehicle or parts off the outside of a vehicle
- Tried, but failed, to steal a vehicle or drive it away without permission
- Tried, but failed, to steal from inside a vehicle or parts off the outside of a vehicle
- Damaged a vehicle on purpose
- Stolen anything else (not previously mentioned)
- Bought, used or been offered anything you knew or thought had been stolen or was not genuine (e.g., alcohol, tobacco, CDs or mobile phones)
- Sold anything you knew or thought had been stolen or was not genuine (e.g., alcohol, tobacco, CDs or mobile phones)
**PERSONAL SAFETY**

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

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

131. 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)

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

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

- **Very safe**  
  □ 1  → Go to Question 134
- **Quite safe**  
  □ 2  → Go to Question 134
- **Slightly unsafe**  
  □ 3  → Continue to Question 133
- **Very unsafe**  
  □ 4  → Continue to Question 133

133. Which of these makes you feel unsafe in the area in which you live?  
(Tick all that apply)

Fear of:

- Being bullied  
  □ 1
- Being knocked down by a car or other vehicle  
  □ 2
- Having things stolen from you when you’re not looking  
  □ 3
- Having things stolen from you that you are carrying/wearing  
  (e.g. mobile phone)  
  □ 4
- Having your belongings damaged/deliberately broken  
  □ 5
- Burglary/having your home broken into  
  □ 6
- Having things stolen from your home  
  □ 7
- Being sexually or physically abused  
  □ 8
- Being threatened by paramilitaries  
  □ 9
- Being called names/harassed because of your religion, race or skin colour  
  □ 10
- Being called names/harassed for some other reason  
  □ 11
- Being assaulted because of your religion, race or skin colour  
  □ 12
- Being assaulted for some other reason  
  □ 13
- Other type of incident (please say what) __________________________  
  □ 14
134. **How much of a problem are the following in your area?**
*(Tick one box for each line)*

<table>
<thead>
<tr>
<th>Problem</th>
<th>Very big problem</th>
<th>Fairly big problem</th>
<th>Not a big problem</th>
<th>Not a problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>No safe facilities for young people</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Gangs of other people looking for trouble</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Lack of street lighting – too many dark corners</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Joy-riders</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>People using or dealing in drugs</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Vandalism, graffiti and deliberate damage to property</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Lack of closed circuit television cameras</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Noisy neighbours or loud parties</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Rubbish or litter lying around</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>People being rowdy or drunk in public places</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Mobile phone theft</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>People buying or selling goods that are stolen or not genuine</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>People being harassed or attacked because of their religion, race or skin colour</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>People being insulted, pestered or intimidated in the street</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Level of worry</th>
<th>□ 1</th>
<th>□ 2</th>
<th>□ 3</th>
<th>□ 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very worried</td>
<td>→</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly worried</td>
<td>→</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very worried</td>
<td>→</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all worried</td>
<td>→</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
136. Why are you worried about your safety going into your nearest town/city centre at night? 
(Tick all that apply)

Fear of:

- Being bullied
- Being knocked down by a car or other vehicle
- Having things stolen from you that you are carrying/wearing (e.g., mobile phone)
- Having your belongings damaged/deliberately broken
- Being sexually or physically abused
- Being threatened by paramilitaries
- Being called names/harassed because of your religion, race or skin colour
- Being called names/harassed for some other reason
- Being assaulted because of your religion, race or skin colour
- Being assaulted for some other reason
- Because I have no-one to go with
- Lack of closed circuit television cameras
- Newspaper reports about problems in the area
- No safe facilities for young people
- People using or dealing in drugs
- Gangs of other people looking for trouble
- Lack of street lighting – too many dark corners
- Joy-riders
- People being rowdy or drunk in public places
- Other reason (please say what) _____________________________
THE ENVIRONMENT

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

<table>
<thead>
<tr>
<th>Environmental Issue</th>
<th>Very Important</th>
<th>Important</th>
<th>Not Important</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global warming/Climate change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage to the ozone layer</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Noise pollution</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Water pollution (of sea, rivers, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Litter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using up natural resources (coal, gas, oil)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of plants, animals and habitats</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Environmental Issue</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global warming/Climate change</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Damage to the ozone layer</td>
<td></td>
<td></td>
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<tr>
<td>Noise pollution</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Water pollution (of sea, rivers, etc)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Litter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using up natural resources (coal, gas, oil)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of plants, animals and habitats</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1 Always</th>
<th>2 Often</th>
<th>3 Sometimes</th>
<th>4 Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often</td>
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<tr>
<td>Sometimes</td>
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<tr>
<td>Never</td>
<td></td>
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</tbody>
</table>
140. How often do you make/encourage others to make a special effort to use less electricity/gas at home or school (eg: by switching lights off)? (Tick one box only)
- Always  
- Often  
- Sometimes  
- Never  

141. How often do you make/encourage others to make a special effort to use less water at home or school (eg: by taking showers rather than baths, turning off taps)? (Tick one box only)
- Always  
- Often  
- Sometimes  
- Never  

142. Which form of transport do you use most regularly? (Tick one box only)
- Car  
- Public Transport  
- Cycle  
- Walk  

143. How often do you make a special effort to make sure that your noise (eg: from a TV/CD player/radio) does not disturb others? (Tick one box only)
- Always  
- Often  
- Sometimes  
- Never  

144. How often do you buy/encourage others to buy environmentally friendly products (eg: recycled paper, low energy light bulbs etc)? (Tick one box only)
- Always  
- Often  
- Sometimes  
- Never  
145. How often do you dispose of your rubbish carefully? (Tick one box only)

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

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

- School  □ 1
- Television  □ 2
- Radio  □ 3
- Newspapers/magazines  □ 4
- Parents  □ 5
- Internet  □ 6
- Other (please specify)  □ 7 ____________________
TRAVELLING TO SCHOOL

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

- Walk alone □ 1 → Go to Question 149
- Walk with friends/other children □ 2 → Go to Question 149
- Walk with an adult □ 3 → Go to Question 149
- Bicycle □ 4 → Go to Question 150
- Educational & Library Board bus (yellow and white) □ 5 → Continue to Question 148
- Citybus (red) □ 6 → Continue to Question 148
- Ulsterbus (blue) □ 7 → Continue to Question 148
- Other bus □ 8 → Continue to Question 148
- NIR train □ 9 → Continue to Question 148
- Taxi □ 10 → Go to Question 150
- Car □ 11 → Go to Question 150
- Other (please tell us) ________________________ □ 12 → Go to Question 150

148. How do you usually get to the bus/train?

- Walk alone □ 1 → Continue to Question 149
- Walk with friends/other children □ 2 → Continue to Question 149
- Walk with an adult □ 3 → Continue to Question 149
- Bicycle □ 4 → Go to Question 150
- Taxi □ 5 → Go to Question 150
- Car □ 6 → Go to Question 150
- Other (please tell us) ________________________ □ 7 → Go to Question 150

149. If you walk all or part of the way to school, how long does it take you to walk?

- 0-5 minutes □ 1
- 6-15 minutes □ 2
- 16-30 minutes □ 3
- 31-45 minutes □ 4
- 46-60 minutes □ 5
- More than 60 minutes □ 6
150. **How do you usually travel most of the way home from school?**  
(Tick one box only)

- Walk alone  
- Walk with friends/other children  
- Walk with an adult  
- Bicycle  
- Educational & Library Board bus (yellow and white)  
- Citybus (red)  
- Ulsterbus (blue)  
- Other bus  
- NIR train  
- Taxi  
- Car  
- Other (please tell us) ________________________

151. **After you get off the bus/train, how do you usually get home?**

- Walk alone  
- Walk with friends/other children  
- Walk with an adult  
- Bicycle  
- Taxi  
- Car  
- Other (please tell us) ________________________

152. **If you walk all or part of the way home from school, how long does it take you to walk?**

- 0-5 minutes  
- 6-15 minutes  
- 16-30 minutes  
- 31-45 minutes  
- 46-60 minutes  
- More than 60 minutes
153. How far do you usually travel to school?

<table>
<thead>
<tr>
<th>Distance</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 mile</td>
<td>1</td>
<td>Continue to Question 154</td>
</tr>
<tr>
<td>1 mile or more but less than 2 miles</td>
<td>2</td>
<td>Go to Question 155</td>
</tr>
<tr>
<td>2 miles or more but less than 3 miles</td>
<td>3</td>
<td>Go to Question 155</td>
</tr>
<tr>
<td>3 miles or more but less than 4 miles</td>
<td>4</td>
<td>Go to Question 155</td>
</tr>
<tr>
<td>4 miles or more but less than 5 miles</td>
<td>5</td>
<td>Go to Question 155</td>
</tr>
<tr>
<td>5 miles or more but less than 6 miles</td>
<td>6</td>
<td>Go to Question 155</td>
</tr>
<tr>
<td>6 miles or more but less than 10 miles</td>
<td>7</td>
<td>Go to Question 155</td>
</tr>
<tr>
<td>10 miles or more</td>
<td>8</td>
<td>Go to Question 155</td>
</tr>
</tbody>
</table>

154. If you travel less than 1 mile, why don’t you walk or cycle all the way to school? (Tick one box only)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do walk/cycle all the way</td>
<td>1</td>
</tr>
<tr>
<td>It’s too far</td>
<td>2</td>
</tr>
<tr>
<td>Concerned about road safety</td>
<td>3</td>
</tr>
<tr>
<td>Concerned about personal safety</td>
<td>4</td>
</tr>
<tr>
<td>None of my friends walk/cycle</td>
<td>5</td>
</tr>
<tr>
<td>Too lazy/couldn’t be bothered</td>
<td>6</td>
</tr>
<tr>
<td>I’m not healthy/fit enough</td>
<td>7</td>
</tr>
<tr>
<td>It’s more convenient to travel by car/bus/train</td>
<td>8</td>
</tr>
<tr>
<td>There isn’t enough time in the morning</td>
<td>9</td>
</tr>
<tr>
<td>Weather</td>
<td>10</td>
</tr>
<tr>
<td>I have too much to carry (eg: school books, sports gear, musical instrument etc)</td>
<td>11</td>
</tr>
<tr>
<td>There are no dedicated cycle lanes</td>
<td>12</td>
</tr>
<tr>
<td>Other reason - please tell us what this is</td>
<td>13</td>
</tr>
</tbody>
</table>

155. Do you qualify for free school transport?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
## ROAD SAFETY

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

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

157. In general, how do you feel about your life at present?

I feel very happy  □ 1
I feel quite happy  □ 2
I don’t feel very happy  □ 3
I’m not happy at all  □ 4

158. Do you ever feel lonely?

Yes, very often  □ 1
Yes, rather often  □ 2
Yes, sometimes  □ 3
No  □ 4

159. Is/are your parent(s) stricter or more easy going than your friends’ parents (eg: about allowing you to go out at night, to parties, social events, etc)? (Tick the box you think is best to describe your parent(s))

Much more strict  □ 1
A little more strict  □ 2
About the same as others  □ 3
A little more easy going  □ 4
Much more easy going  □ 5
Doesn’t apply (eg: I don’t want to go out)  □ 6
Don’t know  □ 7

160. Do you find it easy or difficult to talk to your (parents/mother/father) about sexual matters?

Easy (with one or both)  □ 1
Difficult  □ 2
Don’t discuss (with either)  □ 3
It depends on the topic  □ 4
161. How many close friends do you have?

None □ 1  
One □ 2  
Two □ 3  
Three or more □ 4

162. Is it easy or difficult for you to make new friends?

Very easy □ 1  
Easy □ 2  
Difficult □ 3  
Very difficult □ 4

163. How much money do you usually get each week?  
(This includes pocket money and money you earn yourself but excludes money for transport to school and school lunch money.)

__________________
SEXUAL EXPERIENCE AND KNOWLEDGE

164. Have you ever had a boyfriend or girlfriend?
   Yes □ 1
   No □ 2

165. How much, if any, sexual experience have you had?
   None □ 1 → Go to Question 169
   Small amount (eg: only kissing) □ 2 → Go to Question 169
   Some experiences but no sexual intercourse □ 3 → Go to Question 169
   Experienced, including sexual intercourse □ 4 → Continue to Question 166

166. At what age did you first have sexual intercourse?
   I was ________________ years old

167. Did you or your partner use something to prevent getting pregnant (ie: a form of contraception)?
   Yes □ 1 → Continue to Question 168
   No □ 2 → Go to Question 169
   Don’t know □ 3 → Go to Question 169

168. 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 (please state) □ 4 _____________________

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

170. 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 □ 3
   Friends □ 4
   Other - please state where □ 5 _____________________
You have now completed the questionnaire.

If you have time, you may like to try the following word game.

How many words can you make out of the letters in:

**BEHAVIOUR AND ATTITUDES SURVEY**