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  ☐ 1
- Father  ☐ 2
- Step-mother  ☐ 3
- Step-father  ☐ 4
- Mother’s boyfriend/partner  ☐ 5
- Father’s girlfriend/partner  ☐ 6
- Sister(s)  ☐ 7
- Brother(s)  ☐ 8
- Step-sister(s)  ☐ 9
- Step-brother(s)  ☐ 10
- Half-sister(s)  ☐ 11
- Half-brother(s)  ☐ 12
- Grandmother  ☐ 13
- Grandfather  ☐ 14
- Foster parents  ☐ 15
- None of these  ☐ 16

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

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

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

- Yes  ☐ 1
- No  ☐ 2
- Don’t know  ☐ 3
**A4.  Does your father have a job at the moment?**  
(Tick one box only)

<table>
<thead>
<tr>
<th>Option</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, has a job/is self employed</td>
<td>☐ 1</td>
</tr>
<tr>
<td>No - not working</td>
<td>☐ 2</td>
</tr>
<tr>
<td>No - retired</td>
<td>☐ 3</td>
</tr>
<tr>
<td>Do not have a father</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Don't know</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, has a job/is self employed</td>
<td>☐ 1</td>
</tr>
<tr>
<td>No - not working</td>
<td>☐ 2</td>
</tr>
<tr>
<td>No - retired</td>
<td>☐ 3</td>
</tr>
<tr>
<td>Do not have a mother</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Don't know</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>
**A6. What is your ethnic group?**
(Tick one option that best describes your ethnic group or background)

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>☐ 1</td>
</tr>
<tr>
<td>Irish Traveller</td>
<td>☐ 2</td>
</tr>
<tr>
<td><strong>Mixed/Multiple ethnic groups</strong></td>
<td></td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>☐ 3</td>
</tr>
<tr>
<td>White and Black African</td>
<td>☐ 4</td>
</tr>
<tr>
<td>White and Asian</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Any other Mixed/Multiple ethnic background</td>
<td>☐ 6</td>
</tr>
<tr>
<td><strong>Asian/Asian British</strong></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>☐ 7</td>
</tr>
<tr>
<td>Pakistani</td>
<td>☐ 8</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Chinese</td>
<td>☐ 10</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>☐ 11</td>
</tr>
<tr>
<td><strong>Black/African/Caribbean/Black British</strong></td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>☐ 12</td>
</tr>
<tr>
<td>Caribbean</td>
<td>☐ 13</td>
</tr>
<tr>
<td>Any other Black/African/Caribbean background</td>
<td>☐ 14</td>
</tr>
<tr>
<td><strong>Other ethnic group</strong></td>
<td></td>
</tr>
<tr>
<td>Arab</td>
<td>☐ 15</td>
</tr>
<tr>
<td>Any other ethnic group, please specify_____________</td>
<td>☐ 16</td>
</tr>
<tr>
<td>Don’t know</td>
<td>☐ 17</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Ireland</td>
<td>☐ 1</td>
</tr>
<tr>
<td>England</td>
<td>☐ 2</td>
</tr>
<tr>
<td>Wales</td>
<td>☐ 3</td>
</tr>
<tr>
<td>Scotland</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Republic of Ireland</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Somewhere else (please say where)</td>
<td>☐ 6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>☐ 7</td>
</tr>
</tbody>
</table>
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 □ 1 Diabetes □ 6
Allergies/rashes □ 2 Migraine □ 7
Chest infection (e.g. bronchitis) □ 3 Eating disorder (e.g. anorexia, bulimia) □ 8
Asthma □ 4 Depression/anxiety □ 9
Epilepsy □ 5 Autism (ASD) □ 10

None of the above □ 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?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>More than 5</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**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?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>More than 5</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>
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.

<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>Removing organs from the body just isn’t right</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organ donation allows something positive to come out of a person’s death</td>
<td></td>
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<tr>
<td>If I sign an organ donor card doctors might not try so hard to save my life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The thought of organ donation makes me uncomfortable</td>
<td></td>
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</tr>
</tbody>
</table>

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  
- 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  
- I would need more information to decide  
- Don’t know
**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 □ 1
- Protection against sunburn from the sun □ 2
- Eye damage □ 3
- Helps acne and other skin problems □ 4
- Premature skin ageing □ 5
- Balancing of skin tone □ 6
- Increasing Vitamin D levels □ 7
- None of the above □ 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 □ 1
- Video shop □ 2
- Beauty salon □ 3
- Hairdressers □ 4
- At home □ 5
- At a friend or family member’s home □ 6
- Other □ 7

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

Yes □ 1

No □ 2

Sometimes but not always □ 3
The way you get along with your family

The way you get along with others

The things you CAN do

Your friendships

Your ability to play sports

Your school work

Yourself

Your body and your looks

The way you seem to feel most of the time

The way you get along with your family

The way life seems to be for you

Your ability to be a friend to others

The way others seem to feel about you

Your ability to talk with others

Your health in general

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  No  Don't know

I have family/friends who do things to make me happy

I have family/friends who make me feel loved

I have family/friends who can be relied on no matter what happens

I have family/friends who would see that I am taken care of if I need to be

I have family/friends who accept me just as I am

I have family/friends who make me feel an important part of their lives

I have family/friends who give me support and encouragement

H2. During the last 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>
<td></td>
</tr>
<tr>
<td>Your ability to play sports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your friendships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The things you CAN do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The way you get along with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your body and your looks</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The way you seem to feel most of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>The way you get along with your family</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>The way life seems to be for you</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<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>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your ability to talk with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your health in general</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
SMOKING

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

Yes, in the last week  ☐ 1  →  Continue to Question I2
Yes, in the last month  ☐ 2  →  Continue to Question I2
Yes, in the last year  ☐ 3  →  Continue to Question I2
Yes, over a year ago  ☐ 4  →  Continue to Question I2
No, never  ☐ 5  →  Go to Question I10

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

I was ___________ years old  I can’t remember  ☐

13. How often do you smoke cigarettes now?

Every day  ☐ 1  →  Continue to Question I4
At least once a week but not every day  ☐ 2  →  Continue to Question I4
Less than once a week  ☐ 3  →  Go to Question I9
I do not smoke now  ☐ 4  →  Go to Question I9

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

________________ cigarettes a week

15. Why did you first smoke a cigarette?  
(Tick all that apply)

My friends smoke  ☐ 1
My parents/siblings smoke  ☐ 2
My friends encouraged me to smoke  ☐ 3
I did it for a dare/bet  ☐ 4
Liking a particular tobacco packaging branding  ☐ 5
Seeing smoking on television or in films  ☐ 6
I had easy access to cigarettes  ☐ 7
Made me feel cool/grown up  ☐ 8
None of these  ☐ 9
Other (please say other reason) ............................................. ☐ 10
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) [ ] 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
- Asked family or friends for help/advice
- Used any nicotine products e.g. patches, chewing gum
- Been to see your family doctor or GP
- Phoned a smokers helpline
- Attended a stop smoking group or saw a counsellor
- Accessed the internet for help/advice
- Used an App/text message service/Facebook site
- Some other thing
- None of these

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?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking makes you look more grown up</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smoking can help calm you down</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smoking helps you feel more confident</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smoking can put you in a better mood</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smoking can help you control your weight</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smoking can help you make friends more easily</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smokers have more fun than people who don’t smoke</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smokers are more likely to have boyfriends or girlfriends than people who don’t smoke</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smokers are more boring than people who don’t smoke</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smokers tend to be more ‘hard’ than people who don’t smoke</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smoking is addictive</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
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     Once      More than once
1     2      3

Parent(s) or other family member
Local people
School
Police
Friends

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 □ 1
At a youth facility (ie: Youth club, Community centre etc) □ 2
Somewhere else □ 3
None of these □ 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.

<table>
<thead>
<tr>
<th>K1</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I've been feeling optimistic about the future</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. I've been feeling useful</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. I've been feeling relaxed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. I've been dealing with problems well</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. I've been thinking clearly</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. I've been feeling close to other people</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. I've been able to make up my own mind about things</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Year 8 & 9 pupils please ignore K1 & go to question K2
(K2..K8 are to be answered by 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)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Quite Often</th>
<th>Very Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you felt full of energy?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have you felt sad?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have you felt lonely?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have you had enough time for yourself?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have you been able to do the things that you want to in your free time?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have your parent(s) or guardian(s) treated you fairly?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have you had fun with your friends?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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**)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Quite Often</th>
<th>Very Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been in a good mood?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have you had fun?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have you felt so bad that you didn't want to do anything?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have you been happy with the way you are?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
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)

<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>

(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 □ 1
Know quite a bit □ 2
Know some □ 3
Know very little □ 4
Know nothing at all □ 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 any more ☐ 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 any more ☐ 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 [ ]
- Yes, more than once [ ]
- No, never [ ]

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

- Yes, in the last week [ ] → Continue to section (12c)
- Yes, in the last month [ ] → Continue to section (12c)
- Yes, in the last year [ ] → Continue to section (12c)
- Yes, over a year ago [ ] → Continue to section (12c)
- No, never [ ] → Go to Question L13

(12c) 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 [ ]

(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 MEPEDRONE (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow, meow).

(13a) Have you ever been offered MEPEDRONE?

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

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

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 MEPEDRONE?

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 MEPEDRONE?

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)

<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>
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 [ ] 1
- At a youth facility (ie: Youth club, Community centre etc) [ ] 2
- Somewhere else [ ] 3
- None of these [ ] 4  → Go to Question L26

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>Continue to M6</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>Go to Question N1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>Go to Question N1</td>
</tr>
<tr>
<td>Not applicable</td>
<td>4</td>
<td>Go to Question N1</td>
</tr>
</tbody>
</table>

M6. To what extent did your behaviour change?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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<tbody>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
<tr>
<td>A little</td>
<td>2</td>
</tr>
<tr>
<td>Some</td>
<td>3</td>
</tr>
<tr>
<td>A lot</td>
<td>4</td>
</tr>
<tr>
<td>Not applicable</td>
<td>5</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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N3. 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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</table>
MEDICINES

These questions are about medicines which have not been supplied to you by your doctor, pharmacist (chemist) or parent.
Some examples are:
- tranquilizers (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 (i.e: 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
- Family Planning Association
- Brook Advisory
- Friends
- Family
- Genito-Urinary Medicine (GUM) clinic
- Internet/website
- Sexual health clinic
- Texting information service
- An advice/helpline
- Other (Please say what)
- None of these
- Don't know

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

- Confidentiality
- Not being judged
- Free Service
- Speedy service
- Other (Please say what)
- None of these
ATTITUDES TOWARDS SEXUAL VIOLENCE

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

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

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

<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>It is OK to pressure your girlfriend/boyfriend or anyone else into kissing or touching you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It is OK to physically force your girlfriend/boyfriend or anyone else into kissing or touching you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It is OK to pressure your girlfriend/boyfriend or anyone else into having sexual intercourse with you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It is OK to physically force your girlfriend/boyfriend or anyone else into having sexual intercourse with you</td>
<td>☐</td>
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</tr>
</tbody>
</table>
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:

He/she is nagging or won't stop arguing with their partner ☐ ☐ ☐
He/she is not treating their partner with respect ☐ ☐ ☐
He/she has slept with someone else ☐ ☐ ☐
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)

<table>
<thead>
<tr>
<th></th>
<th>Yes a lot more knowledgeable &amp; confident</th>
<th>Yes, a little more knowledgeable &amp; confident</th>
<th>No difference</th>
<th>Less knowledgeable &amp; confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>One to one sessions</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Referred to a patient education/ self management programme.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Written information about your condition and how you can manage it.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Signposted to relevant information on websites.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Provided with contact details for voluntary and community sector organisations which offer support.</td>
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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
You have now completed the questionnaire.

Thank You