

YPBAS 2022 - VERSION A

DEMOGRAPHICS

Please put a tick in the box that applies to your answer: e.g. Mother

**Demo_A1. Who of the following, if any, do you live with?
(Select as many boxes as you need)**

- Mother 1
- Father 2
- Step-mother 3
- Step-father 4
- Mother's boyfriend/partner 5
- Father's girlfriend/partner 6
- Foster parents/foster carers 7
- Sister(s)/adopted sister(s) 8
- Brother(s)/adopted brother(s) 9
- Step-sister(s) 10
- Step-brother(s) 11
- Half-sister(s) 12
- Half-brother(s) 13
- Grandmother 14
- Grandfather 15
- Other relative 16
- Other non-relative 17
- I live in children's residential care 18
- None of these 19

Demo_A2. If you do not live with your parents, do you have support from a social worker to live where you do?

- Yes 1
- No 2

**Demo_A3. To which of the following do you consider yourself to belong to?
(Select one answer only)**

- The Protestant community 1
- The Catholic community 2
- Neither community 3
- Other (Please tell us)..... 4

Demo_A4. Do all the people who live in your house have the same community background (e.g. Protestant, Catholic, or some other community)?

(Select one answer only)

- Yes 1
- No 2

Demo_A5. What is your ethnic group?

(Select one option that best describes your ethnic group or background)

- White** 1
- Irish Traveller** 2
- Mixed/Multiple ethnic groups**
- White and Black Caribbean 3
- White and Black African 4
- White and Asian 5
- Any other Mixed/Multiple ethnic background 6
- Asian/Asian British**
- Indian 7
- Pakistani 8
- Bangladeshi 9
- Chinese 10
- Any other Asian background 11
- Black/African/Caribbean/Black British**
- African 12
- Caribbean 13
- Any other Black/African/Caribbean background 14
- Other ethnic group**
- Arab 15
- Any other ethnic group, please specify _____ 16

Demo_A6. In which country were you born?

(Select one answer only)

- Northern Ireland 1
- England 2
- Wales 3
- Scotland 4
- Republic of Ireland 5
- Somewhere else (please say where) 6

SPORT AND PHYSICAL ACTIVITY

The following questions are about sport and physical activity.

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

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

Sports_1. Do you enjoy doing sport or physical activity?

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

**Sports_2. In the last 12 months, which, if any, of the following sports or physical activities have you done?
(Select as many answers as you need)**

- Active games (e.g. chase, skipping, rounder's etc.) 1
Angling/fishing 2
Athletics/cross country 3
Basketball/netball/volleyball 4
Boxing 5
Canoeing/Kayaking/Rowing 6
Cricket 7
Cycling 8
Dancing (e.g. Disco, ballet, tap etc.) 9
Darts 10
Football 11
Gaelic Football 12
Golf, pitch and putt, putting 13
Gymnastics 14
Hockey 15
Horse riding 16
Hurling/ Camogie 17
Ice skating 18
Indoor bowls 19
Jogging 20
Keep fit, aerobics, yoga, dance exercise 21
Martial Arts 22

- | | | |
|---|--------------------------|---------------|
| Motor sports | <input type="checkbox"/> | 23 |
| Rugby union or league | <input type="checkbox"/> | 24 |
| Shooting | <input type="checkbox"/> | 25 |
| Skateboarding/Rollerblading | <input type="checkbox"/> | 26 |
| Skiing | <input type="checkbox"/> | 27 |
| Snooker, pool, billiards | <input type="checkbox"/> | 28 |
| Swimming or diving | <input type="checkbox"/> | 29 |
| Table tennis | <input type="checkbox"/> | 30 |
| Tennis/Badminton/Squash | <input type="checkbox"/> | 31 |
| Tenpin bowling | <input type="checkbox"/> | 32 |
| Trampolining | <input type="checkbox"/> | 33 |
| Walking for Exercise/Hill walking | <input type="checkbox"/> | 34 |
| Weight training/lifting/body building | <input type="checkbox"/> | 35 |
| Windsurfing/boardsailing | <input type="checkbox"/> | 36 |
| Yachting or dinghy sailing | <input type="checkbox"/> | 37 |
| Any Other Sports or Physical Activities | <input type="checkbox"/> | 38 |
| None of these | <input type="checkbox"/> | 39 → Go to B5 |

Sports_3. What benefits have you experienced as a result of your participation in sports or physical activities over the past 12 months? (Select as many answers as you need)

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

**Sports_4. In the last 7 days, which, if any, of the following sports or physical activities have you done?
(Select as many answers as you need)**

- | | |
|---|-----------------------------|
| Active games (e.g. chase, skipping, rounder's etc.) | <input type="checkbox"/> 1 |
| Angling/fishing | <input type="checkbox"/> 2 |
| Athletics/cross country | <input type="checkbox"/> 3 |
| Basketball/netball/volleyball | <input type="checkbox"/> 4 |
| Boxing | <input type="checkbox"/> 5 |
| Canoeing/Kayaking/Rowing | <input type="checkbox"/> 6 |
| Cricket | <input type="checkbox"/> 7 |
| Cycling | <input type="checkbox"/> 8 |
| Dancing (e.g. Disco, ballet, tap etc.) | <input type="checkbox"/> 9 |
| Darts | <input type="checkbox"/> 10 |
| Football | <input type="checkbox"/> 11 |
| Gaelic Football | <input type="checkbox"/> 12 |
| Golf, pitch and putt, putting | <input type="checkbox"/> 13 |
| Gymnastics | <input type="checkbox"/> 14 |
| Hockey | <input type="checkbox"/> 15 |
| Horse riding | <input type="checkbox"/> 16 |
| Hurling/ Camogie | <input type="checkbox"/> 17 |
| Ice skating | <input type="checkbox"/> 18 |
| Indoor bowls | <input type="checkbox"/> 19 |
| Jogging | <input type="checkbox"/> 20 |
| Keep fit, aerobics, yoga, dance exercise | <input type="checkbox"/> 21 |
| Martial Arts | <input type="checkbox"/> 22 |
| Motor sports | <input type="checkbox"/> 23 |
| Rugby union or league | <input type="checkbox"/> 24 |
| Shooting | <input type="checkbox"/> 25 |
| Skateboarding/Rollerblading | <input type="checkbox"/> 26 |
| Skiing | <input type="checkbox"/> 27 |
| Snooker, pool, billiards | <input type="checkbox"/> 28 |
| Swimming or diving | <input type="checkbox"/> 29 |
| Table tennis | <input type="checkbox"/> 30 |
| Tennis/Badminton/Squash | <input type="checkbox"/> 31 |
| Tenpin bowling | <input type="checkbox"/> 32 |
| Trampolining | <input type="checkbox"/> 33 |
| Walking for Exercise/Hill walking | <input type="checkbox"/> 34 |

- Weight training/lifting/body building 35
- Windsurfing/boardsailing 36
- Yachting or dinghy sailing 37
- Any Other Sports or Physical Activities 38
- None of these 39

Sports_5. Over the last 7 days, on how many days have you played any sport, done any physical activity, or played actively that made you out of breath or hot and sweaty for a total of at least 60 minutes each day?

- No days 1
- 1 day 2
- 2 days 3
- 3 days 4
- 4 days 5
- 5 days 6
- 6 days 7
- 7 days 8

Sports_6. In a typical week, how many hours do you spend playing any sport, doing any physical activity, or playing actively that would make you out of breath or hot and sweaty?

- None 1
- About 1-2 hours 2
- About 3-4 hours 3
- About 5-6 hours 4
- About 7-8 hours 5
- About 9-10 hours 6
- More than 10 hours 7

Sports_7. How many hours per week do you normally take part in PE/games lessons at school. This does not include those outside normal school hours, e.g. after school sports clubs?

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

Sports_8. How many hours per week do you normally stay behind at school for sport or physical activities?

- | | |
|-------------------|----------------------------|
| More than 7 hours | <input type="checkbox"/> 1 |
| About 7 hours | <input type="checkbox"/> 2 |
| About 6 hours | <input type="checkbox"/> 3 |
| About 5 hours | <input type="checkbox"/> 4 |
| About 4 hours | <input type="checkbox"/> 5 |
| About 3 hours | <input type="checkbox"/> 6 |
| About 2 hours | <input type="checkbox"/> 7 |
| About 1 hour | <input type="checkbox"/> 8 |
| None | <input type="checkbox"/> 9 |

Sports_9. How many hours per week do you normally take part in sport or physical activities, not counting anything you do during school hours or staying behind after school?

- | | |
|-------------------|----------------------------|
| More than 7 hours | <input type="checkbox"/> 1 |
| About 7 hours | <input type="checkbox"/> 2 |
| About 6 hours | <input type="checkbox"/> 3 |
| About 5 hours | <input type="checkbox"/> 4 |
| About 4 hours | <input type="checkbox"/> 5 |
| About 3 hours | <input type="checkbox"/> 6 |
| About 2 hours | <input type="checkbox"/> 7 |
| About 1 hour | <input type="checkbox"/> 8 |
| None | <input type="checkbox"/> 9 |

Sports_10. How long do you think you SHOULD spend each week playing sport, doing physical activity or playing actively to make you out of breath or hot or sweaty in order to be healthy?

_____ hours per week

Sports_11. How many minutes do you think you SHOULD spend each day playing sport, doing physical activity or playing actively to make you out of breath or hot or sweaty in order to be healthy?

- | | |
|-------------------|----------------------------|
| 15 mins | <input type="checkbox"/> 1 |
| 30 mins | <input type="checkbox"/> 2 |
| 60 mins | <input type="checkbox"/> 3 |
| 90 mins | <input type="checkbox"/> 4 |
| More than 90 mins | <input type="checkbox"/> 5 |

Sports_12. Are you a member of a school club or team that involves you taking part in sport or physical activity?

Yes 1

No 2

Sports_13. Are you a member of any other clubs or teams not connected with your school that involves you taking part in sport or physical activity?

Yes 1

No 2

**Sports_14. What, if anything, would encourage you to participate in sport (more) in the future?
(Select as many answers as you need)**

Facilities nearer to home/school 1

Better quality facilities 2

Better opening hours 3

Better information on facilities I could use 4

Better facilities for people with disabilities 5

Someone to go with 6

Improved transport/access 7

Cheaper admission prices 8

Something else (please tell us) 9

Nothing 10

Sports_15. In the last 12 months, how often, if at all, have you received any tuition or coaching from an instructor or coach (other than your PE/games teacher during normal PE/games lessons) to help improve your performance in any sport or physical activity? (Select one answer only)

At least once a week 1

At least once a month 2

Once every 2-3 months 3

Once or twice in the last 12 months 4

Not at all in the last 12 months 5

Sports_16. In the last 12 months, how often, if at all, have you gone to a live sports event, as a spectator? (Select one answer only)

At least once a week 1

At least once a month 2

Once every 2-3 months 3

Once or twice in the last 12 months 4

Not at all in the last 12 months 5

Sports_17. Which of the following statements most applies to you? (Select one answer only)

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

In the last week how many hours did you spend...

	None 1	Less than 10 hours 2	10-20 hours 3	More than 20 hours 4
Sports_18a. Watching TV, videos, DVDs (including streamed content such as Netflix, YouTube, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports_18b. Playing computer or console games (e.g. Playstation, Xbox, Nintendo Switch, DS, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports_18c. Doing school homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAVELLING TO SCHOOL

Travel_1. How far is it from home to school? (Select one answer only)

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

Travel_2. How do you usually travel most of the way TO school? (Select one answer only)

- Walk 1
- Cycle 2
- Translink Bus 3
- Education Authority Bus 4
- Private Operator Bus 5
- Train 6
- Taxi 7
- Car 8
- Other (please tell us) 9

Travel_3. Thinking of how you usually travel most of the way TO or FROM school and your road safety, do you usually feel safe?

- Yes 1 → Go to Question C5
- No 2 → Continue to Question C4

Travel_4. What is it that makes you feel unsafe? (Select as many answers as you need)

- Driver drives too fast 1
- Other driver behaviour 2
- No seatbelts / safety equipment 3
- Drivers are not considerate toward cyclists 4
- Drivers are not considerate toward pedestrians 5
- Traffic is too fast 6
- Passenger behaviour 7
- No cycle lane on my route 8
- Footpaths poorly maintained 9
- Traffic blocking footpaths 10
- Getting on and off vehicles 11

- No safe and accessible crossings 12
- Poor/no street lighting 13
- Other (please tell us) 14

Travel_5. Do you usually WALK during any part of your journey TO or FROM school? (e.g. walking to/from a bus stop/train station?) (Select one answer only)

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

Travel_6. Do you usually CYCLE during any part of your journey TO or FROM school? (e.g. cycling to/from a bus stop/train station?) (Select one answer only)

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

Travel_7. How do you usually travel most of the way home FROM school? (Select one answer only)

- Walk 1
- Cycle 2
- Translink Bus 3
- Education Authority Bus 4
- Private Operator Bus 5
- Train 6
- Taxi 7
- Car 8
- Other (please tell us) 9

Travel_8. How would you LIKE to travel most of the way TO or FROM school? (Select one answer only)

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

Travel_9. What do you like about walking or cycling TO or FROM school? If you don't walk or cycle to or from school at the moment, what would you like about walking or cycling TO or FROM school (Select up to 3 answers)

- I can travel without an adult 1
- I can choose my own route 2
- It helps me to arrive on time 3
- I can do things on my way to school 4
- I can do things after school 5
- I can talk with my friends 6
- It saves money 7
- It is enjoyable 8
- It makes me feel healthier 9
- It is better for the environment 10
- I don't like anything about walking/cycling to school 11
- Nothing would make me walk or cycle to school 12
- Something else (please tell us) 13

Travel_10. Which, if any, of the following would encourage you to walk TO or FROM school more often? (Select as many answers as you need)

- Living closer to school 1
- More footpaths 2
- Wider footpaths 3
- Better maintained footpaths 4
- More pedestrian crossings 5
- Improved street lighting 6
- Keeping footpaths clear (e.g. no parked cars) 7
- Less traffic 8
- Slower traffic 9
- Better weather 10
- Someone else to walk with 11
- If I did not have things to carry (School Bag, P.E. kit, Musical Instruments, etc.) 12
- If I was not worried about crime/personal safety 13
- I already walk to or from school most days 14
- More road safety education about being a safe pedestrian 15
- Less parking and traffic outside your school 16
- Nothing would encourage me to walk to or from school 17
- Something else (please tell us) 18

**Travel_11. Which, if any, of the following would encourage you to cycle TO or FROM school more often?
(Select as many answers as you need)**

- | | | |
|--|--------------------------|----|
| Living closer to school | <input type="checkbox"/> | 1 |
| Cycle lane on my route to school | <input type="checkbox"/> | 2 |
| Segregated cycle lanes separate from traffic/pedestrians | <input type="checkbox"/> | 3 |
| Improved street lighting | <input type="checkbox"/> | 4 |
| Safer cycling routes (e.g. more markings, signs to distinguish cycle lanes) | <input type="checkbox"/> | 5 |
| Keeping cycle lanes clear (e.g. no parked cars) | <input type="checkbox"/> | 6 |
| Less traffic | <input type="checkbox"/> | 7 |
| Slower traffic | <input type="checkbox"/> | 8 |
| Motorists who are more considerate to cyclists (e.g. taking more care when overtaking) | <input type="checkbox"/> | 9 |
| Better weather | <input type="checkbox"/> | 10 |
| More bicycle docks at school so bicycle can be secured | <input type="checkbox"/> | 11 |
| Changing and showering facilities at school | <input type="checkbox"/> | 12 |
| If I did not have things to carry (School Bag, P.E. kit, Musical Instruments, etc.) | <input type="checkbox"/> | 13 |
| If I was not worried about crime/personal safety | <input type="checkbox"/> | 14 |
| I already cycle to or from school most days | <input type="checkbox"/> | 15 |
| More road safety education about being a safer cyclist | <input type="checkbox"/> | 16 |
| Less parking and traffic outside your school | <input type="checkbox"/> | 17 |
| Nothing would encourage me to cycle to or from school | <input type="checkbox"/> | 18 |
| Something else (please tell us) | <input type="checkbox"/> | 19 |

**Travel_12. If you travel by car TO or FROM school, do any other pupils travel in the car with you?
(Select as many answers as you need)**

- | | | |
|---|--------------------------|---|
| Yes, my brother(s)/ sister(s) | <input type="checkbox"/> | 1 |
| Yes, my friend(s)/ other pupil(s) | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
| I don't travel to or from school by car | <input type="checkbox"/> | 4 |

ROAD SAFETY

**Roads_1. What have you been taught to do to keep safe when walking or cycling?
(Select as many answers as you need)**

- Cross the road at traffic lights/pelican crossing 1
- Wear visible/reflective clothing 2
- Wear a helmet 3
- Walk, don't run 4
- Listen for traffic 5
- Concentrate on what you are doing, i.e. refrain from using mobile phone/headphones 6
- Something else (please tell us) 7
- None of these 8

**Roads_2. When travelling as a passenger in a car/taxi/bus how do you keep safe?
(Select as many answers as you need)**

- Wear a seatbelt 1
- Remain in my seat at all times 2
- Avoid distracting the driver 3
- Something else (please tell us) 4
- None of these 5

Roads_3. Do you know the speed limit outside your school?

- Yes 1 → Go to Question Roads_4
- No 2 → Go to Question Roads_5

Roads_4. How often do you think that drivers/motorcyclists stick to this speed limit?

- All of the time 1
- Most of the time 2
- Some of the time 3
- Rarely 4
- Never 5

**Roads_5. What do you think would encourage your parents/adults to drive more safely?
(Select as many answers as you need)**

- Increased penalties for careless/dangerous driving 1
- Increased penalties for mobile phone use 2
- Increased penalties for drink and drug driving 3
- More awareness/information sessions 4
- More advertising 5
- More police patrols outside schools 6
- My parents/adults already drive safely enough 7
- Something else (please tell us) 8
- None of these 9

CAREERS ADVICE AND GUIDANCE (YEAR 11 & 12)

The following questions are about careers advice and guidance. You may or may not have had a careers guidance interview with a Careers Adviser from the Careers Service – this Adviser is not a member of the school staff but attends your school at various times throughout the year to provide impartial careers guidance to pupils.

Career_1. How confident do you feel about making decisions about your career?

Very confident 1

Confident 2

Not confident 3

Which of the following careers support would help you to achieve your career goals?

	Very Important 1	Quite Important 2	Not very Important 3	Not at all Important 4
Career_2. A meeting with a Careers Adviser to discuss my career plans and options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_3. Information on what employers are looking for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_4. Help with CV writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_5. Help with interview skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_6. Help to explore employment and career options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_7. Information on Training and Apprenticeships including how to apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_8. Information on the qualifications I need to progress my career plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_9. Information on how to find part time and voluntary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_10. Advice on starting my own business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_11. Access to careers guidance online via webchat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_12. Help to identify my strengths, weaknesses, likes and dislikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_13. Information on Further and Higher Education including how to apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_14. Information on current and future labour market trends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career_15. Help to find work experience opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Career_16. Are you aware of the Government's / Department for the Economy's all-age Careers Service?

Yes 1

No 2

Career_17. Do you know how to contact a Careers Adviser outside school?

Yes 1

No 2

FUTURE INTENTIONS (YEAR 11 & 12)

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

	Strongly agree	Agree	Disagree	Strongly Disagree	No idea/opinion
	1	2	3	4	5
After I finish school...					
Future_1. ...I would like to continue studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future_2. ...I know what area I want to work in (i.e. occupation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future_3. ...I know what subject that I want to study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future_4. ...I would like to attend University locally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future_5. I would like to attend University outside of Northern Ireland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future_6. ...I would like to attend a Further Education College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future_7. ...I would like to do an apprenticeship or vocational training i.e. training that will give me the knowledge and skills to prepare me for a particular job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future_8. ...I would like to find work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future_9. ...I would like to set up my own company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LONG TERM CONDITIONS

LongTermConditions_1. In general, how would you say your health is?

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

LongTermConditions_2. Do you have any physical or mental health conditions or illnesses, lasting or expected to last, for 12 months or more? *This type of long term medical condition is something which lasts a long time and can get worse over time. It needs to be treated, for example, with tablets or special exercises, over a period of years. Long term medical conditions can be very different from each other. Some examples are: stress, diabetes, asthma, epilepsy, depression, anxiety.*

- Yes 1 → Continue to LongTermConditions_3
No 2 → Go to LongTermConditions_4

LongTermConditions_3. 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

LongTermConditions_4. In the last 12 months, which, if any, of the following conditions/disorders have you had? (Select as many answers as you need)

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

If Diabetes is selected ask LTC_4a, otherwise proceed to LTC_5
LongTermConditions_4a. Do you have Type 1 or Type 2 diabetes?

- Type 1 diabetes 1
Type 2 diabetes 2
Not sure which type 3

If diabetes, asthma, epilepsy, eating disorder, autism, or depression/anxiety are selected continue to LTC_5.
Otherwise go to next section.

LongTermConditions_5. Have you been offered any of the following, to help you manage your condition, from a doctor, nurse, pharmacist or other health professional e.g. social worker?

(Select as many answers as you need)

- Talking one to one 1 → Go to LTC_5a1
Given details of a group class where you learn how to manage your condition 2 → Go to LTC_5b1
Written information which explains how you can manage your condition (e.g. leaflets, pamphlets, care plan) 3 → Go to LTC_5c1
Given details of websites to learn how to manage your condition 4 → Go to LTC_5d1
Been told the name and contact details of groups which help people who have your condition 5 → Go to LTC_5e1
Not aware of any support being offered 6 → Go to next section

LongTermConditions_5a1. Did you talk one to one with a health professional, e.g. doctor or nurse?

- Yes 1 → Continue to LTC_5a2
No 2 → Go to next section (unless further answers selected in LTC_5)

LongTermConditions_5a2. How confident do you feel about managing your condition after talking one to one?

- I feel less confident 1
My confidence is the same 2
I feel more confident 3

LongTermConditions_5b1. Did you attend a group class?

- Yes 1 → Continue to LTC_5b2
No 2 → Go to next section (unless further answers selected in LTC_5)

LongTermConditions_5b2. How confident do you feel about managing your condition after attending the group class?

- I feel less confident 1
- My confidence is the same 2
- I feel more confident 3

LongTermConditions_5c1. Did you read the written information offered?

- Yes 1 → Continue to LTC_5c2
- No 2 → Go to next section (unless further answers selected in LTC_5)

LongTermConditions_5c2. How confident do you feel about managing your condition after reading the written information?

- I feel less confident 1
- My confidence is the same 2
- I feel more confident 3

LongTermConditions_5d1. Did you visit (go to) the websites suggested?

- Yes 1 → Continue to LTC_5d2
- No 2 → Go to next section (unless further answers selected in LTC_5)

LongTermConditions_5d2. How confident do you feel about managing your condition after visiting the websites?

- I feel less confident 1
- My confidence is the same 2
- I feel more confident 3

LongTermConditions_5e1. Did you contact any of the groups that help people who have your condition?

- Yes 1 → Continue to LTC_5e2
- No 2 → Go to next section

LongTermConditions_5e2. How confident do you feel about managing your condition after contacting the group?

- I feel less confident 1
- My confidence is the same 2
- I feel more confident 3

YOUNG CARER (Year 11 & 12)

YoungCarer. Do you care for or look after someone in your home because, for example, they have a long-term illness or disability? In other words, are you a young carer?

Yes 1

No 2

MEDICINES

Medicines include all tablets, capsules, liquids for oral use, creams, lotions for use on the skin, inhalers, injections, eye drops, contraceptive pill, etc. The first set of questions relate to medicines that would be prescribed by a healthcare professional (e.g. doctor, pharmacist or nurse).

Medicine_1. In the past 12 months have you had a medicine prescribed for you by a healthcare professional e.g. doctor, pharmacist or nurse?

Yes 1 → Continue to question Medicine_2

No 2 → Go to question Medicine_4

Medicine_2. What was the medicine being used to treat?

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

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

Medicine_3. Did your healthcare professional explain what the medicine was for and how it would help you?

Yes, fully 1

Yes, partly 2

No 3

Don't Know / Can't remember 4

Medicine_4. In the past 12 months have you used any medicines that have not been prescribed for you by a healthcare professional?

Yes 1 → Continue to Medicine_5

No 2 → Go to Medicine_6

Medicine_5. Where did you get these medicines? (Select as many answers as you need)

Bought them at a pharmacy (chemist) 1

Bought them at a shop or supermarket 2

Bought them online/via the internet 3

Given to me by a parent or guardian 4

Given to me by a friend 5

They were prescribed by the doctor for another person 6

Somewhere or someone else 7

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

Medicine_6. 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

Medicine_7. Have you ever used the internet to buy medicines?

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

Medicine_8. Have you ever used medicines bought on the internet?

- Yes, once 1 → Continue to Medicine_9
- Yes, more than once 2 → Continue to Medicine_9
- No, never 3 → Go to Medicine_10

Medicine_9. 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

Medicine_10. 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

Medicine_11. Would you like more information about how to use medicines safely and appropriately?

- Yes 1 → Continue to Medicine_12
- No 2 → Go to Medicine_13

**Medicine_12. Where would you like to be able to get this information?
(Select as many answers as you need)**

- At school 1
- From my doctor 2
- From a pharmacist based at my doctor's surgery 3
- From a community pharmacy (chemist) 4
- Online/via the internet 5
- Via social media 6
- From my parent or guardian 7
- Other, (please tell us) 8

The next question relates to community pharmacies (chemists)

Medicine_13. In the past 12 months have you visited a community pharmacy (chemist)?

- Yes 1 → Continue to Medicine_14
- No 2 → Go to Medicine_15

**Medicine_14. Why do you normally visit a community pharmacy (chemist)?
(Select as many answers as you need)**

- To have a prescription dispensed 1
- To purchase a medicine over the counter 2
- For advice about medicines 3
- For advice about the treatment of a minor condition 4
- For advice about the treatment of a long-term condition 5
- To use a service provided by the pharmacy (e.g. stop smoking, minor ailments, medicines review) 6
- To purchase products other than medicines 7

The following questions are about antibiotics, which are a group of medicines used to treat certain illnesses.

Medicine_15. In the past 12 months have you taken an antibiotic?

- Yes 1
- No 2

Do you think the following statements are true or false? (Select one answer for each line)

	True 1	False 2
Medicine_16a. Antibiotics are used to treat bacterial infections	<input type="checkbox"/>	<input type="checkbox"/>
Medicine_16b. Antibiotics work on colds and flu's	<input type="checkbox"/>	<input type="checkbox"/>
Medicine_16c. It is okay to stop taking an antibiotic when you feel better	<input type="checkbox"/>	<input type="checkbox"/>
Medicine_16d. If you take an antibiotic when you don't need it then they may not work as well in the future for you or other people	<input type="checkbox"/>	<input type="checkbox"/>

CPR TRAINING

If a person won't wake up or isn't breathing, they could be having a cardiac arrest. Cardiac Arrest is when someone's heart stops pumping blood around their body. You need to start CPR straight away. CPR involves pressing up and down on the person's chest. CPR is a way of pumping the person's heart and breathing for them.

CPR training can be delivered through an instructor teaching you or you could teach yourself by reading about it in a book or watching a DVD or being instructed online with or without a manikin dummy.

CPR_1. Have you ever had any type of training in CPR or learned CPR in any other way?

Yes 1 → Continue to Question L2

No 2 → Go to L5

CPR_2. Where did you first have any type of training in CPR, or learn CPR in any other way?

At Primary School P _____ (CPR_2prim) 1

At Secondary School Year _____ (CPR_2sec) 2

Through an organisation other than school, (please tell us) 3

CPR_3. Since then, have you had any other CPR training, refresher training, or learnt CPR in any other way. If so, where was the most recent?

At Primary School P _____ (CPR_3prim) 1

At Secondary School Year _____ (CPR_3sec) 2

Through an organisation other than school, (please tell us) 3

No other CPR training (No refresher training or learnt CPR in any other way) 4

CPR_4. Which of these best describes how you most recently had any type of training in CPR or learned CPR in any other way?

I taught myself from a book, using a DVD or online (through the internet (e.g. YouTube, other website)) or another self-learning tool 1

Training which was compulsory for me to take as part of my volunteering or hobby 2

Training which I opted to take as part of my volunteering or hobby 3

Training I took at school 4

Other form of CPR training, (please tell us) 5

CPR_5. How likely is it that you would perform CPR on someone who has collapsed and stopped breathing?

Very likely 1

Fairly likely 2

Not very likely 3

Not at all likely 4

CPR_6. How confident would you be in performing CPR on someone who has collapsed and stopped breathing?

- Very confident 1
- Fairly confident 2
- Not very confident 3
- Not at all confident 4

CPR_7. How useful do you think it is to learn CPR in School?

- Very useful 1
- Fairly useful 2
- Not very useful 3
- Not at all useful 4

An automated external defibrillator (AED) is a portable electronic device that gives the heart an electronic shock when someone’s heart has stopped (cardiac arrest). You may have seen these devices on the wall outside your local supermarket.



CPR_8. Have you ever been shown how to use or been trained in the use of an AED (defibrillator)?

- Yes 1 → Continue to Question CPR_9
- No 2 → Go to Next Section

CPR_9. Where were you first shown how to use or trained in the use of an AED?

- At Primary School P ____ (CPR_9prim) 1
- At Secondary School Year _____ (CPR_9sec) 2
- Through an organisation other than school, (please tell us) 3

**CPR_10. Since then, have you received any further instruction or been trained in the use of an AED?
If so, where did you receive this?**

- At Primary School P ____ (CPR_10prim) 1
- At Secondary School Year _____ (CPR_10sec) 2
- Through an organisation other than school, (please tell us) 3
- No other AED Training (No refresher training or learnt AED in any other way) 4

PERSONAL WELLBEING

(ASK TO ALL)

The next three questions are about your feelings on aspects of your life. There are no right or wrong answers.

PersonalWellbeing_1. On a scale of 0 – 10 where 0 is not satisfied at all and 10 is completely satisfied...

Overall, how satisfied are you with your life nowadays?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied at all									Completely satisfied	

PersonalWellbeing_2. On a scale of 0 – 10 where 0 is not worthwhile at all and 10 is completely worthwhile...

Overall, to what extent do you feel that the things you do in your life are worthwhile?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not worthwhile at all									Completely worthwhile	

PersonalWellbeing_3. On a scale of 0 – 10 where 0 is not happy at all and 10 is completely happy...

Overall, how happy did you feel yesterday?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Happy At all									Completely Happy	

SELF EFFICACY

YEAR 8 ONLY

Sometimes school can be difficult and we want to understand the different things that pupils find tough. How difficult would you find the following things to be?

(Select one box for each line)

SelfEfficacy...	Very Hard 1	Hard 2	Easy 3	Very Easy 4
...1a. Get teachers to help me when I get stuck on schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1b. Get another pupil to help me when I get stuck on schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1c. Solve difficult maths problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1d. Do schoolwork for English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1e. Get myself to concentrate in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1f. Get myself to do homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YEAR 9-12 ONLY

Thinking about how you feel about your ability to cope with the challenges of daily life, how much do you agree or disagree with the following statements. (Select one box for each line)

SelfEfficacy...	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
...2a. I can always manage to solve difficult problems if I try hard enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...2b. I am confident that I could deal efficiently with unexpected events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...2c. I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...2d. When I am confronted with a problem, I can usually find several solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...2e. No matter what comes my way, I'm usually able to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCUS OF CONTROL

YEAR 8 ONLY

Do you believe the following statements?

(Select one box for each line)

SelfEfficacy...	Yes 1	No 2
...3a. Do you believe that most problems will solve themselves if you just leave them alone?	<input type="checkbox"/>	<input type="checkbox"/>
...3b. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?	<input type="checkbox"/>	<input type="checkbox"/>
...3c. Do you feel that most of the time parents listen to what their children have to say?	<input type="checkbox"/>	<input type="checkbox"/>
...3d. Do you feel that when you do something wrong there's very little you can do to make it right?	<input type="checkbox"/>	<input type="checkbox"/>
...3e. Have you felt that when people were nasty to you it was usually for no reason at all?	<input type="checkbox"/>	<input type="checkbox"/>
...3f. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?	<input type="checkbox"/>	<input type="checkbox"/>
...3g. Do you feel that when somebody your age wants to be your enemy there's nothing you can do to change matters?	<input type="checkbox"/>	<input type="checkbox"/>
...3h. Do you feel that when someone doesn't like you there's nothing you can do about it?	<input type="checkbox"/>	<input type="checkbox"/>
...3i. Do you usually feel that it's almost useless to try in school because most other children are just smarter than you are?	<input type="checkbox"/>	<input type="checkbox"/>
...3j. Are you the kind of person who believes that planning ahead makes things turn out better?	<input type="checkbox"/>	<input type="checkbox"/>

YEAR 9-12 ONLY

Thinking about your beliefs about things that happen in everyday life, how much do you agree or disagree with the following statements?

(Select one box for each line)

SelfEfficacy...	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
...4a. I am in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4b. If I take the right steps, I can avoid problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4c. Most things that affect my life happen by accident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4d. If it's meant to be, I will be successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4e. I can only do what people in my life want me to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIBRARIES

Library_1. Do you currently use a public library in Northern Ireland? (Please include mobile libraries but NOT school libraries)

- Yes 1
No 2

Library_1a. On average, how often have you used the public library service in the last 12 months? (Public library service includes public libraries, mobile libraries; an event run by Libraries NI online or in a venue other than a library; used the Libraries NI website; downloaded free eBooks/eMagazines/audiobooks from the Overdrive/Libby or BorrowBox app using your library membership)

- Once a week or more 1 → Continue to Library_2
Once every 2-3 weeks 2 → Continue to Library_2
Once a month 3 → Continue to Library_2
Once every few months 4 → Continue to Library_2
Less often 5 → Continue to Library_2
Not at all 6 → Go to Library_5

**Library_2. Why do you use the public library service? (NOT including school libraries)
(Select as many answers as you need)**

- To borrow 1
To download free eBooks/audiobooks 2
To download free eMagazines/eNewspapers 3
To do homework 4
To study for exams 5
To use the free Wi-Fi 6
To use the library computers 7
To use photocopier/printer/scanner 8
Some other reason (please tell us) 9

Library_3. Using the public library service has ...? (Select as many answers as you need)

- Helped me to read more 1
Given me access to computers 2
Given me space to study 3
Given me a place to do my homework 4
Helped me to relax 5
Has helped me in another way (please tell us) 6
Hasn't helped me with anything 7

Library_4. Thinking about the last time you used the public library service, how much did you enjoy it? (this does NOT include school libraries) (Select one answer only)

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

Library_5. Overall, how satisfied or dissatisfied are you with the public library provision in Northern Ireland? (Select one answer only)

- Very satisfied 1
- Fairly satisfied 2
- Neither satisfied nor dissatisfied 3
- Fairly dissatisfied 4
- Very dissatisfied 5

MUSEUMS & SCIENCE CENTRES

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

Museum_1. Which, if any, of the following places have you visited in the last 12 months?

(Select as many answers as you need)

- Ulster Museum in Belfast 1
- Ulster Folk Museum in Cultra 2
- Ulster Transport Museum in Cultra 3
- Ulster American Folk Park in Omagh 4
- W5 at Odyssey Centre in Belfast 5
- Armagh Observatory & Planetarium 6
- Other museum(s) or science centre in Northern Ireland 7
- None 8 → Go to Museum_4

Museum_2. Was your visit(s) to the museum or science centre...?

(Select as many answers as you need)

- On a school trip 1
- With a club/group (e.g. youth group, scouts, etc.) 2
- With family or friends 3

Museum_3. While visiting the museum did you take part in any activity related to something you are studying at school?

- Yes 1
- No 2

Museum_4. Did any museum visit your class in the last 12 months?

- Yes 1
- No 2

Museum_5. What benefits, if any, have you experienced as a result of visiting a museum or science centre or participating in a museum or science centre event?

(Select as many answers as you need)

- Learned new skills / developed existing skills 1
- Improved my knowledge 2
- Helped me think about a future career 3
- Helped me with studies for school 4
- Helped me gain a qualification 5
- Enabled me to communicate with family / friends 6
- Improved health 7
- Positive impact on my well-being 8
- Developed my confidence 9
- I made new friends 10
- I had fun 11
- Helped me get a job 12
- Other (please tell us) 13
- No benefit 14

Museum_6. Which, if any, of the reasons listed below would encourage you to go to a museum or science centre in Northern Ireland more often?

(Select as many answers as you need)

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

HISTORIC ENVIRONMENT

HistoricEnvironment_1. In the last 12 months, have you visited any of the following places?

(Select as many answers as you need)

- Visited a historic building, garden or landscape open to the public (e.g a National Trust House, a historic town hall, a museum in an old building, or an event in a historic house or its grounds) 1
- Visited historical monuments or sites of archaeological interest (Castles, ruins & forts) 2
- Visited a city or town with historic character (a town with lots of old buildings) 3
- None of these 4

ARTS

Arts_1. Which, if any, of the following 'Arts' activities have you DONE or TAKEN PART in, in the last 12 months? (Select as many answers as you need)

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

Arts_2. Which, if any, of the following 'Arts' events have you BEEN TO in the last 12 months? (Select as many answers as you need)

- | | |
|---|-----------------------------|
| Film at a cinema or other venue | <input type="checkbox"/> 1 |
| Circus or carnival | <input type="checkbox"/> 2 |
| Pantomime or musical | <input type="checkbox"/> 3 |
| An Arts festival or Community festival | <input type="checkbox"/> 4 |
| Play or drama at a theatre or other venue | <input type="checkbox"/> 5 |
| Opera | <input type="checkbox"/> 6 |
| Rock or pop music performance | <input type="checkbox"/> 7 |
| Traditional or folk music performance | <input type="checkbox"/> 8 |
| Classical or jazz music performance | <input type="checkbox"/> 9 |
| Other live music performance or concert | <input type="checkbox"/> 10 |
| Ballet | <input type="checkbox"/> 11 |
| Irish dancing performance | <input type="checkbox"/> 12 |
| Any other live dance event | <input type="checkbox"/> 13 |

- Poetry reading or storytelling/anything to do with books/writing 14
- Any type of event including art/photography/sculpture/video/
electronic arts/crafts 15
- Street art (such as art in parks, busking) 16
- Museum 17
- None of the above 18 → Go to Arts_5
- (IF Arts_1& Arts_2 = None also)

Arts_3. You mentioned that you had taken part in or been to an arts event. How did you benefit from this?

(Select as many answers as you need)

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

Arts_4. Thinking about the last 'Arts' event you went to, how much did you enjoy it?

(Select one answer only)

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

Arts_5. What, if anything, would encourage you to attend (more) the types of 'Arts' events or activities mentioned earlier? (Select as many answers as you need)

- Better quality performances and events 1
- More high profile performances 2
- Better quality venues 3
- Better access in and around venues 4
- Lower costs 5
- Someone to go with 6
- Venues closer to where I live 7
- Improved transport/access 8
- Performances at different times of the day 9
- More aware of what events are on 10
- Something else 11
- Nothing, I already attend as often as I want to 12
- Nothing, I am just not interested in attending 13

Arts_6. In the last 12 months, how often, if at all, have you received any tuition from an instructor (other than your teacher during normal lessons) to help improve your performance in any art activity?

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

SIGN LANGUAGE

SignLanguage_1. Do you know how to communicate in Sign Language?

(Select as many answers as you need)

- Yes in British Sign Language 1 → Continue to S2
Yes in Irish Sign Language 2 → Continue to S2
Yes other (Please tell us)..... 3 → Continue to S2
No 4 → Go to S3

SignLanguage_2. Which statement best describes your current ability to communicate using sign language?

(Select one answer only)

- Able to sign single words or simple phrases e.g. 'hello', 'how are you?' 1
Able to sign simple sentences e.g. 'can I have a cup of tea?' 2
Able to carry on an everyday conversation e.g. describing your day 3
Able to carry on a complicated conversation e.g. conversation about a school topic 4

SignLanguage_3. Would you be interested in learning sign language in school?

- Yes 1
No 2

USE OF IRISH AND ULSTER-SCOTS LANGUAGE

Irish_UlsterScots_1. Can you understand, speak, read or write Irish, to some level?

(Select as many answers as you need)

- Understand spoken Irish 1
Speak Irish 2 → Go to next question
Read Irish 3
Write Irish 4
None of the above 5

Irish_UlsterScots_2. How often do you speak Irish? (Select one answer only)

- Daily 1
Weekly 2
Less often 3
Never 4

Irish_UlsterScots_3. Would you be interested in learning Irish language in school?

- Yes 1
No 2

Irish_UlsterScots_4. Can you understand, speak, read or write Ulster-Scots, to some level?

(Select as many answers as you need)

- Understand spoken Ulster-Scots 1
- Speak Ulster-Scots 2 → Go to T5
- Read Ulster-Scots 3
- Write Ulster-Scots 4
- None of the above 5

Irish_UlsterScots_5. How often do you speak Ulster-Scots? (Select one answer only)

- Daily 1
- Weekly 2
- Less often 3
- Never 4

Irish_UlsterScots_6. Would you be interested in learning Ulster-Scots language in school?

- Yes 1
- No 2

BREASTFEEDING

Breastfeeding_1. What do you think is the healthiest way to feed a 3 month old baby?

(Select one answer only)

- 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

Breastfeeding_2. 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

ORGAN DONATION

OrganDonation_1. Organs (such as a kidney, liver, heart etc.) 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. Have you ever heard of organ donation?

- Yes 1 →Continue to OrganDonation_2
No 2 →Go to OrganDonation_4

OrganDonation_2. Have you ever discussed the issue of organ donation with any of the following?

(Select as many answers as you need)

- Mother/father or guardian 1 →Continue to OrganDonation_3
Brothers/sisters 2 →Continue to OrganDonation_3
Friends 3 →Continue to OrganDonation_3
Teachers 4 →Continue to OrganDonation_3
None of the above 5 →Go to OrganDonation_4

OrganDonation_3. Please tell us why you discussed organ donation with this person/these people...

- After seeing something in the media about organ donation 1
The other person started the conversation 2
I know/heard of someone who donated 3
Other (Please tell us)..... 4

OrganDonation_4. The NHS Organ Donor Register is a record of all people who have said that they want to be an organ donor after their death. One of the ways you can sign the Register is by going online.

Have you ever heard of the NHS Organ Donor Register?

- Yes 1
No 2

OrganDonation_5. Have you put your name on the NHS Organ Donor Register?

- Yes 1
Not yet, but I will think about it 2
Not yet, but I will definitely do it sometime in the future 3
No, I would never sign it 4

OrganDonation_6. Who do you think should provide young people with information about organ donation?

(Select as many answers as you need)

- Self – look for ourselves 1
- Family/parents 2
- Schools – to be taught as part of the curriculum 3
- Media campaigns (TV, radio, etc) 4
- Other (Please tell us)..... 5

OrganDonation_7. Along with choosing to donate organs or tissue after you die, you can also choose to donate an organ (e.g. kidney) or parts of organs (e.g. lungs or livers) to another person when you are alive.

This is known as living organ donation.

Have you ever heard of living organ donation?

- Yes 1
- No 2

Below are some statements about organ donation.

How much do you agree or disagree with each statement?

OrganDonation_8...	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	1	2	3	4	5
a. Removing organs from the body just isn't right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Organ donation allows something positive to come out of a person's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I sign the organ donor register, doctors might not try so hard to save my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The thought of organ donation makes me uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Everyone should be willing to donate their kidney while they are alive if it helps someone they love who is sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES TOWARDS DOMESTIC VIOLENCE (YEAR 11 & 12)

DomesticViolence_1. Which of the following would you consider an example of domestic violence/abuse?

(Select as many answers as you need)

- | | | |
|--|--------------------------|----|
| Physical violence against a partner | <input type="checkbox"/> | 1 |
| Abuse of older people in a nursing home | <input type="checkbox"/> | 2 |
| Abusing a family pet | <input type="checkbox"/> | 3 |
| Controlling a partner's money | <input type="checkbox"/> | 4 |
| Arguing with a partner | <input type="checkbox"/> | 5 |
| Threatening a partner | <input type="checkbox"/> | 6 |
| A parent abusing their children | <input type="checkbox"/> | 7 |
| Blocking a partner's access to sources of support – e.g. Police, Health services | <input type="checkbox"/> | 8 |
| Stalking an ex-partner | <input type="checkbox"/> | 9 |
| Withholding contraception | <input type="checkbox"/> | 10 |
| Being unfaithful in a relationship | <input type="checkbox"/> | 11 |
| A young person/child abusing their parent | <input type="checkbox"/> | 12 |
| Virtual or on-line abuse of partner | <input type="checkbox"/> | 13 |
| Destroying personal property of partner – e.g. mobile phones | <input type="checkbox"/> | 14 |
| Damaging a partners self-confidence | <input type="checkbox"/> | 15 |
| Isolating partner from friends and family | <input type="checkbox"/> | 16 |

DomesticViolence_2. Who can be a victim of domestic violence/abuse?

- | | | |
|--------------|--------------------------|---|
| Only females | <input type="checkbox"/> | 1 |
| Only males | <input type="checkbox"/> | 2 |
| Both | <input type="checkbox"/> | 3 |

DomesticViolence_3. Who can commit acts of domestic violence/abuse?

- | | | |
|--------------|--------------------------|---|
| Only females | <input type="checkbox"/> | 1 |
| Only males | <input type="checkbox"/> | 2 |
| Both | <input type="checkbox"/> | 3 |

DomesticViolence_4. Does your school or college include awareness sessions on the subject of domestic violence/abuse?

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

DomesticViolence_5. If you wanted to discuss concerns regarding domestic violence/abuse, who would you contact?

(Select as many answers as you need)

- | | |
|---|-----------------------------|
| School teacher/other member of school support staff | <input type="checkbox"/> 1 |
| Friend | <input type="checkbox"/> 2 |
| Family member | <input type="checkbox"/> 3 |
| Health professional e.g. GP, Social Worker | <input type="checkbox"/> 4 |
| Youth leader | <input type="checkbox"/> 5 |
| Faith/religious leader | <input type="checkbox"/> 6 |
| Police | <input type="checkbox"/> 7 |
| 24 hour Domestic and Sexual Abuse Helpline | <input type="checkbox"/> 8 |
| Childline | <input type="checkbox"/> 9 |
| Other (Please tell us)..... | <input type="checkbox"/> 10 |

CARE IN THE SUN

If you are spending more than 30 minutes outdoors during the summer, on a sunny day, do you... (Select one box for each line)

CareInSun_1...	Always	Often	Sometimes	Rarely	Never
	1	2	3	4	5
1a. Seek shade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Wear a hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Wear sunscreen (suncream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Cover up (with clothing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Take no protective measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CareInSun_2. Have you ever used sunscreen (suncream)?

Yes 1 → Continue to Question X3

No 2 → Continue to Question X4

On which of these occasions do you use a sunscreen (suncream)?

CareInSun_2a. Sunbathing abroad, in a warm country

Yes 1

No 2

I have not been sunbathing abroad 3

CareInSun_2b. Outdoors when abroad in a warm country, but not sunbathing

Yes 1

No 2

I have not been abroad in a warm country 3

CareInSun_2c. Sunbathing in this country

Yes 1

No 2

I do not sunbathe in this country 3

CareInSun_2d. Outdoors in this country doing something else

Yes 1

No 2

CareInSun_3. A sunburn is defined as a reddening or discomfort of your skin that lasts longer than 12 hours after exposure to the sun. In the past year how many times have you had sunburn?

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

For each of the following statements, please indicate if you strongly agree, agree, disagree or strongly disagree. (Select one box for each line)

CareInSun_4...	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
4a. I look better with a tan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Having a tan makes people look healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. People who tan are damaging their skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Tanning causes premature skin aging (wrinkles, age spots, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CareInSun_5. Have you used fake tan?

- Yes 1 → Go to CareInSun_7
- No 2 → Go to CareInSun_9

CareInSun_6. What was/is your main reason for using fake tan?

- I look better 1
- I am involved in a sport or activity that encourages a tanned look 2 → Go to CareInSun_8
- Other (Please tell us)..... 3

CareInSun_7. Which sport/activity is this? (Select as many answers as you need)

- Dancing 1
- Cheerleading 2
- Gymnastics 3
- Bodybuilding 4
- Drama/theatre 5
- Modelling 6
- Other (Please tell us)..... 7

CareInSun_8. If you wanted to get the best idea of the risk of sunburn for the day, which part of the weather forecast would you look for? (Select one answer only)

- Humidity 1
- Cloud Cover 2
- Wind conditions 3
- Ultra Violet (UV) index 4
- Temperature 5

CareInSun_9. What can you do to protect yourself from the sun's UV rays?

(Select as many answers as you need)

- Seek shade 1
- Wear a hat 2
- Wear sunscreen (suncream) 3
- Cover up (with clothing) 4
- Nothing 5

CareInSun_10. Have you heard of the UV index (also known as the solar UV index)?

- Yes 1
- No 2

The UV index tells us how strong the sun is and ranges from 0 (low) to 11+ (extremely high).

CareInSun_11. Most people in NI have fair skin- so at what UV index level do you think they should protect their skin from the sun? (Select one answer only)

- 1 or above
- 3 or above
- 5 or above
- 7 or above
- 9 or above

SUNBEDS

THIS NEXT SECTION IS ABOUT SUNBEDS, BY THIS WE MEAN INDOOR TANNING MACHINES THAT YOU EITHER LIE DOWN ON OR STAND UP IN TO GET A TAN. (WE DO NOT MEAN SPRAY TANNING DEVICES)



Sunbeds_1. Which, if any, of the following effects would you associate with using a sunbed?

(Select as many answers as you need)

- 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 (e.g. wrinkles, age spots) 5
- Balancing of skin tone (getting an even suntan) 6
- Increasing Vitamin D levels 7
- None of the above 8
- I don't know what a sunbed is 9

Sunbeds_2. Have you ever used a sunbed?

- Yes 1 → Continue to Question X15
- No 2 → Go to next section

Sunbeds_3. Where have you used a sunbed?

(Select as many answers as you need)

- Sunbed premises/salon 1
- Gym 2
- Beauty salon 3
- Hairdressers 4
- At home 5
- At a friend or family member's home 6
- Other (Please tell us)..... 7

Sunbeds_4. When using a sunbed did you wear protective goggles?

- Yes 1
- No 2
- Sometimes but not always 3

When using a sunbed, have you used any of these products to try to make your skin tan faster?

Sunbeds_5....	Yes	No
	1	2
5a. Injections	<input type="checkbox"/>	<input type="checkbox"/>
5b. Creams	<input type="checkbox"/>	<input type="checkbox"/>
5c. Skin Sprays	<input type="checkbox"/>	<input type="checkbox"/>
5d. Nasal Sprays	<input type="checkbox"/>	<input type="checkbox"/>

MORE ABOUT YOUR HEALTH

Nutrition_2. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day?

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- More than 5 6
- None 7

Nutrition_3. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy?

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- More than 5 6
- None 7

EQUALITY

THE NEXT FEW QUESTIONS ARE ABOUT YOUR EXPERIENCES OF EQUALITY (BEING TREATED EQUALLY) IN NORTHERN IRELAND.

Equality_1. (ASK ALL) Do you consider yourself to be a disabled person because of barriers which prevent you from participating fully in all areas of life?

Yes 1

No 2

Equality_1a. SEXIST BEHAVIOUR CAN BE ACTIONS OR LANGUAGE WHICH EXCLUDE EITHER MALES OR FEMALES, OR SUGGEST THAT ONE IS SUPERIOR TO THE OTHER. Do you agree or disagree with the following:

I feel confident to challenge sexist behaviour or comments

Strongly agree 1

Agree 2

Neither agree nor disagree 3

Disagree 4

Strongly disagree 5

(Ask Equality_2 – Equality_3 to Year 11 & 12)

THE FOLLOWING QUESTIONS ARE ABOUT THE EXPERIENCES OF THOSE IN THE LESBIAN, GAY, BISEXUAL & TRANSGENDER (LGBT) COMMUNITIES.

Equality_2. In the past year, did you experience or witness any of the following because you, or someone you know, is LGBT or were thought to be LGBT? (Select as many answers as you need)

Verbal harassment, insults or other hurtful comments 1

Physical harassment or violence 2

Sexual harassment or violence 3

Threat of physical or sexual harassment or violence 4

Exclusion from events or activities 5

Someone disclosing that someone is LGBT to others without permission 6

Any other inappropriate comments or conduct not listed above 7

Prefer not to say 8

None of the above 9

Equality_3. If you identify as LGBT, how comfortable do you feel in expressing your sexuality and/or gender identity?

Very comfortable 1

Somewhat comfortable 2

Neutral 3

Somewhat uncomfortable 4

Very uncomfortable 5

I don't identify as LGBT 6

VOLUNTEERING

Volunteering_1. Thinking back over the last 12 months, have you given up any of your time to volunteer or help out with things like clubs, campaigns or organisations?

- | | |
|---|--|
| Yes, in school time | <input type="checkbox"/> 1 → Go to AA2 |
| Yes, in my own spare time | <input type="checkbox"/> 2 → Go to AA2 |
| No, but I'd like to in the future | <input type="checkbox"/> 3 → Go to AA7 |
| No, and I'd not consider doing so in the future | <input type="checkbox"/> 4 → Go to AA7 |

Volunteering_2. Which of these areas have you been volunteering in?

(Select as many answers as you need)

- | | |
|--|-----------------------------|
| Sport or exercise | <input type="checkbox"/> 1 |
| Children or young people's activities (outside school) | <input type="checkbox"/> 2 |
| Children or young people (in school) | <input type="checkbox"/> 3 |
| Hobbies/arts clubs | <input type="checkbox"/> 4 |
| Local community or neighbourhood groups | <input type="checkbox"/> 5 |
| Older people | <input type="checkbox"/> 6 |
| Health or disabilities | <input type="checkbox"/> 7 |
| First aid or safety | <input type="checkbox"/> 8 |
| Church/Faith Based | <input type="checkbox"/> 9 |
| The Environment/animal protection | <input type="checkbox"/> 10 |
| Political groups | <input type="checkbox"/> 11 |
| Justice and human rights | <input type="checkbox"/> 12 |
| Other (Please tell us)..... | <input type="checkbox"/> 13 |

Volunteering_3. How often have you volunteered in the last 12 months?

- | | |
|--------------------------|----------------------------|
| A few times a week | <input type="checkbox"/> 1 |
| About once a week | <input type="checkbox"/> 2 |
| At least once a month | <input type="checkbox"/> 3 |
| Five or six times a year | <input type="checkbox"/> 4 |
| A few times a year | <input type="checkbox"/> 5 |
| No more than once a year | <input type="checkbox"/> 6 |

**Volunteering_4. Have you experienced any of the following as a result of volunteering?
(Select as many answers as you need)**

- Learning new skills 1
- Increased confidence 2
- Feeling happier 3
- Feeling appreciated 4
- Feeling part of a team 5
- Making new friends 6
- Feeling I've made a difference 7
- Feeling better about myself 8
- Feeling I've improved my job prospects 9
- Learning how to overcome challenges 10
- Increased trust in others 11
- Increased understanding of what I can achieve 12
- Finding a paid job 13
- Feeling I've improved my study prospects 14
- None of these 15

Volunteering_5. Since you began your volunteering work, has your circle of friends increased, decreased or remained the same?

- Increased 1
- Remained the same 2
- Decreased 3

Volunteering_6. And how about your contact with people of a different community or religious backgrounds? Has this increased, decreased or remained the same?

- Increased 1
- Remained the same 2
- Decreased 3

Volunteering_7. Would you be more likely to volunteer if it helped you achieve any of the following?

(Select as many answers as you need)

- | | | |
|--|--------------------------|----|
| Having fun | <input type="checkbox"/> | 1 |
| Learning new skills | <input type="checkbox"/> | 2 |
| Finding a paid job | <input type="checkbox"/> | 3 |
| Making new friends | <input type="checkbox"/> | 4 |
| Improved confidence | <input type="checkbox"/> | 5 |
| Feeling happier | <input type="checkbox"/> | 6 |
| Feeling I've made a difference | <input type="checkbox"/> | 7 |
| Feeling better about myself | <input type="checkbox"/> | 8 |
| Feeling I've improved job prospects | <input type="checkbox"/> | 9 |
| Feeling appreciated | <input type="checkbox"/> | 10 |
| Increased trust in others | <input type="checkbox"/> | 11 |
| Learning how to overcome challenges | <input type="checkbox"/> | 12 |
| Feeling part of a team | <input type="checkbox"/> | 13 |
| Increased understanding of what I can achieve | <input type="checkbox"/> | 14 |
| Feeling I've improved my study prospects | <input type="checkbox"/> | 15 |
| Nothing would make me more likely to volunteer | <input type="checkbox"/> | 16 |