

YPBAS 2022 - VERSION B

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 | <input type="checkbox"/> 1 |
| Father | <input type="checkbox"/> 2 |
| Step-mother | <input type="checkbox"/> 3 |
| Step-father | <input type="checkbox"/> 4 |
| Mother's boyfriend/partner | <input type="checkbox"/> 5 |
| Father's girlfriend/partner | <input type="checkbox"/> 6 |
| Foster parents/foster carers | <input type="checkbox"/> 7 |
| Sister(s)/adopted sister(s) | <input type="checkbox"/> 8 |
| Brother(s)/adopted brother(s) | <input type="checkbox"/> 9 |
| Step-sister(s) | <input type="checkbox"/> 10 |
| Step-brother(s) | <input type="checkbox"/> 11 |
| Half-sister(s) | <input type="checkbox"/> 12 |
| Half-brother(s) | <input type="checkbox"/> 13 |
| Grandmother | <input type="checkbox"/> 14 |
| Grandfather | <input type="checkbox"/> 15 |
| Other relative | <input type="checkbox"/> 16 |
| Other non-relative | <input type="checkbox"/> 17 |
| I live in children's residential care | <input type="checkbox"/> 18 |
| None of these | <input type="checkbox"/> 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 | <input type="checkbox"/> 1 |
| No | <input type="checkbox"/> 2 |

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

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

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 answer 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 tell us)..... 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

PLAY AND LEISURE

The following questions are about your experience of play and leisure. When you are thinking about what is meant by play and leisure, think about the things you do in your free time and the places you go e.g. parks, play areas.

PlayLeisure_1. Thinking about the play and leisure facilities in your area, would you say they are?

- Very good 1
- Fairly good 2
- Neither good nor poor 3
- Fairly poor 4
- Very poor 5

PlayLeisure_2. Which, if any, of the following reasons stop you from using the play and leisure facilities in your local area?

(Select as many answers as you need)

- Not enough time 1
- I don't have any friends to go to them with 2
- Difficulty in getting there/lack of transport 3
- Concerned about safety 4
- Cost of activities 5
- Cost of transport to activities 6
- No adults to look after me 7
- There aren't enough facilities close to where I live 8
- The facilities available are not suitable for me (please say why) 9
- Some other reason (please say why) 10
- Nothing stops me 11
- I don't know what facilities are available 12

PlayLeisure_3. Thinking about where you live, are there areas where you can meet up with your friends that are safe and welcoming for people of your age?

- Yes, there are a lot 1
- Yes, there are a few 2
- No, there are none 3

PlayLeisure_4. How often do you use the internet at home?

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

PlayLeisure_5. Have you been taught about staying safe online in the last year?

- Yes 1 → Continue to Question C6
- No 2 → Go to Question C7
- Not sure 3 → Go to Question C7

**PlayLeisure_6. Who has taught you about staying safe online?
(Select as many answers as you need)**

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

PlayLeisure_7. How do you feel the media (TV/Radio/Newspapers) represents young people?

- Always in a fair way 1
- Often in a fair way 2
- Sometimes in a fair way 3
- Rarely in a fair way 4
- Never in a fair way 5

PlayLeisure_8. Does the way that young people are represented in the media bother you?

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

SOCIAL MEDIA

These questions are about Social Media.

SocialMedia_1. Do you use any social media sites or apps, e.g. Facebook, Instagram, SnapChat, Twitter, TikTok, WhatsApp?

- Yes 1 → Continue to Question D2
- No 2 → Go to section E

SocialMedia_2. How often do you use social media sites or apps?

- Daily or most days 1
- A few times a week 2
- Once a week 3
- A few times a month 4
- Once a month 5
- Less often than once a month 6

SocialMedia_3. When you use social media sites or apps how much time in total do you spend using them on a typical school day?

- Less than 30 minutes 1
- 30 minutes or more 2
- One hour or more 3
- Two hours or more 4
- Three hours or more 5
- Four hours or more 6
- Five hours or more 7
- Six hours or more 8
- Seven hours or more 9

SocialMedia_4. When you use social media sites or apps how much time in total do you spend using them on a typical weekend or holiday day?

- Less than 30 minutes 1
- 30 minutes or more 2
- One hour or more 3
- Two hours or more 4
- Three hours or more 5
- Four hours or more 6
- Five hours or more 7
- Six hours or more 8
- Seven hours or more 9

**SocialMedia_5. When do you use social media sites or apps?
(Select as many answers as you need)**

- Before school or college 1
- During school or college 2
- After school or college before 8pm 3
- After school or college after 8pm 4
- At weekends 5
- During school holidays 6

SocialMedia_6. Thinking about the social media sites and apps you use, do you have your own profile or account?

- Yes 1 → Continue to SocialMedia_7
- No 2 → Go to next section

To what extent do you agree or disagree with the following statements:

SocialMedia_7. My social media accounts are a true reflection of myself.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5

SocialMedia_8. I compare myself to others on social media sites and apps.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5

SocialMedia_9. I can be honest with people on social media sites and apps about how I am feeling.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5

SocialMedia_10. I monitor the amount of likes, comments or shares I get on social media.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5

SocialMedia_11. The number of likes, comments or shares I get on social media has an impact on my mood.

- Disagree a lot 1
- Disagree a little 2
- Neither agree nor disagree 3
- Agree a little 4
- Agree a lot 5

SCHOOL

The next set of questions are about your school.

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

School_1...	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
1a. My school is a good school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. I like learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Staying on at school is important if you want to get a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Teachers give me the marks I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Teachers at my school really care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. I feel like I am important to this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. I learn things that will be useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. It is important that I have Maths and English qualifications by the time I leave school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Teachers help me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. I think I could do well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School_2. Overall, how do you feel about school at present?

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

School_3. If you have problems at school, are your parents/guardians willing to help you?

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

**School_4. Which of the following people encourage you to do well at school?
(Select as many answers as you need)**

- Nobody encourages me 1
- The Principal/Headmaster/Headmistress 2
- My teachers 3
- Other pupils 4
- Parents 5
- Brothers/sisters 6
- Other family members 7
- Other/Somebody else 8

School_5. Have you ever had any difficulty learning/studying any subjects?

- Yes 1 → Continue to School_6
- No 2 → Go to School_8

School_6. Did you receive any extra support?

- Yes 1 → Continue to School_7
- No 2 → Go to School_8

**School_7. Who provided the support?
(Select as many answers as you need)**

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

School_8. How stressed do you feel by the school work you have to do?

- Not at all 1 → Go School_10
- A little 2 → Continue to School_9
- Some 3 → Continue to School_9
- A lot 4 → Continue to School_9

**School_9. What is it about school that you are worried about?
(Select as many answers as you need)**

- Exams/tests 1
- Homework 2
- Falling behind in class 3
- Teachers 4
- Other pupils 5
- Bullying 6
- Other (please tell us)..... 7

School_10. Does your school have a school council?

- Yes 1 → Continue to School_11
- No 2 → Go School_13

School_11. Do you think the school council is an effective way for pupils to get their views across?

- Yes 1
- No 2

School_12. Does the school council play an active role in decisions that impact on the pupils' school day?

- Yes 1 → Go School_14
- No 2 → Go School_14

School_13. If your school does not have a school council, what other forms of pupil participation are offered? (Select as many answers as you need)

- Questionnaires/surveys 1
- Interest groups 2
- Other (please tell us)..... 3
- None 4

School_14. Have you heard of the United Nations Convention on the rights of the Child (UNCRC)? (This is an agreement made by nearly every country in the world that their government will make sure children and young people have certain rights.)

- Yes 1 → Continue to School_15
- No 2 → Go to School_17

**School_15. Where did you first hear about the United Nations Convention on the rights of the Child?
(Select one answer only)**

- Friends 1
- School 2
- Internet 3
- Newspaper 4
- Magazine 5
- TV 6
- Youth groups 7
- Library 8
- Other (please tell us)..... 9

**School_16. How do you feel about the United Nations Convention on the rights of the Child?
(Select as many answers as you need)**

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

School_17. Do you feel you have the chance to give your views about issues that affect you?

- Yes 1 → Continue to School_18
- No 2 → Go to School_20

School_18. Do you think your views are listened to?

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

**School_19. Who do you give your views to?
(Select as many answers as you need)**

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

School_20. How often do you participate in voluntary or community work (e.g. charity fundraising)?

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

The next set of questions are about food in school.

**School_21. What do you usually do for lunch at school?
(Select one answer only)**

- | | | | |
|--------------------------------|--------------------------|---|-------------------------|
| Eat a school dinner | <input type="checkbox"/> | 1 | (Go to School_23) |
| Buy a snack in the school café | <input type="checkbox"/> | 2 | (Go to School_23) |
| Eat a packed lunch | <input type="checkbox"/> | 3 | (Continue to School_22) |
| Buy lunch outside school | <input type="checkbox"/> | 4 | (Continue to School_22) |
| Go home for lunch | <input type="checkbox"/> | 5 | (Continue to School_22) |
| Skip lunch/don't have lunch | <input type="checkbox"/> | 6 | (Continue to School_22) |
| Do something else | <input type="checkbox"/> | 7 | (Continue to School_22) |

**School_22. If you don't usually eat a school dinner/snack, why not?
(Select as many answers as you need)**

- Don't like school dinners/snacks 1
- Too expensive 2
- Because of the queue 3
- I don't like the dining hall 4
- Not enough time, because of other school activities 5
- Other reason 6

**School_23. What do you think is the main reason some children do not take a free school meal when they are allowed to take one?
(Select one answer only)**

- They are too embarrassed 1
- They are afraid of being bullied/teased 2
- They don't like the quality/choice of food available 3
- They don't like using the canteen 4
- The canteen is too crowded 5
- They don't like queuing 6
- They bring a packed lunch 7
- Other reason 8

**School_24. Do you think there is usually a good choice of food available in school?
(Select one answer only)**

- Yes, all the time 1
- Yes, if you come early 2
- Yes, sometimes 3
- No, never 4

School_25. Is there always a food option available in school, which you consider to be healthy?

- Yes 1
- No 2

School_26. Would you like to see more healthy foods available in school?

- Yes 1
- No, I am not interested in healthy food 2
- No, there is enough already 3

School_27. Please select ONE of the following statements that you feel reflects your views:

- All school children should receive free school meals 1
- Only children whose families are on low income should receive free school meals 2
- All children in Nursery school should receive free school meals 3
- All children in Nursery school and Primary school should receive free school meals 4
- Only children in Nursery school and Years 1 to 3 of Primary school should receive free school meals 5
- None of the above 6

The next few of questions are about school uniforms.

**School_28. What are your views on wearing school uniforms?
(Select as many answers as you need)**

- Helps create a positive school image/identity 1
- Does not allow for individuality 2
- Helps include everyone as all dressed in the same uniform 3
- The school uniform policy is too rigid to allow for flexibility 4
- Something else (please tell us)..... 5

School_29. When were you last asked about a change in the school uniform policy?

- In the last year 1
- Between 2 -5 years 2
- Never asked 3

SUBJECT CHOICES (YEAR 11 & 12)

The following questions are about your Subject Choices.

Below are some statements about subject choice. How much do you agree or disagree with these.

SubjectChoices_	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
SubjectChoices_C1. I have a good choice of subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SubjectChoices_C2. I am able to study subjects in which I am interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SubjectChoices_C3. I am able to study subjects which I am good at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SubjectChoices_C4. Were there subjects you would have liked to study in Years 11 and 12 which were not available at your own school?

- Yes 1 → Continue to SubjectChoices_C5
 No 2 → Go to SubjectChoices_C8

SubjectChoices_C5. Were you given the opportunity to study these subjects at somewhere other than your own school?

- Yes 1 → Continue to SubjectChoices_C6
 No 2 → Go to SubjectChoices_C7

SubjectChoices_C6. Where was this?

- At another school 1 → Continue to SubjectChoices_C8
 At a Further Education college 2 → Continue to SubjectChoices_C8
 At a training organisation 3 → Continue to SubjectChoices_C8
 Other (please tell us)..... 4 → Continue to SubjectChoices_C8

SubjectChoices_C7. If you had been given the opportunity to study these subjects at somewhere other than your own school, would you have done so?

- Yes 1
 No 2

SubjectChoices_C8. Have you ever heard of the term STEM (Science, Technology, Engineering and Maths)?

- Yes 1 → Continue to SubjectChoices_C9
 No 2 → Go to SubjectChoices_C13

SubjectChoices_C9. Have you ever heard of STEM career choices/pathways?

- Yes 1 → Continue to SubjectChoices_C10
- No 2 → Go to SubjectChoices_C13

**SubjectChoices_C10. Where did you hear about STEM career choices/pathways?
(Select as many answers as you need)**

- Careers Teacher in my school 1
- Careers Adviser (from the Careers Service) 2
- In individual subjects i.e. LLW Employability/Science/Maths/Technology/Other 3
- STEM Events i.e. Sentinus/BT Young Scientist Competition/Career Conventions 4
- Other (please tell us)..... 5

SubjectChoices_C11. Did any of the STEM career choices/pathways influence your choice for GCSE/"A" Level subjects/vocational courses/work experience or career choices?

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

SubjectChoices_C12. Overall, how would you rate your knowledge of STEM?

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

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

SubjectChoices_C13. I chose subjects with a career area in mind.

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

SubjectChoices_C14. I am content with the advice I got about my subject choices from my careers teachers.

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

SubjectChoices_C15. I am content with the advice I got about my subject choices from my other teachers.

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

SubjectChoices_C16. I am content with the advice I got about my subject choices from my careers advisor (from the Careers Service).

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

SubjectChoices_C17. Do you ever attend lessons for any of your subjects at places other than your own school...leading to a recognised academic qualification?

- Yes 1 → Continue to SubjectChoices_C18
- No 2 → Go to SubjectChoices_C20

SubjectChoices_C18. Where else do you attend lessons/courses? (Select as many answers as you need)

- Another school 1
- A college 2
- A training organisation 3
- Other (please tell us)..... 4

SubjectChoices_C19. Overall, how well does this work out for you?

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

SubjectChoices_C20. Do you have any of your lessons delivered online from another school/college?

- Yes 1 → Continue to SubjectChoices_C21
- No 2 → Go to next section

SubjectChoices_C21. Overall, how well does this work out for you?

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

NEXT STEPS (YEAR 11 & 12)

The following few questions are about what you plan to do after year 12.

NextSteps_D1. The government gives money to pupils who stay in education after 16, depending on their family circumstances. Have you heard about this Education Maintenance Allowance (EMA)?

- Yes, I have heard of it and understand it 1
- Yes, I have heard of it but I don't know what it is about 2
- No, I haven't heard of it 3

**NextSteps_D2. If you were eligible to receive an allowance of £60 every two weeks and a cash bonus of £100 every so often, would you stay on at school or go to Further Education College?
(Select one answer only)**

- Yes, I would only stay on at school if I received this 1
- I would stay on at school anyway 2
- Yes, I would only go to Further Education College if I received this 3
- I would go to Further Education College anyway 4
- No, I would do none of the above 5

**NextSteps_D3. Which of the following do you want to do immediately after you finish year 12?
Where relevant, this should include all courses over the following two year period.
(Select as many answers as you need)**

- Vocational Qualifications (e.g. BTEC, NVQ, Apprenticeship) 1 (Go to NextSteps_D4)
- AS Level / A level 2 (Go to NextSteps_D4)
- Other course of study (Please tell us)..... 3 (Go to NextSteps_D4)
- Not planning to stay on in education 4 (Go to NextSteps_D6)

**NextSteps_D4. If you could study your chosen subjects/course anywhere, where would you choose to study immediately after you finish year 12?
(Select as many answers as you need)**

- At my present school 1
- At another school 2
- At a Further Education college 3
- At a training organisation 4
- Other (Please tell us)..... 5

NextSteps_D5. Are the subjects/course you wish to study immediately after finishing Year 12 available in the institution of your choice?

- Yes 1
- No 2

NextSteps_D6. Thinking ahead, would you be interested in undertaking a degree in any of the following health-related areas: social work, radiotherapy, occupational therapy, speech & language therapy, physiotherapy, dietetics, podiatry, or nursing?

- Yes 1 → Continue to NextSteps_D7
- No 2 → Go to next section

**NextSteps_D7. What would be the MAIN reason for this?
(Select one answer only)**

- I have an interest in working in health care 1
- I think it could lead to a well-paid job 2
- I think the Health & Social Care sector (sometimes referred to as the NHS) is a good employer 3
- I want to do a degree where I might get help with funding (e.g. to pay my fees or get a bursary) 4
- I want a job where I can help people 5

**NextSteps_D8. If you were to undertake this degree, where do you see yourself working?
(Select one answer only)**

- In the Health & Social Care sector in Northern Ireland, sometimes referred to as the NHS 1
- In private sector health care in Northern Ireland 2
- In health care outside of Northern Ireland 3
- Other (please tell us)..... 4

LONG TERM CONDITIONS

These questions are about your Health.

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 LongTermConditions_5, otherwise proceed to LongTermConditions_6

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 you selected diabetes, asthma, epilepsy, eating disorder, autism, depression/anxiety continue to LongTermConditions_5. If you didn't select any of these go to the next section (Young Carer).

**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 LongTermConditions_5a2
- No 2 → Go to next section (unless further options 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 LongTermConditions_5b2
- No 2 → Go to next section (unless further options 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 LongTermConditions_5c2
No 2 → Go to next section (unless further options 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 LongTermConditions_5d2
No 2 → Go to next section (unless further options 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 LongTermConditions_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

HEALTH AND WELLBEING

These questions are about your Health and Well Being.

Please select the answer that best describes your experience of each, over the last 2 weeks

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

	None of the time 1	Rarely 2	Some of the time 3	Often 4	All of the time 5
HealthWellbeing_1...					
...1a. I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1b. I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1c. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1d. I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1e. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1f. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...1g. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Hardly ever or never 1	Some of the time 2	Often 3
HealthWellbeing_2. How often do you feel that you have no one to talk to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HealthWellbeing_3. How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HealthWellbeing_4. How often do you feel alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Often or always 1	Some of the time 2	Occasionally 3	Hardly ever 4	Never 5
HealthWellbeing_5. How often do you feel lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

HealthWellbeing_6...	Yes 1	No 2
...6a. I have family/friends who can be relied on no matter what happens	<input type="checkbox"/>	<input type="checkbox"/>
...6b. I have family/friends who would see that I am taken care of if I need to be	<input type="checkbox"/>	<input type="checkbox"/>
...6c. I have family/friends who make me feel an important part of their lives	<input type="checkbox"/>	<input type="checkbox"/>
...6d. I have family/friends who give me support and encouragement	<input type="checkbox"/>	<input type="checkbox"/>
...6e. I have family/friends who do things to make me happy	<input type="checkbox"/>	<input type="checkbox"/>
...6f. I have family/friends who make me feel loved	<input type="checkbox"/>	<input type="checkbox"/>
...6g. I have family/friends who accept me just as I am	<input type="checkbox"/>	<input type="checkbox"/>

As well as physical health, we are also interested in asking about mental health and wellbeing. By mental health, we mean conditions/illnesses like depression, anxiety, stress, bipolar disorder, eating disorder, etc.

HealthWellbeing_7. Have you ever had any concerns or worries about your mental health? (Select one answer only)

- Yes definitely 1 → Continue to HealthWellbeing_8
- To some extent 2 → Continue to HealthWellbeing_8
- No 3 → Go to HealthWellbeing_13

HealthWellbeing_8. Did you seek help from anyone?

- Yes 1 → Continue to HealthWellbeing_9
- No 2 → Go to HealthWellbeing_10

HealthWellbeing_9. Who did you seek help from? (Select as many answers as you need)

- | | | |
|-----------------------------------------------------|--------------------------|-------------------|
| Family member | <input type="checkbox"/> | 1 → Go to HWB_11 |
| Friend | <input type="checkbox"/> | 2 → Go to HWB_11 |
| School teacher/other member of school support staff | <input type="checkbox"/> | 3 → Go to HWB_11 |
| Youth leader | <input type="checkbox"/> | 4 → Go to HWB_11 |
| Faith/religious leader | <input type="checkbox"/> | 5 → Go to HWB_11 |
| GP (Own doctor) | <input type="checkbox"/> | 6 → Go to HWB_11 |
| A&E (Emergency Department) | <input type="checkbox"/> | 7 → Go to HWB_11 |
| Hospital | <input type="checkbox"/> | 8 → Go to HWB_11 |
| CAMHS (Child and Adolescent Mental Health Service) | <input type="checkbox"/> | 9 → Go to HWB_11 |
| District/Community Nurse | <input type="checkbox"/> | 10 → Go to HWB_11 |
| Helplines, e.g. Childline, Lifeline, Samaritans | <input type="checkbox"/> | 11 → Go to HWB_11 |
| Mental health charity | <input type="checkbox"/> | 12 → Go to HWB_11 |
| Other | <input type="checkbox"/> | 13 → Go to HWB_11 |

HealthWellbeing_10. Why did you not seek help? (Select as many answers as you need)

- | | | |
|--------------------------------------------|--------------------------|---|
| I could handle things on my own | <input type="checkbox"/> | 1 |
| I didn't know where to go to get help | <input type="checkbox"/> | 2 |
| I was too embarrassed | <input type="checkbox"/> | 3 |
| I felt unable to speak with anyone | <input type="checkbox"/> | 4 |
| I was too busy/didn't have time | <input type="checkbox"/> | 5 |
| I asked for help before and didn't get any | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

**HealthWellbeing_11. Have you received any of the following therapy (such as counselling, CBT) or medical treatment (including medication) for a mental health problem in the past year?
(Select as many answers as you need)**

- | | | |
|-------------------------------------|--------------------------|------------------------------------|
| Counselling | <input type="checkbox"/> | 1 → Continue to HealthWellbeing_12 |
| Cognitive behavioural therapy (CBT) | <input type="checkbox"/> | 2 → Continue to HealthWellbeing_12 |
| Psychotherapy or psychoanalysis | <input type="checkbox"/> | 3 → Continue to HealthWellbeing_12 |
| Medication | <input type="checkbox"/> | 4 → Continue to HealthWellbeing_12 |
| Other | <input type="checkbox"/> | 5 → Continue to HealthWellbeing_12 |
| No therapy or treatment | <input type="checkbox"/> | 6 → Go to HealthWellbeing_13 |

HealthWellbeing_12. How helpful did you find/are you finding your therapy/treatment?

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

HealthWellbeing_13. If you did have concerns about your mental health, who or where would you go for help? (Select as many answers as you need)

- Family member 1
- Friend 2
- School teacher/other member of school support staff 3
- Youth leader 4
- Faith/religious leader 5
- GP (Own doctor) 6
- A&E (Emergency Department) 7
- Hospital 8
- CAMHS (Child and Adolescent Mental Health Service) 9
- District/Community Nurse 10
- Helplines, e.g. Childline, Lifeline, Samaritans 11
- Mental health charity 12
- Somewhere else 13
- I wouldn't know where to go 14

HealthWellbeing_14. Do you know anyone who has, or has had, some kind of mental illness (including yourself)?

- Yes 1 → Continue to HealthWellbeing_15
- No 2 → Go to HealthWellbeing_16

HealthWellbeing_15. Who is the person closest to you who has, or has had, some kind of mental illness?

- Myself 1
- Close family (parent, sister, brother, etc.) 2
- Other family (uncle, aunt, cousin, grandparent, etc.) 3
- Friend 4
- Someone at my school 5
- Neighbour 6
- Other 7

For each of the following statements, please select how often each of these things happens to you. There are no right or wrong answers.

HealthWellbeing_16...	Never 1	Sometimes 2	Often 3	Always 4
...16a. I feel sad or empty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16b. I worry when I think I have done poorly at something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16c. I would feel afraid of being on my own at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16d. Nothing is much fun anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16e. I worry that something awful will happen to someone in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16f. I am afraid of being in crowded places (like shopping centres, the cinema, buses, busy playgrounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16g. I worry what other people think of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16h. I have trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16i. I feel scared if I have to sleep on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16j. I have problems with my appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16k. I suddenly become dizzy or faint when there is no reason for this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16l. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16m. I have no energy for things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16n. I suddenly start to tremble or shake when there is no reason for this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16o. I cannot think clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16p. I feel worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16q. I have to think of special thoughts (like numbers or words) to stop bad things from happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16r. I think about death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16s. I feel like I don't want to move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16t. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16u. I am tired a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16v. I feel afraid that I will make a fool of myself in front of people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16w. I have to do some things in just the right way to stop bad things from happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16x. I feel restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...16y. I worry that something bad will happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GAMBLING

Gambling_1. Which of the following types of gambling have you done in the last 12 months?

(Select as many answers as you need)

- Placed a private bet for money 1
- Played cards for money 2
- Bought a Lotto ticket or National Lottery scratchcards 3
- Played a Fruit or slot machines (e.g. in an amusement or gaming arcade) 4
- Played Bingo for money 5
- Placed a bet in a betting shop (e.g. on football, horseracing or other sports event) 6
- Used gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or other events) 7
- Any other gambling 8
- None of these 9

→ Go to Gambling_3

Gambling_2. Online betting refers to the use of computers, tablets and both browsers or apps on smartphones to place a bet. Thinking about when you have participated in gambling in the past 12 months, was this ever online?

- Yes 1
- No 2

Gambling_3. When playing video games on a computer, console, streaming or mobile app (e.g. Fortnite, FIFA, Roblox, Candy Crush) it is sometimes possible to collect or buy in-game items (e.g. skins, clothes, weapons, accessories, players). Have you ever used in-game items or currency?

- Yes 1 → Go to Gambling_4
- No 2 → Go to Gambling_5 (& IF Gambling_1 = 1...8)

Gambling_4. Thinking about the in-game items or currency you have used, have you:

(Select as many answers as you need)

- Paid money to buy specific in-game items (e.g. skins, clothes, weapons, players) 1
- Paid money to open loot boxes/packs/chests to get other in-game items (e.g. skins, clothes, weapons, players) 2
- Bet with in-game items on websites outside of the game you are playing 3
- None of these 4

(Ask if Gambling_1 = 1...8)

Gambling_5. Has a gambling advertisement encouraged you to spend money on gambling in the past 12 months?

- Yes 1
- No 2

Gambling_6. (Ask Gambling_6/Gambling_7 IF Gambling_1 = 1...8) In the past 12 months how often have you gambled to help you escape from problems or when you are feeling bad?

- Never 1
- Once or twice 2
- Sometimes 3
- Often 4

Gambling_7. Thinking about when you gambled-why did you do this? (Select as many answers as you need)

- To try to win money 1
- It cheers me up when I feel depressed, nervous or in a bad mood 2
- To get a buzz/because it is exciting 3
- Because my friends/family do it 4
- It is fun or cool 5
- It gives me something to do 6
- I like to take risks 7
- None of these 8

Gambling_8. As far as you know, how often do your parent(s)/carer(s)/guardian(s) spend money on gambling?

- Never 1
- Once a month or less often 2
- A few times a month 3
- Daily or almost daily 4

Gambling_9. If you spent money on gambling, do you think your parent/carer/guardian would find it ...

- Totally acceptable 1
- A little acceptable 2
- Neither acceptable nor unacceptable 3
- A little unacceptable 4
- Totally unacceptable 5

Gambling_10. Thinking about the last 12 months, has your family's gambling led to you experiencing any of the below feelings? (Select as many answers as you need)

- Stressed or anxious 1
- Worried 2
- Uncomfortable 3
- Angry 4
- Lonely 5
- Happy 6
- I don't know if any of my family gamble 7
- None of these 8

SEXUAL HEALTH

The following questions are about any boyfriend(s)/ girlfriend(s) you may have had.
(Year 8, 9 & 10 just answer Sex_1 & Sex_2)

Sex_1. Have you ever had a boyfriend or girlfriend?

- Yes 1
No 2

Sex_2. How much, if any, sexual experience have you had?

- None 1
Small amount (e.g. only kissing) 2
Some experiences but no sexual intercourse 3
Experienced, including sexual intercourse 4

SEXUAL HEALTH (Year 11 & 12 only)

The following questions are about any boyfriend(s)/ girlfriend(s) you may have had.

Sex_1. Have you ever had a boyfriend or girlfriend?

- Yes 1
No 2

Sex_2. How much, if any, sexual experience have you had?

- None 1 → Go to Sex_6
Small amount (e.g. only kissing) 2 → Go to Sex_6
Some experiences but no sexual intercourse 3 → Go to Sex_6
Experienced, including sexual intercourse 4 → Continue to Sex_3

Sex_3. At what age did you first have sexual intercourse?

I was _____ years old

Sex_4. Did you or your partner use something to prevent getting pregnant (i.e. a form of contraception)?

- Yes 1 → Continue to Sex_5
No 2 → Go to Sex_6
Not Applicable 3 → Go to Sex_6

Sex_5. What form of contraception did you or your partner use?

(Select one answer only)

- Condom 1
The pill 2
Both a condom and the pill 3
Some other contraceptive 4

Sex_6. Would you find it easy to get contraceptives (i.e.: condoms, etc.)?

Yes 1

No 2

**Sex_7. If you needed to, where would you actually get your contraceptives?
(Select as many answers as you need)**

- Chemist/Pharmacy 1
- Shops (e.g. supermarket, petrol station) 2
- Other public places e.g. bars, public toilets 3
- Family planning clinics/Common Youth 4
- Doctor/GP 5
- SH-24 (online/postal) 6
- Friends 7
- Parents/other family members 8
- Other (please tell us)..... 9
- Would not need to 10

**Sex_8. From which, if any, of the following did you learn about sexual matters and relationships?
(Select as many answers as you need)**

- Mother/Female guardian or carer 1
- Father/Male guardian or carer 2
- Lessons at school 3
- Visitor to school 4
- School nurse 5
- Friends 6
- Boyfriend/girlfriend 7
- Brother/sister 8
- Doctor 9
- Family Planning Clinic/Common Youth 10
- Magazines/Newspapers/Books/Posters 11
- TV/films 12
- Radio 13
- Internet – pornography sites 14
- Internet – sexual information sites 15
- Telephone helplines 16
- Someone else in my family 17
- Social media 18

- Youth group 19
- Church/religious group 20
- Other (please tell us) 21
- None 22

Sex_8a. Overall, how useful have you found the Relationships and Sexuality Education (RSE) you have been taught in school?

- Very useful 1
- A little useful 2
- Not at all useful 3
- I have not been taught RSE at school 4

Sex_9. Do you find it easy or difficult to talk to your mother/female guardian or carer 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

Sex_10. Do you find it easy or difficult to talk to your father/male guardian or carer 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

**Sex_11. Which, if any, of the following are sexually transmitted infections?
(Select as many answers as you need)**

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

Sex_12. If you ever needed help or advice about sexual health issues what services would you be likely to use? (Select as many answers as you need)

- Doctor/GP 1
- Chemist/Pharmacy 2
- Common Youth (used to be known as Brook Advisory) 3
- Friends 4
- Family 5
- Genito-Urinary Medicine (GUM) clinic (testing & treatment for sexually transmitted infections) 6
- Internet/website 7
- Sexual health clinic (contraceptive methods, advice about family planning and sexual health) 8
- Texting information service 9
- An advice helpline 10
- SH-24 (online/postal service) 11
- Other (please tell us) 12
- None 13

Sex_13. What would be important to you when you are seeking sexual health advice? (Select as many answers as you need)

- Confidentiality 1
- Not being judged 2
- Free Service 3
- Speedy service 4
- Other (Please tell us)..... 5
- None of these 6

MORE ABOUT YOU (Year 11 & 12 only)

Gender_1. Is your gender the same as the sex you were registered at birth?

- Yes 1
- No 2 → Go to Gender_1Spec
- Prefer not to say 3

Gender_1Spec. If No, please type in your gender: _____

SMOKING

The following questions are about smoking.

Smoke_1. Have you ever smoked tobacco? At least one whole cigarette, not just a puff of someone else's.

- | | |
|------------------------|--------------------------------------------------|
| Yes, in the last week | <input type="checkbox"/> 1 → Continue to Smoke_2 |
| Yes, in the last month | <input type="checkbox"/> 2 → Continue to Smoke_2 |
| Yes, in the last year | <input type="checkbox"/> 3 → Continue to Smoke_2 |
| Yes, over a year ago | <input type="checkbox"/> 4 → Continue to Smoke_2 |
| No, never | <input type="checkbox"/> 5 → Go to Smoke_9 |

Smoke_2. What age were you when you had your first cigarette?

AGE _____

Smoke_3. How often do you smoke cigarettes now?

- | | |
|----------------------------------------|--------------------------------------------------|
| Every day | <input type="checkbox"/> 1 → Continue to Smoke_4 |
| At least once a week but not every day | <input type="checkbox"/> 2 → Continue to Smoke_4 |
| Less than once a week | <input type="checkbox"/> 3 → Go to Smoke_5 |
| I do not smoke now | <input type="checkbox"/> 4 → Go to Smoke_5 |

Smoke_4. How many cigarettes do you usually smoke in a week?

_____ cigarettes a week

**Smoke_5. What is the main reason why you first smoked a cigarette?
(Select one answer only)**

- | | |
|----------------------------------------------------------|-----------------------------|
| My friends smoke | <input type="checkbox"/> 1 |
| My parents/siblings smoke | <input type="checkbox"/> 2 |
| My friends encouraged me to smoke | <input type="checkbox"/> 3 |
| I did it for a dare/bet | <input type="checkbox"/> 4 |
| Wanted to try it | <input type="checkbox"/> 5 |
| Stress | <input type="checkbox"/> 6 |
| I was bored | <input type="checkbox"/> 7 |
| Liking a particular tobacco packaging branding | <input type="checkbox"/> 8 |
| Seeing smoking on television or in films | <input type="checkbox"/> 9 |
| I had easy access to cigarettes | <input type="checkbox"/> 10 |
| Made me feel cool/grown up | <input type="checkbox"/> 11 |
| I tried e-cigarettes and wanted to try normal cigarettes | <input type="checkbox"/> 12 |
| Other (please tell us) | <input type="checkbox"/> 13 |

(M6 TO BE ASKED OF THOSE WHO ANSWERED 1, 2 OR 3 AT M3)

Smoke_6. Where do you usually get your cigarettes from?

(Select as many answers as you need)

- 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 from the internet 5
- I buy them from friends or relatives 6
- I buy them from someone else (please say who)..... 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

(Smoke_7 TO BE ASKED OF THOSE WHO ANSWERED 1, 2 OR 3 AT Smoke_3)

Smoke_7. Have you ever tried to quit smoking?

- Yes 1
- No 2

(M8 TO BE ASKED OF THOSE WHO ANSWERED 1, 2 OR 3 AT M3)

Smoke_8. Which of the following best describes you...

- I REALLY want to stop smoking and intend to do so in the next month 1
- I REALLY want to stop smoking and intend to do so in the next 3 months 2
- I want to stop smoking and hope to do so soon 3
- I REALLY want to stop smoking but I don't know when I will 4
- I want to stop smoking but haven't thought about when 5
- I know I should stop smoking but I don't really want to 6
- I don't want to stop smoking 7

Smoke_9. Do any adults in your household smoke? *When we say household, we mean the people that you live with (even if you only live with them some of the time)*

- Yes 1 → Continue to Smoke_10
- No 2 → Go to Smoke_12

Smoke_10. Do the adults smoke inside your home?

- Yes 1
- No 2

Smoke_11. Do the adults smoke in your family car?

- Yes 1
- Yes, but not when children are in the car 2
- No 3
- We do not own a family car 4

Smoke_12. Are visitors allowed to smoke inside your home?

- Yes 1
- No 2

Smoke_13. Have you heard of e-cigarettes, sometimes known as electronic cigarettes or vaping devices?

- Yes 1 → Continue to Smoke_14
- No 2 → Go to Next Section

Smoke_14. Have you ever used e-cigarettes?

- Yes, in the last week 1 → Continue to Smoke_15
- Yes, in the last month 2 → Continue to Smoke_15
- Yes, in the last year 3 → Continue to Smoke_15
- Yes, over a year ago 4 → Continue to Smoke_15
- No, never 5 → Go to Smoke_20

Smoke_15. How often do you use e-cigarettes now?

- Every day 1
- At least once a week but not every day 2
- Less than once a week 3
- I do not use e-cigarettes now 4

(Smoke_16 TO BE ASKED OF THOSE WHO ANSWERED 1, 2, 3 or 4 at Smoke_1 and 1, 2, 3 or 4 at Smoke_14 (i.e. those who have ever smoked and have ever used e-cigarettes))

Smoke_16. Did you start using electronic cigarettes/vaping device...

- Before you started smoking cigarettes 1
- After you started smoking cigarettes 2
- At the same time that you started smoking cigarettes 3

Smoke_17. Thinking about the first time you ever tried an e-cigarette, what was the main reason for doing so? (Select one answer only)

- I saw a friend using an e-cigarette, so I wanted to try them 1
- I saw a family member using an e-cigarette, so I wanted to try them 2
- I saw a famous person using an e-cigarette, so I wanted to try them 3
- I saw e-cigarettes displayed for sale (e.g. in a shop, at a stall in the shopping centre, in the street or at a market), so I wanted to try them 4
- I saw an advert for e-cigarettes (e.g. online, on social media, on TV on a billboard), so I wanted to try them 5
- I just wanted to try them to see what they were like 6
- Stress 7
- I was bored 8
- I wanted to reduce the number of normal cigarettes I smoke 9
- I wanted to stop smoking normal cigarettes 10
- Other (Please tell us)..... 11
- I can't remember 12

Smoke_18. Thinking, again, about the first time you ever tried an e-cigarette, where did you get it from? (Select one answer only)

- From a friend/someone I was hanging around with 1
- From a family member 2
- From a specialist e-cigarette shop or stall 3
- From a supermarket or newsagent 4
- From a Vending machine 5
- From a pharmacy 6
- From the internet 7
- Tried someone else's e-cigarette without asking them 8
- Other 9

(Smoke_19 is only asked if pupil selected option 1, 2 or 3 in Smoke_15)

Smoke_19. Why do you currently use e-cigarettes? Please give the MAIN reason only.

- Because I enjoy it 1
- To help me reduce the number of normal cigarettes I smoke 2
- To help me to stop smoking normal cigarettes altogether 3
- Just because my friends use them 4
- I feel pressure to fit in with everyone else who is using them 5
- Stress 6
- Something to do when bored 7
- Using them is a new trend and I want to be part of it 8

- I can't stop using them/I am addicted to them 9
- Other (please tell us) 10

Smoke_19a. Where do you usually get your e-cigarettes from? Please give the MAIN place only.

- 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 from the internet 5
- I buy them from friends or relatives 6
- I buy them from someone else (please say who) 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 tell us)..... 12

Smoke_19b. What type of e-cigarette do you normally use?

- Disposable (the type that you throw away when they are finished) 1
- Refillable (the type that you refill with vaping liquid) 2

Smoke_19c. What is the MAIN reason for this? (Select one answer only)

- They are less expensive 1
- More variety of flavours 2
- I can add/vape other products 3
- I prefer to vape stronger nicotine liquids 4
- They are easier to get 5
- They look better 6
- Easier to carry 7
- Easier to hide 8
- Because my friends use that type 9
- Other (please tell us) 10

Smoke_20. Do any adults in your household use e-cigarettes? *When we say household, we mean the people that you live with (even if you only live with them for some of the time)*

- Yes 1
- No 2

ASK TO YEAR 11 & 12 ONLY

Smoke_21. Other than the cigarettes and e-cigarettes we have already asked about, have you ever used any of the following? (Select as many answers as you need)

- Heat not burn tobacco products (these heat tobacco electronically rather than burning it, e.g. IQOS, Glo, Ploom) 1
- Oral Nicotine pouches (these contain Nicotine that people put between their upper upper lip and gum and flavoured Nicotine is released, e.g. Nordic Spirit, Lyft & Loop. We do not mean Nicotine patches that are used to help individuals to stop smoking) 2
- None of these 3

ASK IF Smoke_21 = 1 or 2

Smoke_22. If yes, have you used the products in the last week?

- Yes 1
- No 2

ALCOHOL

The following questions are about alcohol.

Alcohol_1. 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 Alcohol_2
- Yes, in the last month 2 → Continue to Alcohol_2
- Yes, in the last year 3 → Continue to Alcohol_2
- Yes, over a year ago 4 → Continue to Alcohol_2
- No, never 5 → Continue to Alcohol_9

Alcohol_2. What age were you when you had your first alcoholic drink?

AGE _____

Alcohol_2a. How did you get the alcoholic drink the last time you drank? (Select one answer 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 tell us _____ 11

Alcohol_3. 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). (Select one answer 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

Alcohol_4. Have you ever had so much alcohol that you were drunk?

- No, never 1 → Go to Alcohol_6
- Yes, once 2 → Continue to Alcohol_5
- Yes, 2 - 3 times 3 → Continue to Alcohol_5
- Yes, 4 - 10 times 4 → Continue to Alcohol_5
- Yes, more than 10 times 5 → Continue to Alcohol_5

Alcohol_5. 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

Alcohol_6. Have you deliberately tried to get drunk in the last month?

- Yes 1
- No 2

Alcohol_7. Have you ever bought alcohol yourself?

(Select as many answers as you need)

- No 1
- Yes, from a pub/club 2
- Yes, from an off-licence 3
- Yes, from a shop/supermarket 4
- Yes, from a website/online/internet 5

As a result of drinking alcohol have you ever...?

Alcohol_8...	No 1	Once 2	More than once 3
...8a. Had an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8b. Had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8c. Ended up in a situation where you felt threatened/unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8d. Had to be seen by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8e. Been sick (vomited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8f. Been in trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8g. Been in trouble with parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8h. Been in trouble with local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8i. Been in trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8j. Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...8k. Done something you later regretted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Alcohol_9. 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 ...?
(Select as many answers as you need)**

- At school 1 → Go to Alcohol_10
- At a youth facility (i.e. Youth club, Community centre etc) 2 → Continue to Alcohol_10
- Somewhere else 3 → Continue to Alcohol_10
- None of these 4 → Continue to Alcohol_11

Alcohol_10. Has the education you received made you less inclined to drink alcohol?

- Yes 1
- No 2

Alcohol_11. Do any adults in your household drink alcohol? *When we say household, we mean the people that you live with (even if you only live with them for some of the time)*

- Yes 1 → Go to Alcohol_12
- No 2 → Go to next section

Alcohol_12. Do the adults drink alcohol while at home?

- Yes 1
- No 2

SOLVENTS & DRUGS

The next questions are about drugs and solvents.

Have you ever been offered any of the following drugs?

Drugs_1...	Yes 1	No 2
1a. Solvents (things that people inhale or sniff to get high like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint stripper)	<input type="checkbox"/>	<input type="checkbox"/>
1b. Cannabis (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin, Pollen)	<input type="checkbox"/>	<input type="checkbox"/>
1c. Speed (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts)	<input type="checkbox"/>	<input type="checkbox"/>
1d. LSD (Acid, Tabs, Trips, Microdots, Cid)	<input type="checkbox"/>	<input type="checkbox"/>
1e. Ecstasy ('E', Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes, Molly, Bangers)	<input type="checkbox"/>	<input type="checkbox"/>
1f. Poppers (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room)	<input type="checkbox"/>	<input type="checkbox"/>
1g. Tranquilisers (Downers, Benzos, Valium, Barbiturates, Blues, Yellows, Temazies, Jellies, Tranx, Temazepam, Xanax, Xannies, Etizolam)	<input type="checkbox"/>	<input type="checkbox"/>
1h. Heroin (Smack, Skag, 'H', Gear, Junk, Brown, Horse)	<input type="checkbox"/>	<input type="checkbox"/>
1i. Magic Mushrooms (Psilocybin, Mushies, Shrooms, Liberty Caps, Truffles)	<input type="checkbox"/>	<input type="checkbox"/>
1j. Crack (Rock, Sand, Stone, Pebbles, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>
1k. Cocaine (Coke, Charlie, Snow, Nose Candy, Blow)	<input type="checkbox"/>	<input type="checkbox"/>
1l. Anabolic Steroids (Juice, Roids, Stackers)	<input type="checkbox"/>	<input type="checkbox"/>
1m. Mephedrone/ Methedrone (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow miaow, meow meow)	<input type="checkbox"/>	<input type="checkbox"/>
1n. New Psychoactive Substances (sometimes referred to as legal highs, Magic, Snuff, Salvia, Party Pills, Stimulants, Bath salts)	<input type="checkbox"/>	<input type="checkbox"/>
1o. Ketamine (K, Ket, Special K, Horsey)	<input type="checkbox"/>	<input type="checkbox"/>
1p. Synthetic Cannabis (synthetic cannabinoids, spice, black mamba, clockwork orange)	<input type="checkbox"/>	<input type="checkbox"/>
1q. Gabapentanoids (Pregabalin, Gabapentin, Lyrica, Buds)	<input type="checkbox"/>	<input type="checkbox"/>
1r. Nitrous Oxide (laughing gas, Nitrous, NOS, Noz, N2O, Whippets, Balloons, Hippy crack, Chargers, Nangs, Buzz bombs)	<input type="checkbox"/>	<input type="checkbox"/>

(If you answered Yes to any of the Drugs/solvents listed in the previous question, please continue to Drugs_2, otherwise go to Drugs_3)

Drugs_2. What age were you the first time you were offered drugs?

AGE _____ → Continue to Drugs_3

Drugs_3. Have you ever used or taken any of the drugs listed above (even if only once)?

Yes 1 → Continue to Drugs_4

No 2 → Go to Question Drugs_12

When was the last time you ever used or took any of the following?

Drugs_4...	In the last week 1	In the last month 2	In the last year 3	Over a year ago 4	No, never 5
...4a. Solvents (things that people inhale or sniff to get high like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint-stripper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4b. Cannabis (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin, Pollen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4c. Speed (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4d. LSD (Acid, Tabs, Trips, Microdots, Cid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4e. Ecstasy ('E', Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes, Molly, Bangers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4f. Poppers (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4g. Tranquillisers (Downers, Benzos, Valium, Barbiturates, Blues, Yellows, Temazies, Jellies, Tranx, Temazepam, Xanax, Xannies, Etizolam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4h. Heroin (Smack, Skag, H, Gear, Junk, Brown, Horse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4i. Magic Mushrooms (Psilocybin, Mushies, Shrooms, Liberty Truffles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4j. Crack (Rock, Sand, Stone, Pebbles, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4k. Cocaine (Coke, Charlie, Snow, Nose candy, Blow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4l. Anabolic Steroids (Juice, Roids, Stackers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4m. Mephedrone/Methedrone (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow miaow, meow meow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4n. New Psychoactive Substances (sometimes referred to as legal highs, Magic, Snuff, Salvia, Party Pills, Stimulants, Bath salts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4o. Ketamine (K, Ket, Special K, Horsey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4p. Synthetic Cannabis (synthetic cannabinoids, spice, black mamba, clockwork orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4q. Gabapentanoids (Pregabalin, Gabapentin, Lyrica, Buds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...4r. Nitrous Oxide (laughing gas, Nitrous, NOS, Noz, N2O, Whippets, Balloons, Hippy crack, Chargers, Nangs, Buzz bombs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs_5. How often do you usually take drugs?

- I have only taken drugs once 1
- I used to take drugs sometimes but I don't take them anymore 2
- I take drugs a few times a year 3
- I take drugs once or twice a month 4
- I take drugs at least once a week 5
- I take drugs most days 6

Drugs_6. The last time you used drugs, were you also drinking alcohol?

Yes 1

No 2

Drugs_7. The last time you used drugs, did you use more than one type of drug?

Yes 1

No 2

Drugs_8. Who were you with the last time you took drugs?

(Select as many answers as you need)

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

Drugs_9. Where were you the last time you took drugs?

(Select one answer 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

As a result of taking drugs have you ever...?

Drugs_10...	No 1	Once 2	More than once 3
...10a. Had an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10b. Had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10c. Ended up in a situation where you felt threatened/unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10d. Had to be seen by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10e. Been sick (vomited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10f. Been in trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10g. Been in trouble with parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10h. Been in trouble with local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10i. Been in trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10j. Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...10k. Done something you later regretted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs_11. Have you ever felt that you needed to get help or treatment because you were using drugs?

- Yes 1
 No 2

Drugs_12. If you felt that you needed to get help because you were using drugs, who/where would you go to?

- School teacher/other member of school support staff 1
 Parent 2
 Friend 3
 Youth Leader 4
 Faith/religious leader 5
 GP (family doctor or practice nurse) 6
 FRANK Helpline 7
 Drug service (a community or health service that provides support or treatment) 8
 Online, internet 9
 Somewhere else 10
 I wouldn't know where to go 11

Drugs_13. 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 ...?
(Select as many answers as you need)

- At school 1 → Go to Drugs_14
- At a youth facility (ie: Youth club, Community centre etc) 2 → Go to Drugs_14
- Somewhere else 3 → Go to Drugs_14
- None of these 4 → Go to Drugs_15

Drugs_14. Has the education you received made you less inclined to take drugs or solvents?

- Yes 1
- No 2

Drugs_15. Do any adults in your household take drugs? When we say household, we mean the people that you live with (even if you only live with them for some of the time)

- Yes 1 → Go to Drugs_16
- No 2 → Go to Drugs_17

Drugs_16. Do the adults take drugs while at home?

- Yes 1
- No 2

Do you think it is ok for someone your age to do the following?

Drugs_17...	It's ok 1	It's not ok 2
...17a. Smoke cigarettes once a week	<input type="checkbox"/>	<input type="checkbox"/>
...17b. Drink alcohol once a week	<input type="checkbox"/>	<input type="checkbox"/>
...17c. Get drunk once a week	<input type="checkbox"/>	<input type="checkbox"/>
...17d. Sniff glue once a week	<input type="checkbox"/>	<input type="checkbox"/>
...17e. Take cannabis once a week	<input type="checkbox"/>	<input type="checkbox"/>
...17f. Take cocaine once a week	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL SAFETY

The following questions are about personal safety.

PersonalSafety_1. How safe do you feel in the area in which you live?

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

PersonalSafety_2. Which of the following, if any, do you think is a problem in the area in which you live? (Select as many answers as you need)

- People using or dealing in drugs 1
- Vandalism, graffiti or deliberate damage to property 2
- People being rowdy or drunk in public places 3
- Mobile phone theft 4
- People buying or selling goods that are stolen or not genuine 5
- People being insulted, pestered or intimidated in the street 6
- People being threatened by paramilitaries (Paramilitaries are illegal armed groups who operate in communities in Northern Ireland and who may use violence to achieve their aims) 7
- People carrying knives in the street or at school 8
- People rioting/confronting police 9
- None of these 10

In relation to your own personal safety, are you worried about any of the following happening to you?

PersonalSafety_3...	Yes 1	No 2
...3a. Being bullied	<input type="checkbox"/>	<input type="checkbox"/>
...3b. Being sexually abused	<input type="checkbox"/>	<input type="checkbox"/>
...3c. Being physically hurt (e.g. being kicked, slapped, punched, pushed, hit with a weapon)	<input type="checkbox"/>	<input type="checkbox"/>
...3d. Being threatened by paramilitaries (Paramilitaries are illegal armed groups who operate in communities in Northern Ireland and who may use violence to achieve their aims).	<input type="checkbox"/>	<input type="checkbox"/>
...3e. Being harassed/bullied/abused via the internet	<input type="checkbox"/>	<input type="checkbox"/>
...3f. Being bullied/harassed via texts/videos/images or calls to your mobile	<input type="checkbox"/>	<input type="checkbox"/>
...3g. Having things stolen from you including anything you are carrying/wearing (e.g. mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
...3h. Having your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>

PersonalSafety_4. In the last 12 months, has anyone bullied you in a way that frightened or upset you?

- Yes 1 → Go to PersonalSafety_4a
- No 2 → Go to PersonalSafety_5

PersonalSafety_4a. Do you think the person or people who bullied you did this because of any of the following?

(Select as many answers as you need)

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long-term illness or disability you may have 3
- Other (please tell us) 4
- None of these 5

PersonalSafety_5. In the last 12 months has anyone done any of the following things ON PURPOSE because they wanted to hurt you, even if you were not injured?

(Select as many answers as you need)

- Kicked you 1
- Hit/slapped/punched you 2
- Pushed or shoved you 3
- Used or hit you with a weapon 4
- Been physically violent towards you in some other way 5
- None of these 6 → Go to PersonalSafety_6

PersonalSafety_5a. Do you think the person or people who wanted to hurt you did this because of any of the following?

(Select as many answers as you need)

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long-term illness or disability you may have 3
- Other (please tell us) 4
- None of these 5

PersonalSafety_6. In the last 12 months have you been the victim of sexual abuse?

- Yes 1 → Go to PersonalSafety_6a
- No 2 → Go to PersonalSafety_7

**PersonalSafety_6a. Do you think the person or people who abused you did this because of any of the following?
(Select as many answers as you need)**

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long-term illness or disability you may have 3
- Other (please tell us) 4
- None of these 5

PersonalSafety_7. In the last 12 months have you been threatened by paramilitaries? (They may have threatened to hurt you OR they may have threatened to use a weapon OR threatened you with a weapon)? Paramilitaries are illegal armed groups who operate in communities in Northern Ireland and who may use violence to achieve their aims.

- Yes 1 → Go to PersonalSafety_7a
- No 2 → Go to PersonalSafety_8

**PersonalSafety_7a. Do you think the person or people who threatened you did this because of any of the following?
(Select as many answers as you need)**

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long-term illness or disability you may have 3
- Other (please tell us) 4
- None of these 5

PersonalSafety_8. In the last 12 months has anyone stolen or taken something that belonged to you without your permission, even if you got it back later?

- Yes 1 → Go to PersonalSafety_8a
- No 2 → Go to PersonalSafety_9

**PersonalSafety_8a. Do you think the person or people who stole from you did this because of any of the following?
(Select as many answers as you need)**

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long-term illness or disability you may have 3
- Other (please tell us) 4
- None of these 5

PersonalSafety_9. In the last 12 months has anyone broken, damaged or ruined anything that belonged to you ON PURPOSE?

- Yes 1 → Go to PersonalSafety_9a
- No 2 → Go to PersonalSafety_10

**PersonalSafety_9a. Do you think the person or people who damaged your belongings did this because of any of the following?
(Select as many answers as you need)**

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long-term illness or disability you may have 3
- Other (please tell us) 4
- None of these 5

PersonalSafety_10. In the last 12 months, have any of these things happened to you while using the internet/your smartphone? (Select as many answers as you need)

- A Computer Virus 1
- Loss of money 2
- Unauthorised access to/use of personal data (e.g. e-mail, Facebook) 3
- Upsetting images 4
- Abusive/threatening behaviour 5
- None of these 6
- Don't use the internet/ Smartphone 7

**PersonalSafety_10a. Do you think any of these things happened to you because of any of the following?
(Select as many answers as you need)**

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long-term illness or disability you may have 3
- Other (please tell us) 4
- None of these 5

PersonalSafety_11. Have you experienced cyber bullying in the last 12 months? For example has anyone sent you unwanted and nasty emails, texts or messages or posted something nasty about you on a website?

- Yes 1 → Go to PersonalSafety_11a
- No 2 → Go to PersonalSafety_12
- Don't want to answer 3 → Go to PersonalSafety_12

PersonalSafety_11a. Do you think the person or people who bullied you did this because of any of the following?

(Select as many answers as you need)

- Your skin colour or racial background 1
- Your religious background (for example Christian, Muslim, Jewish, Hindu) 2
- A long term illness or disability you may have 3
- Other (please tell us) 4
- None of these 5

ATTITUDES TOWARDS THE POLICE

PersonalSafety_12. Which of the following best describes your opinion of the police in your area?

- When I think of the police, I think of them in a good way 1
- When I think of the police, I think of them in a bad way 2
- I don't really have an opinion of the police 3

PersonalSafety_13. Would you feel comfortable contacting or asking the police for help if you needed it?

- Yes 1
- No 2

PARAMILITARISM

PersonalSafety_14. Do you believe there are paramilitary groups operating in the area in which you live? Paramilitaries are illegal armed groups who operate in communities in Northern Ireland and who may use violence to achieve their aims.

- Yes 1 → Go to PersonalSafety_15
- No 2 → Go to next section
- I don't know what a paramilitary group is 3 → Go to next section

Do you agree or disagree with the following statements?

PersonalSafety_15...	Agree 1	Disagree 2
15a. Paramilitary groups have a controlling influence in my area	<input type="checkbox"/>	<input type="checkbox"/>
15b. Paramilitary groups help keep my area safe	<input type="checkbox"/>	<input type="checkbox"/>
15c. Paramilitary groups contribute to crime, drug-dealing and anti-social behaviour in my area	<input type="checkbox"/>	<input type="checkbox"/>
15d. Young people are being influenced too much by paramilitary groups in my area	<input type="checkbox"/>	<input type="checkbox"/>

NUTRITION

The following questions are about Nutrition.

How often do you ...

Nutrition_1...	More than once a day	Once a day	Most days	Once or twice a week	Less often or never
	1	2	3	4	5
1a. Eat sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or KitKat).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Eat buns, cakes or pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Drink fizzy drinks or squashes that contain sugar (e.g. Coca Cola, Ribena, Club Orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Drink diet drinks (e.g. Diet Coke, Sprite Zero)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Drink energy drinks (e.g. red bull)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Eat crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Eat chips or other fried potatoes (e.g. roast potatoes wedges, waffles, shapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Eat boiled or baked potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Eat other fried foods like sausages, eggs, bacon, fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Eat Meat products (e.g. sausage rolls, burgers, hot-dogs, pies, chicken nuggets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1k. Eat meat and meat dishes (e.g. Bolognese, curry, roast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1l. Eat fish not fried (e.g. tinned tuna, salmon, baked fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1m. Eat beans and pulses (e.g. baked beans, kidney beans, lentils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1n. Eat fruit (including fresh, tinned, dried, pure fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1o. Eat vegetables and salads (not including potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1p. Eat bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1q. Eat rice or pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1r. Drink milk or have milk on cereals, eat cheese or yoghurt or have milk puddings (e.g. rice, custard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- | | |
|-------------|----------------------------|
| 1 a day | <input type="checkbox"/> 1 |
| 2 a day | <input type="checkbox"/> 2 |
| 3 a day | <input type="checkbox"/> 3 |
| 4 a day | <input type="checkbox"/> 4 |
| 5 a day | <input type="checkbox"/> 5 |
| More than 5 | <input type="checkbox"/> 6 |
| None | <input type="checkbox"/> 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?
(Select one answer only)

- | | |
|-------------|----------------------------|
| 1 a day | <input type="checkbox"/> 1 |
| 2 a day | <input type="checkbox"/> 2 |
| 3 a day | <input type="checkbox"/> 3 |
| 4 a day | <input type="checkbox"/> 4 |
| 5 a day | <input type="checkbox"/> 5 |
| More than 5 | <input type="checkbox"/> 6 |
| None | <input type="checkbox"/> 7 |

Nutrition_4. Do you think your body size is

- | | |
|------------------------|----------------------------|
| Much too thin | <input type="checkbox"/> 1 |
| A bit too thin | <input type="checkbox"/> 2 |
| About the right size | <input type="checkbox"/> 3 |
| A bit too fat | <input type="checkbox"/> 4 |
| Much too fat | <input type="checkbox"/> 5 |
| I don't think about it | <input type="checkbox"/> 6 |

MORE ABOUT YOUR HEALTH

The following questions are about your health.

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

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

Sports_18...	None 1	Less than 10 hours 2	10-20 hours 3	More than 20 hours 4
...18a. Watching TV, videos, DVDs (including streamed content such as Netflix, YouTube, etc.)?				
...18b. Playing computer or console games (e.g. Playstation, Xbox, Nintendo Switch, DS, etc.)?				
...18c. Doing school homework?				