

THE HEALTH-RELATED BEHAVIOUR QUESTIONNAIRE

Version Cam2016s



The purpose of this questionnaire is to gain information that will help us as a school to provide a programme of health education that is right for you. The information will also help health authorities in planning health care for young people.

These questionnaires are confidential and will not be read by anyone connected with your school. All the analysis is carried out at Exeter.

- 1) **Do NOT write your name on any page**
- 2) **Please answer all questions honestly.**
- 3) **The questionnaire is not a test and you can ask for help whenever you need it.**
- 4) **If there are any questions you do not want to answer you may leave them out.**
- 5) **Your teacher or supervisor will advise you on questions A to D**

Do NOT write in the grey boxes

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Answer these questions in the box first.

A How old are you?

Please write in the box



years

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B Which school year are you in?

Please tick one answer ✓

7 8 9 10 11 12 13

C Which of the following most nearly describes you?

Please tick the nearest answer ✓

White

- White British..... 01
- White Irish..... 02
- White Traveller – Irish heritage..... 03
- White Roma or Gypsy..... 04
- Any other White background *..... 05

Asian or Asian British

- Indian..... 11
- Pakistani..... 12
- Bangladeshi..... 13
- Any other Asian background *..... 14

Mixed

- White and Black Caribbean..... 06
- White and Black African..... 07
- White and Asian..... 08
- Any other mixed background *..... 09

Black or Black British

- Black Caribbean..... 15
- Black African..... 16
- Any other Black background *..... 17
- Any other background *..... 18

Chinese

- 10

Don't know/Don't want to say

- Don't know..... 19
- Don't want to say..... 20

* Please describe in the box



D What is your home postcode?

Please write in the boxes



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Please note that this is just to help the computer draw maps showing differences between areas – no-one in your school or anywhere else in Cambridgeshire will find your house or find out your answers

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Healthy Eating

1 What did you eat or drink before lessons this morning?

You may tick MORE than one answer ✓✓

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| Nothing to eat or drink..... | <input type="checkbox"/> | Yoghurt..... | <input type="checkbox"/> |
| Something to drink..... | <input type="checkbox"/> | Fruit..... | <input type="checkbox"/> |
| Toast or bread..... | <input type="checkbox"/> | Breakfast bar..... | <input type="checkbox"/> |
| Cereal (e.g. porridge/Readybrek)... | <input type="checkbox"/> | Crisp-type snack..... | <input type="checkbox"/> |
| | | Chocolate bar, sweets, biscuits ... | <input type="checkbox"/> |
| Cooked breakfast (please tick then describe in the box below) | | | <input type="checkbox"/> |
| Other (please tick then describe in the box below) | | | <input type="checkbox"/> |

2 How many hours sleep did you get last night?

Please choose the nearest answer ✓

- | | | |
|--------------------------|---|--------------------------|
| Less than 8 hours | 0 | <input type="checkbox"/> |
| 8-10 hours | 1 | <input type="checkbox"/> |
| 10-12 hours | 2 | <input type="checkbox"/> |
| More than 12 hours | 3 | <input type="checkbox"/> |
| Not sure | 4 | <input type="checkbox"/> |

3 Which statement describes you best?

Please tick one answer ✓

- | | | |
|--|---|--------------------------|
| I would like to put on weight | 0 | <input type="checkbox"/> |
| I would like to lose weight | 1 | <input type="checkbox"/> |
| I am happy with my weight as it is | 2 | <input type="checkbox"/> |

4 Do you get free school meals or vouchers for free meals?

Please tick one answer ✓

- | | | |
|----------------|---|--------------------------|
| No | 0 | <input type="checkbox"/> |
| Not sure | 1 | <input type="checkbox"/> |
| Yes | 2 | <input type="checkbox"/> |

5 What did you do for lunch yesterday?

Please choose the nearest answer ✓

- | | | |
|-------------------------------|---|--------------------------|
| School lunch/dinner..... | 0 | <input type="checkbox"/> |
| Ate a packed lunch..... | 1 | <input type="checkbox"/> |
| Bought lunch from a shop..... | 2 | <input type="checkbox"/> |
| Went home for lunch..... | 3 | <input type="checkbox"/> |
| Did not have any lunch..... | 4 | <input type="checkbox"/> |

6 How often do you have these to eat or drink?

Tick one answer ✓ on each line

	Once a week or less	2-3 days a week	On most days
Any meat	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Any fish /fish fingers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Any dairy produce (e.g. cheese, milk, yoghurt)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Vegetarian main meal *	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Any 'brown' bread (wholemeal/granary)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Chips or roast potatoes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Rice or pasta.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Cereals or muesli	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Fruit and vegetables.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Crisps	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Sweets, chocolate, choc bars	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Low-calorie drinks (e.g. diet coke)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Fizzy drinks (not low-calorie)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Water	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Milk	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

* This includes vegetarian sausages/burgers or ready meals, vegetarian protein like Tofu or Quorn, and beans in a vegetarian meal like curry or chilli

7 How many portions* of fruit and vegetables did you eat yesterday?

Please tick one answer ✓. If more than 8, tick 8.

None

1 2 3 4

5 6 7 8

★1

*** A portion is about a handful.**

To help you decide, all of these examples count as ONE portion:

ONE portion = 80g = any of these...

1 apple, banana, pear, orange or other similar sized fruit

3 heaped tablespoons of vegetables (raw, cooked, frozen or tinned)

1 cupful of grapes, cherries or berries

1 smoothie (smoothies count as up to a maximum of two portions per day)

a glass (150ml) of fruit juice (fruit juices count as a maximum of one portion a day)

a small bowl of salad

N.B. Potatoes don't count when thinking about 5-a-day

Physical activity

8 How physically fit do you think you are?

Please tick one answer ✓

- Very unfit 0
- Unfit 1
- Moderately fit 2
- Fit 3
- Very fit 4

9 How many days last week did you exercise and have to breathe harder and faster?

Please tick one answer ✓

- Never 0
- Once 1
- Twice 2
- Three times or more 3

10 Does anything stop you from doing as much sport or exercise as you would like?

You may tick MORE than one answer ✓✓

- I don't have enough time
- I don't know what to do
- I know what I want to do but I don't know where to go
- I don't like the places you go to
- Places to exercise are too far away
- My parents won't let me go
- I don't like the people who go there
- I am shy in front of other people/ worried about being seen
- I don't like to try new things
- Other (please tick
- then write in the box)

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Smoking and vaping

11 Have you ever tried vaping or smoking?

Vaping - includes using an electronic cigarette, e-cig, shisha pen, hookah pen.

Smoking - includes roll-ups & ready-made cigarettes.

Please tick one answer and follow the instructions:

- Both 0 carry on to Question 12 →
- Smoking 1 → skip to Question 13
- Vaping 2 → skip to Question 15
- Neither 3 → skip to Question 20

12 Smoking and vaping: Which did you try first?

Please tick one answer ✓

- Vaping 0
- Smoking 1
- I tried smoking and vaping at about the same time 2
- I don't remember 3



13 Smoking: Which statement describes you best?

Please tick one answer ✓

- I have tried smoking once or twice 1
- I used to smoke, but I don't now 2
- I smoke occasionally (less than 1 cigarette a week) 3
- I smoke regularly but would like to give it up 4
- I smoke regularly and don't want to give it up 5

14 How many cigarettes have you smoked during the last 7 days?

Please tick one answer ✓

- None 0
- 1-5 cigarettes 1
- 6-10 2
- 11-20 3
- 21-30 4
- 31-40 5
- 41-60 6
- 61 cigarettes or more 7



15 Vaping: Which statement describes you best?

Please tick one answer ✓

- I have never tried vaping 0 → skip to Question 20
- I have tried vaping once or twice 1
- I used to vape, but I don't now 2
- I vape occasionally (less than once a week) 3
- I vape regularly but would like to give it up 4
- I vape regularly and don't want to give it up 5

carry on to Question 16 →

16 Did you start vaping to help you give up smoking?

Please tick one answer ✓

- Yes 0
- No..... 1
- I started vaping for another reason (please tick then describe below) 2

17 If you have smoked/vaped recently, how did you get your last cigarettes/vaping device?

Please tick one answer ✓ and follow the instructions

- I bought them 0 Go on to the next question →
- Someone bought them for me with my money 1
- Someone gave them to me 2 → Skip to Q20
- I took them or stole them 3

18 If you have bought cigarettes/vaping device recently, where did you last buy them from? Please tick all that apply ✓✓

- | | |
|---|--|
| Supermarket <input type="checkbox"/> | Bought by parents/carers or other family member <input type="checkbox"/> |
| Garage <input type="checkbox"/> | Bought by friends <input type="checkbox"/> |
| Corner shop or other shop <input type="checkbox"/> | Electronic cigarette/vape shop/stand <input type="checkbox"/> |
| Pub or bar <input type="checkbox"/> | |
| Other source (please tick then describe below) <input type="checkbox"/> | |

19 If you have bought cigarettes recently what price did you pay?

Please tick one answer ✓

- Standard price: £8-£10 per 20 packet/per 25g pouch..... 0
- Cheap price: £3.50 -£5.00 per 20 packet/per 25g pouch 1



20 Do any of these people smoke on most days?

Tick one answer ✓ on each line

	No	Yes	Not applicable
Parent/carers, other adult at home	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Brother or sister	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Friend	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Alcohol

21 Have you had any alcohol in the last 7 days?

Please tick one answer ✓ Do not include canned shandy

Yes 1

No 0

If NO, tick the box then go to Question 26 →

22 On which days did you drink alcohol, in the last 7 days?

You can tick more than one day. Do not include canned shandy

NONE..... <input type="checkbox"/>	Wednesday <input type="checkbox"/>
Sunday..... <input type="checkbox"/>	Thursday..... <input type="checkbox"/>
Monday..... <input type="checkbox"/>	Friday <input type="checkbox"/>
Tuesday <input type="checkbox"/>	Saturday <input type="checkbox"/>

23 During the last 7 days, how much of the following alcoholic drinks did you drink, if any?

Assume that one small can = half a large can

Please write how many on the dotted lines

I drank large cans/pints of beer or lager

I drank large cans/pints of cider/perry

I drank cans/bottles of 'alcopops' /pre-mixed drinks e.g. Bacardi Breezer

I drank glasses of wine/champagne

I drank glasses of Martini, Cinzano, sherry, etc.

I drank measures or shots of spirits (gin, whisky, vodka, rum, etc.)

I drank of something else (please write)

Do NOT write in the boxes

▼63

24 Have YOU obtained alcoholic drink in any of these ways during the last 7 days? Please tick one answer ✓ and follow the instructions

I bought it 0

Someone bought it for me with my money 1

Someone gave it to me 2

I took it or stole it 3

} Go on to the next question →

} → Skip to Q26

25 Have YOU bought alcoholic drink from any of these during the last 7 days?

You may tick MORE than one answer ✓✓ Do not include canned shandy

Supermarket.....

Another shop (e.g. off-licence, corner shop).....

Pub or bar

Disco or club.....

From a friend

From someone who gets it cheap abroad

From a young person who sells it to make money

Somewhere else ★2

Drugs



26 What do you KNOW about these drugs?
(This list gives their real names and some street names)

Tick one answer ✓ on each line

Please choose the nearest answer

	I have never heard of the drug	Heard of it, but don't know much about it	I think it is safe if used properly	I think it is always unsafe
Amphetamines (e.g. speed, sulphates, sulph, whizz, uppers) ...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Benzodiazepine (e.g. Benzos)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Cannabis resin, leaf or oil (e.g. hash, grass, pot, blow, dope, skunk)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Ecstasy (e.g. MDMA, XTC, E, Doves)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Cocaine (e.g. snow, charlie)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Crack (e.g. rock)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Natural hallucinogens (e.g. magic mushrooms)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Artificial hallucinogens (e.g. acid, angel dust, LSD)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Heroin (e.g. H, junk, skag, smack, brown)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Ketamine (e.g. ket, K, Special K)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Crystal meth (e.g. meth, crank, tina, ice)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Opiates (e.g. methadone, morphine, pethidine)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Barbiturates (e.g. downers, barbies, sleepers)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Poppers (e.g. Liquid Gold, Rush, TNT)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Solvents used as drugs (e.g. glue, gas refills, aerosols, cleaning fluid)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Muscle-building steroids	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tranquillisers (e.g. Librium, Valium, Temazepam, Prozac)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Mephedrone (meow meow, plant food, Mcat)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Synthetic cannabinoids (e.g. Spice)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other new psychoactive (mind-altering) substances	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other drugs to get high (Please tick then describe below)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

▼22

27 Do you know anyone personally who you think takes any of the drugs in Q26?

Tick one answer ✓ on each line

Please choose the nearest answer

	No	Not sure	Fairly sure	Certain
Parent/carer, other adult at home	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Brother or sister	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Friend	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

28 Have you ever been offered any of these drugs?

You may tick MORE than one answer ✓✓

- | | | | |
|--|--------------------------|---|--------------------------|
| Amphetamines (e.g. speed, sulphates, sulph, whizz, uppers) | <input type="checkbox"/> | Crystal meth (e.g. meth, crank, tina, ice) | <input type="checkbox"/> |
| Benzodiazepine (e.g. Benzos) | <input type="checkbox"/> | Opiates (e.g. methadone, morphine, pethidine) | <input type="checkbox"/> |
| Cannabis resin, leaf or oil (e.g. hash, grass, pot, blow, dope, skunk) | <input type="checkbox"/> | Barbiturates (e.g. downers, barbies, sleepers) | <input type="checkbox"/> |
| Ecstasy (e.g. MDMA, XTC, E, Doves) | <input type="checkbox"/> | Poppers (e.g. Liquid Gold, Rush, TNT) | <input type="checkbox"/> |
| Cocaine (e.g. snow, charlie) | <input type="checkbox"/> | Solvents used as drugs (e.g. glue, gas refills, aerosols, cleaning fluid) | <input type="checkbox"/> |
| Crack (e.g. rock) | <input type="checkbox"/> | Muscle-building steroids | <input type="checkbox"/> |
| Natural hallucinogens (e.g. magic mushrooms) .. | <input type="checkbox"/> | Tranquillisers (e.g. Librium, Valium, Temazepam, Prozac) | <input type="checkbox"/> |
| Artificial hallucinogens (e.g. acid, angel dust, LSD)..... | <input type="checkbox"/> | Mephedrone (meow meow, plant food, Mcat) | <input type="checkbox"/> |
| Heroin (e.g. H, junk, skag, smack, brown) | <input type="checkbox"/> | Synthetic cannabinoids (e.g. Spice) | <input type="checkbox"/> |
| Ketamine (e.g. ket, K, Special K) | <input type="checkbox"/> | Other new psychoactive (mind-altering) substances | <input type="checkbox"/> |
| Other drugs to get high (Please tick then describe below) | <input type="checkbox"/> | | |

★3

29 Have you ever taken any of the drugs listed in Question 28?

Please tick one answer ✓

Yes 1
 No 0

If NO, tick the box then go to Question 31 →

30 This question is about your EXPERIENCE of these drugs (not prescribed by a doctor)

Tick one answer ✓ on each line

Please choose the nearest answer

	I have never taken this drug	I have taken during the last month	I have taken during the last year	I took this more than a year ago
Amphetamines (e.g. speed, sulphates, sulph, whizz, uppers) ...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Benzodiazepine (e.g. Benzos)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Cannabis resin, leaf or oil (e.g. hash, grass, pot, blow, dope, skunk)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Ecstasy (e.g. MDMA, XTC, E, Doves)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Cocaine (e.g. snow, charlie)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Crack (e.g. rock)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Natural hallucinogens (e.g. magic mushrooms)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Artificial hallucinogens (e.g. acid, angel dust, LSD)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Heroin (e.g. H, junk, skag, smack, brown)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Ketamine (e.g. ket, K, Special K)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Crystal meth (e.g. meth, crank, tina, ice)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Opiates (e.g. methadone, morphine, pethidine)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Barbiturates (e.g. downers, barbies, sleepers)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Poppers (e.g. Liquid Gold, Rush, TNT)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Solvents used as drugs (e.g. glue, gas refills, aerosols, cleaning fluid)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Muscle-building steroids	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tranquillisers (e.g. Librium, Valium, Temazepam, Prozac)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Mephedrone (meow meow, plant food, Mcat)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Synthetic cannabinoids (e.g. Spice)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other new psychoactive (mind-altering) substances	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other drugs to get high (Please tick then describe below)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Emotional health and wellbeing

→31 How much do you agree or disagree with these statements?

Tick one answer ✓ on each line

	Disagree	Not sure	Agree
“I am in charge of my health.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“If I keep healthy, I’ve just been lucky.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“If I take care of myself I’ll stay healthy.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“Even if I look after myself I can still easily fall ill.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

32 How much do you worry about any of the following list?

Tick one answer ✓ on each line

	Never	Hardly ever	A little	Quite a lot	A lot
School-work/exams/tests	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your health.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your career	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Relationships with friends	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Relationships between parents/carers in your family	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Relationships between children and parents/carers in your family	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Relationships with boyfriends/girlfriends	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The way you look	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
HIV/AIDS	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Puberty and growing up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Thinking you are gay, lesbian or bisexual	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Crime	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Being bullied.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

▼41

33 How much do you agree or disagree with these statements?

Tick one answer ✓ on each line

	Disagree	Not sure	Agree
“I feel happy talking to other pupils at school.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“There are lots of things about myself that I would like to change.” ..	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“When I have something to say in front of teachers in class, I usually feel uneasy.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“I often fall out with other pupils at school.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“I often feel lonely at school.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“I think other pupils usually say nasty things about me.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“When I want to tell a teacher something I usually feel shy.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“I often have to find new friends because my old ones are with somebody else.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“I usually feel foolish when I have to talk to my parents/carers.”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
“I feel optimistic about my future”	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

34 If something goes wrong...

Tick one answer ✓ on each line

	Never	Sometimes	Usually	Whenever possible
I get upset and feel bad for ages.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I might feel a bit bad but soon forget it.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I'm calm and can carry on	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I learn from it for next time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I might feel something else (please tick and write in the box below)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

35 If at first I don't succeed...

Tick one answer ✓ on each line

	Never	Sometimes	Usually	Whenever possible
I blame someone else	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I keep on trying until I do	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I might have another go.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I give up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I try a different way of doing it.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I ask for help	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I go and do something else	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I just accept that I can't do it	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

★4

Relationships and sexual health

36 Here is a list of sexually transmitted infections.

Please tick the ones you are aware of.

	Heard of it		Heard of it
Genital herpes	<input type="checkbox"/>	Chlamydia.....	<input type="checkbox"/>
Genital warts.....	<input type="checkbox"/>	Pubic lice (crabs).....	<input type="checkbox"/>
Gonorrhoea.....	<input type="checkbox"/>	Syphilis.....	<input type="checkbox"/>
HIV/AIDS.....	<input type="checkbox"/>	None of these.....	<input type="checkbox"/>

37a. Here is a list of methods of contraception (birth control/family planning).

Please tick every method which is NOT reliable to stop pregnancy

	NOT reliable to stop pregnancy		NOT reliable to stop pregnancy
Condoms	<input type="checkbox"/>	Rhythm method.....	<input type="checkbox"/>
Pill (Contraceptive Pill or mini-pill) ...	<input type="checkbox"/>	Long-lasting implant e.g. Implanon	<input type="checkbox"/>
Female condom (Femidom)	<input type="checkbox"/>	Long-lasting injection e.g. Depo-provera	<input type="checkbox"/>
Coil or other IUD.....	<input type="checkbox"/>	None of these	<input type="checkbox"/>

▼17

37b. Please tick all those contraceptive methods listed that are reliable to stop infections like HIV/AIDS.

If you think none of them are reliable please tick NONE

You may tick MORE than one answer ✓✓

- NONE
- Condoms
- Pill (Contraceptive Pill or mini-pill)
- Female condom (Femidom)
- Coil or other IUD.....
- Rhythm method.....
- Long-lasting implant e.g. Implanon
- Long-lasting injection e.g. Depo-provera.....

38 Can you get condoms free of charge from any of these in your local area?

▼34

You may tick MORE than one answer ✓✓

- | | |
|---|--|
| Family planning centre..... <input type="checkbox"/> | Youth Centre / club / worker <input type="checkbox"/> |
| Doctors / Health Centre / Health Clinic..... <input type="checkbox"/> | Friend(s)..... <input type="checkbox"/> |
| Hospital / Sexual Health Clinic <input type="checkbox"/> | School based service..... <input type="checkbox"/> |
| C card or similar scheme..... <input type="checkbox"/> | Somewhere else <input type="checkbox"/> |
| Chemist / pharmacy..... <input type="checkbox"/> | Nowhere/I don't know anywhere <input type="checkbox"/> |

39 Is there a special contraception and advice service for young people available locally?

Please tick one answer ✓

- No 0
- Don't know 1
- Yes 2

40 Thinking now about emergency contraception (sometimes called the morning after pill): How long after unprotected sex could someone take emergency contraception and still expect it to work?

Please choose the nearest answer ✓

- Don't know 0
- Just the following day (24 hours) 1
- Up to 2 days after (48 hours) 2
- Up to 3 days after (72 hours) 3
- Up to 4 days after (96 hours) 4
- Up to 5 days after (120 hours) 5

41 Which of these is your main source of information about sex?

Please tick one answer ✓

- | | | | | | |
|---|----|--------------------------|---|----|--------------------------|
| My parents/carers | 01 | <input type="checkbox"/> | School nurse/doctor..... | 09 | <input type="checkbox"/> |
| School lessons | 02 | <input type="checkbox"/> | Advice centre, e.g. Family Planning Clinic..... | 10 | <input type="checkbox"/> |
| Friends | 03 | <input type="checkbox"/> | TV, films, magazines | 11 | <input type="checkbox"/> |
| Brothers, sisters, other close relations .. | 04 | <input type="checkbox"/> | Telephone texting | 12 | <input type="checkbox"/> |
| Posters, leaflets, reference books | 05 | <input type="checkbox"/> | Mobile Apps..... | 13 | <input type="checkbox"/> |
| Internet | 06 | <input type="checkbox"/> | | | |
| Young people's worker | 07 | <input type="checkbox"/> | | | |
| Telephone helpline..... | 08 | <input type="checkbox"/> | | | |

42 Nationally, we know that most young people under 16 have not had sex (only 28% of under 16s report having sex).

Which of the following best describes you?

For the purposes of this answer, 'sex' includes oral sex.

Please tick one answer ✓

- | | | | |
|---|---|--------------------------|-----------------------------------|
| Never had sex | 0 | <input type="checkbox"/> | } Skip to Question 45 → |
| Currently in a relationship and thinking about having sex | 1 | <input type="checkbox"/> | |
| Had sex in the past..... | 2 | <input type="checkbox"/> | } → Carry on to the next question |
| Currently in a relationship where we have sex | 3 | <input type="checkbox"/> | |

43 If you have had sex, did you use a method of protection or contraception?

Please tick one answer ✓

- | | | |
|-----------------|---|--------------------------|
| Never | 0 | <input type="checkbox"/> |
| Sometimes | 1 | <input type="checkbox"/> |
| Usually | 2 | <input type="checkbox"/> |
| Always | 3 | <input type="checkbox"/> |

44 Have you ever taken risks with sex (e.g. not used a condom) after drinking alcohol or drug use?

Please tick one answer ✓

- | | | |
|----------------|---|--------------------------|
| No | 0 | <input type="checkbox"/> |
| Not sure | 1 | <input type="checkbox"/> |
| Yes | 2 | <input type="checkbox"/> |

→

45 Have you ever gone further than you would like after drinking alcohol or drug use?

Please tick one answer ✓

- | | | |
|----------------|---|--------------------------|
| No | 0 | <input type="checkbox"/> |
| Not sure | 1 | <input type="checkbox"/> |
| Yes | 2 | <input type="checkbox"/> |

46 In general, how satisfied do you feel with your life at the moment? Please tick one answer ✓

- Not at all 0
- Not much 1
- Not sure 2
- Quite a lot 3
- A lot 4

47 How many adults can you really trust?

- None 0
- One or two 1
- Three to five 2
- Six to ten 3
- Eleven to twenty 4
- More than twenty 5

48 How do you usually feel when meeting people of your own age for the first time?

- Very uneasy 0
- Quite uneasy 1
- A little uneasy 2
- At ease..... 3

Health services

49 How often did you go to the dentist during the past 12 months?

Please tick one answer ✓

- Once 0
- Twice 1
- More than twice..... 2
- I haven't visited the dentist in the past 12 months..... 3
- I have never visited a dentist/received dental care 4
- I can't remember..... 5

Bullying

50 Do you ever feel afraid of going to school because of bullying?

- Never 0
- Sometimes 1
- Often 2
- Very often 3

51 Have you been bullied at or near school in the last 12 months?

- No 0
- Don't know 1
- Yes..... 2

52 Have you been bullied away from school in the last 12 months?

- No 0
- Don't know 1
- Yes..... 2

If NO, tick no and skip to Q54 →
or else go on to the next question

53 Have you been bullied in any of these places in the last 12 months?

You may tick MORE than one answer ✓✓

- At or near home
- On the way to or from school.....
- At the bus or train stop / station
- On a school bus.....
- On a public bus or train.....
- In the park / recreation ground / skate park
- In a shopping centre or amusement arcade.....
- In a café or shop.....
- Somewhere else.....

➔54 How often have any of the following happened to you in the last year?

Please tick one answer on each line ✓

	Rarely or never ▼	Once a month or so ▼	Most weeks ▼	Most days ▼
Been teased/made fun of.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Called nasty names	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been left out or ignored	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Received nasty/threatening phone call or text message	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Nasty or threatening messages on the Internet (email, IM).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Someone posted something hurtful about you on the Internet.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Pushed/hit for no reason	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Had belongings taken/broken	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been threatened for no reason	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been threatened with a weapon.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been threatened for money	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been ganged up on	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been under pressure to do something you don't want to do or don't agree with.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other (please tick an answer then describe in the box)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

If you answered NEVER to ALL of these, please skip to Q56 ➔ else go on to the next question

55 Do you think you are being picked on or bullied for any of the following?

- You may tick MORE than one answer ✓✓
- Your size or weight
 - The way you look
 - The clothes you wear
 - Your colour, ethnicity, religion/beliefs, culture or language.....
 - Sexuality (being straight, gay, lesbian or bisexual).....
 - How you get on in lessons – because you find it easy or difficult to learn
 - Your health or disability
 - Because of someone in your family
 - Because your family is on benefits or not well off
 - Because you don't behave like a typical boy or girl.....
 - Other (please write)

→56 Do you think others may fear going to school because of you?

Please tick one answer ✓

- No 0
- Don't know 1
- Yes..... 2

57 Have you bullied someone else at school in the last 12 months?

Please tick one answer ✓

- No 0
- Don't know 1
- Yes..... 2

58 These questions are about what your school does about bullying. We want to know if your school has or does these things and, if so, do you think they are helpful?

Does your school...?

Tick one answer ✓ on each line

	No	Don't know	Yes, but not helpful	Yes, quite helpful	Yes, very helpful
...Have clear rules about bullying?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
...Have pupils you can talk to about bullying?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
...Have adults you can talk to about bullying?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
...Listen to pupils' views about bullying?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
...Always do something if bullying happens?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
...Have lessons about avoiding / dealing with bullying?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
...Encourage you to report when other people are bullied? ...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
...Have an anti-bullying policy?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
...Share the policy with pupils?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
...Take pupils' views about policy seriously?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

59a Has there been any shouting and arguing between adults at home in the last month that frightened you?

Please tick one answer ✓

- No 0
- Once or twice 1
- Once a week 2
- Every day/almost every day 3

b Has there been any physical aggression (e.g. hitting, punching, slapping) at home in the last month that frightened you?

Please tick one answer ✓

- No 0
- Once or twice 1
- Once a week 2
- Every day/almost every day 3

60 Have any of these things happened to you in a relationship with a boyfriend/girlfriend?

Tick one answer ✓ on each line

	No, never	Yes, in the past	Yes, with my current BF/GF
Used hurtful or threatening language to me	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Was angry or jealous when I wanted to spend time with friends	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
They kept checking my phone	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Put pressure on me to have sex or do other sexual things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Threatened to tell people things about me	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Threatened to hit me	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Hit me	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

61 If any of those things were to happen to you...?

▼22

Tick one answer ✓ on each line

	No	Not sure	Yes
I'd know what to do for myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
I could get some help	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Being online

62 Do you have online access outside school lessons?

No	Not sure	Yes
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

If YES, how many hours did you spend online yesterday?

(Not in school lessons)

Please tick the number of hours.

None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
				X <input type="checkbox"/>

If more than 8, tick 8.

If not sure, please tick X.

63 How much time yesterday did you spend online doing these things (outside lessons)? (Not in school lessons)

Please tick one answer on each line ✓

	No time	Some of the time	A lot of the time	Most or nearly all of the time I was online
	▼	▼	▼	▼
Looking at web pages about my hobbies and interests	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Chatting live	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Accessing information from a young person's website e.g Youthoria.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Looking at other web pages for help and advice	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
School work	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Social networking online	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Updating my blog/webpage	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Playing games online	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other (please tick an answer then describe in the box)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

▼36

64 These questions are about being safe online. Please tick all that apply ✓✓

- Have you ever been told how to stay safe while online?
- If YES, do you always follow the advice you have been given?*
- Have you ever got a message that scared you or made you upset?
- Has anyone posted something online in order to upset you?
- Have you ever looked for new contacts or friends online?
- Have you ever met someone in real life whom you first met online?
- If YES, was this someone about your age?*
- Have you ever seen pictures/videos/games online that were for adults only?.....
- Have you ever looked online for adults-only pictures/videos/games?
- Have you ever seen pictures/videos/games online that upset you?
- Have you ever placed a bet or played games for money online?
- Have you ever seen extreme/radical material online?
- Do your parents have rules about what you can do online?
- Have you ever regretted sending personal information or images to someone, or decided afterwards you should have thought more about it?

- Do you have a profile online?
- No 0
 - Yes 1

- If YES, are all your profiles set to be friends-only and not public?* Please tick one answer ✓
- No 0
 - Don't know 1
 - Yes 2

★6

Getting information and support

65 Where would you first go for help or information about the following?

Tick one answer ✓ on each line

		My family	School teachers or tutors	Friends	Youth worker	Social media	Internet	School nurse	Doctor or nurse
Careers	01	<input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>
Sex and relationships ..	01	<input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>
Smoking	01	<input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>
Alcohol	01	<input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>
Drugs	01	<input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>
Healthy eating	01	<input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>
Hygiene	01	<input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>
Personal safety	01	<input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>
Physical activity	01	<input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>

▼19

66 How useful have you found school lessons about the following?

Please tick one answer ✓ on each line

	Can't remember any	Not at all useful	Some use	Quite useful	Very useful
Managing money	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Citizenship	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Drug education (drugs, alcohol, tobacco)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Managing bereavement and change	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Stress and coping with feelings	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Personal safety	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Healthy eating	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Careers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Safety	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Relationships and sex education	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

67 How much do you agree or disagree with these statements?

Tick one answer ✓ on each line

	Disagree	Not Sure	Agree
The school cares whether I am happy or not	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
My work is marked so I can see how to improve it	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
I know my targets and I am helped to meet them.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Someone says "Well done!" if I have achieved something in or out of school.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school teaches me how to deal with my feelings positively	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school helps me work as part of a team.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
In this school, people with different backgrounds are valued.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school encourages everyone to take part in decisions, e.g. class discussions or school council.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school helps me get involved in events in my community	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school prepares me for when I leave this school.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
There is someone in school who can help me if I am finding work hard.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
I know what my strengths are	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
I am given opportunities to use and develop these strengths	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

★7

Pupil Voice

68 Do you think you have the chance to give your views and change things that affect you in these areas?

Please tick one answer on each line ✓

	No	Yes
Life in school.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
My health care.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
My community and environment.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
Leisure opportunities.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
Other services that can support me.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>

69 Do you think getting involved or giving your views makes a difference?

Please tick one answer on each line ✓

	Makes no difference	Makes a difference
Life in school.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
My health care.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
My community and environment.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
Leisure opportunities.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
Other services that can support me.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>

Your family and background

70 Which of the following best describes your gender?

You may tick MORE than one answer ✓✓

- Male
- Female.....
- Trans/Transgender.....
- I describe my gender in some other way (please tick.....

then describe below)

71 Which of the following best describes your sexual orientation?

Please tick one answer ✓

- Straight / heterosexual 0
- Gay / Lesbian 1
- Bisexual 2
- Not sure 3
- I describe my sexual orientation in some other way (please tick..... 4

then describe below)

72 Which adults do you live with? Please tick the nearest answer ✓

- Mother & father together 01
 - Mainly or only mother 02
 - Mainly or only father 03
 - Mother & father shared 04
 - Mother & stepfather/male partner 05
 - Father & stepmother/female partner 06
 - Two mothers 07
 - Two fathers 08
 - Residential Children’s Home staff 09
 - Other (please tick 10
- and then describe below)

73 a) Are you a ‘young carer’? Please tick one answer ✓

A young carer is someone whose life is in some way restricted because of the need to take responsibility for the care of a person, on a regular basis. This person may have a long-term illness, a physical or sensory impairment or learning difficulties, or they may be experiencing mental distress or be affected by drug or alcohol misuse. This person may be a parent, brother, sister or close friend. You may have help with the caring role from another family member or you may be the only carer.

- No 0 Skip to Q75 →
- Don’t know 1 → Go on to the next
- Yes 2 → question

b) If you are a ‘young carer’, who do you look after?

Please tick one answer ✓

- Parent/carer 0
 - Grandparent 1
 - Brother/sister 2
 - Other relative 3
 - Other (please tick 4
- then write below)



74 If you are a ‘young carer’, how much of your time does it take up each day?

Please tick one answer ✓

- Less than 1 hour 0
- 1-2 hours 1
- More than 2 hours 2
- Some time, but I don’t do this every day 3

→ 75 What languages do you speak? Please write in the box

THE END!

Thank you for completing this questionnaire

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If you are worried about anything mentioned in this survey and you would like to talk to someone about it, please talk to an adult you feel comfortable with in school or at home.

Instead, an adult in school can suggest where to go for help, or you could ring Childline – their free number is 0800 1111

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