

Norfolk Children and Young People Survey 2014

The Secondary Health-Related Behaviour Questionnaire from SHEU, Exeter

The purpose of this questionnaire is to help Norfolk County Council to plan health care for young people, and to help your teachers plan work in schools. To do this, they need some information about yourself. These questionnaires are confidential and will not be read by anyone connected with your school. You will not be identified.

1) Please answer all questions honestly.

Please do NOT write in any shaded boxes

2) Do NOT write your name on any page

Answer these questions in the box first

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Here are three statements about this survey
Please tick yes or no for each question ✓

- A** I understand why we have been asked to do this survey 0 ☐ No 1 ☐ Yes
- B** I agree to take part in the survey 0 ☐ No 1 ☐ Yes
- C** I can leave out any question if I don't want to answer it 0 ☐ No 1 ☐ Yes

If you answered **No** to any of the last three questions, **please put up your hand now**

D Are you male or female?

Please tick one answer 0 ☐ Male 1 ☐ Female

E How old are you? Please write in the box years old

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F Which school year are you in?

Please tick one answer ✓ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐

G What is your home postcode?

Please write in the box)

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We ask this to help the computer draw maps showing differences between areas.

No-one in your school or anywhere else in Norfolk will find your house or find out your answers



Schools Health Education Unit, Exeter

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1 Which of the following best describes your ethnic background?

Please tick the one that most describes you ✓

WhiteWhite British 01 ☐White Irish 02 ☐White Romany or Gypsy 03 ☐White traveller of Irish heritage 04 ☐Any other White background * 05 ☐**Asian**Bangladeshi Asian 06 ☐British Asian 07 ☐Indian Asian 08 ☐Pakistani Asian 09 ☐Any other Asian background * 10 ☐**Black**Black African 11 ☐Black British 12 ☐Black Caribbean 13 ☐Any other Black background * 14 ☐**Chinese**British Chinese 15 ☐Chinese 16 ☐Any other Chinese background * 17 ☐**Mixed**Mixed White & Asian 18 ☐Mixed White & Black African 19 ☐Mixed White & Black Caribbean 20 ☐Any other mixed background * 21 ☐Any other background * 22 ☐Don't want to say 23 ☐

* please write in the box)

**2 Is someone helping you fill in this questionnaire?**

Please tick one answer ✓

No 0 ☐Not sure 1 ☐Yes 2 ☐Don't want to say 3 ☐**3 Are you disabled?**

Please tick one answer ✓

No 0 ☐Not sure 1 ☐Yes 2 ☐Don't want to say 3 ☐**4 Do you have a long-standing illness? E.g. asthma, epilepsy, diabetes**

Please tick one answer ✓

No 0 ☐Not sure 1 ☐Yes 2 ☐Don't want to say 3 ☐**5 Do you have a special educational need or a learning difficulty?**

Please tick one answer ✓

No 0 ☐Not sure 1 ☐Yes 2 ☐Don't want to say 3 ☐

If you ticked YES to any of the last three questions, carry on to the next question;
everyone else skip to Question 99 ➔

If you answered YES to any of the last three questions:**6 Does your school help you enough with your additional needs?**

Please tick one answer ✓

I don't have any needs like that 3 ☐Yes 2 ☐Not sure 1 ☐No 0 ☐

7 Which adults do you live with?

Please choose the nearest answer, or what you do most in the week ✓

- | | | | | | |
|-----------------------------|----|--------------------------|--|----|--------------------------|
| Mum & Dad together | 01 | <input type="checkbox"/> | Mum & Mum or Dad & Dad | 07 | <input type="checkbox"/> |
| Mainly or only Mum | 02 | <input type="checkbox"/> | Other relatives e.g. aunt, grandad ... | 08 | <input type="checkbox"/> |
| Mainly or only Dad | 03 | <input type="checkbox"/> | Foster parents | 09 | <input type="checkbox"/> |
| Mum & Dad shared | 04 | <input type="checkbox"/> | Residential Social Worker | 10 | <input type="checkbox"/> |
| Mum & stepdad/partner | 05 | <input type="checkbox"/> | Other (please tick | 11 | <input type="checkbox"/> |
| Dad & stepmum/partner | 06 | <input type="checkbox"/> | and describe in the box) | | |

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8a) Are you a 'young carer'?

Young carers are children and young people under 18 who provide (or intend to provide) care, assistance or support to another family member who is disabled, physically or mentally ill, or has a substance misuse problem.

Please tick one answer ✓

- Don't want to say 3 ☐
- No 0 ☐
- Not sure 1 ☐
- Yes 2 ☐

b) If you are a 'young carer', who do you look after? e.g. mum, dad, grandma, brother or sister

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c) 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 ☐

9 In the last 6 years have you ever had free school meals, or vouchers for free meals?

Please tick one answer ✓

- No 0 ☐
- Yes, I have them now 1 ☐
- Not now, but I have had them in the past 6 years 2 ☐
- No, but I could have had them 3 ☐
- Don't know 4 ☐
- Don't want to say 5 ☐




**YEAR 10 ONLY to answer the next question:
YEAR 8 please go to Question 99 ➔**

10 Which of the following best describes how you think about yourself?

Please tick all that apply ✓

- Straight / heterosexual ☐
- Gay / Lesbian ☐
- Bisexual ☐
- Transgender/transsexual ☐
- Other (please write below) ☐
- Not sure ☐
- Prefer not to say ☐

11 What are the three most important issues for young people in your area, do you think? Please write in the boxes

▼8

12 If you were Prime Minister for a day, what one thing would you do to improve things for young people?

Please write in the box



These questions are about BULLYING.

**13 Have you been bullied in the last twelve months?
(This includes cyberbullying)**

Please choose one box

- No 0 ☐
- Yes, a little 1 ☐
- Yes, a lot 2 ☐

If NO, skip to Q99 ➔

14 Was this bullying...?

Please choose all that apply

- In or near school? ☐
- Outside school ☐

In the next questions we will ask you to tell us about any experiences you have of being bullied in the last twelve months.

15 What form did the bullying take?

Please choose all that apply

Physical (kicking, hitting, taking your things, spitting) ☐

Verbal (calling you nasty names, making threats, telling you to do things you didn't want to do)..... ☐

Indirect or behind your back (spreading rumours or leaving you out) ☐

Racist bullying (about your race or religion) ☐

Homophobic bullying (because you are gay or because someone thinks you are gay or calls you gay) ☐

Bullying because you have a **special need or a disability** ☐

Sexist bullying (someone saying horrible things to you because you are a boy or a girl) ☐

Sexual bullying (saying or doing things to you in a sexual way that makes you feel uncomfortable) ☐

Cyber-bullying (Cyber-bullying is bullying through a mobile phone or computer, for example upsetting text messages, rumours sent by email or posted on social networking sites, and embarrassing pictures or videos) ☐

Something else (please choose ☐
and describe in the box below)

16 If you have been cyber-bullied, please tell us how by clicking on the choices below

If you haven't been cyber-bullied, please skip this question and move onto the next one.

Please choose all that apply

I haven't been cyber-bullied ☐

Text message bullying (messages through text that contain threats or hurtful comments) ☐

Picture or video clip bullying through mobile phone camera (using photos taken on a phone to threaten or hurt you and sending the photo to other people) ☐

Phone call bullying through mobile phone (silent calls or abusive messages) ☐

email bullying (sending you threatening emails) ☐

Chat room bullying (where you receive threats or nasty comments when in a web based chat room) ☐

Bullying through **Instant Messaging** (getting unpleasant or threatening messages) ☐

Bullying through **websites** (using websites to humiliate someone) ☐

Bullying through **social networking** sites (being blocked from someone's site to hurt your feelings, rumours being spread or nasty comments made) ☐

Through **electronic games** (using a game box to send messages) ☐

Something else (please choose ☐
and describe in the box below)

17 When was the last time you were bullied?

- In the last week..... 0 ☐
- In the last month, but not last week 1 ☐
- In the last term, but not last month..... 2 ☐
- In the last twelve months, but not last term..... 3 ☐

18 Where does the bullying usually happen?

Please choose all that apply

- In a classroom..... ☐
- In a corridor..... ☐
- In a playground or on the school field..... ☐
- In the toilets..... ☐
- Through my mobile phone or computer..... ☐
- Somewhere else (please choose ☐
and describe in the box below)

19 Who did you tell about the bullying? (You can choose more than one.)

Please choose all that apply

- No-one ☐
- A member of school staff..... ☐
- A friend..... ☐
- Someone in my family..... ☐
- A supporter/buddy/befriender/mentor..... ☐
- I phoned a helpline..... ☐
- Someone else (please choose ☐
and describe in the box below)

20 What happened?

- Something was done that stopped the bullying..... 0 ☐
- Something was done but it didn't stop the bullying..... 1 ☐
- Something was done but it made the bullying worse. 2 ☐
- Nothing was done but the bullying stopped anyway..... 3 ☐
- Nothing was done and the bullying carried on..... 4 ☐

Witnessing or taking part in bullying**21 Have you seen any bullying in school in the last twelve months?**

- No..... 0 ☐
- Yes, a little..... 1 ☐
- Yes, a lot..... 2 ☐

22 Have you seen any bullying outside school in the last twelve months?No..... 0 ☐Yes, a little..... 1 ☐Yes, a lot..... 2 ☐**23 Have you bullied anyone in the last twelve months?**No..... 0 ☐Yes, a little..... 1 ☐Yes, a lot..... 2 ☐

About your school

24 How well does your school deal with bullying?Very well..... 0 ☐Quite well..... 1 ☐Not very well..... 2 ☐Very badly..... 3 ☐I don't know..... 4 ☐**25 Do you feel safe at school?**Yes usually..... 0 ☐Yes sometimes..... 1 ☐No..... 2 ☐**26 Does your school ask for the opinions of students?**Yes usually..... 0 ☐Yes sometimes..... 1 ☐No..... 2 ☐**27 Have you ever done any of the following?**

Please choose all that apply

Given your view on the school anti-bullying policy?..... ☐Given your ideas about how to reduce bullying in school?..... ☐Contributed to assemblies, drama or other activities during Anti-Bullying Week?..... ☐Become a peer supporter/buddy/befriender/mentor?..... ☐

If you have a problem with any issues relating to bullying, please talk to someone. A teacher or other member of staff will be able to help you. If your school has a peer support scheme, you could use that. If you do not feel comfortable talking to someone in your school, you can talk to someone you can trust, a friend, parent or carer. They can come with you to talk to a teacher or someone else about the problem. You can also call ChildLine free on 0800 1111, someone is there all the time and the number will not show up on the telephone bill. If you cannot get through the first time please try again.

REMEMBER: KEEPING QUIET ABOUT BULLYING ALLOWS IT TO GO ON

Transport/access

28 How do you usually get around?

Please tick ONE answer on each line ✓

	Daily	Most days	Weekly	Monthly	Rarely
Walking (more than a mile)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Cycling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Car	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Bus	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Train	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

29 How easy or difficult is it for you to get to places?

Please tick ONE answer on each line ✓

	Very difficult	Very easy
School	0 <input type="checkbox"/>	4 <input type="checkbox"/>
Somewhere to meet friends	0 <input type="checkbox"/>	4 <input type="checkbox"/>
Shopping	0 <input type="checkbox"/>	4 <input type="checkbox"/>
Somewhere to play sport or do exercise	0 <input type="checkbox"/>	4 <input type="checkbox"/>
Doctors/dentist/opticians	0 <input type="checkbox"/>	4 <input type="checkbox"/>
Other local services	0 <input type="checkbox"/>	4 <input type="checkbox"/>
Clubs and other group activities	0 <input type="checkbox"/>	4 <input type="checkbox"/>
Helping/volunteering opportunities	0 <input type="checkbox"/>	4 <input type="checkbox"/>

30 If you have difficulty getting places, why is this?

Please tick any that apply ✓✓

I don't have problems getting around.....	<input type="checkbox"/>	<input type="checkbox"/>
Don't feel safe	<input type="checkbox"/>	<input type="checkbox"/>
Costs too much	<input type="checkbox"/>	<input type="checkbox"/>
Buses too infrequent.....	<input type="checkbox"/>	<input type="checkbox"/>
No-one will take me	<input type="checkbox"/>	<input type="checkbox"/>
Nowhere to go	<input type="checkbox"/>	<input type="checkbox"/>
Not on a bus route.....	<input type="checkbox"/>	<input type="checkbox"/>

What do you think about your school?

31 Please think about each of the following statements.

Please 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 set my own targets and I am helped to meet them	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
My achievements in and out of school are recognised	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school teaches me 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 encourages me to contribute to community events	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"/>

32 How many lessons do you enjoy at school?

Please tick ONE answer ✓

All of them	0 <input type="checkbox"/>
Most of them	1 <input type="checkbox"/>
About half of them	2 <input type="checkbox"/>
Less than half of them	3 <input type="checkbox"/>
Hardly any of them	4 <input type="checkbox"/>

33 Do you think it is important to go to school regularly?

Please tick ONE answer ✓ No 0 ☐ Don't know 1 ☐ Yes 2 ☐

34 In the last 12 months, have any of the following stopped you from going to school?

Please tick all that apply

✓ ✓

Illness or injury	<input type="checkbox"/>
Caring for family members	<input type="checkbox"/>
Medical/dental appointments	<input type="checkbox"/>
Day trips or holiday in term time ..	<input type="checkbox"/>
Shopping	<input type="checkbox"/>

Worries about school	<input type="checkbox"/>
Worries about bullying	<input type="checkbox"/>
Effects of my social life	<input type="checkbox"/>
Other (please tick	<input type="checkbox"/>
and describe in the box below)	



▼10

35 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 (including alcohol and tobacco) ..	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Emotional health and well-being	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Bullying	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"/>
Physical activity	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"/>
Sex and Relationships education	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

36 Is it important that you get lessons on the following?

Please tick all that apply

✓ ✓

Managing money ☐Healthy eating ☐Citizenship ☐Physical activity ☐Emotional health and well-being ☐Safety ☐Bullying ☐Sex and Relationships education ☐Drug education (including alcohol
and tobacco) ☐Other (please tick ☐
and describe in the box below)

▼10

37 At the end of Year 11, do you want to: ?

Please tick one answer on each line ✓

	No	Don't know	Yes
Continue in full-time education?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Find a job as soon as you can?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Get an apprenticeship or other training for a skilled job?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Start a family?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other (please tick <input type="checkbox"/> and describe in the box)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

38 What sort of job do you think you would like to do, in an ideal world?**39 Do you think you will end up doing a job like this?**

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

40 If no, what sort of things might stop you getting the job you want?



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41 If no, what sort of job do you think you will end up doing, in the real world?



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These questions are about **ALCOHOL, SMOKING AND DRUGS**

42 Have you had an alcoholic drink in the last 7 days?

(more than just a sip)

Please tick ONE answer ✓ No 0 ☐ Yes 1 ☐

43 Have you been drunk in the last 7 days?

Please tick ONE answer ✓ No 0 ☐ Yes 1 ☐

44 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 don't count canned shandy

Please write on the dotted lines

I drank large cans/pints of beer or lager

I drank large cans/pints of cider

I drank cans/bottles of pre-mixed drinks (e.g. WKD, Reef)

I drank measures of spirits (e.g. vodka ,whisky, gin, rum, etc.)

I drank glasses of wine (a bottle is about 4 glasses)

I drank Shooters/shots/jelly (number of shots etc.)

I drank glasses of Baileys, Tia Maria, Martini, Cinzano, Sherry etc.

I drank of something else (please write)

Do NOT write
in the boxes

★2

45 Have YOU obtained alcoholic drink in any of these ways during the last 7 days?

Do not include canned shandy

Please tick all that apply ✓ ✓

I bought alcohol myself from a pub/nightclub ☐

I bought alcohol myself from an off-licence ☐

I bought alcohol myself from a supermarket ☐

Parents/carers bought it for me/gave it to me ☐

I took it from my parents/carers without their consent ☐

Friends/family over 18 bought it for me/gave it to me ☐

Friends/family under 18 bought it for me/gave it to me ☐

I got adults outside shops to buy it for me ☐

Other source (please write) ☐

→ **46 If you ever drink alcohol, do your parents/carers know?**

Please tick ONE answer. ✓

- I never drink alcohol 0 ☐
- My parents/carers always know 1 ☐
- My parents/carers usually know 2 ☐
- My parents/carers sometimes know 3 ☐
- My parents/carers never know 4 ☐

47 Which statement describes you best about smoking?

(cigarettes from a packet or a roll-up)

Please tick ONE answer and follow the instructions ✓

- I have never smoked at all, not even a puff 0 ☐
- 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 ☐

→ Skip to Q99

Go on to the next question →

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

(including roll-ups)

Please write the number (If NONE, write 0)

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49 If you have smoked recently, where did you get/buy your last cigarettes from?

Please describe



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50 Have you ever bought ...? Please tick all that apply

- Cigarettes with health warnings in a different language ☐
- Fake cigarettes (e.g. counterfeit - in packaging that looks like well-known brands) ☐
- Single cigarettes (not in packets) ☐
- Cigarettes from other sellers (i.e. from neighbours, market stalls, car boot, ice cream vans etc) .. ☐

→

51 What do you know about electronic cigarettes or 'e-cigarettes'?

Please tick ONE answer ✓

- I have never heard of them 0 ☐
- I have never used them 1 ☐
- I have tried them 2 ☐
- I use one occasionally 3 ☐
- I use one regularly 4 ☐

Please tick ONE answer on each line ✓

52 a Do your parents/carers smoke? No 0 ☐ Yes 1 ☐

b Does anyone smoke indoors at home in rooms that you use? No 0 ☐ Yes 1 ☐

c Does anyone smoke in a car when you are in it too? No 0 ☐ Yes 1 ☐

53 Do you know anyone personally who you think takes any drugs to get high?

(not medicines, tobacco or alcohol)

Please choose one answer ✓

No 0 ☐Not sure 1 ☐Fairly sure 2 ☐Certain 3 ☐**54 Have you ever been offered cannabis?**Please tick ONE answer ✓ No 0 ☐ Yes 1 ☐**55 Have you ever been offered other illegal drugs or legal highs?**Please tick ONE answer ✓ No 0 ☐ Yes 1 ☐**56 Have you taken any drugs to get high?**

(not medicines, tobacco or alcohol)

Please tick ONE answer ✓ No 0 ☐ Yes 1 ☐

If No, please tick 'No' and go to Q99 →

▼33

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

Look at the list of drugs below, and tick ONE answer on each line ✓

	I have never taken this drug	I have taken during the last month	I have taken during the last year	I took this drug more than one year ago
Amphetamines (e.g. speed, sulph, whizz, uppers)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Cannabis (resin, leaf or oil, e.g. hash, pot, skunk, dope, weed) ...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Ecstasy (e.g. MDMA, E, Doves)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Cocaine (e.g. snow, charlie, coke, nose)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Hallucinogens: natural (e.g. magic mushrooms)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Hallucinogens: synthetic (e.g. acid, LSD)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Ketamine (e.g. Special K, Vitamin K)	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,)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Legal Highs - please tick then describe in the box below	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

✍

 Other drugs - please tick 0 ☐ 1 ☐ 2 ☐ 3 ☐
 then describe in the box below

✍

✍




Relationships/sexual health

58 a) Do you know where you can get condoms free of charge?

Please tick ONE answer ✓ No 0 ☐ Yes 1 ☐

b) If yes, please write where:

59 What do you know about the following services?

		Never heard of this service before	Heard of it but know little or nothing about it	Know what it is but don't know where/how to get access	Know what it is and how to get access but haven't used it	Have used this service
Condom Card		.. 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
C&SH		.. 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
THT Norfolk		.. 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

THE NEXT TWO QUESTIONS ARE FOR YEAR 10+ ONLY

60 At what age do you think most young people start having sex?

- 14 = 14 or younger 14 ☐
- 15 = 15 15 ☐
- 16 = 16 16 ☐
- 17 = 17 17 ☐
- 18 = 18 18 ☐
- 19 = 19 or older 19 ☐

61 Nationally, we know that most under 16s have not had sex (28% of under 16s report having sex). Which of the following best describes you?

- Not had a sexual relationship 0 ☐
- Currently in a relationship and thinking about having sex 1 ☐
- Had a sexual relationship in the past 2 ☐
- Currently in a sexual relationship 3 ☐

62 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"/> ..
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"/> ..

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

Tick one answer ✓ on each line

	No	Not sure	Yes
I would look after myself without help 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ..
I know where I could get help 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ..
I would get some help 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ..

64 When did you last see or speak to someone from the police in these situations ?

Please choose on each line

	This term	This year	Longer ago	Never
Visit in college lesson 0 <input type="checkbox"/> .	. 1 <input type="checkbox"/> .	. 2 <input type="checkbox"/> .	. 3 <input type="checkbox"/> .
Visit to youth club or group 0 <input type="checkbox"/> .	. 1 <input type="checkbox"/> .	. 2 <input type="checkbox"/> .	. 3 <input type="checkbox"/> .
In a street or park near my home 0 <input type="checkbox"/> .	. 1 <input type="checkbox"/> .	. 2 <input type="checkbox"/> .	. 3 <input type="checkbox"/> .
I was in trouble with the police 0 <input type="checkbox"/> .	. 1 <input type="checkbox"/> .	. 2 <input type="checkbox"/> .	. 3 <input type="checkbox"/> .

65 People describe their relationship with their parents in the following ways. Thinking about you now, please mark all that apply for you, for a) your mother and b) your father.

Please ignore these questions if you do not have contact with one or other parent and so the question does not apply to you. Otherwise, please tick one answer on each line

a)		Not at all				Very				
How openly do you talk with your mother?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How comfortable do you feel admitting your doubts and fears to your mother?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How interested is your mother in talking to you when you want to talk?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How often does your mother express affection or liking for you?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How well does your mother know what you are really like?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How close do you feel to your mother?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How confident are you that your mother would help you if you had a problem?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
If you needed money, how comfortable would you be asking your mother for it?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How interested is your mother in the things you do?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

Please circle on each line

b)		Not at all				Very				
How openly do you talk with your father?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How comfortable do you feel admitting your doubts and fears to your father?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How interested is your father in talking to you when you want to talk?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How often does your father express affection or liking for you?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How well does your father know what you are really like?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How close do you feel to your father?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How confident are you that your father would help you if you had a problem?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
If you needed money, how comfortable would you be asking your father for it?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
How interested is your father in the things you do?	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

The parental openness scale is by G Buchanan, E Maccoby and J Dornbusch.

These questions are about HEALTHY WEIGHT.

66 Which statement describes you best?

Please tick ONE answer ✓

I would like to put on weight 0 ☐I would like to lose weight 1 ☐I am happy with my weight as it is 2 ☐**67 What are the main things that affect the way you feel about your appearance?** Please tick up to THREE things ✓✓✓Just me ☐Comments/attitudes of parents ☐Comments/attitudes of other family members ☐Comments/attitudes of friends ☐Comments/attitudes of other people at school ☐

Seeing images of people . . .

. . . on TV and films ☐. . . in features about fashion ☐. . . in general magazine features ☐. . . involved in sport/music/dance ☐**68 When choosing what to eat, do you consider your health?**

Please tick ONE answer ✓

Never 0 ☐ Sometimes 1 ☐ Quite often 2 ☐ Very often 3 ☐ Always 4 ☐**69 What did you do for lunch yesterday?**

Please tick ONE answer ✓

School food 0 ☐Ate a packed lunch from home 1 ☐Bought lunch from a takeaway or shop 2 ☐Went home for lunch 3 ☐Did not have any lunch 4 ☐**70 How would you describe the place where you can get a school lunch?**

Please tick all that apply

✓✓

Happy ☐Friendly ☐Crowded ☐Smelly ☐Safe ☐Relaxed ☐Busy ☐Rushed ☐

71 What did you have before lessons this morning?

★1

Please tick everything that you had ✓✓

Nothing to eat or drink ☐Energy drink (e.g. Red Bull,
Lucozade Energy etc.) ☐Other drink ☐Toast or bread ☐Sugar-coated cereals ☐Porridge/Ready Brek ☐Other cereals ☐Something else (please tick ☐
then write in box below)

✍

▼16

Yoghurt ☐Breakfast bars ☐Crisp-type snack ☐Chocolate bar, sweets ☐Biscuits/cakes ☐Fruit ☐Cooked breakfast ☐**72 How often do you eat or drink the following?**

Please tick ONE answer on each line ✓

	Rarely or never	Once a week or less	2-3 days a week	On most days
Any fish/fish fingers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Fresh fruit	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Salads	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Vegetables	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Water	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Milk	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
"Diet" (low calorie) drinks	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other fizzy drinks	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Energy drinks (e.g. Red Bull, Lucozade Energy etc.) ...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Crisps	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sweets, chocolate, choc bars	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

Please circle ONE answer. If more than 8, circle 8.

0 1 2 3 4 5 6 7 8

*** 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

a glass (150ml) of fruit juice (however much you drink, fruit juice counts as one portion a day)

a dessert bowl of salad

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

These questions are about PHYSICAL ACTIVITY

74 Did you do any physical activity or sport last week on school days?

Please tick all that are right for you ✓

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

75 Did you do any physical activity or sport last weekend?

Please tick all that are right for you ✓

	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon or evening	<input type="checkbox"/>	<input type="checkbox"/>

76 How did you get to school today? Was it by . . .

You may tick more than one answer ✓✓

Car/van	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
School bus	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>
Other bus	<input type="checkbox"/>	Walking	<input type="checkbox"/>
Train	<input type="checkbox"/>	Other (please tick	<input type="checkbox"/>
		and write in the box)	



77 Are you a member of a sports club outside of school?

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

Emotional Health and Wellbeing

Warwick Edinburgh Mental Wellbeing Scale

78 Below are some statements about feelings and thoughts.

Please tick the box on each line that best describes your experience of each over the last 2 weeks.

Please tick one box only for each row ✓

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been feeling useful	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been feeling relaxed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been feeling interested in other people	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've had energy to spare	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been dealing with problems well	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been thinking clearly	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been feeling good about myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been feeling close to other people	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been feeling confident	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been able to make up my own mind about things ..	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been feeling loved	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been interested in new things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I've been feeling cheerful	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



79 How much do you worry about the issues listed below?

Tick ONE answer on each line ✓

	Never	Hardly ever	A little	Quite a lot	A lot
a School-work problems	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b Exams and tests	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c Bullying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d Your physical health	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e Your mental health	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f Mental health of someone in your family	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g Problems with friends	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h Family problems	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i Money problems/family finances	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j The way you look	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k Relationships	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l Sexually transmitted infections	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m Becoming a parent before I'm ready	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n Drugs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o Crime	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p Wars and terrorism	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q Gambling	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r Climate change	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
s The future	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

▼31

If you worry about other things please write what they are in the box

80 When you have a problem that worries you or you are feeling stressed, what do you do about it?

Please tick ONE answer on each line ✓

	Never	Sometimes	Usually	Always
Talk to someone about it 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Rest or sleep more 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Smoke cigarettes 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Think carefully about the problem by yourself 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Have a drink of something alcoholic 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Keep busy (exercise, work, socialising) 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Watch more TV 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Seek help with the problem online 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Eat or drink more (e.g. sweets, chocolates) 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Cut or hurt myself 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Listen to music 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Do nothing 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
Other (please tick 0 <input type="checkbox"/>	.. 1 <input type="checkbox"/>	.. 2 <input type="checkbox"/>	.. 3 <input type="checkbox"/>
then describe in the box)				



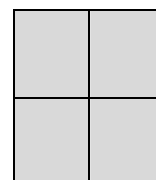
81 Where would you first go for help or information about the following?

Tick one answer ✓ on each line



	My family	School teachers or lessons	Advisers or tutors	Friends	Young people's worker	Books and magazines	Local advice centre *	Telephone helpline/text service	Internet	School nurse	Nowhere/no-one
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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
Gambling	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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <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"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>

* If you ticked any 07s 'local advice centre' please name or describe the centre(s)



82 If you were worried about something, do you know an adult you trust who you can talk to about it? e.g. someone at home, someone at school, health professional, adult friend

Please choose ONE answer ✓

No	0 <input type="checkbox"/>
Maybe	1 <input type="checkbox"/>
Yes	2 <input type="checkbox"/>

These questions are about HEALTH SERVICES

83 How long ago did you last visit the doctor?

Please choose ONE answer ✓

I have never been to the doctor 0 ☐In the past week 1 ☐In the past 3 months 2 ☐In the past 6 months 3 ☐In the past year 4 ☐More than a year ago 5 ☐**84 On this last visit to the doctor, how did the reception and waiting room environment make you feel?**

Please choose ONE answer ✓

Very uneasy 0 ☐Quite uneasy 1 ☐OK 2 ☐At ease 3 ☐**85 Is there a health clinic in your school?**Please choose ONE answer ✓ No 0 ☐ Not sure 1 ☐ Yes 2 ☐**86 Do you know who your School Nurse is?**Please choose ONE answer ✓ No 0 ☐ Not sure 1 ☐ Yes 2 ☐ Don't have one 3 ☐**87 Do you know how to get to see your School Nurse?**Please choose ONE answer ✓ No 0 ☐ Not sure 1 ☐ Yes 2 ☐ Don't have one 3 ☐**88 How long ago did you last visit the dentist?**

Please choose ONE answer ✓

I have never been to the dentist 0 ☐In the past week 1 ☐In the past 3 months 2 ☐In the past 6 months 3 ☐In the past year 4 ☐More than a year ago 5 ☐

89 If something goes wrong...

Tick one answer ✓ on each line

	Never	Sometimes	Usually	Always
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"/>

★4

90 If I don't succeed at something...

Tick one answer ✓ on each line

	Never	Sometimes	Usually	Always
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"/>

These questions are about ACCIDENTS**91 In the past 12 months, have you had any accidents or injuries that needed attention from a doctor or a nurse?**

Please tick one answer ✓

Yes 1 ☐

No 0 ☐

If NO, tick the box then go to Q99 ➔

92 If you answered YES to question 50 what was the MOST RECENT injury?

Please tick ONE ✓ and then tell us more* in the box below

- A sports injury 0 ☐ What sport were you doing? *
- A fall, trip or slip 1 ☐ What caused it? *
- A burn or scald 2 ☐ What caused it? *
- Accidental poisoning 3 ☐ What did you eat or drink? *
- Cycling injury 4 ☐ What caused it? *
- Road Traffic Accident 5 ☐ What caused it? *
- Animal bite or sting 6 ☐ What animal? *
- Cut 7 ☐ What cut you? *
- Other 8 ☐ Please describe below *

* Please write in the box below



93 If you answered YES to the last question, where were you?

Please tick one answer ✓

In a park 0 ☐On the street 1 ☐At home 2 ☐At school during school hours 3 ☐Other (please write) 4 ☐



These questions are about TEETH**94 How many times do you usually clean your teeth each day?**

Please tick one answer ✓

Less than once a day 0 ☐Once a day 1 ☐Twice a day 2 ☐Three times or more a day 3 ☐**95 How long ago did you last visit the dentist?**

Please tick one answer ✓

Never 0 ☐In the past 7 days 1 ☐In the past month 2 ☐In the past 3 months 3 ☐In the past 6 months 4 ☐In the past year 5 ☐More than a year ago 6 ☐**96 If you have never been to the dentist, why not?**


Please write in below



97 Why did you go to the dentist last time?

Please tick as many as are right for you ✓✓

I was having trouble with my teeth ☐I went for a check up ☐I had a reminder from my family/local dentist ☐For some other reason, please tick and write in below ☐



▼8

These questions are about LEISURE

Below are some examples of volunteering activity:

- Giving unpaid help at a local club, group, organisation or place of worship.
- Raising money for charity.
- Organising a petition or event to support a local or national issue.
- Taking part in an activity to help other people or improve the local community.

98 Over the last six months, how often have you taken part in volunteering outside of school?

Please tick one answer ✓

At least once a week 0 ☐At least once a month 1 ☐Less often than once a month 2 ☐Never 3 ☐

99 How long did you spend doing each of these things below after school yesterday?

Please tick ONE answer on each line ✓

	No time at all	Up to 1 hour	Up to 2 hours	Up to 3 hours	More than 3 hours
a Watching TV (live, online, catch-up)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b Doing homework	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c Playing video games (e.g. Xbox, DS, PC, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d Talking/texting on the 'phone	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e Talking/messaging online e.g. Facebook, Twitter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

100 Did you spend any time doing any of these things after school yesterday?

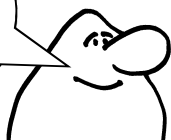
Please tick all that apply

✓✓

- a Met with friends ☐
- b Used a computer for school work ☐
- c Read a book for pleasure ☐
- d Cared for pets ☐
- e Played a musical instrument ☐
- f Sport / physical activity ☐
- g Cared for family members (babysitting, minding grandparents, etc.) ☐
- h Extra lessons/tutoring ☐
- i Listened to music ☐
- j Helping and volunteering outside the home ☐
- k Other (please tick ☐
and describe in the box)



Please
read this
carefully



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

THE END!

Thank you for completing this questionnaire

**If you have time, please check you have not
left any questions out by accident.**

▼46

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★8

