

# Jersey Children and Young People's Survey 2024

## About You (All year groups)

0. Input Code

1. How do you describe your gender?

- ☐ Male
- ☐ Female
- ☐ Rather not say
- ☐ Other (Please write more details only if you wish)

2. Which Parish do you live in?

If you live in more than one parish, please choose the parish you live in most of the time.

- ☐ St Ouen
- ☐ St Brelade
- ☐ St Peter
- ☐ St Mary
- ☐ St John
- ☐ Trinity
- ☐ St Lawrence
- ☐ St Martin
- ☐ St Helier
- ☐ St Saviour
- ☐ St Clement
- ☐ Grouville

3. Which school do you go to?

The students could choose from a list of schools.

4. How would you describe your cultural and ethnic background? *Please choose as many as apply*

- ☐ Jersey
- ☐ British
- ☐ Irish
- ☐ French
- ☐ Portuguese
- ☐ Madeiran
- ☐ Polish
- ☐ Romanian
- ☐ African
- ☐ Asian
- ☐ Mixed
- ☐ Other (please write...)

5. Do you consider yourself as having a religion?

- ☐ Yes
- ☐ No – skip to question 7
- ☐ Not sure

6. If yes, which? *Please tick one box only.*

- ☐ Prefer not to say
- ☐ Christian (including Church of England, Catholic, Protestant etc.)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion, please write \_\_\_\_\_

7. Which adults do you live with? *Please choose the nearest answer*

- ☐ Both your parents together
- ☐ Mainly or only one of your parents on their own
- ☐ Mainly or only one of your parents with their new partner
- ☐ Shared time between your parents
- ☐ Other Carer (please write...)

8. Do you speak English at home?

- ☐ Yes, all of the time  
☐ Some of the time  
☐ Hardly ever / Never

9. Which language(s) do you speak at home, other than English?

- ☐ None  
☐ Portuguese  
☐ Polish  
☐ Romanian  
☐ Other (please write...)

10. Can at least one of your parents / carers read and write in English?

- ☐ Yes  
☐ No  
☐ Don't Know

11. Do you have any long-term physical or mental disability or illness? (long-term means anything that has lasted, or is expected to last, 12 months or more)

- ☐ Yes  
☐ No → **Skip to Q13**

12. Are your day to day activities limited because of your health problem or disability?

- ☐ Yes, a lot  
☐ Yes, a little  
☐ No

### Your Belongings and Home (Years 6+)

13. Here is a list of items that some young people of your age have. Please tell us whether you have each item on the list.

	I have this	I don't have this but I would like it	I don't have this and I don't want or need it	I Don't know
Some pocket money each week to spend on yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some money that you can save each month, either in a bank or at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The right kind of shoes, trainers or footwear to fit in with other people your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A smart phone (one that you can use for the internet, as well as calls and texts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A smart TV, or an iPad or other device which you can use to watch TV and play games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. **Here are some more items that some young people of your age have. Please tell us whether you have each item on the list.**

A garden at home or somewhere nearby like a park where you can safely spend time with your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A car available to the family for transport when you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The right kind of clothes to fit in with other people your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At least one holiday away from home each year with your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trips or days out with your family at least once a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Ref - Children's Society / University of York Children's Wellbeing Survey 2010**

15. How well off (rich) do you think your family is financially?
- ☐ Not at all well off (not at all rich)
  - ☐ Not very well off (not very rich)
  - ☐ Average
  - ☐ Well off (rich)
  - ☐ Very well off (very rich)
  - ☐ I don't know
16. Do you have a dedicated space at home where you can do your schoolwork (for example when learning from home or when doing homework)?
- ☐ Yes, I have a dedicated space to myself
  - ☐ Yes, I have a dedicated space that I share with other members of my family
  - ☐ No

## Health and diet

(All year groups unless specified)

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

- ☐ Very good  
☐ Good  
☐ Fair  
☐ Bad  
☐ Very bad

18. How often did you eat or drink the following in the last 7 days?

*Please answer on each line*

	Not at all	Only on one day	On 2 or 3 days	On 4 to 6 days	Once every day	More than once per day
Meat (any type: chicken, beef, bacon etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salads or vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-calorie fizzy drinks (e.g. diet coke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High energy drinks (e.g. red bull, monster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fizzy drinks (not low-calorie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweets, chocolate, chocolate bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***A portion of fruit or vegetables is about a handful. Each of these count as ONE portion:***

- *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 (dried or tinned still count)*
- *A glass (150ml) of fruit juice (if you drink more than one glass, it still counts as just one portion)*
- *A bowl of salad*
- *N.B. Do not count potatoes*

19. How many portions of fruit and vegetables did you eat yesterday?

- ☐ 0  
☐ 1

- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8 or more

20. How many portions of fruit and vegetables do you think you need to eat each day to stay healthy? **(Years 8+ only)**

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8 or more

21. How many times did you clean your teeth yesterday?

- ☐ None
- ☐ Once
- ☐ Twice
- ☐ Three times or more

22. How long ago did you last visit the dentist?

- ☐ In the past 6 months
- ☐ In the past year
- ☐ More than a year ago

23. What was the main reason for your last dental appointment? **(Years 8+ only)**

*Don't include orthodontic appointments (e.g. fitting or adjusting braces)*

- ☐ Check-up (including examination or cleaning)
- ☐ Treatment of a problem that was discovered at an earlier appointment
- ☐ Emergency treatment of a problem
- ☐ Other \_\_\_\_\_
- ☐ Don't know

## Leisure Time (Years 8+ only)

24. How often do you do the following?

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Stay outside my home after 10 o'clock in the evening with no adult present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hang out at a friend's home with no adult present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hang out with friends in town or shopping areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hang out with friends in other public areas (park, beach, car park etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend time with my parents/carers outside of school hours (evenings and weekends)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How much do you agree or disagree with the following statements?

	strongly agree	agree	disagree	strongly disagree	don't know
My parents/carers know where I am in the evenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/carers know who I am with in the evenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/carers set rules about what I can do outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for me to discuss personal matters with my parents/carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy spending time with my parents / carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Do you do any **out of school** activities? (tick all that apply)

- ☐ Sports with a sports club / team
- ☐ Sports organised by friends (e.g. playing football / basketball in the park)
- ☐ Clubs, community or church groups (e.g. Scouts, Guides, youth groups)
- ☐ Music, art, drama or dance
- ☐ Cultural activities (e.g. visiting a heritage site, going to the theatre)
- ☐ Other leisure activities (e.g. cinema, bowling, zoo, Jump Jersey, Creepy valley)
- ☐ Outdoor activities (e.g. surfing, skateboarding, cycling)
- ☐ Visiting friends / family
- ☐ Other (please specify)
- ☐ None – I do not do any out of school activities

27. How much time did you spend doing the following YESTERDAY in your free time?

*Please choose the nearest answer.*

	None	Half hour	1 hour	2 hour s	3 hour s	4 hour s	5+ hour s
Watching TV programmes and movies (including online & DVDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing games on a computer or games console (e.g. playstation, xbox or tablet/smart phone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a computer for chatting on-line, internet, emailing, social media etc (including on a tablet or smart phone etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. In the last 12 months, have you done any voluntary work for your community or local or national charities?

- ☐ no
- ☐ once
- ☐ a few times
- ☐ regularly



## Sport and exercise

(All year groups unless specified)

**Physical activity** is any activity that increases your heart rate and makes you get out of breath. It can be done in sports, school activities, playing with friends and walking to school etc.

29. In a normal week, on how many days do you do some sport or physical activity for 60 minutes or longer? (this may be built up in spells of 10 or 15 minutes for example 20 minutes of football, 15 minutes of swimming and 25 minutes walking to school)

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

30. Which of the following (if any) would encourage you to do more exercise? *Please tick all that apply* (**Years 8+ only**)

- ☐ More disposable income (money)
- ☐ More free time
- ☐ More information about sport and exercise sessions available to me
- ☐ Better facilities to do sport and exercise on the Island
- ☐ Someone to do sport or exercise with
- ☐ More confidence to try new sports and exercise activities
- ☐ Access to a larger variety of sports or activities

31. Do you regularly (at least once a week) take part in sport and physical activity **at school in addition to your school PE lessons**? For example, after school or lunchtime clubs

- ☐ Yes -> skip to Q33
- ☐ No

32. If no, why not? Tick all that apply

- ☐ There is nothing I want to take part in
- ☐ No sport or physical activity is provided outside of school hours
- ☐ I am not sporty and prefer to do other things
- ☐ I can't get home if I stay late after school
- ☐ I have too many other commitments
- ☐ Other

33. During the last 12 months, have you taken part in a sports or physical activity event that involved other schools?

- ☐ Yes
- ☐ No

This question refers to **any organised** sports or exercise **excluding those done in PE lessons**:

34. In the last 4 weeks, have you done any of the following organised sports or exercise activities outside of PE lessons. *Please tick all that apply.*

Include... everything that has been organised by a sports club, organisation or centre  
Don't include... things like playing football in the park with your friends

- ☐ **Cycling with a club or organised group** (road racing, mountain biking or BMX)
- ☐ **Racket sports** (e.g. badminton, squash & racketball, tennis, paddle, pickleball, table tennis)
- ☐ **Team sports** (e.g. rugby, football, netball, hockey, volleyball, basketball, cricket, softball)
- ☐ **Athletics (including running) / triathlon**
- ☐ **Boxing and martial arts** (e.g. Karate, Ji-Jitsu, Judo, other martial arts)
- ☐ **Dance or gymnastics**
- ☐ **Aquatics** (e.g. swimming, diving, waterpolo, synchronised swimming)
- ☐ **Open water sports** (e.g. sea swimming club or group, surfing, lifesaving, kayaking, canoeing, sailing)
- ☐ **Outdoor sports** (e.g. golf, fishing, climbing, equestrian, skateboarding)
- ☐ **Fitness or exercise classes**
- ☐ **Other** \_\_\_\_\_

The following question is referring to activities **outside of school**:

35. In the last 4 weeks, how often have you taken part in an **organised** sports session **outside of school** (e.g. gymnastics, swimming lessons, running club, athletics training, hockey match etc.)?

- Include... everything that has been organised by a sports club, organisation or centre
- Don't include... things like playing football in the park with your friends
- ☐ 4 or more times a week
- ☐ 2 – 3 times a week
- ☐ Once a week
- ☐ At least once in the last 4 weeks
- ☐ Never
- ☐ Can't remember / don't know

36. How did you travel to school today? *Please tick all that apply*

- ☐ car / van / taxi
- ☐ school bus
- ☐ other bus
- ☐ moped / motorbike / motorised scooter
- ☐ bicycle
- ☐ walking
- ☐ scooter (push scooter - not a motorised one)
- ☐ other (please write . . . )

### **Aspirations (Years 10 and 12 only)**

37. What do you hope to do after finishing Year 13 (or year 11) at school?

- ☐ Gap year
- ☐ Go to university off island for Higher Education and return to Jersey upon completion
- ☐ Go to university off island for Higher Education and stay off island to seek a career
- ☐ Access Higher Education on island
- ☐ Get an apprenticeship / higher apprenticeship or enter a work-based training scheme
- ☐ Get a job
- ☐ Other (please tell us a bit more below)
- ☐ I don't know

38. In which industries do your career aspirations / interests lie? Please tick all that apply.

- ☐ IT and Digital
- ☐ Administration and Business
- ☐ Art and Design
- ☐ Education and Childcare
- ☐ Sport, Leisure and Culture
- ☐ Hospitality and Catering

- ☐ Medical and Social Care
- ☐ Hair and Beauty
- ☐ Legal Services
- ☐ Security and Protective Services
- ☐ Finance and Related Work
- ☐ Retail and Sales
- ☐ Sciences, Mathematics and Related Work
- ☐ Engineering
- ☐ Media, Marketing and PR
- ☐ Performing Arts and Related Work
- ☐ Construction and Trades
- ☐ Animals, Plants and Nature
- ☐ Transport and Logistics
- ☐ Other
- ☐ I don't know

39. What other experiences would you like to help you understand the world of work?  
Please tick all that apply.

- ☐ Skills / careers events (e.g. Skills Show, Industry skills festivals – Zest)
- ☐ Meet more people from the world of work (e.g. networking, virtual or in person work tours, visits from employers / inspirational speakers, virtual Q&As)
- ☐ Real life work projects from employers completed in school / Enterprise days (Young Enterprise, Dragons Den etc.)
- ☐ More work experience
- ☐ Careers skills (CV writing, interviews, employability skills, online CV profile tool)
- ☐ Volunteering opportunities
- ☐ Other

40. How much do you agree or disagree that Jersey is the right place to build your life and career?

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

## Smoking and e-cigarettes (vaping) (All year groups unless specified)

The following questions relate to smoking cigarettes (Not e-cigarettes / vaping).

41. Do your parents / carers smoke?

- ☐ Yes
- ☐ No

42. Does anyone smoke indoors at home?

- ☐ Yes, daily
- ☐ Yes, on most days
- ☐ Yes, once or twice a week
- ☐ Yes, occasionally (less than once a week)
- ☐ No

43. Does anyone regularly smoke in a car when you are in it too?

- ☐ Yes, daily
- ☐ Yes, on most days
- ☐ Yes, once or twice a week
- ☐ Yes, occasionally (less than once a week)
- ☐ No

44. This question relates to smoking cigarettes (Not e-cigarettes / vaping).  
**(Years 6+ only)**

Which statement describes you best?

- ☐ I have never smoked at all, not even a puff → **Skip to Q45**
- ☐ I have tried smoking once or twice → **Skip to Q45**
- ☐ I used to smoke regularly (1 or more cigarette per week), but I don't now → **Skip to Q45**
- ☐ I smoke occasionally (less than 1 cigarette per week) → **Skip to Q45**
- ☐ I smoke regularly (1 or more cigarette per week) but would like to give it up
- ☐ I smoke regularly (1 or more cigarette per week) and don't want to give it up

45. How many cigarettes have you smoked during the last 7 days? *Please type the approximate number if you can't remember exactly (Year 6+ only)*

Number of pre-made cigarettes

Number of roll-up cigarettes


46. This question is about electronic cigarettes or vaping, also known as e-cigarettes (not regular cigarettes) **(Years 8+)**

An electronic cigarette is any device that a person uses to breath in a vapour. This is sometimes called 'vaping'. The vapour often contains nicotine or is flavoured. Electronic cigarettes can be called e-cigarettes, e-cigs, e-pens, e-fags, vapes, e-shisha or hookah pens. They may look like a conventional cigarette with a glowing tip or they may look like a pen or a small bottle (a 'tank')

Which statement describes you best?

- ☐ I have never used e-cigarettes/vapes at all, not even a puff
- ☐ I have tried e-cigarettes/vapes once or twice
- ☐ I used to use e-cigarettes/vapes regularly (once or more per week), but I don't now
- ☐ I use e-cigarettes/vapes occasionally (less than once a week)
- ☐ I use e-cigarettes/vapes regularly (once or more per week) but I would like to give up
- ☐ I use e-cigarettes/vapes regularly (once or more per week) and don't want to give up

If you, or anyone you know, wants to stop smoking, help is available through the [Help2Quit programme](#). Search the [States of Jersey website](#) for Help2Quit for more information.

### Alcohol (Year 6+ unless specified)

47. Which best describes you

- ☐ I have never drunk alcohol ➔ **Skip to Q49**
- ☐ I have had alcohol a few times
- ☐ I used to drink alcohol but I have given it up
- ☐ I only drink alcohol on special occasions (e.g. Birthdays, Christmas)
- ☐ I drink alcohol occasionally (less than once a week)
- ☐ I drink alcohol regularly (at least once a week)

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

- ☐ No, never
- ☐ Yes, once
- ☐ Yes, 2-3 times
- ☐ Yes, 4-10 times
- ☐ Yes, more than 10 times

49. During the last 7 days, how much of the following alcoholic drinks did you drink (if any)? **(Years 8+ only)**

*Assume that one small can = half a large can and 1 large can = 1 pint*

Pints (or large cans) of mixed shandy  
Pints (or large cans) of beer or lager  
Pints (or large cans) of cider  
Cans/ bottles of pre-mixed drinks (e.g. WKD, Smirnoff Ice, Bacardi Breezer etc)  
Glasses of wine / champagne / prosecco  
Measures of spirits (gin, whisky, vodka, rum etc.)  
Glasses of fortified wine (e.g. sherry, port)  
Other  
Please write which other drinks


### **Drugs – Know anyone that uses / been offered (Years 6+ unless specified)**

By drugs we mean: illegal drugs such as cannabis, ecstasy etc.; medicines that have been prescribed by a doctor but are then taken by someone else (for example a young person taking their parent's tablets)

But please don't include: Tobacco (cigarettes, etc); Alcohol; Prescribed medicines: these are medicine that has been prescribed to you by a doctor or medicine that you've been given by your parents, teachers or other grown up for genuine health reasons.

50. Do you know someone personally who you think takes drugs? (not including cigarettes, alcohol or medicines prescribed to them)

☐ Yes  
☐ No

51. Have you ever been offered cannabis (weed, smoke, green)?

☐ Yes  
☐ No

52. Have you ever been offered other drugs? (not cigarettes, alcohol or prescribed medicines)

☐ Yes  
☐ No ➔ **Skip to Q53**

53. If Yes, what were they? *Please write.....*

54. Which of these do you use for information about Drugs? (choose as many answers as you need)

- ☐ Parents / carers
- ☐ Friends
- ☐ Brothers, sisters, other close relations
- ☐ Drug education lessons or visitors in school lessons
- ☐ Police
- ☐ Building a Safer Community Education Programme (BASC)
- ☐ Advice Centre for example Jersey Youth Enquiry Service (YES) / youth workers
- ☐ TV, films, magazines
- ☐ Posters, leaflets, reference books
- ☐ Doctors / school nurse
- ☐ Internet websites (please tell us which ones)
- ☐ Social media pages (please tell us which ones)
- ☐ Other (please tell us more)

55. Have you ever taken drugs (not cigarettes, alcohol or prescribed medicines)?

- ☐ Yes
- ☐ No ➔ **Skip to Q60**

56. Have you ever taken more than one type of drug on the same occasion? (**Years 10 and 12 only**)

- ☐ Yes
- ☐ No
- ☐ Don't know

57. Have you ever had a bad reaction to drugs? (**Years 10 and 12 only**)

- ☐ Yes
- ☐ No ➔ **Skip to Q58**

58. What type of bad reaction have you had after taking drugs? *Please tick all that apply.* (**Years 10 and 12 only**)

- ☐ Loss of consciousness / collapsed
- ☐ Taken to emergency department / ambulance
- ☐ Panic attack / anxiety
- ☐ Paranoia
- ☐ Felt depressed
- ☐ Other, please specify \_\_\_\_\_



*The following questions are about YOUR experience of drugs (not cigarettes, alcohol or prescribed medicines) and whether you have taken them before.*

59. Look at the list of drugs below and choose the nearest answer (**Years 10 and 12 only**)

	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 a year ago
Herbal Cannabis (weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis Resin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic cannabinoids (spice, legals, k2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDMA powder / crystals / ecstasy tablets (pills, beans, Garys)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (acid, tabs) or magic mushrooms (shrooms, mushies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke) or amphetamine (speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nitrous Oxide (Nos, whippets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (ket, special k) or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription medication NOT prescribed to you (please tell us more)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please tell us more)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you chose 'prescription medication not prescribed to you' or 'other', please tell us a bit more here

To talk to someone about drug or alcohol concerns please contact  
**Youth Enquiry Service Project** on **280530 / 0800 7350010** or text **07797 778424**

If you would like help with problem alcohol or drug use (including addiction) contact  
**Young Person's Substance Misuse Worker** on **445008** or the **Alcohol & Drug Service** on **445000**

## Health and Safety (e-safety) (All year groups unless specified)

60. How many hours sleep did you get last night?

- ☐ Less than 3 hours
- ☐ 4 or 5 hours
- ☐ 6 or 7 hours
- ☐ 8 or more hours, how many? \_\_\_\_\_

61. Do you ever use internet chat rooms / social networking sites e.g. Instagram, Snapchat, WhatsApp, Facebook, TikTok etc.?

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Everyday

Yes No

### (Year 4 only)

62. Do you have one or more social media accounts in your own name?

☐ ☐

63. The following questions related to e-safety **(Year 6 only)**

Yes No

Do you have one or more social media accounts in your own name?

☐ ☐

Do you feel pressurised to look/appear a certain way on social media?

☐ ☐

Have you ever sent messages to a stranger through an online chat room?

☐ ☐

Have you ever lied to your parents / carers about who you speak to online?

☐ ☐

Have you ever changed/removed the privacy settings on social media sites to attract more friends and followers?

☐ ☐

Have you ever received a message that scared you or made you feel threatened?

☐ ☐

64. The following questions related to e-safety **(Years 8 +)**

Yes No

Do you have one or more social media accounts in your own name?

☐ ☐

Do you feel pressurised to look/appear a certain way on social media?	<input type="radio"/>	<input type="radio"/>
Have you ever sent messages to a stranger through an online chat room?	<input type="radio"/>	<input type="radio"/>
Have you ever lied to your parents / carers about who you speak to online?	<input type="radio"/>	<input type="radio"/>
Have you ever changed/removed the privacy settings on social media sites to attract more friends and followers?	<input type="radio"/>	<input type="radio"/>
Have you ever received a message that scared you or made you feel threatened?	<input type="radio"/>	<input type="radio"/>
Have you ever sent a sexual video or photo of yourself to someone online/on your mobile?	<input type="radio"/>	<input type="radio"/>
Have you ever received a sexual video or photo of someone online/ on your mobile?	<input type="radio"/>	<input type="radio"/>
Have you ever viewed photos of/ talked to someone on an online dating site?	<input type="radio"/>	<input type="radio"/>
Do you have a profile on an online dating site?	<input type="radio"/>	<input type="radio"/>

### Quality of Life: Self Esteem (All year groups)

65. Please think about each of the following statements. *Please answer on each line*

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

**Ref D. Lawrence paper 1981**

### Quality of Life: Kidscreen-10

66. Thinking about the last week... *Please answer each line*

	never	not very often	quite often	very often	always
Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have your parents treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Wellbeing (Years 8+)

Next, we would like to ask you four questions about your feelings on aspects of your life.

There are no right or wrong answers. *Please give an answer on a scale of zero to ten, where zero is 'not at all' and ten is 'completely'*

67. Overall, how satisfied are you with your life nowadays? *Please give an answer on a scale of zero to ten, where zero is 'not at all' and ten is 'completely'*

68.

Overall, to what extent do you feel the things you do in life are worthwhile? *Please give an answer on a scale of zero to ten, where zero is 'not at all' and ten is 'completely'*

69.

Overall, how happy did you feel yesterday? *Please give an answer on a scale of zero to ten, where zero is 'not at all' and ten is 'completely'*

70.

Overall, how anxious did you feel yesterday? *Please give an answer on a scale of zero to ten, where zero is 'not at all' and ten is 'completely'*

71. If you need additional help, which of the following would help to support your mental health?

- ☐ Sessions in school on ways to support positive mental health
- ☐ Speaking to a professional (e.g. counsellor/therapist)
- ☐ Group therapy sessions on improving mental health

- ☐ Web-based support (e.g. Kooth)
- ☐ Support with physical health (including nutrition & exercise)
- ☐ I don't need any support at this time
- ☐ Other \_\_\_\_\_

### **Bullying (All year groups unless specified)**

*Here are some questions about bullying. We say a student is being bullied when another student or group of students repeatedly say or do nasty and unpleasant things to them. It is also bullying when a student is teased repeatedly in a way they do not like or when they are deliberately left out of things.*

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

- ☐ Yes
- ☐ No
- ☐ Don't know

73. Do you ever feel worried about going to school because of bullying?

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Very often

74. Do you think your school takes bullying seriously?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

75. In the last school term, have you been involved in doing any of the following things to someone else (either on your own or as part of a group) **Please tick a box on each line**

	Never	A Few times	Often	Every day
Teased someone or calling them hurtful names	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaving someone out of something on purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hitting, kicking, punching, slapping or physically hurting someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking money or possessions from someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Spreading lies, rumours or gossip about someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done any of the things listed above, but using mobile phones, tablets, online games, social media etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please explain below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain if you answered 'other'

76. What are the main reasons that people you know get bullied? *Choose as many as apply (Years 6+)*

- ☐ Physical appearance
- ☐ Race
- ☐ Faith
- ☐ Academic ability
- ☐ Gender identify
- ☐ Sexuality
- ☐ Disability
- ☐ Home life
- ☐ Being rich
- ☐ Being poor
- ☐ Because they are shy or introverted
- ☐ Because they appear anxious or have low self esteem
- ☐ I don't know anyone that gets bullied
- ☐ Other (please specify):

77. What are the main reasons that people you know get bullied? *Choose as many as apply (Year 4 only)*

- How they look
- How clever they are
- Disability
- Home life
- Being rich
- Being poor
- Because they are shy or quiet
- I don't know anyone that gets bullied

- Other (please specify):

78. In the last year, have you experienced any inappropriate comments or unwanted attention of a sexual nature? **(Years 8+ only)**

- ☐ Yes  
☐ No  
☐ Don't know

*If you or someone you know has been affected by this issue and you want to speak to someone about it, you can call*

***Youth Enquiry Service (YES):** [www.yes.je](http://www.yes.je), email [yes@jys.je](mailto:yes@jys.je), call 280530 / 0800 7350010 or drop into Eagle House*

## Worries

79. How often have you worried about the things listed below in the last month?  
**(Years 4 and 6 only)**

	Never	Rarely	Some- times	Often	Most days
School work, homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School tests / exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health problems (including COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What people think of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other worries (please specify in comments box)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. How often have you worried about the things listed below in the last month?  
(Years 8+)

	Never	Rarely	Some- times	Often	Most days
Study, work-load problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School tests / exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health (including COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boyfriend/ girlfriend problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81. Worries 2

The way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation (the gender of the people you are attracted to)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity (the gender that you feel you are yourself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount you are eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bereavement (death of a friend or family member)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What people think of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other worries (please specify in comments box)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to talk to someone about bullying or other worries that you might have, confidential support is available through the following organisations: **Childline:** [www.childline.org.uk](http://www.childline.org.uk) or call 0800 1111  
**Youth Enquiry Service (YES):** [www.yes.je](http://www.yes.je), email [yes@jys.je](mailto:yes@jys.je), call 280530 / 0800 7350010 or drop into Eagle House

82. I trust the adults in my school to quickly take the right action to resolve any concerns I have. Please tick the box that best matches your opinion to this statement.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree



REMEMBER: no one who knows you will see your answers.

Self-harm is any behaviour where someone hurts (poisons or injures) themselves on purpose for any reason.

83. In the last 12 months, have you thought about deliberately hurting yourself in any way? **(Years 10 and 12 only)**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

84. In the last 12 months, have you deliberately hurt yourself in any way? **(Years 10 and 12 only)**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

***If you would like to talk to someone about your answers to the above questions, confidential support is available through the following organisations:***

***Childline:*** [www.childline.org.uk](http://www.childline.org.uk) or call 0800 1111

***Kooth online counselling and support:*** sign up at [www.kooth.com](http://www.kooth.com) – choose Jersey in the drop down choices

***Youth Enquiry Service (YES):*** [www.yes.je](http://www.yes.je), email [yes@jys.je](mailto:yes@jys.je), call 280530 / 0800 7350010 or drop into Eagle House

## **Child Sexual Exploitation (Years 8+)**

*Child Sexual Exploitation (CSE) is a form of abuse where children or young people are tricked, bribed or persuaded to take part in sexual activity in return for something they want or need. This can happen online or in real life.. The things young people might be given in return can include attention, affection, food, cigarettes, money, drugs, alcohol or somewhere to stay. The sexual activity might include sending or viewing sexual images, sexual conversations, or some kind of sexual contact. The person getting the young person to do this may be an adult or another young person.*

85. Do you personally know of anyone who has been a victim of child sexual exploitation?

- ☐ Yes
- ☐ No
- ☐ Not sure

86. If someone tried to take advantage of you sexually, how likely would you be to tell someone?

- ☐ Definitely tell someone
- ☐ Probably tell someone

- ☐ Probably NOT tell someone
- ☐ Definitely NOT tell someone
- ☐ I don't know

87. Who would you feel comfortable telling? **Choose all that apply**

- ☐ A friend
- ☐ A parent / carer
- ☐ A teacher
- ☐ A youth worker
- ☐ A brother or sister
- ☐ The police
- ☐ A telephone helpline such as Childline
- ☐ A confidential website such as YES.je, Childline.org.uk or Dewberry House - SARC
- ☐ Other (Please describe...)
- ☐ Not sure

## **Criminal Exploitation (Years 8+)**

88. If an adult offered you money or gifts to do something you think is wrong or against the law, how likely would you be to tell someone?

- ☐ Definitely tell someone – answer Q84
- ☐ Probably tell someone – answer Q84
- ☐ Probably NOT tell someone – skip to Q85
- ☐ Definitely NOT tell someone – skip to Q85
- ☐ I don't know – skip to Q85

89. Who would you tell? (tick all that apply)

- ☐ A friend
- ☐ A parent / carer
- ☐ A teacher
- ☐ A social worker
- ☐ A brother / sister
- ☐ The police
- ☐ A telephone helpline such as Childline
- ☐ A confidential website such as YES.je or Childline.org.uk

- ☐ An app
- ☐ Other (please describe...)
- ☐ Not sure

90. Have you been offered money or gifts by an adult (over 18 years old) to do something you think is wrong or against the law?

- ☐ Yes
- ☐ No

### Attitudes to gender stereotypes (Years 8+)

91. How much do you agree or disagree with the following statements?

	strongly agree	agree	disagree	strongly disagree	don't know
It is fine for boys to play with dolls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is fine for girls to play with toy trucks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men should take control in relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mums and dads should have equal responsibility for raising children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92. We will now give you some details about different situations that can happen in relationships. Please read the descriptions and choose one number to show what you think about the behaviour of the people.

A girl sends her boyfriend a number of texts throughout the evening asking him where he is, who he's with and when he's going to get home. Which number describes what you think about the girl's behaviour?

**Not wrong at all  
wrong**

**Very seriously**

①                      ②                      ③                      ④                      ⑤                      ⑥                      ⑦

A girl is getting ready for a night out. When her boyfriend sees she is dressed up more than usual, he tells her he doesn't like her going out looking like that and tells her to change. Which number describes what you think about the boy's behaviour?

**Not wrong at all  
wrong**

**Very seriously**

①                      ②                      ③                      ④                      ⑤                      ⑥                      ⑦

A boy sends his girlfriend a number of texts throughout the evening asking her where she is, who she's with and when she's going to get home. Which number describes what you think about the boy's behaviour?

**Not wrong at all  
wrong**

**Very seriously**

①                      ②                      ③                      ④                      ⑤                      ⑥                      ⑦

93. Please choose the number which best describes what you think about the boy's behaviour in these situations?

	<b>Not wrong at all wrong</b>			<b>Very seriously</b>	
A group of boys wolf whistle or cat call at a girl walking past	①	②	③	④	⑤
A boy comments on a girl's social media every day even though she has asked him to stop	①	②	③	④	⑤
A boys puts intimate pictures of his ex-girlfriend online without her consent	①	②	③	④	⑤

*If you or someone you know has been affected by this issue and you want to speak to someone about it, you can call Youth Enquiry Service (YES): [www.yes.je](http://www.yes.je), email [yes@jys.je](mailto:yes@jys.je), call 280530 / 0800 7350010 or drop into Eagle House*

### Police & Crime (Years 8+)

94. Do you think that you have been a victim of crime in the last 12 months?

- ☐ Yes
- ☐ No → **Skip to Q96**
- ☐ Don't know → **Skip to Q96**

95. Where did this crime / these crimes occur?

- ☐ In town
- ☐ At school
- ☐ On your way to or from school
- ☐ In the area where you live
- ☐ Other (please explain)

96. Did you tell an adult?

- ☐ No
- ☐ Yes, my parents
- ☐ Yes, a teacher or someone else at school
- ☐ Yes, the police

97. Please say whether you agree or disagree with the following statements

	strongly agree	agree	disagree	strongly disagree	don't know
The police can be relied upon when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The police would treat you fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The police understand local concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking everything into account, I have confidence in the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Influence

98. How much do you agree or disagree with the following statements? (Years 4 and 6 only)

	strongly agree	agree	disagree	strongly disagree	don't know
There is a clear way for me to give my opinion / ideas on how my school is run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a clear way for me to give my opinion / ideas on how my community is run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99. How much do you agree or disagree with the following statements? (Years 8+)

	strongly agree	agree	disagree	strongly disagree	don't know
There is a clear way for me to give my opinion / ideas on how my school is run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had ideas about changing the way things are done in my school, my school would <b>listen</b> to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had ideas about changing the way things are done in my school, my school would <b>act</b> on them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to have more of a say about the way things are done in my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a clear way for me to give my opinion / ideas on how my community is run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had ideas about changing the way things are done in my community, my community would <b>listen</b> to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If I had ideas about changing the way things are done in my community, my community would <b>act</b> on them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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I would like to have more of a say about the way things are done in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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100. How much do you agree or disagree with the following statements? **(Year 6 only)**

	strongly agree	agree	disagree	strongly disagree	don't know
I know who makes decisions about the future of Jersey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how decisions are made about the future of Jersey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. How much do you agree or disagree with the following statements? **(Year 8+)**

	strongly agree	agree	disagree	strongly disagree	don't know
I know who makes decisions about the future of Jersey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how decisions are made about the future of Jersey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know who my elected representatives are in the States Assembly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to share my views with my elected States Members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. Which of these help you find out about how politics works in Jersey? For example, how people get elected or how decisions are made (choose as many answers as you need)  
**(Year 8+)**

- ☐ Parents / carers and other family members
- ☐ Friends
- ☐ PSHE lessons

- ☐ Teachers in other subjects / in form time
- ☐ Visiting speakers in lessons / assemblies
- ☐ Out of school activities (e.g. Scouts, Guides, Duke of Edinburgh, Youth service)
- ☐ Internet websites
- ☐ Social media pages
- ☐ Other (please tell us which ones)
- ☐ None of these

### Children's Rights (All year groups unless specified)

103. Have you heard about the United Nations Convention on the Rights of the Child?

- ☐ Yes
- ☐ Not sure
- ☐ No

104. Do you know what rights children and young people have under the United Nations Convention?

- ☐ Yes
- ☐ Not sure
- ☐ No

105. How do you think adults in Jersey respect the rights of children? Please tick the box that best matches your opinion to each of the statements below.

By adults, we mean teachers, police, social workers, the government (when they make rules) and any other adults you come into contact with.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
adults in Jersey do as much as possible to keep children and young people safe.					
adults in Jersey want to ensure children and young people have their basic needs met.					
adults in Jersey generally want to hear what children and young people have to say					
adults in Jersey generally take account of what children and young people have to say					

(For the primary questionnaire, the word "grown ups" replaced "adults".)

## Sex and Sexual Health (Years 8+ unless specified)

106. Which of these are your main sources of information about sex? choose all that apply

- ☐ parents/carers
- ☐ Sex education lessons / Visitors in school lessons
- ☐ Friends
- ☐ Brothers, sisters or other close relations
- ☐ Advice Centre (e.g. YES / youth workers / Brook)
- ☐ TV / Films / Magazines
- ☐ Posters / leaflets / reference books
- ☐ Doctor / School nurse
- ☐ Online pornography
- ☐ Internet (factual sites)
- ☐ Other (please describe...)

107. If someone you liked wanted to have sex with you, but you didn't want to... What would you do?

- ☐ I would just say no
- ☐ I don't know what I would do
- ☐ I would probably give in

### The following questions are years 10 and 12 only.

108. Which best describes you? I have felt sexually and / or romantically attracted...

- ☐ Only to females, never to males
- ☐ More often to females and at least once to a male
- ☐ About equally often to females and males
- ☐ More often to males and at least once to a female
- ☐ only to males, never to females
- ☐ I have never felt sexually and / or romantically attracted to anyone at all

109. Do you know where you can get condoms free of charge?

- ☐ Yes
- ☐ No

110. Which of the following best describes you?

- ☐ Never been sexually active → **Skip to end**
- ☐ Been sexually active in the past
- ☐ Currently sexually active



111. Have you ever used any of these methods of contraception?

Please select all of the methods you have used, or select NONE

- ☐ None ➔ **Skip to end**
- ☐ Pill (combined or progesterone only)
- ☐ Patch
- ☐ Injection
- ☐ Implant
- ☐ Copper or Mirena Coil – used proactively, before sex
- ☐ Vaginal ring
- ☐ Caya cap
- ☐ Emergency Contraception (morning-after pill or copper coil)
- ☐ Condoms

112. Where did you get this / these from

Select as many as are applicable

- ☐ Pharmacy / Chemist
- ☐ Your doctor (GP)
- ☐ Brook Centre
- ☐ Le Bas Centre
- ☐ Other (please describe...)

*If you need advice on sexual health matters, the 'Brook' charity offers confidential advice and support. Telephone 507981, search the internet/Facebook for "Brook Jersey" or they have an office at 35 Lister House on The Parade.*

Thank you!

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