

Jersey Health and Lifestyle Survey 2010

Personal background

1. Are you male or female?

- Male
- Female

2. Are you a boy or a girl?

- Boy
- Girl

3. What year are you in at school?

- Year 3
- Year 4
- Year 5
- Year 6
- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12
- Year 13

4. Which parish do you live in?

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

5. What is your home postcode? *Lots of houses share your postcode so this will not tell us which house is yours.*

6. How old are you?

Years

- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years

Months

- 0 months
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months

7. Which adults do you live with?

- Mother and father together
- Mainly or only mother
- Mainly or only father
- Mother and father shared
- Mother and stepfather/partner
- Father and stepmother/partner
- Foster parents
- Residential social worker
- Other

8. How many people live in your home (including yourself)? *Please choose the nearest answer. Include step- and half- brothers and sisters if they live at home.*

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

9. How many bedrooms are there in your home? *Please choose the nearest answer.*

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

10. How many cars/vans do your family own? *Please choose the nearest answer. Do not count cars/vans owned by relatives living outside your household.*

- 0
- 1
- 2
- 3 or more

11. To which group do you feel you belong? *Please choose the nearest answer.*

- White
 - Jersey
 - British
 - Irish
 - French
 - Polish
 - Portuguese / Madeiran
 - Other
- Asian or Asian British
 - Indian
 - Pakistani
 - Bangladeshi
 - Thai
 - Chinese
 - Other
- Black or Black British
 - Caribbean
 - African
 - Other
- Mixed
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Other
- Don't know or don't want to say

12. In general, how satisfied do you feel with your life at the moment? *Please choose the nearest answer.*

- Not at all
- Not much
- Not sure
- Quite a lot
- A lot

13. Which of these statements best describes you? *Please choose the nearest answer.*

- I don't know what GCSEs I'm going to take, if any
- I don't expect to take any GCSEs
- I expect to take a few GCSEs (1 to 4)
- I expect to take several GCSEs (5+)
- I expect to take several GCSEs and get mostly good grades (A to C)

14. Please respond to each of these statements about your school:

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
I feel like a real part of my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There's at least one teacher or other adult in this school I can talk to if I have a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People at this school are friendly to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am included in lots of activities in my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. At the end of Year 11, do you want to:

	No	Don't know	Yes
Continue in full-time education?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find a job as soon as you can?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get training for a skilled job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Do you feel that your views and opinions are asked for in your school?

- Yes
- No
- Don't know

17. Do you feel that your views and opinions are listened to in your school?

- Yes
- No
- Don't know

18. If yes, please select all the ways you are listened to.

- School / class council
- Suggestion box
- Circle time
- Talking to teachers
- Talking to other adults in school
- Talking to trained pupils (e.g. playground pals / buddies, peer mediator, bullying counsellor)
- Other

19. Do you feel that your views and opinions make a difference to how your school is run?

- Yes
- No
- Don't know

20. Please think about each of the following statements.

	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"/>

21. How much do you agree or disagree with these statements?

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

Health

22. How did you travel to school today? Was it by... *Please select all that you need.*

- Car / van
- School bus
- Other bus
- Moped / motorbike
- Taxi
- Bicycle
- Walking
- Other (please write below)

23. Enter your height in cm?

24. How recently have you checked your height?

- This week
- This month
- In the last 6 months
- Longer ago than 6 months

25. Enter your weight in kg?

26. How recently have you checked your weight?

- This week
- This month
- In the last 6 months
- Longer ago than 6 months

27. Which statement describes you best? *Please choose the nearest answer.*

- I would like to put on weight
- I would like to lose weight
- I am happy with my weight as it is

28. Did you eat or drink anything before lessons this morning? *Please choose all that apply*

- No, nothing at all
- Yes, something at home
- Yes, something at school
- Yes, something on the way to school

Food and diet

29. What did you have to eat or drink before lessons this morning? *Select everything that you had. If you have had nothing, say 'yes' to nothing at all.*

	Yes	No
Nothing at all to eat or drink	<input type="radio"/>	<input type="radio"/>
A drink	<input type="radio"/>	<input type="radio"/>
Cereal	<input type="radio"/>	<input type="radio"/>
Porridge / Ready brek	<input type="radio"/>	<input type="radio"/>
Toast or bread	<input type="radio"/>	<input type="radio"/>
Fruit	<input type="radio"/>	<input type="radio"/>
Yoghurt	<input type="radio"/>	<input type="radio"/>
Crisp-type snack	<input type="radio"/>	<input type="radio"/>
Chocolate bar, sweets	<input type="radio"/>	<input type="radio"/>
Breakfast bar	<input type="radio"/>	<input type="radio"/>
Pop tarts, cakes, muffins	<input type="radio"/>	<input type="radio"/>
Cooked breakfast (please describe below)	<input type="radio"/>	<input type="radio"/>
Something else (please describe below)	<input type="radio"/>	<input type="radio"/>

30. What do you normally do for lunch on a school day? *Please choose the nearest answer.*

- Have a canteen lunch in school
- Eat a packed lunch
- Buy lunch from a takeaway or shop
- Go home for lunch
- Do not have any lunch

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

	Not at all	One day	2 – 3 days	On most days
Any meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any fish / fish fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any dairy produce (e.g. cheese, milk, yoghurt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetarian main meal (e.g. soya, tofu, beans)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wholemeal bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chips or roast potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice or pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar-coated cereals (e.g. Frosties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High-fibre cereals or muesli	<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"/>
Salads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-calorie drinks (e.g. diet coke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fizzy drinks (not low-calorie)	<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"/>
Sweets, chocolate, choc bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. How much water did you drink yesterday? *Only count plain water. Do not count tea, coffee, squash type drinks or fizzy drinks.*

- Nothing
- 1 or 2 cups
- 3 – 5 cups
- About a litre (6 cups)
- About 2 litres (12 cups)
- More than 2 litres

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

A portion is about a handful. To help you decide, all these count as one portion: 1 apple, banana, pear, orange or 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 of fruit juice (if you drink more than one glass, it still counts as just one portion). A bowl of salad. N.B. Potatoes don't count when thinking about 5-a-day

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

34. How many portions of fruit and vegetables do you think you need to eat each day to stay healthy?

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

35. When choosing what to eat, do you consider your health? *Please choose the nearest answer.*

- Never
- Sometimes
- Quite often
- Very often
- Always

36. What are the main reasons that make it difficult to make healthy food choices?

	Strongly agree	Agree somewhat	Not sure	Disagree somewhat	Strongly disagree
It's more expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability – difficult to find options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information on the packet is not enough or misleading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know enough about what's on offer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough time to prepare my own food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy options don't taste as nice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unhealthy alternatives are easier to find	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical activity

37. How often have you played or done any of these things in your own time or in school clubs, in the past 12 months? (NOT in school lessons)

	Never or hardly ever	Once or twice a month	Once a week	More than once a week
Rugby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hockey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Netball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Riding a bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Club cycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track / field (e.g. athletics, hurdles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sailing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Table tennis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Badminton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice skating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judo, Karate, boxing etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gymnastics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness / aerobics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. How often have you played or done any of these things in your own time or in school clubs (NOT in school lessons)

	Never or hardly ever	Once or twice a month	Weekly	Twice a week or more
Dancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cricket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rounders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canoeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Horse riding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motorbike scrambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hiking / orienteering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going for walks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volleyball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5-a-side football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roller skating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skate boarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Darts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snooker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. For the activities you have done in the past 7 days, please indicate the number of separate occasions you did any physical activity.

40. On how many days (in the last 7) were you physically active for at least one hour, enough to make you feel out of breath or sweaty? (*one hour over a day may include separate occasions e.g. 3 occasions of 20 minutes*)

41. How many times each week do you think you need to be physically active in order to stay healthy?

- None
- Once
- Twice
- Three times
- Four times
- Five times
- Six times
- Seven times

42. Does anything stop you from being as physically active as you would like?

- It is too expensive to take part in things I like
- The facilities don't offer what I want
- I don't have enough time
- It is too far away
- I don't like the facilities
- I don't like the people who go there
- I am self-conscious in front of others
- I don't know what to do
- I feel awkward trying new things
- Other (please describe below)

43. How much do you enjoy PE and games in school? *Please choose the nearest answer.*

- Not at all
- A little
- Quite a lot
- A lot

44. How much do you enjoy physical activities? *Please choose the nearest answer.*

- Not at all
- A little
- Quite a lot
- A lot

45. Have you got a bicycle?

- Yes
- No

46. Do you wear a safety helmet when cycling? *Please choose the nearest answer.*

- Never or almost never
- Sometimes
- Whenever possible
- Always
- Don't cycle

Smoking

47. Which statement describes you best? *Please choose the nearest answer.*

- I have never smoked at all, not even a puff -> **skip to Q58**
- I have tried smoking once or twice -> **skip to Q54**
- I used to smoke but I don't now -> **skip to Q54**
- I smoke occasionally (less than 1 cigarette a week) -> **skip to Q54**
- I smoke regularly but would like to give it up
- I smoke regularly and don't want to give it up

48. Have you smoked in the last 7 days?

- No -> **skip to Q54**
- Yes

49. How many cigarettes have you smoked during the last 7 days? *Please type the approximate number if you can't remember exactly. If NONE, type 0.*

50. If you have smoked recently, where did you get/buy your last cigarettes from? *Please choose the nearest answer.*

- Supermarket
- Garage – shop
- Vending machine
- Corner shop
- Duty free
- Friends
- Parent / carer
- Other

51. Do you feel that you could give up smoking?

- I don't want to
- No
- Yes with difficulty
- Yes

52. Have you ever tried to give up smoking?

- Yes
- No

53. Would you like help to give up smoking?

- Yes
- No

54. At what age did you first try smoking (even if it was only a puff or two)?

55. Is there any help locally for people who want to give up smoking?

- Yes
- No
- Don't know

56. How many people smoke, including yourself and regular visitors, on most days indoors in your home? *Please choose the nearest answer.*

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

57. Do you think that you will smoke when you are older? *Please choose the nearest answer.*

- NO!
- No
- Maybe
- Yes
- YES!

Alcohol

58. Which statement describes you best? *Please choose the nearest answer.*

- I have never drunk alcohol -> **skip to Q71**
- I have had alcohol only 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 (e.g. less than once a week)
- I drink alcohol regularly (e.g. at least once a week)

59. Have you had an alcoholic drink (more than just a sip) in the last 7 days? *Do not include canned shandy.*

- No -> **skip to Q66**
- Yes

60. On which days you drink alcohol in the last 7 days? *Please choose all that apply.*

- None
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

61. On which days did you get drunk in the last 7 days? *Please choose all that apply.*

- None
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

62. During the last 7 days, how much of the following alcoholic drinks did you drink, if any? *Assume that 1 small can = 0.5 times a large can and 1 large can = 1 pint.*

Pints of mixed shandy

Pints of beer or lager

Pints of cider

Cans / bottles of pre-mixed drinks e.g. Bacardi Breezer

Glasses of wine

Glasses of martini, cinzano, sherry etc.

Measures of spirits (e.g. gin, whisky, vodka, rum etc.)

Something else

63. Have you drink alcohol drink at any of these places during the last 7 days? *Do not include canned shandy.*

- I drank alcohol at home
- I drank alcohol at a friend's or relation's home
- I drank alcohol at a disco, club or party
- I drank alcohol in a pub or bar
- I drank alcohol outside in a public place (street, park etc.)

64. How did you get the alcohol that you drank in the last 7 days?

- Bought or given alcohol by friends
- Bought or given alcohol by parents
- Bought or given alcohol by a family member
- I bought it
- Someone else over 18 bought it for me

65. Have YOU bought alcoholic drink at any of these places during the last 7 days? *Do not include canned shandy.*

- I bought it in a supermarket
- I bought it in an off-license
- I bought it in a pub or bar
- I bought it in a nightclub

66. If you ever drink alcohol at home, do your parents know? *Please choose the nearest answer.*

- I do not drink alcohol
- My parents always know
- My parents usually know
- My parents sometimes know
- My parents never know

67. During the last year, how regularly have you drunk more alcohol than you intended to?

- Never
- Less than once a month
- Once or twice a month
- Once a week or more

68. During the last year, how often have your use of alcohol caused a problem, for you or anyone else?

- Never
- Less than once a month
- Once or twice a month
- Once a week or more

69. Which of the following best describes your reasons for drinking alcohol?

	Never	Sometimes	Often	Always
To feel good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To feel confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To relieve stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To socialise and have fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For something to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because adults do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because friends do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please write below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. How often do you use any of the following strategies to avoid the problems caused by drinking too much alcohol?

	Never	Sometimes	Often	Always
I avoid drinking altogether	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid drinking in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stick to drinks with a lower alcohol content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid mixing different kinds of alcohol together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I drink slowly and take small sips each time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wait for a long time between each alcoholic drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stay with my friends and we look after each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I decide on a limit before drinking and stick to it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan my journey home before going out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please write below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drugs

71. Which of these is your main source of information about drugs? *Please choose the nearest answer.*

- My parents / carers
- Drug education lessons
- Friends
- Brothers, sisters or other close relations
- School nurse
- Advice centre e.g. Family Planning Clinic
- TV, Films
- Magazines
- Posters, leaflets, reference books
- Visitors to school lessons
- Doctor
- Internet
- Advisers / tutors
- Telephone helpline
- Youth workers
- Other

72. Which of these do you think should be your main source of information about drugs? *Please choose the nearest answer.*

- My parents / carers
- Drug education lessons
- Friends
- Brothers, sisters or other close relations
- School nurse
- Advice centre e.g. Family Planning Clinic
- TV, Films
- Magazines
- Posters, leaflets, reference books
- Visitors to school lessons
- Doctor
- Internet
- Advisers / tutors
- Telephone helpline
- Youth workers
- Other

73. Have any of the following talked with you about drugs? (e.g. cannabis, glue sniffing, heroin).
Please choose all that apply.

- Parents
- Teachers, in school lessons
- School nurse
- Visitors in school lessons
- Friends
- Brothers or sisters
- Other close relatives

74. What do you KNOW about these drugs? This list gives their real names and some street names.
Please answer on each line.

	I have never heard of the drug	Heard of it, but don't know much about it	I think it is safe if used properly	I think it is always unsafe
Amphetamines (e.g. speed, sulphates, sulph, shizz, uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates (e.g. downers, barbies, sleepers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (any form e.g. hash, grass, pot, marijuana, dope, oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Date rape' drugs (e.g. GHB, Rohypnol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (e.g. MDMA, XTC, E, Doves)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (e.g. snow, Charlie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack (e.g. rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens: natural (e.g. magic mushrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens: synthetic (e.g. acid, angel dust, LSD, GHB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (e.g. H, junk, skag, smack, brown)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates (e.g. methadone, morphine, pethidine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poppers (e.g. Liquid Gold, Rush, TNT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents used as drugs (e.g. glue, gas refills, aerosols, cleaning fluid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle-building steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilisers (e.g. Librium, Valium, Temazepam, Prozac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Khat (e.g. Quat, qat, qaadka, chat, ghat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ketamine (e.g. Special K, Vitamin K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crystal Meth (e.g. ice, glass, tina and Christine, yaba)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Highs (e.g. Salvia, Pep pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs (please write in box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. Do you know anyone personally who you think takes any of the drugs in question 74? *Please choose the nearest answer.*

- No
- Not sure
- Fairly sure
- Certain

76. Have you ever been offered cannabis? *Please choose the nearest answer.*

- No
- Yes

77. Have you ever been offered other drugs on the list in question 74? *Please choose the nearest answer.*

- No
- Yes

78. If yes, what were they?

79. This question is about your EXPERIENCE of these drugs (not prescribed by a doctor). *Look at the list of drugs below and choose an answer from 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, sulphates, sulph, shizz, uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates (e.g. downers, barbies, sleepers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (any form e.g. hash, grass, pot, marijuana, dope, oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

'Date rape' drugs (e.g. GHB, Rohypnol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (e.g. MDMA, XTC, E, Doves)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (e.g. snow, Charlie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack (e.g. rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens: natural (e.g. magic mushrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens: synthetic (e.g. acid, angel dust, LSD, GHB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (e.g. H, junk, skag, smack, brown)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates (e.g. methadone, morphine, pethidine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poppers (e.g. Liquid Gold, Rush, TNT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents used as drugs (e.g. glue, gas refills, aerosols, cleaning fluid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle-building steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilisers (e.g. Librium, Valium, Temazepam, Prozac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Khat (e.g. Quat, qat, qaadka, chat, ghat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (e.g. Special K, Vitamin K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crystal Meth (e.g. ice, glass, tina and Christine, yaba)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Highs (e.g. Salvia, Pep pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs (please write in box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. If you have ever taken any of these drugs, please write your age when you first used any of them.

81. Have you EVER taken more than one type of drug listed in question 79 on the same occasion?
Please choose the nearest answer.

- No
- Don't know
- Yes

82. Have you EVER taken drugs listed in question 79 and alcohol on the same occasion? Please choose the nearest answer.

- No
- Don't know
- Yes

Health and safety

83. How many times did you clean your teeth yesterday? *Please choose the nearest answer.*

- None
- Once
- Twice
- Three times or more

84. How long ago did you last visit the dentist? *Please choose the nearest answer.*

- In the past 7 days
- In the past month
- In the past 3 months
- In the past 6 months
- In the past year
- More than a year ago

85. Do you try anything to avoid sunburn? *E.g. wear a hat, wear long sleeves, put on sunscreen, stay in the shade.*

- Never
- Sometimes
- Usually
- Whenever possible

86. About how many hours sleep did you get last night?

- Less than 3 hours
- 4 or 5 hours
- 6 or 7 hours
- 8 hours or more

87. Is the amount of sleep you normally get...?

	No	Don't know	Yes
Enough for you to stay alert and concentrate on your school work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enough for your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

88. How do you rate the following in the area where you live?

	Very poor	Poor	Okay	Good	Very good
Your safety when going out after dark	<input type="radio"/>				
Your safety when going out during the day	<input type="radio"/>				
Your safety at school	<input type="radio"/>				
Your safety when going to and from school	<input type="radio"/>				

89. In the last 12 months, have you been the victim of violence or aggression in the area where you live?

- No
- Not sure
- Yes

90. In the past 12 months, how many accidents have you had that were treated by a doctor or at a hospital?

- 0 -> **please skip to Q92**
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

91. Please think about your most recent accident within the last 12 months. What sort of accident was it?

- I was burnt/scalded
- I had a cut
- I had broken a bone
- I hurt my teeth, mouth or jaw
- I had a bruise, graze or sprain
- I hurt my head
- I was choking / couldn't breathe
- I swallowed something
- Other

Mental health

92. How many adults can you really trust? *Please choose the nearest answer.*

- None
- One
- Two
- Three to five
- Six to ten
- Eleven to twenty
- More than twenty

93. How do you usually feel when meeting people of YOUR OWN AGE for the first time? *Please choose the nearest answer.*

- Very uneasy
- Quite uneasy
- A little uneasy
- At ease

94. When a friend wants me to do something I don't want to do...

- I can usually or always say no
- I can sometimes say no
- I can rarely say no
- I can never say no

95. When I want a friend to do something...

- I usually or always know what to say
- I sometimes know what to say
- I hardly ever know what to say
- I never know what to say

Bullying

96. Do you ever feel afraid to go to school because of bullying? *Please choose the nearest answer.*

- Never
- Sometimes
- Often
- Very often

97. Have you been bullied at or near school in the last 12 months? *Please choose the nearest answer.*

- No
- Don't know
- Yes

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

- No
- Don't know
- Yes

99. Do you think your school takes bullying seriously?

- No
- Don't know
- Yes

100. Have any of the following happened to you in the last month?

	Never	Few times	Often	Every day
Been teased / made fun of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Called nasty names	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullied through mobile phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullied through email / Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushed / hit for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had belongings taken / broken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been threatened for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been asked for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been ganged up on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. Where did they happen? *Please tick all that apply.*

- At or near home
- On the way to or from school
- Going out at other times during the day
- Going out at other times in the dark
- During lesson time
- In a classroom (break/lunchtime)
- In the toilets
- In the corridors
- Outside at school (break/lunchtime)
- Received nasty/threatening text messages
- Received nasty/threatening email
- Somewhere else

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

- Your size or weight
- The way you look
- The clothes you wear
- Your colour, race or religion
- Your sexuality
- A disability
- Other

103. Have you ever been approached by an adult stranger who scared you or made you upset?

- Yes
- No
- Not sure

104. If so, did you know this person?

- Yes
- No

105. What did you do? *Please choose all that apply.*

- Shouted
- Ran or walked away
- Told an adult straightaway
- Told an adult afterwards
- Told the police
- Told a friend
- Kept it to myself
- Other (please write in the box below)

Worries

106. How often have you worried about the things listed below in the last month?

	Never	Rarely	Sometimes	Often	Most days
Study, work-load problems	<input type="radio"/>				
School tests / exams	<input type="radio"/>				
Money problems	<input type="radio"/>				
Physical health	<input type="radio"/>				
Emotional health	<input type="radio"/>				
Problems with friends	<input type="radio"/>				
Problems with teachers	<input type="radio"/>				
Boyfriend / girlfriend problems	<input type="radio"/>				
Sex	<input type="radio"/>				
Thinking you are gay, lesbian, bisexual	<input type="radio"/>				
Family problems	<input type="radio"/>				
The way you look	<input type="radio"/>				
The amount you are eating	<input type="radio"/>				
What people think of you	<input type="radio"/>				
Sexually transmitted infections	<input type="radio"/>				
Smoking	<input type="radio"/>				
Drinking alcohol	<input type="radio"/>				
Drugs	<input type="radio"/>				
Puberty and growing up	<input type="radio"/>				
Being bullied	<input type="radio"/>				
Career problems	<input type="radio"/>				
Crime	<input type="radio"/>				
The environment	<input type="radio"/>				
Other (please answer and write below)	<input type="radio"/>				

107. How much do your worries affect your school work? *Please select one answer.*

- Not at all
- A little
- Quite a lot
- Very much

Sexual health

109. Have any of the following talked with you about how your body changes as your grow up?

- Parents
- Teachers, in school lessons
- School nurse
- Visitors in school lessons
- Friends
- Brothers or sisters
- Other close relatives

110. Do you feel that you know enough about how your body changes as you get older?

- Yes
- No
- Not sure

111. Here is a list of sexually transmitted infections. For each one, please choose the answer that best describes what you know about them.

	Never heard of it	Know nothing about it	Can be treated but NOT cured	Can be treated AND cured
Genital herpes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital warts (papilloma virus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pubic lice (crabs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- No
- Yes – if yes, please write where:

113. Is there a special contraception for YOUNG PEOPLE available locally?

- No
- Don't know
- Yes

114. Which of the following best describes your knowledge about sex? *Please select one answer.*

- I don't know enough
- My knowledge is OK but I would still like to know more
- I know pretty much all I need

115. Imagine you are at a party and your boyfriend/girlfriend wants you to have sex, but you really don't want to. *Please select one answer.*

- I don't know what I would do
- I would just say no
- I would say no I'm not ready for sex
- I wouldn't say or do anything
- I would probably give in

116. Which of these is your main source of information about sex? *Please choose the nearest answer.*

- My parents / carers
- Sex education lessons
- Friends
- Brothers, sisters or other close relations
- School nurse
- Advice centre e.g. Family Planning Clinic
- TV, Films
- Magazines
- Posters, leaflets, reference books
- Visitors to school lessons
- Doctor
- Internet
- Advisers / tutors
- Telephone helpline
- Youth workers
- Other

117. Which of these do you think should be your main source of information about sex? *Please choose the nearest answer.*

- My parents / carers
- Sex education lessons
- Friends
- Brothers, sisters or other close relations
- School nurse
- Advice centre e.g. Family Planning Clinic
- TV, Films
- Magazines
- Posters, leaflets, reference books
- Visitors to school lessons
- Doctor
- Internet
- Advisers / tutors
- Telephone helpline
- Youth workers
- Other

118. In the UK we know that only 28% of under 16s report having sex. We need to know the local situation. Which of the following best describes you?

- Not had a sexual relationship -> **skip to Q120**
- Currently in a relationship and thinking about having sex -> **skip to Q120**
- Had a sexual relationship in the past
- Currently in a sexual relationship

119. At what age did you first have sex?

120. Here is a list of methods of contraception (birth control / family planning). For each one, please choose the answer that describes best what you know about them.

	Never heard of it	Know nothing about it	Not reliable to stop pregnancy	Reliable to stop pregnancy
Condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diaphragm (cap)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pill (contraceptive pill or mini-pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female condom (Femidom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morning-after pill / emergency contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe period / rhythm method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex without penetration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

121. Please select all the contraceptive methods listed that are reliable to stop infections like HIV/AIDS. *Please choose all that apply. If you think none of them are reliable, please select NONE.*

- NONE
- Condoms
- Diaphragm (cap)
- Pill (contraceptive pill or mini-pill)
- Female condom (Femidom)
- Emergency contraception (Morning-after Pill)
- Safe period / rhythm method
- Sex without penetration

122. Have you ever used any of these methods of contraception? *Please choose all that apply. If you used none of them, please select NONE.*

- NONE
- Condoms
- Diaphragm (cap)
- Pill (contraceptive pill or mini-pill)
- Female condom (Femidom)
- Emergency contraception (Morning-after Pill)
- Safe period / rhythm method
- Sex without penetration

Money

123. How useful have you found school lessons about the following?

	Can't remember any	Not at all useful	Some use	Quite useful	Very useful
Managing money	<input type="radio"/>				
Citizenship	<input type="radio"/>				
Drug education (inc. alcohol & tobacco)	<input type="radio"/>				
Emotional health and wellbeing	<input type="radio"/>				
Bullying	<input type="radio"/>				
Healthy eating	<input type="radio"/>				
Physical activity	<input type="radio"/>				
Safety	<input type="radio"/>				
Sex and relationship education	<input type="radio"/>				

124. Did you spend any time doing any of these things after school in the last week?

- Watching TV, videos or DVDs
- Doing homework
- Playing computer games
- Meeting friends
- Using a computer for school work
- Reading a book for pleasure
- Going to a club
- Listening to CDs or other music
- Looking after someone at home (e.g. babysitting, minding grandparent)
- At your music lesson or practice
- Extra lessons or tutoring
- Playing sport
- Doing something else (please write below)

125. Do you usually get pocket money?

- No, I don't usually get any
- No, I get money as I need it
- Yes, I get money every day
- Yes, I get money every week
- Yes, I get money once a month
- Other

126. How much pocket money did you get last time? *If none, write 0.*

127. Have you done any paid work this term?

Irregular or casual paid work

- Yes
- No

Regular paid job

- Yes
- No -> **skip to Q131**

128. Please select your regular paid term-time job from the following list. *If you do more than one, choose the one that pays the most.*

- Babysitting
- Hairdressing
- Working in a shop
- Manual work
- Paper / milk round
- In a hotel, bar or café
- Farm work or gardening
- Paid housework
- Other work (please write in box below)

129. How many hours did you work for money last week?

130. How much does this work affect your school work? *Please choose the nearest answer.*

- Not at all
- A little
- Quite a lot
- Very much

131. How much of your own money (say from your wages or pocket money) have you spent during the last 7 days?

132. If so, did you spend any of this money on the following items during the last 7 days?

- Sweets, chocolate etc.
- Fresh fruit
- Comics, magazines
- Books
- School equipment
- Fares
- Sports equipment
- Discos or clubs
- Clothes and footwear
- Cosmetics / toiletries
- CDs, other music
- Cigarettes
- Lottery scratch cards or draw tickets
- Crisps
- Fast food (hot)
- Soft drinks
- Youth club
- Stickers

- Computer (games etc.)
- Alcoholic drinks
- Leisure / sports centre
- Videos / DVDs hired/bought
- Pets
- Arcade games (for fun)
- Arcade gambling
- Mobile phones
- Other