

Jersey Health and Lifestyle Survey 2014 – All questions

Personal background

1. School ID

2. Are you a boy or a girl?

- Boy
- Girl

3. How old are you?

- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

4. What school year are you in?

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

5. Are you male or female?

- Male
- Female

6. Which of the following best describes you? *Choose the nearest answer*

- Jersey
- British
- Irish
- French
- Portuguese / Madeiran
- Polish
- African
- Asian
- Mixed
- Other

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

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

8. Does your family own a car, van or truck?

- No
- Yes, one
- Yes, two or more

9. Do you have your own bedroom for yourself?

- Yes
- No

10. During the past 12 months, how many times did you travel away on holiday with your family?

- Not at all
- Once
- Twice
- More than twice

11. How many computers does your family own?

- 0
- 1
- 2
- More than 2

Quality of Life

12. 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"/>

13. Thinking about the last week...

	Not at all	Slightly	Moderately	Very	Extremely
Have you felt fit and well?	<input type="radio"/>				
Have you felt full of energy?	<input type="radio"/>				
Have you felt sad?	<input type="radio"/>				
Have you felt lonely?	<input type="radio"/>				
Have you had enough time for yourself?	<input type="radio"/>				
Have you been able to do the things that you want to do in your free time?	<input type="radio"/>				
Have your parent(s) treated you friendly?	<input type="radio"/>				
Have you had fun with your friends?	<input type="radio"/>				
Have you got on well at school?	<input type="radio"/>				
Have you been able to pay attention?	<input type="radio"/>				

Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

15. What is your height?

_____ cm OR _____ feet _____ inches

16. What is your weight?

_____ kg OR _____ stones _____ pounds

Food and diet

17. Did you eat or drink anything before lessons this morning?

- No, I had nothing to eat or drink
- Yes, I only had something to drink
- Yes, I only had something to eat
- Yes, I had something to eat and drink

18. What do you normally do for lunch on a school day? *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

19. What is the main reason why you do not normally buy lunch from the school canteen?

- Don't like the food
- Not enough time
- I don't like queuing
- It's too expensive
- Portion sizes are too big / small
- I don't like eating in the dining room / canteen
- I will eat a main meal in the evening
- My friends don't eat in the dining room / canteen
- My parents don't support / allow me
- Other

21. How much water did you drink yesterday? Only count plain water, do not count tea, coffee, squash-type drinks or fizzy drinks (a typical can of pop is usually about 330ml which is about 2 cupfuls)

- None
- 1 or 2 cups
- 3-5 cups
- About a litre (6 cups)
- About 2 litres (12 cups)
- More than 2 litres

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

- One 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 dessert bowl of salad
- NB. Do not count potatoes

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

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

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

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

Exercise

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

24. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (a total of 60 minutes can be made up of, for example 20 minutes of football, 15 minutes of cycling and 25 minutes of swimming)

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7

25. How much time did you spend doing the following yesterday in your free time?

	None	Half an hour	1 hour	2 hours	3 hours	4 hours	5 hours or more
Watching TV programmes and movies (including online & DVDs)	<input type="radio"/>						
Playing games on a computer or games console (playstation, xbox or tablet/smartphone)	<input type="radio"/>						
Using a computer for chatting on-line, internet, emailing etc. (including on a tablet/smartphone)	<input type="radio"/>						

26. How did you travel to school today? *Select all that apply.*

- Car / van
- School bus
- Other bus
- Moped / motorbike
- Taxi
- Bicycle
- Walking
- Other

27. Have you got a bicycle?

- Yes
- No

28. Do you wear a safety helmet when cycling? *Choose the nearest answer*

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

Smoking

29. Which statement describes you best?

- I have never smoked at all, not even a puff -> **skip to Q35**
- I have tried smoking once or twice -> **skip to Q35**
- I used to smoke, but I don't now -> **skip to Q32**
- I smoke occasionally (less than 1 cigarette a week) -> **skip to Q32**
- I smoke regularly but would like to give it up
- I smoke regularly and don't want to give it up

30. How many cigarettes have you smoked during the last 7 days? (Please type the approximate number if you can't remember exactly)

31. Where did you get/buy your last cigarettes from?

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

32. At what age did you first try smoking?

33. Have you ever tried to give up smoking?

- Yes
- No

34. Would you like help to give up smoking?

- Yes
- No

35. Do your parents / carers smoke?

- Yes
- No

36. Does anyone smoke indoors at home?

- Yes
- No

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

- No
- Yes, daily
- Yes, on most days
- Yes, once or twice a week

Alcohol

38. Which statement describes you best?

- I have never drunk alcohol -> **skip to Q49**
- 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 (less than once a week)
- I drink alcohol regularly (at least once a week)

39. 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

40. Have you drank any alcohol in the last 7 days?

- Yes
- No -> **skip to Q46**

41. On which days did you drink alcohol in the last 7 days? *Select all that apply.*

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

42. During the last 7 days, how much of the following alcoholic drinks did you drink, if any? (Assume that 1 small can = half 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. Wkd):

Glasses of wine:

Glasses of Martini, Cinzano, sherry, etc.:

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

Other, please describe:

43. Have you drink alcoholic drink at any of these places in the last 7 days?

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

44. How did you get the alcohol you have drunk in the last 7 days?

- Bought off or given by a friend
- Bought off or given by a parent
- Bought off or given by a family member
- I bought it
- Someone else over 18 bought it for me
- Taken without permission from parent / family member / friend

45. Have you bought an alcoholic drink at any of these places during the last 7 days?

- 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

46. Do you parents know when you drink alcohol?

- My parents always know
- My parents usually know
- My parents sometimes know
- My parents never know

47. How often in the last year have you not been able to remember what happened when drinking the night before?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily / almost daily

48. 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 alcohol 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 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"/>
I drink water in between alcoholic drinks	<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"/>

Drugs

49. Do you know anyone personally who you think takes drugs? (Not cigarettes, alcohol or medicines)

- Yes
- No

50. Have you ever been offered cannabis?

- Yes
- No

51. Have you ever been offered other drugs?

- Yes
- No

52. If yes, what were they?

53. Which of these is your main source of information about drugs?

- My parents / carers
- Drug education lessons
- Friends
- Brothers, sisters, other close relations
- Visitors in school lessons
- Advice Centre for example YES / youth workers
- TV, Films, Magazines
- Posters, leaflets, reference books
- Doctor / School nurse
- Internet
- Other

54. Have any of the following talked with you about drugs (e.g. cannabis, heroin etc.) *Choose all that apply.*

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

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

- Yes
- No

56. Have you ever taken cannabis?

- Yes
- No

57. Have you ever taken any other drugs?

- Yes
- No

58. Have you EVER taken more than one type of drug on the same occasion?

- Yes
- Don't know
- No

59. Have you EVER taken drugs and alcohol on the same occasion?

- Yes
- Don't know
- No

60. This question is about your EXPERIENCE of drugs (not prescribed by a doctor). Look at the list of drugs below and choose the nearest answer.

	I have never taken this drug	I have taken during the last month	I have taken during the last year	I took this drug more than one year ago
Amphetamines (e.g. speed, sulphates, sulph, whizz, 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. Rohypnol, GHB	<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 and similar drugs (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"/>
Tranquillisers (e.g. Librium, Valium, Temazepam, Prozac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Khat (e.g. Quat, qat, quadka, chat, ghat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (Spec K, Vit K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crystal Meth (e.g. ice, glass, Tina, Christine, Yaba)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magic crystals (e.g. ethylphenidate, ethylcaine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laughing gas (e.g. nitrous oxide, hippy crack, sweet air)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NRG-1 (Energy 1, naphyrone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Miaow (mephedrone, meph, m-cat)	<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"/>

Health and safety

61. Do you do anything to avoid sunburn? e.g. wear a hat, wear long sleeves, put on sun screen, stay in the shade

- Never
- Sometimes
- Usually
- Whenever possible

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

- None
- Once
- Twice
- Three times or more

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

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

64. Do you ever use internet chat rooms / social networking sites? (e.g. Facebook, Twitter)

- Never -> **skip to Q66**
- Sometimes
- Often
- Everyday

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

- Yes
- No

66. 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

67. In the past 12 months, how many times were you in a physical fight?

- I have not been in a physical fight in the last 12 months
- 1 time
- 2 times
- 3 times
- 4 times or more

Below are some statements about feelings and thoughts. Please select which statement best describes your experience of each over the last 2 weeks?

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

Bullying

Here are some questions about bullying. We say a student is BEING BULLIED when another student or group of students say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way.

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

- Yes
- Don't know
- No

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

- Never
- Sometimes
- Often
- Very often

71. Do you think your school takes bullying seriously?

- Yes
- Don't know
- No

72. How often have you been bullied at school in the last couple of months? *Please choose nearest answer*

- I have not been bullied at school in the last couple of months -> **skip to Q77**
- It has only happened once or twice
- I have been bullied once in the last month
- I have been bullied more than once in the last month

73. Who was it by?

- A boy(s)
- A girl(s)
- Boys and girls

74. Were you...

- Bullied in person? (face to face)
- Bullied through your mobile phone? (calls/texts)
- Bullied over the Internet (email/social networking/chat etc.)

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

	Never	A 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"/>
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"/>
Been excluded / left out of friendship groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been talked about behind your back	<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"/>

76. Where did they happen?

- At home
- On the way to/from school
- At school

Mental health

77. During the past 12 months have you had a boyfriend or girlfriend?

- Yes
- No -> **skip to Q79**

78. During the past 12 months did your boyfriend / girlfriend ever physically hurt you on purpose, for example hit you?

- Yes
- No

79. 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"/>				
Emotional health	<input type="radio"/>				
Physical health	<input type="radio"/>				
Problems with family	<input type="radio"/>				
Boyfriend / girlfriend problems	<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"/>				
Other worries, please describe	<input type="radio"/>				

80. If you had a problem, who would you share it with first? *Choose the nearest answer*

- Mum and / or Dad
- Brother or sister
- Friend
- Teacher
- School nurse
- School counsellor
- Other adult
- Keep it to myself

Carers

A young carer is a young person who looks after someone in their family who has an illness (physical or

mental) or a disability, taking on tasks that an adult would normally do, for example:

- Cooking, housework, shopping
- Dressing, washing/bathing, helping with toilet needs
- Lifting, helping on stairs
- Managing family budget, collecting prescriptions, giving medication
- Looking after younger siblings
- Emotional support, interpreting

81. Do you take on any of the tasks of a young carer as described above?

- Yes
- Not sure -> **skip to Q84**
- No -> **skip to Q84**

82. How many hours did you spend last week carrying out your carer tasks?

- Less than 5
- 5-10 hours
- 10-15 hours
- 15-20 hours
- 20 hours or more

83. Do you feel like you get the help and support you need to be a carer?

- Yes
- Don't know
- No

Sexual Health

84. Have any of the following talked with you about how your body changes as you grow up? *Choose all that apply*

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

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

- Yes
- Not sure
- No

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

- Yes
- No

87. Which of the following best describes your knowledge about sex?

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

88. Imagine you have been to a party and your boyfriend / girlfriend wants you to have sex but you really don't want to.

- 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

89. Which of these is your main source of information about sex?

- My parents / carers
- Sex education lessons
- Friends
- Brothers, sisters, other close relations
- Visitors in school lessons
- Advice centre e.g. YES / youth workers
- TV, films, magazines
- Posters, leaflets, reference books
- Doctor / school nurse
- Internet
- Other

90. Which of the following best describes you?

- Never had a sexual relationship -> **skip to end**
- Had a sexual relationship in the past
- Currently in a sexual relationship

91. At what age did you first have sex?

92. The last time you had sexual intercourse, did you or your partner use a condom?

- Yes
- No

93. Have you ever used any of these methods of contraception? *Select the methods you have used, or select NONE*

- None
- Condoms
- Diaphragm (cap)
- Pill (contraceptive pill or mini pill)
- Contraceptive patch
- Contraceptive ring
- Implant
- Contraceptive injection
- Female condom (femidom)
- Emergency contraception (morning-after-pill)
- Safe period (rhythm method)
- Sex without penetration