



Northern Ireland
Statistics and Research Agency

Gníomhaireacht Thuaisceart Éireann
um Staitisticí agus Taighde

Young Persons' Behaviour & Attitudes Survey 2016

TECHNICAL REPORT

Prepared by Central Survey Unit

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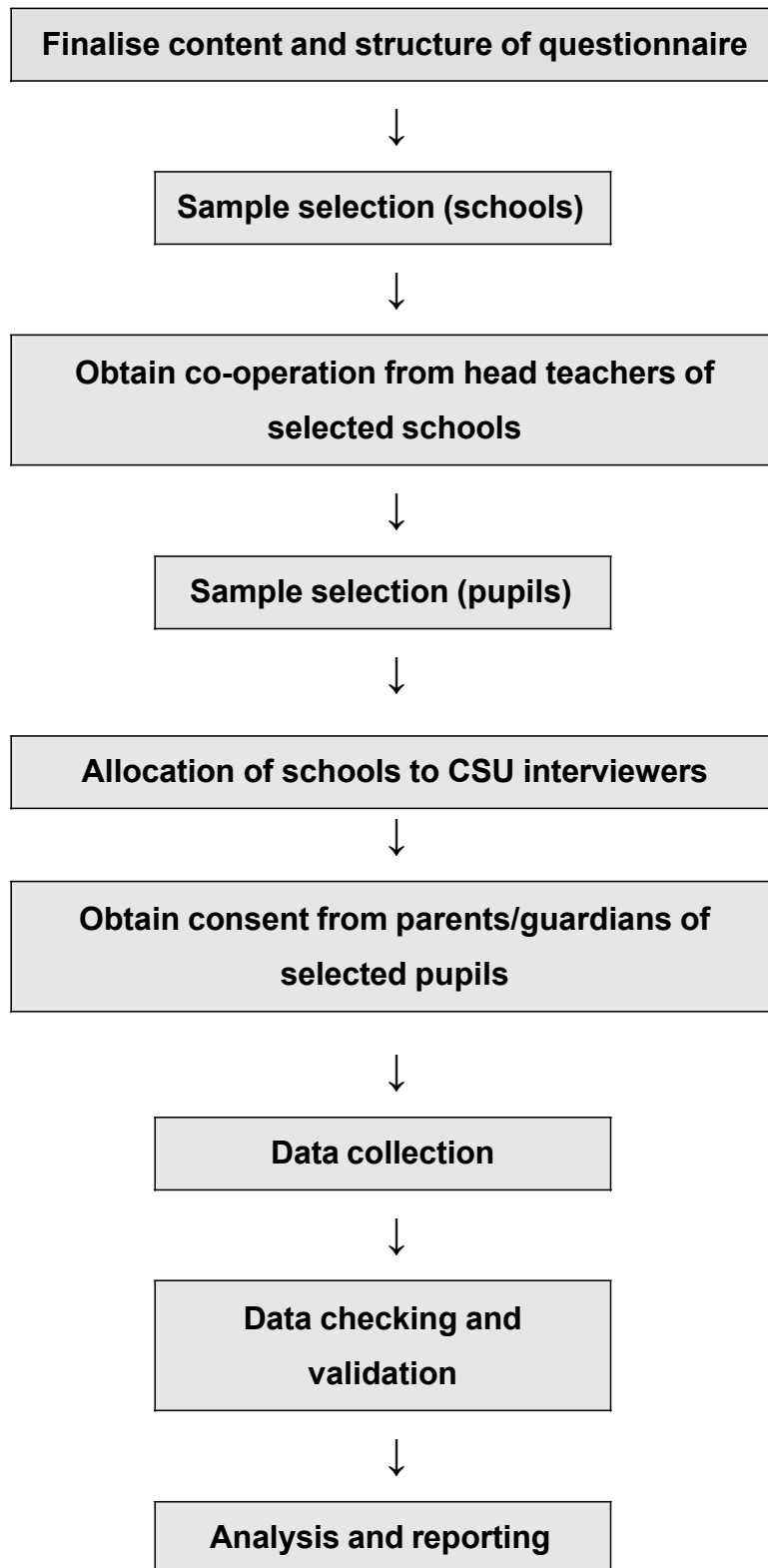
1.0 Introduction

Central Survey Unit (CSU) of the Northern Ireland Statistics and Research Agency (NISRA) was commissioned by a consortium of government departments and public bodies to design, conduct and report on a study of the behaviour and attitudes of young people in Northern Ireland.

The Young Persons' Behaviour and Attitudes Survey (YPBAS) is a school-based survey carried out among 11-16 year olds and covers a wide range of topics relevant to the lives of young people today. The main aim of the YPBAS is to gain an insight into, and understanding of, their behaviour and lifestyle. It also aims to influence various government policies and practices relating to young people and to facilitate access to research findings and expertise.

The YPBAS was first carried out in 2000 (62 post-primary schools, 6297 pupils), in 2003 (74 post-primary schools, 7223 pupils) in 2007 (70 post primary schools, 6902 pupils) in 2010 (77 post primary schools, 7616 pupils) and again in 2013 (75 post primary schools, 7076 pupils). This technical report documents the various stages of the sixth round of the YPBAS, conducted in 2016.

2.0 Main Stages of the YPBAS



3.0 Implementation of the YPBAS

3.1 Questionnaire Design

As in 2007, 2010 and 2013, two versions of the questionnaire were used to accommodate demand for topics on the 2016 survey. The content and structure of each questionnaire was agreed in consultation with clients. Schools were randomly assigned one version of the questionnaire.

Whilst some of the questions were amended, the overall format was similar to that used in 2013. A number of new topics were added into the questionnaire, e.g. Money, Sign Language, Learning to Drive, Young Carers.

The complete range of topics in each questionnaire is as follows:

Questionnaire A

Demographics
Long Term Conditions
Subject Choices*
Next Steps*
Creative Industries*
Employment*
Money
School
Shared Education
Nutrition
Sport and Physical Activity
Play and Leisure
Libraries
Museums & Science Centres
Historical Environment
Arts
Sign Language
Self Efficacy
Locus of Control & Wellbeing
Breastfeeding
Organ Donation
Care in the Sun
Sunbeds
Tattooing & Piercing*
Learning to Drive*

Questionnaire B

Demographics
Travelling to School
Public Transport
Road Safety
Learning to Drive*
Careers Advice & Guidance*
University*
Starting A Business*
Young Carers
Long Term Conditions
Health and Wellbeing
More About your Health
Medicines
Smoking
Alcohol
Solvents and Drugs
Personal Safety
Attitudes towards Domestic Violence*
Sexual Health**
More About You*

* These modules were asked of pupils in Years 11 and 12 only.

** Most of this module was asked to Year 11 and 12 only

(See Appendix for full questionnaire)

3.2 Sample

The target population for the survey was young people at different stages in post-primary education. In the YPBAS, there is specific interest in subgroups (e.g. age/gender of respondents) as well as in the overall achieved sample. Therefore, the sample size needed to be sufficiently large to ensure an adequate level of precision for these subgroups.

A three stage sample design was used:

1. Schools

The Department of Education (DE) provided CSU with a list of all post-primary schools in Northern Ireland (excluding independent schools and those which catered solely for pupils with special needs). A stratified random sample of 182 schools, representative of school size, selection type (i.e. Secondary, Grammar), management group (i.e. Controlled, Voluntary etc) and Education and Library Board area was then selected.

2. Classes

Participating schools provided details of the number of classes in Years 8-12, together with class names. A class in each of the five year groups was then randomly selected to take part in the study.

3. Pupils

Only pupils from the selected classes were included in the study. If a selected pupil refused to participate or was absent on the day of the survey, no other replacement was accepted for that individual.

3.3 Maximising Participation

All selected schools were invited to take part in the survey and the Education and Library Boards were informed that schools in their area were being approached. Co-operation with the survey was voluntary but various efforts were made to encourage participation. These included enclosing a copy of the YPBAS 2013 bulletin with initial contact letters and issuing reminder letters at two different times.

Once pupils had been selected in participating schools, they and their parents/guardians were notified of the survey in writing. They were informed that participation was voluntary and that they could contact CSU staff if they had any queries about the survey.

3.4 Preparation and Administration of the YPBAS in Schools

Fieldwork

The fieldwork period for conducting the YPBAS was from 20th September to 20th December 2016 (three schools participated just outside this period).

Prior to Administration

Each school participating in the survey was asked to appoint a contact person with whom CSU could liaise, identify any preferred dates for the survey and the number of classes in each year group.

CSU interviewers were allocated schools and briefed on the survey protocol. The interviewers then made contact with their allocated schools to finalise arrangements for the survey. This included visiting the contact person to advise them of the classes selected, and to finalise the date and the procedure for the survey. Consent letters were also left in the school, which the schools then forwarded to the parents/guardians of all selected pupils.

Questionnaire Administration

Some schools had requested that the questionnaire be administered to all selected pupils at the same time; in these instances the survey was usually carried out in the school gym/assembly hall. However, in most instances, children were surveyed one class at a time.

This was the first time that the survey was conducted using tablets (Microsoft Surface 3). Interviewers liaised with CSU staff in advance of the survey day to ensure that the correct amount of tablets was delivered to the school. CSU staff transported the tablets to the school on the morning of the survey and set them up ready for use. CSU staff remained with the interviewer throughout the data collection period to help the children with any technical issues.

The data collection session usually ran over two consecutive school periods. After all five classes were surveyed at each school and as each machine was shut down the tablet performed a 3G backup to the server to send the data straight back to CSU. This data was subsequently converted into SPSS for validation and analysis.

4.0 Response

4.1 Schools

Seventy-three schools agreed to participate in the study, resulting in a response rate of 40%. Some of the schools that refused were sympathetic to the research but stated that they did not have the time or resources to take part, while some refused specifically due to the fact that they were participating in other surveys. The majority, however, gave no reasons for their refusal to participate.

Table 1 *School Response Rate*

	Number	Response Rate	
		Sample	Responding
Sample	182		
Responding	73	40.1%	
Full	60	-	82.2%
Partial *	13	-	17.8%
Refusal	35	19.2%	-
Dropped out	5	2.7%	-
Non-responding	69	37.9%	-

*Two schools were junior schools and therefore only had Years 8 – 10, two schools did not have a year 11 group, while one school was only recently opened and only had year 8 and year 9 pupils. The remaining 8 'partial' schools let us survey some year groups but not all. The reason for certain year groups being omitted was usually 'exam pressure' or 'controlled assessments'.

4.2 Pupils

4.2.1 Version A

A total of 3790 pupils were surveyed out of a possible 4459, giving a response rate of 85%.

Table 2 Overall Pupil Response Rate

	Number	Response Rate
Sample	4459	
Responses Achieved	3790	85.0%
Refusal (parents or pupils)	172	3.9%
Absent	455	10.2%
Removed*	42	0.9%

*For example due to late refusals, pupil becoming stressed, questionnaires being incorrectly completed.

Table 3 Response Rates by Year Group

Year Group	Sample	Response	Response Rate
Year 8	940	798	84.9%
Year 9	905	785	86.7%
Year 10	918	804	87.6%
Year 11	864	725	83.9%
Year 12	832	678	81.5%
TOTAL	4459	3790	85.0%

Table 4 Response Rates by Gender

Gender	Sample	Response	Response Rate
Male	2240	1884	84.1%
Female	2219	1906	85.9%
Information missing			
TOTAL	4459	3790	85.0%

4.2.2 Version B

A total of 3041 pupils were surveyed out of a possible 3680, giving a response rate of 83%.

Table 5 *Overall Pupil Response Rate*

	Number	Response Rate
Sample	3680	
Responses Achieved	3041	82.6%
Refusal (parents or pupils)	160	4.3%
Absent	437	11.9%
Removed*	42	1.1%

*For example due to late refusals, pupil becoming stressed, questionnaires being incorrectly completed.

Table 6 *Response Rates by Year Group*

Year Group	Sample	Response	Response Rate
Year 8	787	671	85.3%
Year 9	780	654	83.8%
Year 10	795	671	84.4%
Year 11	652	529	81.1%
Year 12	666	516	77.5%
TOTAL	3680	3041	82.6%

Table 7 *Response Rates by Gender*

Gender	Sample	Response	Response Rate
Male	1840	1515	82.3%
Female	1836	1522	82.9%
Information missing	4	4	100.0%
TOTAL	3680	3041	82.6%

5.0 Representativeness of the Achieved Sample

Despite efforts used to maximise response, there is a possibility of non-response bias in any survey. Non-response bias arises if the characteristics of non respondents differ significantly from those of respondents in such a way that they are reflected in the responses given in the survey. The extent of non-response bias can only be examined by comparing characteristics of the achieved sample with the distribution of the same characteristics in the population at the time of sampling.

To assess how accurately the YPBAS achieved sample reflects the post-primary population of Northern Ireland, the sample has been compared with characteristics collected by DE through the 2016/2017 School Census (Tables 8 and 9).

Schools

Table 8 *Comparisons of the distribution of participating schools with all post-primary schools in Northern Ireland*

	Achieved YPBAS Sample (%)	Original YPBAS Sample (%)	Population (%)
Selection Type			
Secondary	68.5	67.0	66.8
Grammar	31.5	33.0	33.2
Management Group			
Controlled	28.8	32.4	32.7
Voluntary	21.9	24.2	24.8
Catholic Maintained	38.4	31.3	31.7
Other Maintained	1.4	1.1	1.0
Controlled Integrated	2.7	2.7	2.5
Grant Maintained Integrated	6.8	8.2	7.4
Education & Library Board			
Belfast (BELB)	11.0	16.5	16.3
Western (WELB)	20.5	19.2	19.8
North Eastern (NEELB)	17.8	22.0	22.3
South Eastern (SEELB)	16.4	18.1	17.3
Southern (SELB)	34.2	24.2	24.3
Base (No. Schools)	73	182	202

The above table shows that the distribution of the various school characteristics in the original sample of 182 schools broadly reflects those found in the population of all NI schools. However, there are some variations between the distribution of the achieved YPBAS sample and the population as a whole.

Pupils

Table 9 Comparisons of the distribution of participating pupils with all post-primary pupils in Northern Ireland

		Achieved YPBAS Sample (%)			Population (%)		
Year Group	Religion	Male	Female	Total	Male	Female	Total ¹
Year 8	Protestant	3.7	4.0	7.7	3.9	3.7	7.6
	Catholic	5.6	6.1	11.7	5.2	5.0	10.2
	Other	1.0	1.1	2.1	1.3	1.2	2.5
Year 9	Protestant	3.9	3.6	7.5	3.7	3.6	7.3
	Catholic	5.9	5.9	11.7	5.3	5.1	10.3
	Other	1.0	0.9	1.9	1.3	1.2	2.5
Year 10	Protestant	4.2	3.6	7.8	3.7	3.7	7.4
	Catholic	5.8	6.3	12.1	5.1	4.9	10.0
	Other	0.9	0.8	1.7	1.2	1.1	2.3
Year 11	Protestant	3.1	3.6	6.8	3.7	3.7	7.5
	Catholic	5.3	5.1	10.4	5.2	5.1	10.3
	Other	0.5	0.7	1.2	1.2	1.0	2.2
Year 12	Protestant	2.9	2.6	5.5	3.8	3.8	7.6
	Catholic	5.1	5.5	10.6	5.2	4.9	10.1
	Other	0.8	0.5	1.3	1.1	1.0	2.1
Total	Protestant	17.8	17.4	35.3	18.9	18.5	37.4
	Catholic	27.7	28.9	56.5	25.9	25.0	50.9
	Other	4.2	4.0	8.2	6.2	5.5	11.7
	Total	49.7	50.3	100.0	51.0	49.0	100.0

¹ Rows and columns may not sum to totals due to rounding

The above table shows that there are some variations in the distribution of pupil characteristics (gender, religion and year group) in the achieved YPBAS sample and the population as a whole.

5.1 Weighting

In order to reflect the composition of the Northern Ireland post-primary population, weights could be applied to the data to compensate for non-response bias in the achieved YPBAS sample. Figures from the 2016/2017 School Census were used to derive weights. Given that there were two versions of the questionnaire, three different sets of weights had to be calculated for (1) questions/modules common to both questionnaires, (2) Version A and (3) Version B. However, please note that weighting cannot generate data for certain groups lost through non-response. While all school management groups were represented in the overall achieved YPBAS sample, not all were represented in the achieved sample for both Version A and Version B of the questionnaire and this is reflected in the construction of the weights. The following examples are based on weights that could be applied to the data for questions that are common to both questionnaires.

Pupil characteristics

Table 10 Details of weights (variable 'W1' in the microdata) that could be applied to the data based on pupil proportions in the achieved YPBAS sample compared to the population with regard to pupil characteristics (gender, religion & year group)

		Gender	
	Religion	Male	Female
Year 8	Protestant	1.06	0.93
	Catholic	0.93	0.83
	Other	1.30	1.13
Year 9	Protestant	0.96	1.00
	Catholic	0.90	0.86
	Other	1.35	1.36
Year 10	Protestant	0.89	1.02
	Catholic	0.88	0.78
	Other	1.40	1.35
Year 11	Protestant	1.19	1.03
	Catholic	0.97	1.01
	Other	2.35	1.45
Year 12	Protestant	1.31	1.44
	Catholic	1.01	0.89
	Other	1.41	1.96

NOTE: Weights are rounded to 2 decimal places for presentation purposes.

For example, applying a weight of 0.86 to the responses of all Catholic females in year 9, adjusts the distribution from the original 5.9% to 5.1% (5.9×0.86), see Table 9.

To demonstrate the effects of weighting on the responses given by respondents, the question: 'In which country were you born?' was analysed, both weighted (by gender, religion and year group) and unweighted (Table 11).

Table 11 *Effects of weighting by gender, religion & year group (W1)*

	Total weighted	Total unweighted
	%	%
Base = 100%		
Northern Ireland	86.5	86.4
England	3.0	2.8
Wales	0.1	0.1
Scotland	0.6	0.5
Republic of Ireland	3.2	3.4
Somewhere else	5.7	5.8
Refusal	0.7	0.7
Don't know	0.2	0.2

School characteristics

Table 12 *Details of weights (variables WSchType, WMgtType, Wboard in the microdata) that could be applied to the data based on pupil proportions in the achieved YPBAS sample compared to the population with regard to school characteristics (Education & Library Board, selection type & management group) for combined questions*

Selection Type	
Secondary	0.94
Grammar	1.09

Management Group	
Controlled	1.04
Roman Catholic Maintained	0.79
Voluntary – Roman Catholic Managed	1.09
Voluntary – Other Managed	1.47
Other Maintained	1.33
Grant Maintained Integrated	1.04
Controlled Integrated	0.92

Education and Library Board	
Belfast (BELB)	1.95
Western (WELB)	0.94
North Eastern (NEELB)	1.13
South Eastern (SEELB)	1.01
Southern (SELB)	0.68

NOTE: Weights are rounded to 2 decimal places for presentation purposes.

The Steering Group agreed that the data should be weighted by gender, religion and year group (W1) to ensure that the achieved sample is fully representative of pupils at schools in NI with regard to these key characteristics. Weights for school selection type, management group and Education & Library Board (WSchType, WMgtType, Wboard) are also included in the microdata for the survey.

6.0 Results

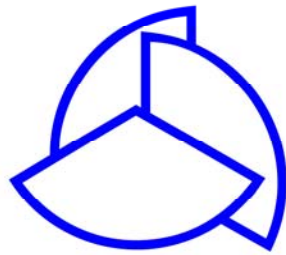
Tables of top-line results, are available in addition to this technical report. These tables show the weighted (by year group, religion and gender) frequencies of responses and associated percentages. Frequencies of responses may not sum exactly to the valid total shown in some tables, due to the rounding effects of weighting.

For questions which were not answered or not reached by respondents, survey findings are reported as missing values.

All outputs from each of the six rounds of the YPBAS can be found on the NISRA website:

<https://www.nisra.gov.uk/central-survey-unit>

Appendix: Questionnaire



Northern Ireland
Statistics &
Research
a g e n c y

YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY
2016

Version A

**Central Survey Unit
McAuley House
2-14 Castle Street
BELFAST
BT1 1SY**

DEMOGRAPHICS

Please put a tick in the box that applies to your answer: e.g. Mother

**A1. Who of the following, if any, do you live with?
(Tick as many boxes as you need)**

- | | | |
|-----------------------------|--------------------------|----|
| Mother | <input type="checkbox"/> | 1 |
| Father | <input type="checkbox"/> | 2 |
| Step-mother | <input type="checkbox"/> | 3 |
| Step-father | <input type="checkbox"/> | 4 |
| Mother's boyfriend/partner | <input type="checkbox"/> | 5 |
| Father's girlfriend/partner | <input type="checkbox"/> | 6 |
| Sister(s) | <input type="checkbox"/> | 7 |
| Brother(s) | <input type="checkbox"/> | 8 |
| Step-sister(s) | <input type="checkbox"/> | 9 |
| Step-brother(s) | <input type="checkbox"/> | 10 |
| Half-sister(s) | <input type="checkbox"/> | 11 |
| Half-brother(s) | <input type="checkbox"/> | 12 |
| Grandmother | <input type="checkbox"/> | 13 |
| Grandfather | <input type="checkbox"/> | 14 |
| Foster parents | <input type="checkbox"/> | 15 |
| None of these | <input type="checkbox"/> | 16 |

**A2. To which of the following do you consider yourself to belong to?
(Tick one box only)**

- | | | |
|--------------------------|--------------------------|---|
| The Protestant community | <input type="checkbox"/> | 1 |
| The Catholic community | <input type="checkbox"/> | 2 |
| Neither community | <input type="checkbox"/> | 3 |
| Other | <input type="checkbox"/> | 4 |

**A3. Do all the people who live in your house have the same community background
(e.g. Protestant, Catholic, or some other community)?
(Tick one box only)**

- | | | |
|------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |

A4. What is your ethnic group?
(Tick one option that best describes your ethnic group or background)

- White** 1
- Irish Traveller** 2
- Mixed/Multiple ethnic groups**
- White and Black Caribbean 3
- White and Black African 4
- White and Asian 5
- Any other Mixed/Multiple ethnic background 6
- Asian/Asian British**
- Indian 7
- Pakistani 8
- Bangladeshi 9
- Chinese 10
- Any other Asian background 11
- Black/African/Caribbean/Black British**
- African 12
- Caribbean 13
- Any other Black/African/Caribbean background 14
- Other ethnic group**
- Arab 15
- Any other ethnic group, please specify _____ 16
- Don't know 17

A5. In which country were you born?
(Tick one box only)

- Northern Ireland 1
- England 2
- Wales 3
- Scotland 4
- Republic of Ireland 5
- Somewhere else (please say where) 6 _____
- Don't know 7

LONG TERM CONDITIONS

B1. In general, how would you say your health is?

- Very good 1
Good 2
Fair 3
Bad 4
Very Bad 5

B2. Do you have any physical or mental health conditions or illnesses, lasting or expected to last, for 12 months or more? *This type of long term medical condition is something which lasts a long time and can get worse over time. It needs to be treated, for example, with tablets or special exercises, over a period of years. Long term medical conditions can be very different from each other. Some examples are: stress, diabetes, asthma, epilepsy, depression, anxiety.*

- Yes 1 → Continue to Question B3
No 2 → Go to Question B4

B3. Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

- Yes, a lot 1
Yes, a little 2
Not at all 3

B4. In the last 12 months, which, if any, of the following conditions/disorders have you had? (Tick as many boxes as you need)

- | | | | |
|--------------------------------------|----------------------------|---|-----------------------------|
| Acne | <input type="checkbox"/> 1 | Diabetes | <input type="checkbox"/> 6 |
| Allergies/rashes | <input type="checkbox"/> 2 | Migraine | <input type="checkbox"/> 7 |
| Chest infection
(e.g. bronchitis) | <input type="checkbox"/> 3 | Eating disorder
(e.g. anorexia, bulimia) | <input type="checkbox"/> 8 |
| Asthma | <input type="checkbox"/> 4 | Depression/anxiety | <input type="checkbox"/> 9 |
| Epilepsy | <input type="checkbox"/> 5 | Autism (ASD) | <input type="checkbox"/> 10 |
| None of the above | | <input type="checkbox"/> 11 | |

If you selected diabetes, asthma, epilepsy, eating disorder, autism, depression/anxiety continue to B5. If you didn't tick any of these go to next section (Question C1).

B5. Have you been offered any of the following, to help you manage your condition, from a doctor, nurse, pharmacist or other health professional e.g. social worker? (Tick as many boxes as you need)

- (1) Talking one to one ₁ → Go to B5 (1a)
- (2) Given details of a group class where you learn how to manage your condition ₂ → Go to B5 (2a)
- (3) Written information which explains how you can manage your condition (e.g. leaflets, pamphlets, care plan) ₃ → Go to B5 (3a)
- (4) Given details of websites to learn how to manage your condition ₄ → Go to B5 (4a)
- (5) Been told the name and contact details of groups which help people who have your condition ₅ → Go to B5 (5a)
- (6) Not aware of any support being offered ₆ → Go to next section

B5 (1a). Did you talk one to one with a health professional, e.g. doctor or nurse?

Yes ₁ → Continue to Question B5 (1b)

No ₂ → Go to next section (unless further options selected in B5)

B5 (1b). How confident do you feel about managing your condition after talking one to one?

I feel less confident ₁

My confidence is the same ₂

I feel more confident ₃

B5 (2a). Did you attend a group class?

Yes ₁ → Continue to Question B5 (2b)

No ₂ → Go to next section (unless further options selected in B5)

B5 (2b). How confident do you feel about managing your condition after attending the group class?

I feel less confident ₁

My confidence is the same ₂

I feel more confident ₃

B5 (3a). Did you read the written information offered?

Yes 1 → Continue to Question B5 (3b)

No 2 → Go to next section (unless further options selected in B5)

B5 (3b). How confident do you feel about managing your condition after reading the written information?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

B5 (4a). Did you visit (go to) the websites suggested?

Yes 1 → Continue to Question B5 (4b)

No 2 → Go to next section (unless further options selected in B5)

B5 (4b). How confident do you feel about managing your condition after visiting the websites?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

B5 (5a). Did you contact any of the groups that help people who have your condition?

Yes 1 → Continue to Question B5 (5b)

No 2 → Go to next section

B5 (5b). How confident do you feel about managing your condition after contacting the group?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

SUBJECT CHOICES (YEAR 11 & 12)

Below are some statements about subject choice. How much do you agree or disagree with these.

	Strongly Agree 1	Agree 2	Neither Agree Nor Disagree 3	Disagree 4	Strongly Disagree 5
C1. I have a good choice of subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. I am able to study subjects in which I am interested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. I am able to study subjects which I am good at.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. Have you ever heard of the term STEM (Science, Technology, Engineering and Maths)?

Yes 1 → Continue to Question C5

No 2 → Go to Question C9

C5. Have you ever heard of STEM career choices/pathways?

Yes 1 → Continue to Question C6

No 2 → Go to Question C8

C6. Where did you hear about STEM career choices/pathways? (Tick all that apply)

Careers Teacher in my school 1

Careers Adviser (from the Careers Service) 2

In individual subjects i.e. LLW Employability/Science/Maths/Technology/Other 3

STEM Events i.e. Sentinus/BT Young Scientist Competition/Career Conventions 4

Other (please say what) 5

C7. Did any of the STEM career choices/pathways influence your choice for GCSE/"A" Level subjects/vocational courses/work experience or career choices?

Yes 1

No 2

Haven't chosen subjects yet 3

C8. Overall, how would you rate your knowledge of STEM?

- | | | |
|-----------|--------------------------|---|
| Very good | <input type="checkbox"/> | 1 |
| Good | <input type="checkbox"/> | 2 |
| Poor | <input type="checkbox"/> | 3 |
| Very poor | <input type="checkbox"/> | 4 |

Think about each of the following statements, and tick one box to show how strongly you agree or disagree with them.

C9. I chose subjects with a career area in mind.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

C10. I am content with the advice I got about my subject choices from my careers teachers.

- | | | |
|--|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |
| Did not receive advice from careers teachers | <input type="checkbox"/> | 6 |

C11. I am content with the advice I got about my subject choices from my other teachers.

- | | | |
|--|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |
| Did not receive advice from other teachers | <input type="checkbox"/> | 6 |

C12. I am content with the advice I got about my subject choices from my careers advisor (from the Careers Service).

- Strongly agree 1
- Agree 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5
- Did not receive advice from external careers advisors 6

C13. Do you ever attend lessons for any of your subjects at places other than your own school...leading to a recognised academic qualification?

- Yes 1 → Continue to Question C14
- No 2 → Go to Question C16

**C14. Where else do you attend lessons/courses?
Tick as many boxes as you need**

- Another school 1
- A college 2
- A training organisation 3
- Other (please say where) 4

C15. Overall, how well does this work out for you?

- Very well 1
- Quite well 2
- Not very well 3
- Not at all well 4

C16. Do you have any of your lessons delivered online from another school/college?

- Yes 1 → Continue to Question C17
- No 2 → Go to next section

C17. Overall, how well does this work out for you?

- Very well 1
Quite well 2
Not very well 3
Not at all well 4

NEXT STEPS (YEAR 11 & 12)

D1. The government gives money to pupils who stay in education after 16, depending on their family circumstances. Have you heard about this Education Maintenance Allowance (EMA)?

- Yes, I have heard of it and understand it 1
Yes, I have heard of it but I don't know what it is about 2
No, I haven't heard of it 3

D2. If you were eligible to receive an allowance of £60 every two weeks and a cash bonus of £100 every so often would you stay on at school or go to Further Education College or do an apprenticeship? (Tick one box only)

- Yes, I would only stay on at school if I received this 1
I would stay on at school anyway 2
Yes, I would only go to Further Education College if I received this 3
I would go to Further Education College anyway 4
No, I would do none of the above 5
Don't know 6

D3. Which of the following do you want to do immediately after you finish year 12? Where relevant, this should include all courses over the following two year period. (Tick as many boxes as you need)

- Vocational Qualifications 1
AS Levels 2
A-Levels 3
Other 4
Not planning to stay on in education 5

D4. Thinking ahead, would you be interested in undertaking a degree in any of the following health-related areas: social work, radiotherapy, occupational therapy, speech & language therapy, physiotherapy, dietetics, podiatry, or nursing?

Yes 1 → Continue to Question D5

No 2 → Go to next section

**D5. What would be the MAIN reason for this?
(Please select ONE answer only)**

I have an interest in working in health care 1

I think it could lead to a well-paid job 2

I think the Health & Social Care sector
(sometimes referred to as the NHS) is a good employer 3

I want to do a degree where I might get help with funding
(e.g. to pay my fees or get a bursary) 4

I want a job where I can help people 5

**D6. If you were to undertake this degree, where do you see yourself working...
(Please select ONE answer from the list)**

In the Health & Social Care sector in Northern Ireland,
sometimes referred to as the NHS 1

In private sector health care in Northern Ireland 2

In health care outside of Northern Ireland 3

Other, please specify 4

CREATIVE INDUSTRIES (YEAR 11 & 12)

E1. Creative Industries includes areas such as TV & Film, Gaming, Tech & Fashion. Were you aware that you could have a career in the creative industries?

Yes 1

No 2

**E2. Would you be interested in working in any of these areas?
(Tick all the boxes that you need)**

Advertising 1

Architecture 2

Arts & Culture 3

Crafts 4

Design 5

Fashion 6

Games 7

Music 8

Publishing 9

Tech 10

TV & Film 11

E3. Would you be interested in studying specific areas to help you work towards a career in the creative industries?

Yes 1

No 2

**E4. Have you had the opportunity to study any of these areas at school?
(Tick all the boxes that you need)**

Advertising 1

Architecture 2

Arts & Culture 3

Crafts 4

Design 5

Fashion 6

Games 7

Music 8

Publishing 9

Tech 10

TV & Film 11

EMPLOYMENT (YEAR 11&12 ONLY)

F1. Have you ever had a part-time job? (This could be a paper round, baby sitting, cutting grass or working in a cafe for example)

- Yes 1 → Go to Question F3
No 2 → Continue to Question F2

F2. Are you likely to look for a part-time job while you are still at school/college or in training?

- Yes 1
No 2
Don't know 3

F3. How important do you think it is for you to get a job when you finish school/college or training?

- Very important 1
Important 2
Not that important 3

F4. What do you think are the most important things about a job? (Number the boxes in order of how important you think these things are, with 1 being the most important and 5 being the least important).

- Money you earn 1
Doing something interesting 2
Working with people you like 3
Doing something that helps others 4
Being independent 5

F5. What might prevent you from getting a job when you leave school/college or training? (Tick as many boxes as you need)

- Lack of qualifications 1
Lack of skills 2
Lack of experience 3
No jobs locally 4
Too much competition for jobs 5
My health or disability 6
Something else (please tell us) 7

F6. What is the minimum wage per week you would like in your ideal job?

- £100 or less 1
- £101 up to £150 2
- £151 up to £200 3
- £201 up to £250 4
- £251 up to £300 5
- More than £300 6
- Don't know 7

F7. How much do you agree with the following statements? (Tick one box for each line)

	Strongly Agree 1	Agree 2	Neither Agree Nor Disagree 3	Disagree 4	Strongly Disagree 5
a. I have goals and plans for the future regarding work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am confident I will get the type of job I want when I leave school/university or training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am confident I will be able to earn enough money when I leave school/university or training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have support and encouragement outside school to help me think about my future job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have one or more people who believe that I will achieve something in my future working life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel I have access to the right information and advice to help me make decisions about future training and work options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F8. Where would you be willing to travel to in the future to look for a job? (Tick as many boxes as you need)

- My own local area 1
- Anywhere in Northern Ireland 2
- Outside of Northern Ireland 3

MONEY

G1. Do you have a bank or building society account in your own or a joint name?

Yes 1 → Continue to G2

No 2 → Go to G3

G2. How often do you check how much money is available in your account?

Daily 1

Once a week 2

Once a month 3

Less than once a month 4

Yes
1

No
2

G3. Do you think you manage your money well?

G4. Do you know where you can get help and advice to manage your money better?

SCHOOL

H1. Think about each of the following statements and tick one box on each line to show how strongly you agree or disagree with them.

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
a. My school is a good school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I like learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staying on at school is important if you want to get a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teachers give me the marks I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teachers at my school really care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel like I am important to this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I learn things that will be useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It is important that I have Maths and English qualifications by the time I leave school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Teachers help me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I think I could do well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H2. Overall, how do you feel about school at present?

- I like it a lot 1
- I like it a bit 2
- I don't like it very much 3
- I don't like it at all 4

H3. If you have problems at school, are your parents/guardians willing to help you?

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

**H4. Which of the following people encourage you to do well at school?
(Tick as many boxes as you need)**

- Nobody encourages me 1
The Principal/Headmaster/Headmistress 2
My teachers 3
Other pupils 4
My family 5
Other/Somebody else 6

H5. Have you ever had any difficulty learning/studying any subjects?

- Yes 1 → Continue to Question H6
No 2 → Go to Question H8

H6. Did you receive any extra support?

- Yes 1 → Continue to Question H7
No 2 → Go to Question H8

**H7. Who provided the support?
(Tick as many boxes as you need)**

- One of my teachers 1
Another teacher 2
Parent 3
Brother/sister 4
Tutor 5
Friend 6
Other 7

H8. How stressed do you feel by the school work you have to do?

- Not at all 1 → Go Question H10
A little 2 → Continue to Question H9
Some 3 → Continue to Question H9
A lot 4 → Continue to Question H9

H9. What is it about school that you are worried about?

- Exams/tests 1
- Homework 2
- Falling behind in class 3
- Teachers 4
- Other pupils 5
- Bullying 6
- Other (please say other reason) 7

H10. Does your school have a school council?

- Yes 1 → Continue to Question H11
- No 2 → Go Question H13
- Don't know 3 → Go Question H13

H11. Do you think the school council is an effective way for pupils to get their views across?

- Yes 1
- No 2
- Don't know 3

H12. Does the school council play an active role in decisions that impact on the pupils' school day?

- Yes 1 → Go Question H14
- No 2 → Go Question H14
- Don't know 3 → Go Question H14

H13. If your school does not have a school council, what other forms of pupil participation are offered?

- Questionnaires/surveys 1
- Interest groups 2
- Other (please say what)..... 3
- None 4

H14. Have you heard of the United Nations Convention on the rights of the Child (UNCRC)? (This is an agreement made by nearly every country in the world that their government will make sure children and young people have certain rights.)

Yes 1 → Continue to Question H15

No 2 → Go to Question H17

H15. Where did you first hear about the United Nations Convention on the rights of the Child? (Tick one box only)

Friends 1

School 2

Internet 3

Newspaper 4

Magazine 5

TV 6

Youth groups 7

Library 8

Other (please say) 9

H16. How do you feel about the United Nations Convention on the rights of the Child? (Tick as many boxes as you need)

It doesn't bother me, it has very little affect on me 1

It is important, but only to children living in poor countries 2

It is important to some children in Northern Ireland, but not to me 3

It is important to my life but I am not sure why 4

It is important to my life because it gives me the right to things like education, health, respect, support, protection 5

It is important to my life because it gives me the right to have a say 6

Other 7

Don't know 8

H17. Do you feel you have the chance to give your views about issues that affect you?

Yes 1 → Continue to Question H18

No 2 → Go to Question H20

H18. Do you think your views are listened to?

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

**H19. Who do you give your views to?
(Tick as many boxes as you need)**

- Parents/Guardian 1
- Teacher 2
- Doctor or nurse, etc. 3
- Government workers (e.g. politicians, civil servants) 4
- Youth worker/youth group/youth club 5
- School council 6
- Adults in charge of organisations that help children and young people 7
- Other 8

H20. Have you heard of the Commissioner for Children and Young people for Northern Ireland (NICCY)?

- Yes 1 → Continue to Question H21
- No 2 → Go to Question H22

H21. How do you know about the Commissioner for Children and Young people for Northern Ireland (NICCY)? (Tick one box only)

- Friends 1
- School 2
- Internet 3
- Newspaper 4
- Magazine 5
- TV 6
- Youth groups 7
- Library 8
- Other (please say what) 9

H22. How often do you participate in voluntary or community work (e.g. charity fundraising)?

- More than once a week 1
- Weekly 2
- Monthly 3
- A few times a year 4
- Rarely 5
- Never 6

(QUESTIONS H23 – H29: YEAR 11 & 12 ONLY)

H23. Have you received an education in school on Community Relations, Equality and Diversity (CRED)?

- Yes 1 → Continue to question H24
- No 2 → Go to question I1

H24. What subject area was used to deliver CRED? (Tick as many boxes as you need)

- History 1
- English 2
- Maths 3
- Citizenship 4
- Learning for Life and Work 5
- Other (please say what) 6

H25. As a result of this would you say you know more about CRED?

- Yes 1
- No 2
- Don't know 3

H26. As part of CRED education, did you learn about the following groups of people (Section 75 groups)?

	<u>Yes</u> 1	<u>No</u> 2
People with different political opinion	<input type="checkbox"/>	<input type="checkbox"/>
People of different religions	<input type="checkbox"/>	<input type="checkbox"/>
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages (older or younger people/children)	<input type="checkbox"/>	<input type="checkbox"/>
People who are single, living together as a couple, married or divorced	<input type="checkbox"/>	<input type="checkbox"/>
People with different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>
Men and women	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability and those without a disability	<input type="checkbox"/>	<input type="checkbox"/>
People with dependents (e.g. children) and those without	<input type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities and those Without caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>

H27. As a result of this, would you say you know more about Section 75 groups?

- Yes 1
 No 2
 Don't know 3

H28. Does this knowledge encourage you to respect others within the Section 75 groups?

	<u>Yes</u> 1	<u>No</u> 2
People with different political opinion	<input type="checkbox"/>	<input type="checkbox"/>
People of different religions	<input type="checkbox"/>	<input type="checkbox"/>
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages (older or younger people/children)	<input type="checkbox"/>	<input type="checkbox"/>
People who are single, cohabiting (living together as a couple), married or divorced	<input type="checkbox"/>	<input type="checkbox"/>
People with different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>
Men and women	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability and those without a disability	<input type="checkbox"/>	<input type="checkbox"/>
People with dependents (e.g. children) and those without	<input type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities and those Without caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>

H29. As a result of what you have learned do you think your attitude towards the following groups of people has changed positively (POS), No Change (NC) or negatively (NEG)?

	POS	NC	NEG
	1	2	3
People with different political opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of different religions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages (older or younger people/children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are single, cohabiting (living together as a couple) married or divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men and women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability and those without a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with dependents (e.g. children) and those without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities and those without caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHARED EDUCATION

Shared education refers to schools working and learning together. It gives pupils the opportunity to share classes, projects, sport facilities, equipment and teachers. Furthermore it allows pupils to mix with pupil from different backgrounds e.g. Catholic with Protestants, Secondary school with Grammar school pupils, special needs with able bodied pupils.

I1. In the last school year, have *you* been involved in projects or classes with pupils from another school?

Yes 1 → Continue to I2

No 2 → Go to I7

**I2. If yes, have you done any of the following?
(Tick as many boxes as you need)**

Project(s) with pupils from other schools 1

Had classes with pupils from other schools 2

Used or shared sport facilities or equipment,
like computers 3

Other (please say what) 4.....

I3. Did you enjoy the shared classes or projects?

Yes 1 → Continue to I4

No 2 → Go to I5

**I4. Why do you enjoy the shared classes or projects?
(Tick as many boxes as you need)**

Made new friends 1

Doing classes we don't normally get to do at our school 2

Doing interesting/fun project (s) 3

Using the other schools sports facilities and/or computer equipment 4

**I5. Where did the shared classes or projects take place?
(Tick as many boxes as you need)**

In my own school 1

In the other school 2

In another location e.g. Education centres, Leisure centres 3

16. Were the children you shared with a different religion to you?

Yes 1

No 2

Don't know 3

17. Would/do you have any concerns about undertaking projects or shared classes with another school?

Yes 1

No 2

Don't know 3

18. Do you think your school does a lot of sharing with other schools?

Yes 1

No 2

Don't know 3

NUTRITION

J1. How often do you eat or drink any of the following?

(Tick one box for each line)

	More than once a day 1	Once a day 2	Most days 3	Once or twice a week 4	Less often or never 5
a. Sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or KitKat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Buns, cakes or pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fizzy drinks or squashes that contain sugar (e.g. Coca Cola, Ribena, Club Orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diet drinks (e.g. Diet Coke, Sprite Zero)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Energy drinks (e.g. red bull)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chips or other fried potatoes (e.g. roast potatoes wedges, waffles, shapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Boiled or baked potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other fried foods like sausages, eggs, bacon, fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Meat products (e.g. sausage rolls, burgers, hot-dogs, pies, chicken nuggets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Meat and meat dishes (e.g. Bolognese, curry, roast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fish not fried (e.g. tinned tuna, salmon, baked fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Beans and pulses (e.g. baked beans, kidney beans, lentils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J1. (Continued) How often do you eat or drink any of the following?
(Tick one box for each line)**

	More than once a day 1	Once a day 2	Most days 3	Once or twice a week 4	Less often or never 5
n. Fruit (including fresh, tinned, dried, pure fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

o. Vegetables and salads (not including potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

p. Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

q. Rice or pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

r. Drink milk or have milk on cereals, eat cheese or yoghurt or have milk puddings (e.g. rice, custard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J2. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day? (Tick one box only)

1 a day	2 a day	3 a day	4 a day	5 a day	More than 5	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

J3. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy? (Tick one box only)

1 a day	2 a day	3 a day	4 a day	5 a day	More than 5	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

J4. Do you think your body size is

Much too thin	<input type="checkbox"/>	1
A bit too thin	<input type="checkbox"/>	2
About the right size	<input type="checkbox"/>	3
A bit too fat	<input type="checkbox"/>	4
Much too fat	<input type="checkbox"/>	5
I don't think about it	<input type="checkbox"/>	6

J5. Are you entitled to a Free School Meal?

- Yes 1 → Continue to J6
No 2 → Go to next section

J6. Do you usually take your Free School Meal?

- Yes 1 → Go to next section
No 2 → Continue to J7

**J7. What is the main reason that you do not usually take a free school meal?
(Tick one box only)**

- I am too embarrassed 1
I am afraid of being bullied/teased 2
I don't like the quality/choice of food available 3
I don't like using the canteen 4
My friends don't take school meals 5
I don't like queuing 6
I prefer to bring a packed lunch 7
I go off site for my lunch 8
Don't know 9
Other reason 10

SPORT AND PHYSICAL ACTIVITY

Please read the following before answering the questions on sport and physical activity:

Sport or physical activity is not just exercise but any activity that makes your heart beat faster and makes you get out of breath and sweaty some of the time.

Physical activity can be done in sports, school activities, playing with friends or walking to school. It can include activities such as walking quickly, dancing, cycling, skateboarding, rollerblading, trampolining, football, gymnastics, athletics.

K1. Do you enjoy doing sport or physical activity?

- Yes, a lot 1
- Yes, a little 2
- No, not at all 3

K2. In the last 12 months, which, if any, of the following sports or physical activities have you done? (Tick as many boxes as you need)

Active games (e.g. chase, skipping, rounders etc.)	<input type="checkbox"/> 1
Angling/fishing	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Boxing	<input type="checkbox"/> 5
Canoeing/Kayaking/Rowing	<input type="checkbox"/> 6
Cricket	<input type="checkbox"/> 7
Cycling	<input type="checkbox"/> 8
Dancing (e.g. Disco, ballet, tap etc.)	<input type="checkbox"/> 9
Darts	<input type="checkbox"/> 10
Football	<input type="checkbox"/> 11
Gaelic Football	<input type="checkbox"/> 12
Golf, pitch and putt, putting	<input type="checkbox"/> 13
Gymnastics	<input type="checkbox"/> 14
Hockey	<input type="checkbox"/> 15
Horse riding	<input type="checkbox"/> 16
Hurling/ Camogie	<input type="checkbox"/> 17

Ice skating	<input type="checkbox"/> 18
Indoor bowls	<input type="checkbox"/> 19
Jogging	<input type="checkbox"/> 20
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 21
Martial Arts	<input type="checkbox"/> 22
Motor sports	<input type="checkbox"/> 23
Rugby union or league	<input type="checkbox"/> 24
Shooting	<input type="checkbox"/> 25
Skateboarding/Rollerblading	<input type="checkbox"/> 26
Skiing	<input type="checkbox"/> 27
Snooker, pool, billiards	<input type="checkbox"/> 28
Swimming or diving	<input type="checkbox"/> 29
Table tennis	<input type="checkbox"/> 30
Tennis/Badminton/Squash	<input type="checkbox"/> 31
Tenpin bowling	<input type="checkbox"/> 32
Trampolining	<input type="checkbox"/> 33
Walking for Exercise/Hill walking	<input type="checkbox"/> 34
Weight training/lifting/body building	<input type="checkbox"/> 35
Windsurfing/boardsailing	<input type="checkbox"/> 36
Yachting or dinghy sailing	<input type="checkbox"/> 37
Any Other Sports or Physical Activities	<input type="checkbox"/> 38
None of these	<input type="checkbox"/> 39 → Go to K6

**K3. What benefits have you experienced as a result of your participation in sports or physical activities over the past 12 months?
(Tick as many boxes as you need)**

- Learned new skills/ developed existing skills 1
- Developed leadership skills 2
- Developed skills as a team player 3
- Improved health 4
- Helped me gain a qualification 5

- Enabled me to communicate with family/ friends 6
- Developed my confidence 7
- Opportunities to make friends 8
- Keep Fit 9
- Lose Weight 10
- Have Fun 11
- I achieved something 12
- None at all 13

K4. In the last 7 days, which, if any, of the following sports or physical activities have you done? (Tick as many boxes as you need)

Active games (e.g. chase, skipping, rounders etc.)	<input type="checkbox"/> 1
Angling/fishing	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Boxing	<input type="checkbox"/> 5
Canoeing/Kayaking/Rowing	<input type="checkbox"/> 6
Cricket	<input type="checkbox"/> 7
Cycling	<input type="checkbox"/> 8
Dancing (e.g. Disco, ballet, tap etc.)	<input type="checkbox"/> 9
Darts	<input type="checkbox"/> 10
Football	<input type="checkbox"/> 11
Gaelic Football	<input type="checkbox"/> 12
Golf, pitch and putt, putting	<input type="checkbox"/> 13
Gymnastics	<input type="checkbox"/> 14
Hockey	<input type="checkbox"/> 15
Horse riding	<input type="checkbox"/> 16
Hurling/Camogie	<input type="checkbox"/> 17
Ice skating	<input type="checkbox"/> 18
Indoor bowls	<input type="checkbox"/> 19
Jogging	<input type="checkbox"/> 20

Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 21
Martial Arts	<input type="checkbox"/> 22
Motor sports	<input type="checkbox"/> 23
Rugby union or league	<input type="checkbox"/> 24
Shooting	<input type="checkbox"/> 25
Skateboarding/Rollerblading	<input type="checkbox"/> 26
Skiing	<input type="checkbox"/> 27
Snooker, pool, billiards	<input type="checkbox"/> 28
Swimming or diving	<input type="checkbox"/> 29
Table tennis	<input type="checkbox"/> 30
Tennis/Badminton/Squash	<input type="checkbox"/> 31
Tenpin bowling	<input type="checkbox"/> 32
Trampolining	<input type="checkbox"/> 33
Walking for Exercise/Hill walking	<input type="checkbox"/> 34
Weight training/lifting/body building	<input type="checkbox"/> 35
Windsurfing/boardsailing	<input type="checkbox"/> 36
Yachting or dinghy sailing	<input type="checkbox"/> 37
Any Other Sports or Physical Activities	<input type="checkbox"/> 38
None of these	<input type="checkbox"/> 39

K5. Over the last 7 days, on how many days have you played any sport, done any physical activity, or played actively that made you out of breath or hot and sweaty for a total of at least 60 minutes each day?

No days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

 1 2 3 4 5 6 7 8

How many <u>hours</u> <u>per week</u> do you normally?	More than 7 hours 1	About 7 hours 2	About 6 hours 3	About 5 hours 4	About 4 hours 5	About 3 hours 6	About 2 hours 7	About 1 Hour 8	None 9
K6 ...take part in PE/games lessons at school									
K7 ...stay behind at school for sport or physical activities									
K8 ...take part in sport or physical activities, not counting anything you do during school hours or staying behind after school?									

K9. How many minutes do you think you SHOULD spend each day playing sport, doing physical activity or playing actively to make you out of breath or hot or sweaty in order to be healthy?

- 15 mins 1
- 30 mins 2
- 60 mins 3
- 90 mins 4
- More than 90 mins 5
- Don't know 6

K10. Are you a member of a school club or team that involves you taking part in sport or physical activity?

- Yes 1
- No 2

K11. Are you a member of any other clubs or teams not connected with your school that involves you taking part in sport or physical activity?

- Yes 1
- No 2

K12. What, if anything, would encourage you to participate in sport (more) in the future? (Tick as many boxes as you need)

- Facilities nearer to home/school 1
- Better quality facilities 2
- Better opening hours 3
- Better information on facilities I could use 4
- Better facilities for people with disabilities 5
- Someone to go with 6
- Improved transport/access 7
- Cheaper admission prices 8
- Something else (please say what)..... 9
- Nothing 10

K13. In the last 12 months, how often, if at all, have you received any tuition or coaching from an instructor or coach (other than your PE/games teacher during normal PE/games lessons) to help improve your performance in any sport or physical activity? (Tick one box only)

- At least once a week 1
- At least once a month 2
- Once every 2-3 months 3
- Once or twice in the last 12 months 4
- Not at all in the last 12 months 5

K14. In the last 12 months, how often, if at all, have you gone to a live sports event, as a spectator? (Tick one box only)

- At least once a week 1
- At least once a month 2
- Once every 2-3 months 3
- Once or twice in the last 12 months 4
- Not at all in the last 12 months 5

K15. Which of the following statements most applies to you? (Tick one box only)

- I am very active and eat healthily 1
- I am very active but don't eat healthily 2
- I am not very active but eat healthily 3
- I am not very active and don't eat healthily 4

**K16. In the last week how many hours did you spend...
(Tick one box for each line)**

	None 1	Less than 10 hours 2	10-20 hours 3	More than 20 hours 4
a. Watching TV, videos, DVDs				
b. Playing computer or console games (e.g. Playstation, Xbox, DS, etc)				
c. Doing school homework				
d. On social media (e.g. facebook, twitter, etc)				

PLAY AND LEISURE

The following questions are about your experience of play and leisure. When you are thinking about what is meant by play and leisure, think about the things you do in your free time and the places you go e.g. parks, play areas.

L1. Thinking about the play and leisure facilities in your area, would you say they are?

- Very good 1
Fairly good 2
Neither good nor poor 3
Fairly poor 4
Very poor 5
Don't know 6

L2. Which, if any, of the following reasons stop you from accessing play and leisure facilities in your local area? (Tick all that apply)

- Not enough time 1
I don't have any friends to go to them with 2
Difficulty in getting there/lack of transport 3
Concerned about safety 4
Cost of activities 5
Cost of transport to activities 6
No adults to look after me 7
There aren't enough facilities close to where I live 8
The facilities available are not suitable for me 9 (please say why)_____
- Some other reason 10 (please say what)_____
- Nothing stops me 11
I don't know what facilities are available 12

L3. Thinking about where you live, are there areas where you can meet up with your friends that are safe and welcoming for people of your age?

- Yes, there are a lot 1
Yes, there are a few 2
No, there are none 3
Don't know 4

L4. How often do you use the internet at home?

- Once or more than once a day 1
- Almost every day 2
- At least once or twice every week 3
- At least once every month 4
- Less than once a month 5
- Never 6

L5. Have you been taught about staying safe online in the last year?

- Yes 1 → Continue to Question L6
- No 2 → Go to Question L7
- Not sure 3 → Go to Question L7

L6. Who has taught you about staying safe online?

(Tick all that apply)

- My parent(s) 1
- My teacher 2
- My friends 3
- A TV programme 4
- Someone else (Please say who) 5
- I can't remember 6

L7. How do you feel the media (TV/Radio/Newspapers) represents young people?

- Always in a fair way 1
- Often in a fair way 2
- Sometimes in a fair way 3
- Rarely in a fair way 4
- Never in a fair way 5
- Don't know 6

L8. Does the way that young people are represented in the media bother you?

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5
- Don't know 6

LIBRARIES

M1. How often have you used the public library service in the last 12 months? (Public library service includes public libraries, mobile libraries or the Libraries NI website, www.librariesni.org.uk, NOT including school libraries) (Tick one box only)

- | | | | |
|-----------------------|--------------------------|---|---------------------------|
| Once a week or more | <input type="checkbox"/> | 1 | → Continue to Question M2 |
| Once every 2-3 weeks | <input type="checkbox"/> | 2 | → Continue to Question M2 |
| Once a month | <input type="checkbox"/> | 3 | → Continue to Question M2 |
| Once every few months | <input type="checkbox"/> | 4 | → Continue to Question M2 |
| Less often | <input type="checkbox"/> | 5 | → Continue to Question M2 |
| Not at all | <input type="checkbox"/> | 6 | → Go to Question M5 |

M2. Why do you use the public library service? (NOT including school libraries) (Tick as many boxes as you need)

- | | | |
|--|--------------------------|----|
| To borrow/bring back or renew books | <input type="checkbox"/> | 1 |
| To borrow/bring back or renew DVDs, CDs | <input type="checkbox"/> | 2 |
| To download eBooks/talking books | <input type="checkbox"/> | 3 |
| To look up information | <input type="checkbox"/> | 4 |
| To do homework or study | <input type="checkbox"/> | 5 |
| To read books, comics or magazines | <input type="checkbox"/> | 6 |
| To use the computer for Internet, e-mails, word processing, etc | <input type="checkbox"/> | 7 |
| To search the library catalogue for books or look up online encyclopaedias | <input type="checkbox"/> | 8 |
| To go to an activity (e.g. reading group) | <input type="checkbox"/> | 9 |
| To use photocopier/printer/scanner | <input type="checkbox"/> | 10 |
| To use other services (e.g. café, toilet, etc.) | <input type="checkbox"/> | 11 |
| Some other reason (please tell us) | <input type="checkbox"/> | 12 |

M3. Has using the public library service helped you to ...? (Tick as many boxes as you need)

- | | | |
|--|--------------------------|---|
| Read better | <input type="checkbox"/> | 1 |
| Do better at school | <input type="checkbox"/> | 2 |
| Use computers better | <input type="checkbox"/> | 3 |
| Do homework/study for school | <input type="checkbox"/> | 4 |
| Make friends | <input type="checkbox"/> | 5 |
| Join in with others and try new things | <input type="checkbox"/> | 6 |
| Learn and find out things | <input type="checkbox"/> | 7 |
| Something else (please tell us) | <input type="checkbox"/> | 8 |
| It hasn't helped me with anything | <input type="checkbox"/> | 9 |

**M4. Thinking about the last time you used the public library service, how much did you enjoy it? (this does NOT include school libraries)
(Tick one box only)**

A lot 1

A little 2

Not at all 3

**M5. What would encourage you to use the Public Library Service (more often)?
(Tick as many boxes as you need)**

Easier to join the library 1

Better selection of books 2

Different opening hours 3

More online resources and services 4

If I had more free time 5

More activities for young people 6

Better computer / Internet facilities 7

If the library was quieter 8

If the library was not so quiet 9

If staff were more friendly 10

Better public transport service to and from libraries 11

Something else, please tell us 12

Nothing, I already use as much as I want 13

Nothing, I have no interest in using the public library service 14

MUSEUMS & SCIENCE CENTRES

Please read the following before answering the questions on museums and science centres:

The following questions are about your experiences of museums and science centres in Northern Ireland. When you are thinking about what is meant by a museum, please also INCLUDE the Ulster American Folk Park in Omagh. When you are thinking about science centres, you should include W5 and the Armagh Observatory & Planetarium.

**N1. Which, if any, of the following places have you visited in the last 12 months?
(Tick as many boxes as you need)**

- | | | |
|---|--------------------------|-----------------------|
| Ulster Museum in Belfast | <input type="checkbox"/> | 1 |
| Ulster Folk & Transport Museum in Cultra | <input type="checkbox"/> | 2 |
| Ulster American Folk Park in Omagh | <input type="checkbox"/> | 3 |
| W5 at Odyssey Centre in Belfast | <input type="checkbox"/> | 4 |
| Armagh Observatory & Planetarium | <input type="checkbox"/> | 5 |
| Other museum(s) or science centre in Northern Ireland | <input type="checkbox"/> | 6 |
| None | <input type="checkbox"/> | 7 → Go to Question N4 |

**N2. Was your visit(s) to the museum or science centre...?
(Tick as many boxes as you need)**

- | | | |
|---|--------------------------|---|
| On a school trip | <input type="checkbox"/> | 1 |
| With a club/group (e.g. youth group, scouts, etc) | <input type="checkbox"/> | 2 |
| With family or friends | <input type="checkbox"/> | 3 |

N3. While visiting the museum, or science centre, did you take part in any activity related to something you are studying at school?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |

N4. Did any museum visit your class in the last 12 months?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |

N5. Thinking about the last time you visited a museum or science centre in Northern Ireland or participated in a museum or science centre event, how much did you enjoy it?

- | | | |
|------------|--------------------------|---|
| A lot | <input type="checkbox"/> | 1 |
| A little | <input type="checkbox"/> | 2 |
| Not at all | <input type="checkbox"/> | 3 |

**N6. What benefits, if any, have you experienced as a result of visiting a museum or science centre or participating in a museum or science centre event?
(Tick as many boxes as you need)**

- Learned new skills / developed existing skills 1
- Improved my knowledge 2
- Helped me think about a future career 3
- Helped me with studies for school 4
- Helped me gain a qualification 5
- Enabled me to communicate with family / friends 6
- Improved health 7
- Positive impact on my well-being 8
- Developed my confidence 9
- I made new friends 10
- I had fun 11
- Helped me get a job 12
- Other (please state) 13
- No benefit 14

**N7. Which, if any, of the reasons listed below would encourage you to go to a museum or science centre in Northern Ireland more often?
(Tick as many boxes as you need)**

- An exhibition I am particularly interested in 1
- More activities, especially for people my age 2
- Better opening times 3
- Better public transport service to and from museums 4
- More information about what is on 5
- If I had more time 6
- If I had someone to go with 7
- Cheaper admission prices 8
- If museums were closer to where I live 9
- If museums were in safer areas 10
- Nothing – I already go as often as I want to 11
- Nothing – I'm not really interested 12
- Something else (please tell us) 13

HISTORIC ENVIRONMENT

**O1. In the last 12 months, have you visited any of the following places?
(Tick as many boxes as you need)**

Visited a historic building, garden or landscape open to the public 1
(e.g. a National Trust House, a historic town hall, a museum in an old building, or an event in a historic house or its grounds)

Visited historical monuments or sites of archaeological interest 2
(e.g. Castles, ruins, and forts)

Visited a city or town with historic character (e.g. a town with lots of old buildings) 3

None of these 4

ARTS

P1. Which, if any, of the following 'Arts' activities have you DONE or TAKEN PART in the last 12 months? (Tick as many boxes as you need)

- | | |
|--|-----------------------------|
| Danced (any kind, but not for fitness) | <input type="checkbox"/> 1 |
| Sang (not karaoke) or played a musical instrument to an audience, including rehearsal for a performance | <input type="checkbox"/> 2 |
| Played a musical instrument for your own pleasure | <input type="checkbox"/> 3 |
| Written music in your free time | <input type="checkbox"/> 4 |
| Written any stories or poetry in your free time (not including school work or homework) | <input type="checkbox"/> 5 |
| Performed in or rehearsed for a play/drama/pantomime/musical/opera | <input type="checkbox"/> 6 |
| Painting, drawing, sculpture or printmaking in your free time (not including school work or homework) | <input type="checkbox"/> 7 |
| Photography or made films/videos as an artistic activity (not including family or holiday photos, films or videos) | <input type="checkbox"/> 8 |
| Any sort of crafts such as textiles, wood, pottery or jewellery making | <input type="checkbox"/> 9 |
| Read for pleasure (not including school books, newspapers, magazines or comics) | <input type="checkbox"/> 10 |
| Helped to organise or run a musical/festival/pantomime or show of any kind | <input type="checkbox"/> 11 |
| Used a computer to create original artworks or animation | <input type="checkbox"/> 12 |
| None of the above | <input type="checkbox"/> 13 |

P2. Which, if any, of the following 'Arts' events have you BEEN TO in the last 12 months? (Tick as many boxes as you need)

- | | |
|---|-----------------------------|
| Film at a cinema or other venue | <input type="checkbox"/> 1 |
| Circus or carnival | <input type="checkbox"/> 2 |
| Pantomime or musical | <input type="checkbox"/> 3 |
| An Arts festival or Community festival | <input type="checkbox"/> 4 |
| Play or drama at a theatre or other venue | <input type="checkbox"/> 5 |
| Opera | <input type="checkbox"/> 6 |
| Rock or pop music performance | <input type="checkbox"/> 7 |
| Traditional or folk music performance | <input type="checkbox"/> 8 |
| Classical or jazz music performance | <input type="checkbox"/> 9 |
| Other live music performance or concert | <input type="checkbox"/> 10 |

- Ballet 11
- Irish dancing performance 12
- Any other live dance event 13
- Poetry reading or storytelling/anything to do with books/writing 14
- Any type of event including art/photography/sculpture/video/
electronic arts/crafts 15
- Street art (such as art in parks, busking) 16
- Museum 17
- None of the above 18 → Go to P5

P3. You mentioned that you had taken part in or been to an arts event. How did you benefit from this? (Tick as many boxes as you need)

- It had a positive impact on my well-being 1
- I learned new skills/ developed existing skills 2
- It improved my knowledge 3
- It helped me think about a future career 4
- It helped with studies for school 5
- It allowed me to spend time with my family or friends 6
- It improved my health 7
- I was able to communicate better with family/ friends 8
- I felt more confident 9
- I made new friends 10
- I had fun 11
- I was able to express myself in a new way 12
- I enjoyed being creative 13
- I didn't feel any benefits 14

P4. Thinking about the last 'Arts' event you went to, how much did you enjoy it? (Tick one box only)

- A lot 1
- A little 2
- Not at all 3

P5. What, if anything, would encourage you to attend (more) the types of 'Arts' events or activities mentioned earlier? (Tick as many boxes as you need)

- Better quality performances and events 1
- More high profile performances 2
- Better quality venues 3
- Better access in and around venues 4
- Lower costs 5
- Someone to go with 6
- Venues closer to where I live 7
- Improved transport/access 8
- Performances at different times of the day 9
- More aware of what events are on 10
- Something else 11
- Nothing, I already attend as often as I want to 12
- Nothing, I am just not interested in attending 13

P6. In the last 12 months, how often, if at all, have you received any tuition from an instructor (other than your teacher during normal lessons) to help improve your performance in any art activity?

- At least once a week 1
- At least once a month 2
- Once every 2-3 months 3
- Once or twice in the last 12 months 4
- Not at all in the last 12 months 5

SIGN LANGUAGE

**Q1. Do you know how to communicate in Sign Language?
(Tick one only)**

- Yes in British Sign Language 1 →Continue to Q2
Yes in Irish Sign Language 2 → Continue to Q2
Yes other (Please specify)..... 3 → Continue to Q2
No 4 →Go to Q3

**Q2. Which statement best describes your current ability to communicate using sign language?
(Tick one only)**

- Able to sign single words or simple phrases e.g. 'hello', 'how are you?' 1
Able to sign simple sentences e.g. 'can I have a cup of tea?' 2
Able to carry on an everyday conversation e.g. describing your day 3
Able to carry on a complicated conversation e.g. conversation about a school topic 4

Q3. Would you be interested in learning sign language in school?

- Yes 1
No 2

SELF EFFICACY

(YEAR 8 ANSWER R1, YEAR 9-12 ANSWER R2)

(YEAR 8 ANSWER R1 THEN GO TO R3)

R1. Sometimes school can be difficult and we want to understand the different things that pupils find tough. How difficult would you find the following things to be? (Tick one box for each line)

	Very Hard 1	Hard 2	Easy 3	Very Easy 4
a. Get teachers to help me when I get stuck on schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Get another pupil to help me when I get stuck on schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Solve difficult maths problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do schoolwork for English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Get myself to concentrate in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Get myself to do homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(YEAR 9-12 ANSWER R2 THEN GO TO R5)

R2. Thinking about how you feel about your ability to cope with the challenges of daily life, how much do you agree or disagree with the following statements.

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
a. I can always manage to solve difficult problems if I try hard enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If someone opposes me, I can find means and ways to get what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is easy for me to stick to my aims and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am confident that I could deal efficiently with unexpected events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can solve most problems if I invest the necessary effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. When I am confronted with a problem, I can usually find several solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I am in a bind, I can usually think of something to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. No matter what comes my way, I'm usually able to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCUS OF CONTROL & WELLBEING

(YEAR8 ANSWER R3 & R4, YEAR 9-12 ANSWER R5 & R6)

(YEAR 8 ANSWER R3 & R4 THEN GO TO S1)

**R3. Do you believe the following statements?
(Tick one box for each line)**

	Yes 1	No 2
a. Do you believe that most problems will solve themselves if you just leave them alone?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you feel that most of the time parents listen to what their children have to say?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you feel that when you do something wrong there's very little you can do to make it right?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you felt that when people were nasty to you it was usually for no reason at all?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you feel that when somebody your age wants to be your enemy there's nothing you can do to change matters?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you feel that when someone doesn't like you there's nothing you can do about it?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you usually feel that it's almost useless to try in school because most other children are just smarter than you are?	<input type="checkbox"/>	<input type="checkbox"/>
j. Are you the kind of person who believes that planning ahead makes things turn out better?	<input type="checkbox"/>	<input type="checkbox"/>

**R4. How do you feel about your life as a whole? On the scale below 1 is 'not at all happy' and 7 is 'completely happy'.
(Tick the one you feel you are at)**

1 2 3 4 5 6 7

**Not Happy
at all**

**Completely
Happy**

(YEAR 9-12 ANSWER R5 & R6 THEN GO TO S1)

**R5. Thinking about your beliefs about things that happen in everyday life, how much Do you agree or disagree with the following statements?
(Tick one box for each line)**

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
a. I am in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If I take the right steps, I can avoid problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Most things that affect my life happen by accident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If it's meant to be, I will be successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can only do what my people in my life want me to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R6. On a scale of 0 – 10 where 0 is not satisfied at all and 10 is completely satisfied, overall, how satisfied are with your life nowadays?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied at all									Completely satisfied	

BREASTFEEDING

S1. What do you think is the healthiest way to feed a 3 month old baby?

- Breastfeeding only 1
- Bottle feeding only 2
- Breast and bottle feeding 3
- Breast feeding and some solid foods 4
- Bottle feeding and some solid foods 5
- Breast and bottle feeding and some solid foods 6

S2. What do you first think of when you see a woman breastfeeding her baby?

- I feel uncomfortable 1
- I think it is a nice thing for a mum and baby 2
- I think it is just a normal part of life 3
- I have never seen anyone breastfeeding 4

ORGAN DONATION

T1. Have you ever heard of organ donation?
Organs (such as a kidney, liver, heart etc.) can be removed from one person and put into someone else when their organ has stopped working. Moving an organ from one person into another person is called transplanting. You can choose to give your organs after your death for transplantation. This is called organ donation.

Yes 1 →Continue to T2

No 2 →Go to T4

T2. Have you ever discussed the issue of organ donation with any of the following? (Tick as many boxes as you need)

Mother/father or guardian 1 →Continue to T3

Brothers/sisters 2 →Continue to T3

Friends 3 →Continue to T3

Teachers 4 →Continue to T3

None of the above 5 →Go to T4

T3. Please tell us why you discussed organ donation with this person/these people...

After seeing something in the media about organ donation 1

The other person started the conversation 2

I know/heard of someone who donated 3

Other (please say what)..... 4

T4. Have you ever heard of the NHS Organ Donor Register?
The NHS Organ Donor Register is a confidential, computerised database that holds the wishes of people who have decided that they would like to be an organ donor after their death.

Yes 1

No 2

T5. At what age do you think you can join the NHS Organ Donation Register?

_____ Years Old

T6. Have you put your name on the NHS Organ Donor Register?

Yes 1

Not yet, but I will think about it 2

Not yet, but will definitely do it sometime in the future 3

No, I would never sign it 4

Don't Know 5

T7. Who do you think should provide young people with information about organ donation? (Tick as many boxes as you need)

- Self – look for ourselves 1
- Family/parents 2
- Schools – to be taught as part of the curriculum 3
- Media campaigns (TV, radio, etc) 4
- Other (please say what) 5

T8. Have you ever heard of living organ donation?

Along with choosing to donate organs or tissue after you die, you can also choose to donate an organ (eg kidney) or parts of organs (eg lungs or livers) to another person when you are alive. This is known as living organ donation.

- Yes 1
- No 2

T9. Below are some statements about organ donation. How much do you agree or disagree with these.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
a. Removing organs from the body just isn't right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Organ donation allows something positive to come out of a person's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I sign the organ donor register, doctors might not try so hard to save my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The thought of organ donation makes me uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Everyone should be willing to donate their kidney while they are alive if it helps someone they love who is sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CARE IN THE SUN

U1. If you are spending more than 30 minutes outdoors during the summer, on a sunny day, do you...

	Always 1	Often 2	Sometimes 3	Rarely 4	Never 5	Don't know 6
Seek shade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear sunscreen (suncream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover up (with loose clothing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take no protective measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**U2. On which of these occasions do you use a sunscreen (suncream)?
(Tick as many boxes as you need)**

- Sunbathing abroad, in a warm country 1
- Outdoors when abroad, but not sunbathing 2
- Sunbathing in this country 3
- Outdoors in this country doing something else 4
- I never use a sunscreen (suncream) 5

U3. A sunburn is defined as a reddening or discomfort of your skin that lasts longer than 12 hours after exposure to the sun. In the past year how many times have you had sunburn?

- None 1
- One 2
- Two 3
- Three or more 4
- Don't know 5

U4. For each of the following statements, please indicate if you strongly agree, agree, disagree or strongly disagree.

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Don't know 5
I look better with a tan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a tan makes people look healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who tan are damaging their skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanning causes premature skin aging (wrinkles, age spots, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUNBEDS

**V1. Which, if any, of the following effects would you associate with using a sunbed (*by this we mean an artificial tanning device*)?
(Tick as many boxes as you need)**

- | | | |
|--|--------------------------|---|
| A higher risk of skin cancer | <input type="checkbox"/> | 1 |
| Protection against sunburn from the sun | <input type="checkbox"/> | 2 |
| Eye damage | <input type="checkbox"/> | 3 |
| Helps acne and other skin problems | <input type="checkbox"/> | 4 |
| Premature skin ageing (e.g. wrinkles, age spots) | <input type="checkbox"/> | 5 |
| Balancing of skin tone (getting an even suntan) | <input type="checkbox"/> | 6 |
| Increasing Vitamin D levels | <input type="checkbox"/> | 7 |
| None of the above | <input type="checkbox"/> | 8 |

V2. Have you ever used a sunbed?

- Yes 1 → Continue to Question V3
No 2 → Go to next section

**V3. Where have you used a sunbed?
(Tick as many boxes as you need)**

- | | | |
|-------------------------------------|--------------------------|---|
| Sunbed premises/salon | <input type="checkbox"/> | 1 |
| Video shop | <input type="checkbox"/> | 2 |
| Beauty salon | <input type="checkbox"/> | 3 |
| Hairdressers | <input type="checkbox"/> | 4 |
| At home | <input type="checkbox"/> | 5 |
| At a friend or family member's home | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

V4. When using a sunbed did you wear protective goggles?

- Yes 1
No 2
Sometimes but not always 3

TATTOOING & PIERCING
(ASKED TO YEAR 11 & 12 ONLY)

The next set of questions relate to tattooing and piercing. By a tattoo, we mean permanent tattooing, not semi-permanent or henna.

W1. Have you had a tattoo or piercing (other than earlobes)?

Yes 1 Continue to W2

No 2 Go to Question W5

W2. Did you get your tattoo(s) or piercing(s) at a registered premises? (by this we mean a tattoo or piercing parlour/shop as opposed to being done by a friend, family member, mobile tattoo unit outside a nightclub).

Yes 1

No 2

Don't know 3

W3. Did you have any problems such as infection or pain after your tattooing(s) or piercing(s)?

Yes 1 Continue to W4

No 2 Go to W5

W4. Did you seek medical advice, e.g. from a pharmacist, GP or A&E?

Yes 1

No 2

W5. Do you know if there is an age restriction on getting a tattoo?

No age restriction – anyone can get a tattoo 1

16 and over 2

18 and over 3

25 and over 4

Don't know 5

W6. Are you aware that tattooing/piercing businesses must be registered with their local council?

Yes 1

No 2

LEARNING TO DRIVE
(ASKED TO YEAR 11 & 12 ONLY)

X1. Do you intend to learn how to drive?

- Yes 1 → Continue to Question X2
No 2 → Go to Question X7
Don't know 3 → Go to Question X7

X2. How long do you think it will take you to learn how to drive?

- 0-3 months 1
3-6 months 2
6-9 months 3
9-12 months 4
Longer than 1 year 5
Don't know 6

X3. At what age do you hope to begin learning how to drive?

_____ years old

X4. What are the main reasons why you want to learn to drive? (Tick up to 3 boxes)

- To travel to work 1
To travel to school 2
Friends/family pressure 3
Parental pressure 4
Freedom/independence 5
Poor public transport in my area (mobility) 6
Caring responsibilities 7
Enable mobility due to disability 8
Because my friends have their licence 9
To give lifts to my friends 10
Other (please state) _____ 11

X5. What are the main ways you will prepare for your theory test (Computer based test)? (Tick up to 3 boxes)

- Discuss with parents 1
- Discuss with driving instructor 2
- Discuss with friends/ family member 3
- Take a practice Theory Test 4
- Internet Research 5
- YouTube 6
- Disc/DVDs 7
- Books 8
- Study the Highway Code 9
- No preparation 10
- Other (please state) _____ 11

X6. What are the main ways you will prepare for your Practical Driving Test? (Tick up to 3 boxes)

- Learning with parents 1
- Lessons with driving instructor 2
- Learning with friends/family member 3
- Driving a tractor 4
- Driving off road 5
- Driving simulators 6
- Books 7
- Internet Research 8
- YouTube 9
- No preparation 10
- Other (please state) _____ 11

**X7. Which of the following do you think makes a good driver?
(Tick as many boxes as you need)**

- Takes account of distractions 1
- Can drive at high speeds 2
- Is confident 3
- Has good concentration 4
- Can eat/smoke whilst driving 5
- Is responsible 6
- Anticipates dangers on the road 7
- Can use their mobile whilst driving 8
- Drives within the speed limit 9
- Drives a car that is taxed and insured 10
- Is patient 11
- Passes their driving test the first time 12
- Allows enough time for their journey 13
- Honks the horn at bad drivers 14
- Obeys the Highway Code/rules of the road 15
- Other (please state) _____ 16

You have now completed the questionnaire.





YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY
2016

Version B

**Central Survey Unit
McAuley House
2-14 Castle Street
BELFAST
BT1 1SY**

DEMOGRAPHICS

Please put a tick in the box that applies to your answer: e.g. Mother

**A1. Who of the following, if any, do you live with?
(Tick as many boxes as you need)**

- | | | |
|-----------------------------|--------------------------|----|
| Mother | <input type="checkbox"/> | 1 |
| Father | <input type="checkbox"/> | 2 |
| Step-mother | <input type="checkbox"/> | 3 |
| Step-father | <input type="checkbox"/> | 4 |
| Mother's boyfriend/partner | <input type="checkbox"/> | 5 |
| Father's girlfriend/partner | <input type="checkbox"/> | 6 |
| Sister(s) | <input type="checkbox"/> | 7 |
| Brother(s) | <input type="checkbox"/> | 8 |
| Step-sister(s) | <input type="checkbox"/> | 9 |
| Step-brother(s) | <input type="checkbox"/> | 10 |
| Half-sister(s) | <input type="checkbox"/> | 11 |
| Half-brother(s) | <input type="checkbox"/> | 12 |
| Grandmother | <input type="checkbox"/> | 13 |
| Grandfather | <input type="checkbox"/> | 14 |
| Foster parents | <input type="checkbox"/> | 15 |
| None of these | <input type="checkbox"/> | 16 |

**A2. To which of the following do you consider yourself to belong to?
(Tick one box only)**

- | | | |
|--------------------------|--------------------------|---|
| The Protestant community | <input type="checkbox"/> | 1 |
| The Catholic community | <input type="checkbox"/> | 2 |
| Neither community | <input type="checkbox"/> | 3 |
| Other | <input type="checkbox"/> | 4 |

**A3. Do all the people who live in your house have the same community background
(e.g. Protestant, Catholic, or some other community)?
(Tick one box only)**

- | | | |
|------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |

A4. What is your ethnic group?
(Tick one option that best describes your ethnic group or background)

- White** 1
- Irish Traveller** 2
- Mixed/Multiple ethnic groups**
- White and Black Caribbean 3
- White and Black African 4
- White and Asian 5
- Any other Mixed/Multiple ethnic background 6
- Asian/Asian British**
- Indian 7
- Pakistani 8
- Bangladeshi 9
- Chinese 10
- Any other Asian background 11
- Black/African/Caribbean/Black British**
- African 12
- Caribbean 13
- Any other Black/African/Caribbean background 14
- Other ethnic group**
- Arab 15
- Any other ethnic group, please specify _____ 16
- Don't know 17

A5. In which country were you born?
(Tick one box only)

- Northern Ireland 1
- England 2
- Wales 3
- Scotland 4
- Republic of Ireland 5
- Somewhere else (please say where) 6 _____
- Don't know 7

TRAVELLING TO SCHOOL

B1. How far is it from home to school? (Tick one box only)

- Less than 0.8 km (a walk of around 10 minutes or less) 1
- At least 0.8 km but less than 1.6 km (a walk of around 11 to 20 minutes) 2
- At least 1.6 km but less than 2.4 km (a walk of around 21 to 30 minutes) 3
- At least 2.4 km but less than 3 km (a walk of around 31 to 40 minutes) 4
- 3 km or more (a walk of over 40 minutes) 5

B2. How do you usually travel most of the way TO school? (Tick one box only)

- Walk 1
- Bicycle 2
- Bus 3
- Train 4
- Taxi 5
- Car 6
- Other 7

B3. Thinking of how you usually travel most of the way TO school and your road safety, do you usually feel safe?

- Yes 1 → Go to Question B5
- No 2 → Continue to Question B4

B4. What is it that makes you feel unsafe? (Tick as many boxes as you need)

- Driver drives too fast 1
- Other driver behaviour 2
- No seatbelts 3
- Drivers are not considerate toward cyclists 4
- Drivers are not considerate toward pedestrians 5
- Traffic is too fast 6
- Passenger behaviour 7
- No cycle lane on my route 8
- Footpaths poorly maintained 9
- Traffic blocking footpaths 10
- Other (please say what) _____ 11

**B5. Do you usually WALK during any part of your journey TO school?
(e.g. walking to/from a bus stop/train station?)
(Tick one box only)**

I walk PART of the way to school 1

I walk ALL of the way to school 2

No, I don't walk any part of the journey to school 3

**B6. Do you usually CYCLE during any part of your journey TO school?
(e.g. cycling to/from a bus stop/train station?)
(Tick one box only)**

I cycle PART of the way to school 1

I cycle ALL of the way to school 2

No, I don't cycle any part of the journey to school 3

**B7. How do you usually travel most of the way home FROM school?
(Tick one box only)**

Walk 1

Bicycle 2

Bus 3

Train 4

Taxi 5

Car 6

Other 7

B8. Thinking of how you usually travel most of the way home FROM school and your road safety, do you usually feel safe?

Yes 1 → Go to Question B10

No 2 → Continue to Question B9

B9. What is it that makes you feel unsafe? (Tick as many boxes as you need)

- Driver drives too fast 1
- Other driver behaviour 2
- No seatbelts 3
- Drivers are not considerate toward cyclists 4
- Drivers are not considerate toward pedestrians 5
- Traffic is too fast 6
- Passenger behaviour 7
- No cycle lane on my route 8
- Footpaths poorly maintained 9
- Traffic blocking footpaths 10
- Other (please say what) _____ 11

B10. Do you usually walk during any part of your journey home FROM school? (e.g. walking to/from a bus stop/train station?) (Tick one box only)

- I walk PART of the way from school 1
- I walk ALL of the way from school 2
- No, I don't walk any part of the journey from school 3

B11. Do you usually cycle during any part of your journey home FROM school? (e.g. cycling to/from a bus stop/train station?) (Tick one box only)

- I cycle PART of the way from school 1
- I cycle ALL of the way from school 2
- No, I don't cycle any part of the journey from school 3

B12. How would you LIKE to travel most of the way TO or FROM school? (Tick one box only)

- Walk 1
- Bicycle 2
- Bus 3
- Train 4
- Taxi 5
- Car 6
- Other 7

**B13. What do you like about walking or cycling TO or FROM school? If you don't walk or cycle to or from school at the moment, what would you like about walking or cycling TO or FROM school?
(Tick up to 3 boxes)**

- I can travel without an adult 1
- I can choose my own route 2
- It helps me to arrive on time 3
- I can do things on my way to school 4
- I can do things after school 5
- I can talk with my friends 6
- It saves money 7
- It is enjoyable 8
- It makes me feel healthier 9
- It is better for the environment 10
- Nothing would make me walk or cycle to school 11
- Something else – please say what _____ 12

B14. Which, if any, of the following would encourage you to walk TO or FROM school more often? (Tick as many boxes as you need)

- Living closer to school 1
- More footpaths 2
- Wider footpaths 3
- Better maintained footpaths 4
- More pedestrian crossings 5
- Keeping footpaths clear (e.g. no parked cars) 6
- Less traffic 7
- Slower traffic 8
- Better weather 9
- Someone else to walk with 10
- If I did not have things to carry (School Bag, P.E. kit, Musical Instruments, etc) 11
- If I was not worried about crime/personal safety 12
- I already walk to or from school most days 13
- Nothing would encourage me to walk to or from school 14
- More road safety education about being a safe pedestrian 15
- Something else (please say what) _____ 16

B15. Which, if any, of the following would encourage you to cycle TO or FROM school more often? (Tick as many boxes as you need)

- Living closer to school 1
- Cycle lane on my route to school 2
- Safer cycling routes (e.g. more markings, signs to distinguish cycle lanes) 3
- Keeping cycle lanes clear (e.g. no parked cars) 4
- Less traffic 5
- Slower traffic 6
- Motorists who are more considerate to cyclists (e.g. taking more care when overtaking) 7
- Better weather 8
- More bicycle docks at school so bicycle can be secured 9
- Changing and showering facilities at school 10
- If I did not have things to carry (School Bag, P.E. kit, Musical Instruments, etc) 11
- If I was not worried about crime/personal safety 12
- I already cycle to or from school most days 13
- More road safety education about being a safer cyclist 14
- Nothing would encourage me to cycle to or from school 15
- Something else (please say what) _____ 16

B16. If you travel by car TO or FROM school, do any other pupils travel in the car with you? (Tick as many boxes as you need)

- Yes, my brother(s)/ sister(s) 1
- Yes, my friend(s)/ other pupil(s) 2
- No 3
- I don't travel to or from school by car 4

B17. Do you qualify for free school transport (e.g. free school bus/train pass)?

- Yes 1 → Continue to Question B18
- No 2 → Go to Question C1

B18. How often do you use free school transport TO or FROM school?

- Everyday 1
- A few times a week 2
- Once a week 3
- Once a fortnight 4
- Once a month 5
- Less than once a month 6

PUBLIC TRANSPORT

C1. Thinking about travelling when not going to school or home from school, how often do you travel on a bus or train? (Tick one box only)

- Several times a week 1
- Once a week 2
- Several times a month 3
- Once a month 4
- Once every 2 or 3 months 5
- Once every 6 months 6
- Once or twice a year 7
- Never 8

C2. What would encourage you to use the bus or train more often? (Tick as many boxes as you need)

- Lower costs 1
- Wi-Fi on buses 2
- If I lived closer to a bus/ train stop 3
- More reliable or punctual services 4
- More frequent weekend services 5
- More frequent evening services 6
- Better information on services 7
- Better lighting at train stations /bus shelters/ stations at night 8
- Other- please specify..... 9
- I already use the bus/ train as much as I can 10
- Nothing would encourage me to use buses or trains 11

C3. Which of the following methods that can be used to plan journeys by buses and trains are you aware of? (Tick as many boxes as you need)

- Timetable – hard copy 1
- Timetable on Translink website 2
- Translink call centre 3
- Translink journey planner – personal computer/laptop 4
- Translink journey planner - mobile app 5
- None of these 6

C4. Do you use any of these methods to plan any of your journeys by public transport?

- Yes 1 → Continue to C5
No 2 → Go to Question C6
I don't use public transport 3 → Go to Question C6

C5. Which of these methods do you use to plan your journeys by public transport? (Tick as many boxes as you need)

- Timetable – paper copy 1
Timetable – on Translink website 2
Translink call centre 3
Translink journey planner – personal computer/laptop 4
Translink journey planner – mobile app 5
I don't use any of these 6
Other, please specify 7

C6. Are you aware of the bus and train services, such as timetables and routes, provided by Translink and other bus operators in your area?

- Yes 1
No 2

ROAD SAFETY

D1. How often do you do any of the following?

(Tick one box for each line)

	Always 1	Often 2	Sometimes 3	Never 4	Does not Apply 5
Use the Green Cross Code – Stop, Look and listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use pedestrian crossings if available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear bright coloured clothes while cycling/walking at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a cycle helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay attention to traffic (e.g. when cycling/walking across the road)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt in the front seat of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt in the back seat of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. Have you ever done any of the following?

Select either yes or no for each line

	Yes 1	No 2
Walk out on to the road to cross between cars	<input type="checkbox"/>	<input type="checkbox"/>
Get off a bus and cross the road before it has moved off	<input type="checkbox"/>	<input type="checkbox"/>
Realise when crossing the road that traffic is moving faster than you thought	<input type="checkbox"/>	<input type="checkbox"/>
Use a mobile phone/ipod/mp3 player when crossing the road (e.g. to text, make a phone call, listen to music, play games, access social media)	<input type="checkbox"/>	<input type="checkbox"/>
Run across the road without checking for traffic	<input type="checkbox"/>	<input type="checkbox"/>
Carry on with friends while crossing the road	<input type="checkbox"/>	<input type="checkbox"/>

D3. In the last 12 months, have you had any type of education on road safety in school (e.g. talks/lessons, projects, packs, leaflets)?

Yes 1 → Continue to Question D4

No 2 → (Year 11 & 12) Go to E1

(Year 8,9 & 10) Go to I1

D4. How many times have you had education on road safety in school in the last 12 months?

1-5 times 1

6-10 times 2

11 or more times 3

**D5. Who provided the road safety education in school?
(Tick as many boxes as you need)**

Teacher 1

Road Safety Education officials 2

Police 3

Someone else, please say who _____ 4

D6. Did you find the road safety education you received in school useful?

Yes 1

No (Please say why not) _____ 2

Don't know 3

LEARNING TO DRIVE (YEAR 11 & 12 ONLY)

E1. Do you intend to learn how to drive?

- Yes 1 → Continue to Question E2
No 2 → Go to Question E7
Don't know 3 → Go to Question E7

E2. How long do you think it will take you to learn how to drive?

- 0-3 months 1
3-6 months 2
6-9 months 3
9-12 months 4
Longer than 1 year 5
Don't know 6

E3. At what age do you hope to begin learning how to drive?

_____ years old

E4. What are the main reasons why you want to learn to drive? (Tick up to 3 boxes)

- To travel to work 1
To travel to school 2
Friends/family pressure 3
Parental pressure 4
Freedom/independence 5
Poor public transport in my area (mobility) 6
Caring responsibilities 7
Enable mobility due to disability 8
Because my friends have their licence 9
To give lifts to my friends 10
Other (please state) _____ 11

E5. What are the main ways you will prepare for your theory test (Computer based test)? (Tick up to 3 boxes)

- Discuss with parents 1
- Discuss with driving instructor 2
- Discuss with friends/ family member 3
- Take a practice Theory Test 4
- Internet Research 5
- YouTube 6
- Disc/DVDs 7
- Books 8
- Study the Highway Code 9
- No preparation 10
- Other (please state) _____ 11

E6. What are the main ways you will prepare for your Practical Driving Test? (Tick up to 3 boxes)

- Learning with parents 1
- Lessons with driving instructor 2
- Learning with friends/family member 3
- Driving a tractor 4
- Driving off road 5
- Driving simulators 6
- Books 7
- Internet Research 8
- YouTube 9
- No preparation 10
- Other (please state) _____ 11

**E7. Which of the following do you think makes a good driver?
(Tick as many boxes as you need)**

- | | | |
|--|--------------------------|----|
| Takes account of distractions | <input type="checkbox"/> | 1 |
| Can drive at high speeds | <input type="checkbox"/> | 2 |
| Is confident | <input type="checkbox"/> | 3 |
| Has good concentration | <input type="checkbox"/> | 4 |
| Can eat/smoke whilst driving | <input type="checkbox"/> | 5 |
| Is responsible | <input type="checkbox"/> | 6 |
| Anticipates dangers on the road | <input type="checkbox"/> | 7 |
| Can use their mobile whilst driving | <input type="checkbox"/> | 8 |
| Drives within the speed limit | <input type="checkbox"/> | 9 |
| Drives a car that is taxed and insured | <input type="checkbox"/> | 10 |
| Is patient | <input type="checkbox"/> | 11 |
| Passes their driving test the first time | <input type="checkbox"/> | 12 |
| Allows enough time for their journey | <input type="checkbox"/> | 13 |
| Honks the horn at bad drivers | <input type="checkbox"/> | 14 |
| Obeys the Highway Code/rules of the road | <input type="checkbox"/> | 15 |
| Other (please state) _____ | <input type="checkbox"/> | 16 |

CAREERS ADVICE AND GUIDANCE
(YEAR 11 & 12 ONLY)

The following questions are about careers advice and guidance. You may or may not have had a careers guidance interview with a Careers Adviser from the Careers Service – this Adviser is not a member of the school staff but attends your school at various times throughout the year to provide impartial careers guidance to pupils.

F1. How confident do you feel about making decisions about your career?

- Very confident 1
 Confident 2
 Not confident 3
 Don't know 4

F2. Which of the following careers support would help you to achieve your career goals? Tick one box on each line for each line that applies.

	Very Important 1	Quite Important 2	Not very important 3	Not at all Important 4
a. A meeting with a Careers Adviser to discuss my career plans and options				
b. Information on what Employers are looking for				
c. Help with CV writing				
d. Help with interview skills				
e. Help to explore employment and career options				
f. Information on Training and Apprenticeships including how to apply				
g. Information on the qualifications I need to progress my career plans				
h. Information on how to find part time and voluntary work				
i. Advice on starting my own business				
j. Access to careers guidance online via webchat				
k. Help to identify my strengths, weaknesses, likes and dislikes.				
l. Information on Further and Higher Education including how to apply.				
m. Information on current and future labour market trends				
n. Help to find work experience opportunities				

Select **either yes or no** for each line

Yes
1 No
2

F3. Are you aware of the Government's / Department for the Economy's all-age Careers Service?

F4. Do you know how to contact a Careers Adviser outside school?

UNIVERSITY (YEAR 11 & 12 ONLY)

G1. Read the following statements and tick **one** box on each line to show how strongly you agree or disagree with them.

	Strongly agree 1	Agree 2	Disagree 3	Strongly disagree 4	No idea/ opinion 5
a. It is important to have a university degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I want to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I expect to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Most of my friends want to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Most pupils in my school want to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My teachers encourage me to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g . My family encourage me to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Nobody encourages me to go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STARTING A BUSINESS (YEAR 11 & 12 ONLY)

H1. Would you be interested in starting your own business at any time in the future?

Yes 1

No 2

H2. Do you have a business idea?

Yes 1 → Continue to Question H3

No 2 → Go to Question H4

H3. Which category does your business idea fall into?

Manufacturing 1

Construction 2

Retail 3

Catering and Hospitality/Leisure/Entertainment 4

Finance and Business 5

Computing and ICT 6

Education 7

Health and Beauty 8

Domestic Services e.g. gardening/cleaning 9

Transport/Vehicle Service 10

Craft Products and services/Creative Arts 11

Agricultural 12

Environmental 13

Professional Services e.g. dentists/solicitors/accountancy 14

Other 15

H4. Are you aware of any support that is available to help you start your own business?

Yes 1

No 2

**H5. Which, if any, of these organisations have you heard of?
(Tick as many boxes as you need)**

- Invest NI 1
Local Enterprise Agencies 2
Princes Trust 3
Advantage 4
Go for it 5
None of these 6

H6. Did/do you have an opportunity in school to trial a business idea?

- Yes 1 → Go to Question H8
No 2 → Continue to Question H7

H7. Would this have been of interest?

- Yes 1
No 2

H8. Do you know someone personally who has started a business in the last 2 years?

- Yes 1
No 2

H9. Would you like to have the knowledge, skills and experience to start a business?

- Yes 1
No 2

H10. Would fear of failure prevent you from starting a business?

- Yes 1
No 2

Do you agree with the following statements?

Yes
1

No
2

H11. In Northern Ireland most people consider starting a new business a desirable career choice.

H12. In Northern Ireland those successful at starting a new business have a high level of status and respect.

H13. In Northern Ireland you will often see stories in the public media about successful new businesses.

H14. Can you think of a person/s in business who you would consider to be a role model?

Yes 1 → Continue to Question H15

No 2 → Go to next section I1

H15. Considering your role model, how much influence does having this role model have on your decisions about your career?

Very influential 1

Quite influential 2

Not very influential 3

Not at all influential 4

YOUNG CARERS

Most young people help out at home with, for example, shopping or cleaning. Some children and young people provide **extra help on an ongoing basis** for family members who are ill, disabled or need additional support.

They might live with a grandparent who needs help getting dressed in the morning, or they might have a sister who is disabled and needs help at mealtimes. Or maybe they live with their Dad and look after a younger brother while he works at night.

I1. Thinking about the above, do you provide ongoing extra help or special care to someone?

- Yes 1 → Continue to Question I2
No 2 → Go to next section J1

I2. Thinking of the extra help you provide at home, do you provide care for any of the following people? (Tick as many boxes as you need)

- Mum 1
Dad 2
Brothers/Sisters 3
Grandparents 4
Other adult relative 5
A family friend 6
Someone else 7

I3. Why does the person you care for need your help? (Tick as many boxes as you need)

They are old.	<input type="checkbox"/> 1
They have a physical or sensory disability. For example they have difficulties seeing or hearing, or need to use a wheelchair.	<input type="checkbox"/> 2
They have a learning disability. This means they have trouble learning new things or understanding difficult information.	<input type="checkbox"/> 3
They have a mental illness, for example, anxiety or depression. This changes the way they act. They might seem really sad sometimes, or get angry more easily, or worry about small things.	<input type="checkbox"/> 4
They use drugs or alcohol.	<input type="checkbox"/> 5
They are too young to look after themselves, and you care for them when Mum/Dad goes to work.	<input type="checkbox"/> 6
Other (please say what).	<input type="checkbox"/> 7

14. Below are some jobs you might do to care for someone at home. In the last month have you carried out any of the following jobs?

Make breakfast, lunch or dinner for someone else	<input type="checkbox"/> 1
Wash or iron the clothes for someone you care for	<input type="checkbox"/> 2
Take responsibility for food shopping	<input type="checkbox"/> 3
Help someone you care for fill in forms or write letters	<input type="checkbox"/> 4
Help with financial matters e.g. putting money in the bank, collecting benefits, helping arrange bills to be paid	<input type="checkbox"/> 5
Interpret for someone because English is not their first language.	<input type="checkbox"/> 6
Sign for someone who has hearing difficulties	<input type="checkbox"/> 7
Take someone to the doctor's or hospital	<input type="checkbox"/> 8
Speak to a doctor or nurse on behalf of someone else	<input type="checkbox"/> 9
Help someone you live with undress or dress	<input type="checkbox"/> 10
Help someone you live with wash or bath or shower	<input type="checkbox"/> 11
Help someone you live with use the toilet	<input type="checkbox"/> 12
Help someone you live with to walk, get up stairs, or get in and out of bed.	<input type="checkbox"/> 13
Help someone you live with eat or drink	<input type="checkbox"/> 14
Give medicine to someone you live with e.g. making sure s/he takes their pills, giving injections, changing dressings	<input type="checkbox"/> 15
Keep the person you care for company e.g. sitting with them, reading to them	<input type="checkbox"/> 16
Take the person you care for out e.g. for a walk to see friends	<input type="checkbox"/> 17
Look after a brother or sister who is disabled while an adult is nearby	<input type="checkbox"/> 18
Look after a brother or sister on your own for a long period when your parents are at work	<input type="checkbox"/> 19
None of these	<input type="checkbox"/> 20

15. Have you ever had an assessment carried out to decide whether you and your family can get support from social services or the government because you are a 'young person who cares' ?

- Yes 1
- No 2
- Don't know 3

We all care for our family and friends, but it is important that you have time for schoolwork, friends and to relax. Help might be available for you and your family if you are helping someone at home who is disabled, ill or has a mental health condition.

I6. Did you know that if you care for someone you can get help in school, for example, more time to complete your homework?

Yes 1 → Continue to I7

No 2 → Go to question I8

I7. Did you ever get extra help in school because you care for someone?

Yes 1

No 2

I8. Did you know that there are young carer projects that provide weekend and afterschool activities where you can meet other young carers?

Yes 1 → Continue to I9

No 2 → Go to Next Section

I9. Have you ever attended weekend or afterschool activities for young carers?

Yes 1 → Continue to question I10

No 2 → Go to Next Section

I10. Did you find the weekend or afterschool activities enjoyable?

Yes 1 → Go to Next Section

No 2 → Continue to question I11

I11. What was it you didn't find enjoyable?

LONG TERM CONDITIONS

J1. In general, how would you say your health is?

- Very good 1
Good 2
Fair 3
Bad 4
Very Bad 5

J2. Do you have any physical or mental health conditions or illnesses, lasting or expected to last, for 12 months or more? *This type of long term medical condition is something which lasts a long time and can get worse over time. It needs to be treated, for example, with tablets or special exercises, over a period of years. Long term medical conditions can be very different from each other. Some examples are: stress, diabetes, asthma, epilepsy, depression, anxiety.*

- Yes 1 → Continue to Question J3
No 2 → Go to Question J4

J3. Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

- Yes, a lot 1
Yes, a little 2
Not at all 3

J4. In the last 12 months, which, if any, of the following conditions/disorders have you had? (Tick as many boxes as you need)

- | | | | |
|--------------------------------------|----------------------------|---|-----------------------------|
| Acne | <input type="checkbox"/> 1 | Diabetes | <input type="checkbox"/> 6 |
| Allergies/rashes | <input type="checkbox"/> 2 | Migraine | <input type="checkbox"/> 7 |
| Chest infection
(e.g. bronchitis) | <input type="checkbox"/> 3 | Eating disorder
(e.g. anorexia, bulimia) | <input type="checkbox"/> 8 |
| Asthma | <input type="checkbox"/> 4 | Depression/anxiety | <input type="checkbox"/> 9 |
| Epilepsy | <input type="checkbox"/> 5 | Autism (ASD) | <input type="checkbox"/> 10 |
| None of the above | | <input type="checkbox"/> 11 | |

If you selected diabetes, asthma, epilepsy, eating disorder, autism, depression/anxiety continue to J5. If you didn't tick any of these go to next section.

J5. Have you been offered any of the following, to help you manage your condition, from a doctor, nurse, pharmacist or other health professional e.g. social worker? (Tick as many boxes as you need)

- (1) Talking one to one ₁ → Go to J5 (1a)
- (2) Given details of a group class where you learn how to manage your condition ₂ → Go to J5 (2a)
- (3) Written information which explains how you can manage your condition (e.g. leaflets, pamphlets, care plan) ₃ → Go to J5 (3a)
- (4) Given details of websites to learn how to manage your condition ₄ → Go to J5 (4a)
- (5) Been told the name and contact details of groups which help people who have your condition ₅ → Go to J5 (5a)
- (6) Not aware of any support being offered ₆ → Go to next section

J5 (1a). Did you talk one to one with a health professional, e.g. doctor or nurse?

Yes 1 → Continue to Question J5 (1b)

No 2 → Go to next section (unless further options selected in J5)

J5 (1b). How confident do you feel about managing your condition after talking one to one?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

J5 (2a). Did you attend a group class?

Yes 1 → Continue to Question J5 (2b)

No 2 → Go to next section (unless further options selected in J5)

J5 (2b). How confident do you feel about managing your condition after attending the group class?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

J5 (3a). Did you read the written information offered?

Yes 1 → Continue to Question J5 (3b)

No 2 → Go to next section (unless further options selected in J5)

J5 (3b). How confident do you feel about managing your condition after reading the written information?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

J5 (4a). Did you visit (go to) the websites suggested?

Yes 1 → Continue to Question J5 (4b)

No 2 → Go to next section (unless further options selected in J5)

J5 (4b). How confident do you feel about managing your condition after visiting the websites?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

J5 (5a). Did you contact any of the groups that help people who have your condition?

Yes 1 → Continue to Question J5 (5b)

No 2 → Go to next section

J5 (5b). How confident do you feel about managing your condition after contacting the group?

I feel less confident 1

My confidence is the same 2

I feel more confident 3

HEALTH AND WELLBEING

(YEAR 10, 11 & 12 START AT QUESTION K1)

(YEAR 8 & 9 SKIP QUESTION K1 & START AT QUESTION K2)

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

Please consider each of the following statements and tick one answer for each line.

	None of the time 1	Rarely 2	Some of the time 3	Often 4	All of the time 5
K1					
a. I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K2. On a normal school night, what time do you go to sleep? (Tick one box)

- Around 7pm or earlier 1
- Around 8pm 2
- Around 9pm 3
- Around 10pm 4
- Around 11pm 5
- Around midnight 6
- Around 1am 7
- Later than 1am 8

K3. On a normal school day, what time do you get up? (Tick one box)

- Around 5am or earlier 1
Around 6am 2
Around 7am 3
Around 8am 4
Later than 8am 5

K3a. I would now like you to think about your family and friends (by family I mean those that live with you, as well as those who live somewhere else).

Here are some comments that people have made about their family and friends. Please say whether or not they are true for you. (Tick one box for each line)

	Yes 1	No 2	Don't know 3
a. I have family/friends who can be relied on no matter what happens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have family/friends who would see that I am taken care of if I need to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have family/friends who make me feel an important part of their lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have family/friends who give me support and encouragement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As well as physical health, we are also interested in asking about mental health and wellbeing. By mental health, we mean conditions/illnesses like depression, anxiety, stress, bipolar disorder, eating disorder, etc.

K4. Have you ever had any concerns or worries about your mental health? (Tick one box)

- Yes definitely 1 → Continue to K5
To some extent 2 → Continue to K5
No 3 → Go to K10
Don't know 4 → Go to K10

K5. Did you seek help from anyone?

- Yes 1 → Continue to Question K6
No 2 → Go to Question K7

K6. Who did you seek help from? (Tick as many boxes as you need)

- | | | |
|---|--------------------------|------------------------|
| Family member | <input type="checkbox"/> | 1 → Go to Question K8 |
| Friend | <input type="checkbox"/> | 2 → Go to Question K8 |
| School teacher/other member of school support staff | <input type="checkbox"/> | 3 → Go to Question K8 |
| Youth leader | <input type="checkbox"/> | 4 → Go to Question K8 |
| Faith/religious leader | <input type="checkbox"/> | 5 → Go to Question K8 |
| GP | <input type="checkbox"/> | 6 → Go to Question K8 |
| A&E | <input type="checkbox"/> | 7 → Go to Question K8 |
| Hospital | <input type="checkbox"/> | 8 → Go to Question K8 |
| CAMHS (Child and Adolescent Mental Health Service) | <input type="checkbox"/> | 9 → Go to Question K8 |
| District/community nurse | <input type="checkbox"/> | 10 → Go to Question K8 |
| Childline/Lifeline | <input type="checkbox"/> | 11 → Go to Question K8 |
| Mental health charity | <input type="checkbox"/> | 12 → Go to Question K8 |
| Other | <input type="checkbox"/> | 13 → Go to Question K8 |

K7. Why did you not seek help? (Tick as many boxes as you need)

- | | | |
|--|--------------------------|---|
| I could handle things on my own | <input type="checkbox"/> | 1 |
| I didn't know where to go to get help | <input type="checkbox"/> | 2 |
| I was too embarrassed | <input type="checkbox"/> | 3 |
| I felt unable to speak with anyone | <input type="checkbox"/> | 4 |
| I was too busy/didn't have time | <input type="checkbox"/> | 5 |
| I asked for help before and didn't get any | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

K8. Have you received any of the following therapy (such as counselling, CBT) or medical treatment (including medication) for a mental health problem in the past year?

(Tick as many boxes as you need)

- | | | |
|-------------------------------------|--------------------------|-----------------------------|
| Counselling | <input type="checkbox"/> | 1 → Continue to Question K9 |
| Cognitive behavioural therapy (CBT) | <input type="checkbox"/> | 2 → Continue to Question K9 |
| Psychotherapy or psychoanalysis | <input type="checkbox"/> | 3 → Continue to Question K9 |
| Medication | <input type="checkbox"/> | 4 → Continue to Question K9 |
| Other | <input type="checkbox"/> | 5 → Continue to Question K9 |
| No therapy or treatment | <input type="checkbox"/> | 6 → Go to Question K10 |

K9. How helpful did you find/are you finding your therapy/treatment?

- Very helpful 1
Quite helpful 2
Not very helpful 3
Not at all helpful 4

K10. If you did have concerns about your mental health, who or where would you go for help?

(Tick as many boxes as you need)

- Family member 1
Friend 2
School teacher/other member of school support staff 3
Youth leader 4
Faith/religious leader 5
GP 6
A&E 7
Hospital 8
CAMHS (Child and Adolescent Mental Health Service) 9
District/community nurse 10
Childline/Lifeline 11
Mental health charity 12
Somewhere else 13
I wouldn't know where to go 14

K11. Who is the person closest to you who has, or has had some kind of mental illness?

- Close family (parent, sister, brother, etc.) 1
Other family (uncle, aunt, cousin, grandparent, etc.) 2
Friend 3
Someone at my school 4
Neighbour 5
Myself 6
Other 7
Don't know anyone with a mental health illness 8

K12. The Stirling Children's Wellbeing Scale

Here are some statements or descriptions about how you might have been feeling or thinking about things over the past couple of weeks.

For each one please put a tick in the box which best describes your thoughts and feelings; there are no right or wrong answers.

Statements	Never 1	Not much of the time 2	Some of the time 3	Quite a lot of the time 4	All of the time 5
a. I think good things will happen in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have always told the truth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been able to make choices easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can find lots of fun things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel that I am good at some things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I think lots of people care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I like everyone I have met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I think there are many things I can be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been feeling calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been in a good mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I enjoy what each new day brings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been getting on well with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I always share my sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been cheerful about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MORE ABOUT YOUR HEALTH

L1. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day?

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

L2. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy?

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- More than 5 6
- None 7
- Don't know 8

L3. Over the last 7 days, on how many days have you played any sport, done any physical activity, or played actively that made you out of breath or hot and sweaty for a total of at least 60 minutes each day?

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

**L4. In the last week how many hours did you spend...
(Tick one box for each line)**

	None 1	Less than 10 hours 2	10-20 hours 3	More than 20 hours 4
a. Watching TV, videos, DVDs				
b. Playing computer or console games (e.g. Playstation, Xbox, DS, etc)				
c. Doing school homework				
d. On social media (e.g. facebook, twitter, etc)				

MEDICINES

Medicines include all tablets, capsules, liquids for oral use, creams, lotions for use on the skin, inhalers, injections, eye drops, contraceptive pill, etc.

The first set of questions relate to medicines that would be prescribed by a healthcare professional (e.g. doctor or nurse).

M1. In the past 12 months have you had a medicine prescribed for you by a doctor or nurse?

Yes 1 → Continue to question M2

No 2 → Go to question M4

M2. What was the medicine being used to treat?

A long term condition (such as asthma, diabetes, arthritis, eczema, psoriasis) 1

An acute illness (such as an infection, stomach bug) 2

Don't know 3

M3. Did your doctor or nurse explain what the medicine was for and how it would help you?

Yes, fully 1

Yes, partly 2

No 3

Don't Know/Can't remember 4

M4. In the past 12 months have you used any medicines that have not been prescribed for you by a doctor or nurse?

Yes 1 → Continue to question M5

No 2 → Go to M6

M5. Where did you get these medicines? (Tick as many boxes as you need)

Bought them at a pharmacy (chemist) 1

Bought them at a shop or supermarket 2

Bought them online/via the internet 3

Given to me by a parent or guardian 4

Given to me by a friend 5

They were prescribed by the doctor for another person 6

Somewhere or someone else 7

These questions are about using the internet to buy medicines (such as tranquillizers, steroids, sleeping tablets, pain killers, slimming tablets).

M6. How easy do you think it is to get medicines using the internet?

- Very easy 1
- Fairly easy 2
- Fairly difficult 3
- Very difficult 4
- Don't know 5

M7. Have you ever used the internet to buy medicines?

- Yes, once 1
- Yes, more than once 2
- No, never 3

M8. Have you ever used medicines bought on the internet?

- Yes, once 1 → Continue to Question M9
- Yes, more than once 2 → Continue to Question M9
- No, never 3 → Go to Question M10

M9. How often have you used medicines bought on the internet?

- Daily 1
- A few times a week 2
- A few times a month 3
- A few times a year 4
- Rarely 5
- Not anymore 6

M10. How much do you know about the risks of taking medicines bought on the internet?

- Know a lot 1
- Know quite a bit 2
- Know some 3
- Know very little 4
- Know nothing at all 5

M11. Would you like more information about how to use medicines safely and appropriately?

Yes 1 → Continue to Question M12

No 2 → Go to Question M13

M12. Where would you like to be able to get this information?

At school 1

From my doctor 2

From a community pharmacy (chemist) 3

Online/via the internet 4

Via social media 5

From my parent or guardian 6

The next question relates to community pharmacies (chemists)

M13. In the past 12 months have you visited a community pharmacy (chemist)?

Yes 1 → Continue to Question M14

No 2 → Go to M15

M14. What is the MAIN reason you normally visit a community pharmacy (chemist)? (Tick all the boxes you need)

To have a prescription dispensed 1

To purchase a medicine over the counter 2

For advice about medicines 3

For advice about the treatment of a minor condition 4

For advice about the treatment of a long-term condition 5

To use a service provided by the pharmacy (e.g. stop smoking, minor ailments, medicines review) 6

To purchase products other than medicines 7

The following questions are about antibiotics, which are a group of medicines used to treat certain illnesses.

M15. In the past 12 months have you taken an antibiotic?

- Yes 1
 No 2
 Don't Know 3

**M16 Do you think the following statements are true, false or don't know?
 (Tick one box for each line)**

	True 1	False 2	Don't know 3
a. Antibiotics are used to treat bacterial infections			
b. Antibiotics work on colds and flu's			
c. It is okay to stop taking an antibiotic when you feel better			
d. If you take an antibiotic when you don't need it then you can become resistant to the antibiotic			
e. If you take antibiotics when you don't need them drug-resistant bacteria can develop and spread to other people			

SMOKING

N1. Have you ever smoked tobacco?

(At least one whole cigarette, not just a puff of someone else's)

- Yes, in the last week 1 → Continue to Question N2
- Yes, in the last month 2 → Continue to Question N2
- Yes, in the last year 3 → Continue to Question N2
- Yes, over a year ago 4 → Continue to Question N2
- No, never 5 → Go to Question N9

N2. What age were you when you had your first cigarette?

I was _____ years old I can't remember

N3. How often do you smoke cigarettes now?

- Every day 1 → Continue to Question N4
- At least once a week but not every day 2 → Continue to Question N4
- Less than once a week 3 → Go to Question N9
- I do not smoke now 4 → Go to Question N9

N4. How many cigarettes do you usually smoke in a week?

_____ cigarettes a week

N5. Why did you first smoke a cigarette?

(Tick as many boxes as you need)

- My friends smoke 1
- My parents/siblings smoke 2
- My friends encouraged me to smoke 3
- I did it for a dare/bet 4
- Liking a particular tobacco packaging branding 5
- Seeing smoking on television or in films 6
- I had easy access to cigarettes 7
- Made me feel cool/grown up 8
- None of these 9
- Other (please say other reason) 10

N6. Where do you usually get your cigarettes from?
(Please tick more than 1 box if you often get cigarettes from different people or places)

- I buy them from a supermarket 1
- I buy them from a shop, e.g. newsagent, garage or sweet shop 2
- I buy them from street markets 3
- I buy them from a vending machine 4
- I buy them through the internet 5
- I buy them from friends or relatives 6
- I buy them from someone else (please say who)..... 7
- Friends give them to me 8
- My brother or sister gives them to me 9
- My mother or father gives them to me 10
- I take them 11
- I get them in some other way (please say how) 12

N7. Have you ever tried to quit smoking?

- Yes 1
- No 2

N8. Which of the following best describes you...

- I REALLY want to stop smoking and intend to do so in the next month 1
- I REALLY want to stop smoking and intend to do so in the next 3 months 2
- I want to stop smoking and hope to do so soon 3
- I REALLY want to stop smoking but I don't know when I will 4
- I want to stop smoking but haven't thought about when 5
- I know I should stop smoking but I don't really want to 6
- I don't want to stop smoking 7

N9. Do any adults in your household smoke? *When we say household, we mean the people that you live with (even if you only live with them some of the time)*

- Yes 1 → Continue to Question N10
- No 2 → Go to Question N12

N10. Do the adults smoke inside your home?

Yes 1

No 2

N11. Do the adults smoke in your family car?

Yes 1

Yes, but not when children are in the car 2

No 3

We do not own a family car 4

N12. Are visitors allowed to smoke inside your home?

Yes 1

No 2

Don't Know 3

N13. Have you heard of e-cigarettes?

Yes 1 → Continue to Question N14

No 2 → Go to Next Section

N14. Have you ever used e-cigarettes?

Yes, in the last week 1 → Continue to Question N15

Yes, in the last month 2 → Continue to Question N15

Yes, in the last year 3 → Continue to Question N15

Yes, over a year ago 4 → Continue to Question N15

No, never 5 → Go to Question N19

N15. How often do you use e-cigarettes now?

Every day 1

At least once a week but not every day 2

Less than once a week 3

I do not use e-cigarettes now 4

**N16. Thinking about the first time you ever tried an e-cigarette, which of the following best describes your reason(s) for doing so?
(Tick as many boxes as you need)**

- I saw a friend using an e-cigarette, so I wanted to try them 1
- I saw a family member using an e-cigarette, so I wanted to try them 2
- I saw a famous person using an e-cigarette, so I wanted to try them 3
- I saw e-cigarettes displayed for sale (e.g. in a shop, at a stall in the shopping centre, in the street or at a market), so I wanted to try them 4
- I saw an advert for e-cigarettes (e.g. online, on social media, on TV on a billboard), so I wanted to try them 5
- I just wanted to try them to see what they were like 6
- I wanted to reduce the number of normal cigarettes I smoke 7
- I wanted to stop smoking normal cigarettes 8
- Other 9
- I can't remember 10
- I don't know 11

**N17. Thinking, again, about the first time you ever tried an e-cigarette, where did you get it from?
(Tick as many boxes as you need)**

- From a friend/someone I was hanging around with 1
- From a family member 2
- From a specialist e-cigarette shop or stall 3
- From a supermarket or newsagent 4
- From a pharmacy 5
- From the internet 6
- Tried someone else's e-cigarette without asking them 7
- Other 8
- I don't know 9

(N18 is only asked if pupil selected option 1 or 2 in N15)

**N18. Why do you currently use e-cigarettes? Please give the MAIN reason only.
(Tick one box only)**

- | | | |
|--|--------------------------|---|
| Because I enjoy it | <input type="checkbox"/> | 1 |
| To help me reduce the number of normal cigarettes I smoke | <input type="checkbox"/> | 2 |
| To help me to stop smoking normal cigarettes altogether | <input type="checkbox"/> | 3 |
| Just because my friends use them | <input type="checkbox"/> | 4 |
| I feel pressure to fit in with everyone else who is using them | <input type="checkbox"/> | 5 |
| Using them is a new trend and I want to be part of it | <input type="checkbox"/> | 6 |
| I can't stop using them/I am addicted to them | <input type="checkbox"/> | 7 |
| Other (please say other reason)_____ | <input type="checkbox"/> | 8 |
| I don't know | <input type="checkbox"/> | 9 |

N19. Do any adults in your household use e-cigarettes? *When we say household, we mean the people that you live with (even if you only live with them for some of the time)*

Yes 1

No 2

ALCOHOL

**O1. Have you ever taken an alcoholic drink (not just a taste or a sip)?
(That means beer, wine, cider, alcopops or spirits like Gin, Vodka, Whiskey)**

- Yes, in the last week 1 → Continue to Question O2
Yes, in the last month 2 → Continue to Question O2
Yes, in the last year 3 → Continue to Question O2
Yes, over a year ago 4 → Continue to Question O2
No, never 5 → Continue to Question O9

O2. What age were you when you had your first alcoholic drink?

I was _____ years old I can't remember

**O3. At present, how often do you drink anything alcoholic, such as beer, wine, cider, alcopops or spirits like Gin, Vodka, Whiskey? Try to include even those times when you only drink a small amount (but not just a taste or a sip).
(Tick one box only)**

Presently I drink alcohol ...

- Daily 1
A few times a week 2
A few times a month 3
A few times a year 4
Rarely 5
Not any more 6

O4. Have you ever had so much alcohol that you were drunk?

- No, never 1 → Go to Question O6
Yes, once 2 → Continue to Question O5
Yes, 2 - 3 times 3 → Continue to Question O5
Yes, 4 - 10 times 4 → Continue to Question O5
Yes, more than 10 times 5 → Continue to Question O5

05. How many times have you been drunk in the last month?

- None 1
- Once 2
- 2-3 times 3
- 4-10 times 4
- More than 10 times 5

06. Have you deliberately tried to get drunk in the last month?

- Yes 1
- No 2

07. Have you ever bought alcohol yourself? (Tick as many boxes as you need)

- No 1
- Yes, from a pub/club 2
- Yes, from an off-licence 3
- Yes, from a shop/supermarket 4
- Yes, from a website/online/internet 5

08. As a result of drinking alcohol have you ever...?

	No 1	Once 2	More than once 3
Had an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ended up in a situation where you felt threatened/unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to be seen by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been sick (vomited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in trouble with parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in trouble with local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done something you later regretted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O9. Have you had any type of education on the use of alcohol (e.g. talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year ...? (Tick as many boxes as you need)

At school

 1

At a youth facility
(ie: Youth club, Community centre etc)

 2

Somewhere else

 3

None of these

 4 → Go to Question O11

If you ticked any of these boxes, please continue to Question O10

O10. Has the education you received made you less inclined to drink alcohol?

Yes 1

No 2

O11. Do any adults in your household drink alcohol? *When we say household, we mean the people that you live with (even if you only live with them for some of the time)*

Yes 1 → Continue to Question O12

No 2 → Go to Next Section

O12. Do the adults drink alcohol inside your home?

Yes 1

No 2

SOLVENTS & DRUGS

P1. The next questions are about drugs and solvents. Have you ever been offered any of the following drugs? (Tick one box for each line)

	Yes 1	No 2
Solvents (things that people inhale or sniff to get high like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint stripper)	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin)	<input type="checkbox"/>	<input type="checkbox"/>
Speed (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts)	<input type="checkbox"/>	<input type="checkbox"/>
LSD (Acid, Tabs, Trips)	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy ('E', Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes)	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room)	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilisers (Downers, Benzos, Valium, Barbiturates, Blues, Temazies, Jellies, Tranx, Temazepam)	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Smack, Skag, 'H', Gear, Junk, Brown, Horse)	<input type="checkbox"/>	<input type="checkbox"/>
Magic Mushrooms (Psilocybin, Mushies)	<input type="checkbox"/>	<input type="checkbox"/>
Crack (Rock, Sand, Stone, Pebbles, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Coke, Charlie, Snow, Nose Candy, Blow)	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>
Mephedrone/ Methedrone (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow miaow, meow meow)	<input type="checkbox"/>	<input type="checkbox"/>
New Psychoactive Substances (sometimes referred to as legal highs, Magic, Snuff, Salvia, Party Pills, Stimulants)	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (K, Ket, Special K, Horsey)	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic Cannabis (synthetic cannabinoids, spice, black mamba, clockwork orange)	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs that would not be given to you by a health professional (e.g. doctor, nurse or chemist)	<input type="checkbox"/>	<input type="checkbox"/>

(If you answered Yes to any of the Drugs/solvents listed in previous question, please continue to P2, otherwise go to P3)

P2. What age were you the first time you were offered drugs?

I was _____ years old → Continue to Question P3

P3. Have you ever used or taken any of the drugs listed above (even if only once)?

Yes 1 → Continue to Question P4

No 2 → Go to Question P12

P4. When was the last time you ever used or took any of the following?

	In the last week 1	In the last month 2	In the last year 3	Over a year ago 4	No, never 5
Solvents (things that people inhale or sniff to get high like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint-stripper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (Acid, Tabs, Trips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy ('E', Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers (Downers, Benzos, Valium, Barbiturates, Blues, Temazies, Jellies, Tranx, Temazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Smack, Skag, 'H', Gear, Junk, Brown, Horse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic Mushrooms (Psilocybin, Mushies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack (Rock, Sand, Stone, Pebbles, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cocaine (Coke, Charlie, Snow, Nose candy, Blow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mephedrone/Methedrone (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow miaow, meow meow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Psychoactive Substances (sometimes referred to as legal highs, Magic, Snuff, Salvia, Party Pills, Stimulants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (K, Ket, Special K, Horsey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic Cannabis (synthetic cannabinoids, spice, black mamba, clockwork orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs that would not be given to you by a health professional (e.g. doctor, nurse or chemist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P5. How often do you usually take drugs?

- I have only taken drugs once 1
- I used to take drugs sometimes but I don't take them anymore 2
- I take drugs a few times a year 3
- I take drugs once or twice a month 4
- I take drugs at least once a week 5
- I take drugs most days 6

P6. The last time you used drugs, were you also drinking alcohol?

- Yes 1
- No 2

P7. The last time you used drugs, did you use more than one type of drug?

- Yes 1
- No 2

**P8. Who were you with the last time you took drugs?
(Tick as many as you need)**

- By myself 1
- With a friend 2
- With boyfriend / girlfriend 3
- With a group of friends 4
- With parents 5
- With brother(s) and/or sister(s) 6
- With relatives 7
- With someone else 8

**P9. Where were you the last time you took drugs?
(Tick one box only)**

- At home 1
- At someone else's house 2
- Somewhere outside such as the park, street,
in an entry, under a bridge etc 3
- At school 4
- At a pub 5
- At a party 6
- At a rave, disco, club or concert 7
- On holiday 8
- Somewhere else 9

P10. As a result of taking drugs have you ever...?

	No 1	Once 2	More than once 3
a. Had an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ended up in a situation where you felt threatened/unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Had to be seen by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been sick (vomited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Been in trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Been in trouble with parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Been in trouble with local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Been in trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Done something you later regretted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P11. Have you ever felt that you needed to get help or treatment because you were using drugs?

- Yes 1
 No 2

P12. If you felt that you needed to get help because you were using drugs, who/where would you go to?

- School teacher/other member of school support staff 1
 Parent 2
 Friend 3
 Youth Leader 4
 Faith/religious leader 5
 GP (family doctor or practice nurse) 6
 FRANK Helpline 7
 Drug service (a community or health service that provides support or treatment) 8
 Online, internet 9
 Somewhere else 10
 I wouldn't know where to go 11

P13. Have you had any type of education on the use of drugs, including solvents, (e.g.: talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year ...?
(Tick as many boxes as you need)

At school

 1

At a youth facility
 (ie: Youth club, Community centre etc)

 2

Somewhere else

 3

**If you ticked any of
 these boxes, please
 continue to
 Question P14**

None of these

 4

→ Go to Question P15

P14. Has the education you received made you less inclined to take drugs or solvents?

Yes 1

No 2

P15. Do any adults in your household take drugs? *When we say household, we mean the people that you live with (even if you only live with them for some of the time)*

Yes 1 → Continue to Question P16

No 2 → Go to Question P17

P16. Do the adults take drugs inside your home?

Yes 1

No 2

**P17. Do you think it is ok for someone your age to do the following?
 (Tick one box on each row)**

	It's ok 1	It's not ok 2	Don't know 3
a. Smoke cigarettes once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drink alcohol once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Get drunk once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sniff glue once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Take cannabis once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Take cocaine once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL SAFETY

Q1. How safe do you feel in the area in which you live?

- Very safe 1
Quite safe 2
Slightly unsafe 3
Very unsafe 4

**Q2. In the past 12 months, have you been a victim of the following?
(Tick 'Yes' or 'No' for each line)**

	Yes 1	No 2
Been bullied	<input type="checkbox"/>	<input type="checkbox"/>
Been sexually abused	<input type="checkbox"/>	<input type="checkbox"/>
Been physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Been harassed/bullied/abused via the internet	<input type="checkbox"/>	<input type="checkbox"/>
Been bullied/ harassed via texts/videos/images or calls to your mobile	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened by paramilitaries (e.g. IRA/UVF)	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES TOWARDS DOMESTIC VIOLENCE
(Year 11 & 12 only)

**R1. Which of the following would you consider an example of domestic violence/abuse?
(Tick as many boxes as you need)**

- | | | |
|--|--------------------------|----|
| Physical violence against a partner | <input type="checkbox"/> | 1 |
| Abuse of older people in a nursing home | <input type="checkbox"/> | 2 |
| Abusing a family pet | <input type="checkbox"/> | 3 |
| Controlling a partner's money | <input type="checkbox"/> | 4 |
| Arguing with a partner | <input type="checkbox"/> | 5 |
| Threatening a partner | <input type="checkbox"/> | 6 |
| A parent abusing their children | <input type="checkbox"/> | 7 |
| Blocking a partner's access to sources of support – e.g. Police, Health services | <input type="checkbox"/> | 8 |
| Stalking an ex-partner | <input type="checkbox"/> | 9 |
| Withholding contraception | <input type="checkbox"/> | 10 |
| Being unfaithful in a relationship | <input type="checkbox"/> | 11 |
| A young person/child abusing their parent | <input type="checkbox"/> | 12 |
| Virtual or on-line abuse of partner | <input type="checkbox"/> | 13 |
| Destroying personal property of partner – e.g. mobile phones | <input type="checkbox"/> | 14 |
| Damaging a partners self-confidence | <input type="checkbox"/> | 15 |
| Isolating partner from friends and family | <input type="checkbox"/> | 16 |

R2. Who can be a victim of domestic violence/abuse?

- | | | |
|--------------|--------------------------|---|
| Only females | <input type="checkbox"/> | 1 |
| Only males | <input type="checkbox"/> | 2 |
| Both | <input type="checkbox"/> | 3 |

R3. Who can commit acts of domestic violence/abuse?

- | | | |
|--------------|--------------------------|---|
| Only females | <input type="checkbox"/> | 1 |
| Only males | <input type="checkbox"/> | 2 |
| Both | <input type="checkbox"/> | 3 |

R4. Does your school or college include awareness sessions on the subject of domestic violence/abuse?

Yes 1

No 2

Don't know 3

**R5. If you wanted to discuss concerns regarding domestic violence/abuse, who would you contact?
(Tick as many boxes as you need)**

School teacher/other member of school support staff 1

Friend 2

Family member 3

Health professional e.g. GP, Social Worker 4

Youth leader 5

Faith/religious leader 6

Police 7

Domestic Violence/Sexual Violence helpline 8

Childline 9

Other (Please say what) 10 _____

SEXUAL HEALTH

(Year 8, 9 & 10 just answer S1a & S2a)

(Year 11 & 12 answer from question S1b on)

S1a. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

S2a. How much, if any, sexual experience have you had?

None 1

Small amount (e.g. only kissing) 2

Some experiences but no sexual intercourse 3

Experienced, including sexual intercourse 4

SEXUAL HEALTH (Year 11 & 12 only)

S1b. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

S2b. How much, if any, sexual experience have you had?

None 1 → Go to Question S6

Small amount (e.g. only kissing) 2 → Go to Question S6

Some experiences but no sexual intercourse 3 → Go to Question S6

Experienced, including sexual intercourse 4 → Continue to Question S3

S3. At what age did you first have sexual intercourse?

I was _____ years old

S4. Did you or your partner use something to prevent getting pregnant (i.e. a form of contraception)?

Yes 1 → Continue to Question S5

No 2 → Go to Question S6

Don't know 3 → Go to Question S6

**S5. What form of contraception did you or your partner use?
(Tick one box only)**

- Condom 1
The pill 2
Both a condom and the pill 3
Some other contraceptive 4

S6. Would you find it easy to get contraceptives (ie: condoms etc)?

- Yes 1
No 2

**S7. If you needed to, where would you actually get your contraceptives?
(Tick as many boxes as you need)**

- Shops/chemists 1
Other public places
eg: bars, public toilets 2
Family planning clinics/doctors 3
Friends 4
Parents/other family members 5
Other 6
Would not need to 7
Don't know 8

**S8. Which, if any, of the following are sexually transmitted infections?
(Tick as many boxes as you need)**

- HIV 1
Gonorrhoea 2
Measles 3
Chlamydia 4
Meningitis 5
Genital Herpes 6
Hepatitis B 7
Tuberculosis 8
Syphilis 9
Influenza 10
Genital Warts 11
None of these 12

**S9. If you ever needed help or advice about sexual health issues what services would you be likely to use?
(Tick as many boxes as you need)**

- | | | |
|--------------------------------------|--------------------------|----|
| Doctor/GP | <input type="checkbox"/> | 1 |
| Family Planning Association | <input type="checkbox"/> | 2 |
| Brook Advisory | <input type="checkbox"/> | 3 |
| Friends | <input type="checkbox"/> | 4 |
| Family | <input type="checkbox"/> | 5 |
| Genito-Urinary Medicine (GUM) clinic | <input type="checkbox"/> | 6 |
| Internet/website | <input type="checkbox"/> | 7 |
| Sexual health clinic | <input type="checkbox"/> | 8 |
| Texting information service | <input type="checkbox"/> | 9 |
| An advice/helpline | <input type="checkbox"/> | 10 |
| Other | <input type="checkbox"/> | 11 |
| None of these | <input type="checkbox"/> | 12 |
| Don't know | <input type="checkbox"/> | 13 |

**S10. What would be important to you when you are seeking sexual health advice?
(Tick as many boxes as you need)**

- | | | |
|-------------------------|--------------------------|---------|
| Confidentiality | <input type="checkbox"/> | 1 |
| Not being judged | <input type="checkbox"/> | 2 |
| Free Service | <input type="checkbox"/> | 3 |
| Speedy service | <input type="checkbox"/> | 4 |
| Other (Please say what) | <input type="checkbox"/> | 5 _____ |
| None of these | <input type="checkbox"/> | 6 |

MORE ABOUT YOU
(Year 11 & 12 only)

T1. What is your gender identity?

- Male 1
Female 2
Male to female transgender 3
Female to male transgender 4
Other (Please write in)..... 5

**T2. Which of the following statements applies best to you? (Please tick ONE box only)
I have felt sexually attracted:**

- only to females and never to males 1
more often to females and at least once to a male 2
about equally often to females and males 3
more often to males and at least once to a female 4
only to males and never to females 5
I have never felt sexually attracted to anyone at all 6

You have now completed the questionnaire.

