# THE HEALTH-RELATED BEHAVIOUR QUESTIONNAIRE

The purpose of this questionnaire is to help your health authority to plan health care for young people, and to help your teachers plan work in schools. To do this, they need some information about yourself.

These questionnaires are confidential and will not be read by anyone connected with your school. All the analysis is carried out in Exeter.

**1) Please answer all questions honestly.**

**2) Do NOT write your name on any page**

Please do NOT write in shaded boxes

Answer these questions in the box first, there is also a practice page on the back.

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**A Are you male or female?**

Please tick one answer ✓ **Male** 0 ☐ **Female** 1 ☐

**B How old are you?** Please write here ..... **years**

**C Which school year are you in?**

Please tick one answer ✓ **Year 8** ☐ **Year 9** ☐ **Year 10** ☐ **Year 11** ☐ **Year 12** ☐

**D What is your home postcode?**

Please write on the dotted line .....

**E Which of the following best describes your ethnic background?**

Please tick the one that most describes you ✓

**White**

White British ..... 01 ☐
White Cornish ..... 02 ☐
White Irish ..... 03 ☐
Any other White background ..... 04 ☐
Gypsy/Roma ..... 05 ☐
Traveller of Irish Heritage ..... 06 ☐

**Asian**

Bangladeshi Asian ..... 07 ☐
British Asian ..... 08 ☐
Cornish Asian ..... 09 ☐
Indian Asian ..... 10 ☐
Pakistani Asian ..... 11 ☐
Any other Asian background ..... 12 ☐

**Black**

Black African ..... 13 ☐
Black British ..... 14 ☐
Black Caribbean ..... 15 ☐
Black Cornish ..... 16 ☐
Any other Black background ..... 17 ☐

**Chinese**

British Chinese ..... 18 ☐
Chinese ..... 19 ☐
Cornish Chinese ..... 20 ☐
Any other Chinese background ..... 21 ☐

**Mixed**

Mixed White & Asian ..... 22 ☐
Mixed White & Black African ..... 23 ☐
Mixed White & Black Caribbean ..... 24 ☐
Any other mixed background ..... 25 ☐
Any other background ..... 26 ☐
Prefer not to say ..... 27 ☐

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**1 Which adults do you live with?**

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

Mum & dad together ..... 01 ☐
Mainly or only mum ..... 02 ☐
Mainly or only dad ..... 03 ☐
Mum & dad shared ..... 04 ☐
Mum & stepdad/partner ..... 05 ☐
Dad & stepmum/partner ..... 06 ☐
Mum & mum or dad & dad ..... 07 ☐
Foster parents ..... 08 ☐
Residential Social Worker ..... 09 ☐
Other carer (please describe below) 10 ☐

.....

**2a) Are you a practising member of a religion? (i.e. do you attend a place of worship or worship at home)**

Please tick one answer ..... ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐

**b) If yes, which of the following most nearly describes you?**

Please tick one box ✓

Christian ..... 0 ☐
Muslim ..... 1 ☐
Hindu ..... 2 ☐
Buddhist ..... 3 ☐
Sikh ..... 4 ☐
Jewish ..... 5 ☐
Bah'ai ..... 6 ☐
Rastafarian ..... 7 ☐
Other (Please describe below) ..... 8 ☐

.....

**3 Are you disabled or do you have a long-standing illness?**

Please tick one answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐ **Don't want to say** 3 ☐

**4 Do you get free school meals or vouchers for free school meals?**

Please tick one answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐ **Don't want to say** 3 ☐

**5a) Are you a 'young carer'?**

> A young carer is someone whose life is in some way restricted because of the need to take responsibility for the care of a person, and this happens regularly. This person may have a long-term illness, a physical or sensory impairment or learning difficulties, or they may be experiencing mental distress or be affected by drug or alcohol misuse. This person may be a parent, brother, sister or close friend. You may have help with the caring role from another family member or you may be the only carer.

Please tick one answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐ **Don't want to say** 3 ☐

*If yes, please tick and go to 5b) if not, please tick and go to Q6 on next page*

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

**c) If you are a 'young carer', how much of your time does it take up each day?**

Please tick one answer ✓ **Less than 1 hour** 0 ☐ **1-2 hours** 1 ☐ **More than 2 hours** 2 ☐
**Some time, but I don't do this every day** 3 ☐

**d) Does your school know you are a 'young carer'?**

Please tick one answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐


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**e) If yes, do you get any help from school for being a 'young carer'?**

Please tick one answer ✓ **No** 0 ☐ **Yes** 1 ☐ If yes, please say what help you get below

## These questions are about BEING HEALTHY.

→ **6 In general, how happy do you feel with your life at the moment?**

Please tick one answer ✓

**Not at all** 0 ☐ **Not much** 1 ☐ **Not sure** 2 ☐ **Quite a lot** 3 ☐ **A lot** 4 ☐

**7 How much do you agree or disagree with these statements?**

Please tick ONE answer on each line ✓

a "I am in charge of my health." ..... **Disagree** 0 ☐ **Not sure** 1 ☐ **Agree** 2 ☐

b "If I keep healthy, I've just been lucky." ..... **Disagree** 0 ☐ **Not sure** 1 ☐ **Agree** 2 ☐

c "If I take care of myself I'll stay healthy." ..... **Disagree** 0 ☐ **Not sure** 1 ☐ **Agree** 2 ☐

d "Even if I look after myself I can still easily fall ill." ..... **Disagree** 0 ☐ **Not sure** 1 ☐ **Agree** 2 ☐

**8 How would you describe your weight?** ▼39

Please tick ONE answer ✓ **Under weight** 0 ☐ **Healthy weight** 1 ☐ **Over weight** 2 ☐

**9 Which statement describes you best?**

Please tick ONE answer ✓

I would like to put on weight ..... 0 ☐

I would like to lose weight ..... 1 ☐

I am happy with my weight as it is..... 2 ☐

**10 When choosing what to eat, do you consider your health?**

Please tick ONE answer ✓

**Never** 0 ☐ **Sometimes** 1 ☐ **Quite often** 2 ☐ **Very often** 3 ☐ **Always** 4 ☐

**11 What did you do for lunch yesterday?**

Please tick ONE answer ✓

School food ..... 0 ☐

Ate a packed lunch from home..... 1 ☐

Bought lunch from a takeaway or shop ..... 2 ☐

Went home for lunch..... 3 ☐

Did not have any lunch..... 4 ☐

**12 Did you eat or drink anything <u>before lessons</u> this morning?**

You may tick MORE than one answer ✓✓

No, nothing at all..... ☐

Yes, something at home ..... ☐

Yes, something on the way to school..... ☐

Yes, something at school ..... ☐

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**13 What did you have before lessons this morning?**

Please tick everything that you had ✓

- Nothing to eat or drink ☐
- A drink ☐
- Toast or bread ☐
- Sugar-coated cereals ☐
- Porridge/Readybrek ☐
- Other cereals ☐
- Yoghurt ☐
- Breakfast bar ☐
- Crisp-type snack ☐
- Chocolate bar, sweets ☐
- Biscuits/cakes ☐
- Fruit ☐
- Cooked breakfast ☐
- Something else (please describe .....) ☐

★1

**14 How often do you eat or drink the following?**

Please tick ONE answer on each line ✓

| | Rarely or never | Once a week or less | 2-3 days a week | On most days |
|---|---|---|---|---|
| Any fish/fish fingers | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Fresh fruit | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Salads | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Vegetables | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Water | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Milk | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| 'Diet' (low calorie) drinks | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Other fizzy drinks | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Energy drinks (e.g. Red Bull, Lucozade energy etc.) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Isotonic sports drinks (e.g. Lucozade sport, Gatorade etc.) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Protein shakes | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Crisps | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Sweets, chocolate, choc bars | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |

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

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

**0 1 2 3 4 5 6 7 8**

▼15

*** A portion is about a handful.**
**To help you decide, all of these examples count as ONE portion:**

**ONE portion = 80g = any of these...**
1 apple, banana, pear, orange or other similar sized fruit
3 heaped tablespoons of vegetables (raw, cooked, frozen or tinned)
1 cupful of grapes, cherries or berries
a glass (150ml) of fruit juice (however much you drink, fruit juice counts as a maximum of one portion a day)
a dessert bowl of salad

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


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**16 How much water did you drink yesterday?**

Only count plain water, do not count tea, coffee, squash-type drinks or fizzy drinks.

Please tick ONE answer ✓

**Nothing** 0 ☐ **1 or 2 cups** 1 ☐ **3-5 cups** 2 ☐ **About a litre (6 cups)** 3 ☐

**About 2 litres (12 cups)** 4 ☐ **More than 2 litres** 5 ☐

**17a) Are you able to get water at school?**

Please tick ONE answer ✓ **No** 0 ☐ **Not Easily** 1 ☐ **Yes** 2 ☐

**b) If you can, where can you get it from?**

You may tick MORE than one answer ✓✓

Water fountain ..... ☐

Tap in classroom ..... ☐

Canteen/Dinner Room ..... ☐

Sink in toilet..... ☐

Class water bottle..... ☐

My own drinking bottle..... ☐

Water machine/cooler ..... ☐

Other (please write below)..... ☐

.....

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

Please tick ONE answer ..... ✓ **No** 0 ☐ **Yes** 1 ☐

If No, please tick 'No' and go to Q23 on page 6 →

**19 On which days did you <u>drink alcohol</u>, in the last 7 days?**

Please tick every day you drank alcohol. ✓

Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐

Thursday ☐ Friday ☐ Saturday ☐

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**20 On which days did you <u>get drunk</u>, in the last 7 days?**

Please tick every day you got drunk, or NONE. ✓

NONE ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐

Thursday ☐ Friday ☐ Saturday ☐


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**21 During the last 7 days, how much of the following alcoholic drinks did you drink, if any?**

Assume that one small can = half a large can

Please don't count canned shandy

Please write on the dotted lines

**Do NOT write in the boxes**

I drank ..... large cans/pints of beer or lager

I drank ..... large cans/pints of cider

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

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

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

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

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

I drank ..... of something else (please write .....)

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

Do not include canned shandy

Please tick all that apply ✓ ✓

a I bought alcohol myself from a pub/bar ..... ☐

b I bought alcohol myself from an off-licence ..... ☐

c I bought alcohol myself from a supermarket ..... ☐

d I bought alcohol myself from a disco or nightclub ..... ☐

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

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

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

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

i I got adults outside shops to buy it for me ..... ☐

j Other source (please write ..... ) ..... ☐

→ **23 If you ever drink alcohol, do your parents/carers know?**

Please tick one answer. ✓

I never drink alcohol ..... 0 ☐

My parents/carers always know ..... 1 ☐

My parents/carers usually know ..... 2 ☐

My parents/carers sometimes know ..... 3 ☐

My parents/carers never know ..... 4 ☐

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**24 *If you drink alcohol, where do you usually buy/get it?***

Do not include canned shandy

Please tick all that apply ✓

- In a pub or a bar ☐
- In a nightclub or a disco ☐
- From an off-licence ☐
- From a shop or a supermarket ☐
- From a friend or relative ☐
- From the Internet ☐
- From my parents ☐
- Off the street (e.g. from a van or someone's garage) ☐
- From someone else ☐
- At parties ☐
- I steal it ☐
- Somewhere else (please describe. . . . . .) ☐

**25 *Is there a special drug and alcohol service for young people in your area?***

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

**26 *Thinking about drug information, have you heard of YZUP?***

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

**27 *Have you accessed any YZUP services?***

Please tick ONE answer ✓ **No** 0 ☐ **Once or twice** 1 ☐ **A few times** 2 ☐ **Often** 3 ☐

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

Please write the number . . . . . (If NONE, write 0)

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

Please write . . . . . .

**30 *Which statement describes you best?***

Please tick ONE answer ✓

- I have never smoked at all, not even a puff ..... 0 ☐
- I have tried smoking once or twice ..... 1 ☐
- I used to smoke, but I don't now ..... 2 ☐
- I smoke occasionally (less than 1 cigarette a week) ..... 3 ☐
- I smoke regularly but would like to give it up ..... 4 ☐
- I smoke regularly and don't want to give it up ..... 5 ☐

Please tick ONE answer on each line ✓

**31a) Do your parents/carers smoke?** ..... **No** 0 ☐ **Yes** 1 ☐

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

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

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**32 Thinking about smoking at home, what best describes what happens in your home?**

Please tick ONE answer ✓

No-one ever smokes at home ..... 0 ☐

Smoking happens only outside ..... 1 ☐

Smoking happens only in certain rooms ..... 2 ☐

Smokers can smoke anywhere ..... 3 ☐

**33 Have you ever been OFFERED any of these drugs? (not prescribed by a doctor)**

This list gives their real names and some street names

| Please tick one answer on each line ✓ | No | Don't know | Yes |
|---|---|---|---|
| A Amphetamines (e.g. speed, sulphates, sulph, whizz, uppers) | 0 ☐ | 1 ☐ | 2 ☐ |
| B Cannabis (resin, leaf or oil, e.g. hash, grass, pot, skunk, dope, weed) | 0 ☐ | 1 ☐ | 2 ☐ |
| C Khat (e.g. Quat, qat, qaadka, chat, ghat) | 0 ☐ | 1 ☐ | 2 ☐ |
| D Ecstasy (e.g. MDMA, E, Doves) | 0 ☐ | 1 ☐ | 2 ☐ |
| E Cocaine (e.g. snow, charlie, coke, nose) | 0 ☐ | 1 ☐ | 2 ☐ |
| F Crack (e.g. rock) | 0 ☐ | 1 ☐ | 2 ☐ |
| G Hallucinogens: natural (e.g. magic mushrooms) | 0 ☐ | 1 ☐ | 2 ☐ |
| H Hallucinogens: synthetic (e.g. acid, LSD) | 0 ☐ | 1 ☐ | 2 ☐ |
| I Heroin (e.g. H, junk, skag, smack, brown) | 0 ☐ | 1 ☐ | 2 ☐ |
| J Ketamine (e.g. Special K, Vitamin K) | 0 ☐ | 1 ☐ | 2 ☐ |
| K Other tranquillisers (e.g. Valium, Temazepam, Prozac) | 0 ☐ | 1 ☐ | 2 ☐ |
| L Muscle-building steroids | 0 ☐ | 1 ☐ | 2 ☐ |
| M Poppers (e.g. Liquid Gold, Rush, TNT) | 0 ☐ | 1 ☐ | 2 ☐ |
| N Solvents used as drugs (e.g. glue, gas refills, aerosols, cleaning fluid) | 0 ☐ | 1 ☐ | 2 ☐ |
| O Mephedrone (M-cat, Miaow miaow) | 0 ☐ | 1 ☐ | 2 ☐ |
| P Other drugs (Please name .....) | 0 ☐ | 1 ☐ | 2 ☐ |
| Q Legal highs (Please name .....) | 0 ☐ | 1 ☐ | 2 ☐ |

**34 Do you know anyone personally who you think takes any of the drugs in Question 33?**

Please tick ONE answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Fairly sure** 2 ☐ **Certain** 3 ☐

**35 Have you taken any of the drugs in Question 33?**

Please tick ONE answer ..... ✓ **No** 0 ☐ **Yes** 1 ☐

If No, please tick 'No' and go to Q40 on page 10 →

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**36 *If you take drugs, do your parents/carers know?***

Please tick ONE answer. ✓

My parents/carers always know ..... 0 ☐

My parents/carers usually know ..... 1 ☐

My parents/carers sometimes know ..... 2 ☐

My parents/carers never know ..... 3 ☐

**37 *This question is about your EXPERIENCE of these drug (not prescribed by a doctor)***

| Look at the list of drugs below, and tick ONE answer on each line ✓ | I have never taken this drug | I have taken during the last month | I have taken during the last year | I took this drug more than one year ago |
|---|---|---|---|---|
| Amphetamines (e.g. speed, sulphates, sulph, whizz, uppers) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Cannabis (resin, leaf or oil, e.g. hash, grass, pot, skunk, dope, weed) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Khat (e.g. Quat, qat, qaadka, chat, ghat) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Ecstasy (e.g. MDMA, E, Doves) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Cocaine (e.g. snow, charlie, coke, nose) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Crack (e.g. rock) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Hallucinogens: natural (e.g. magic mushrooms) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Hallucinogens: synthetic (e.g. acid, LSD) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |

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| | | | | |
|---|---|---|---|---|
| Heroin (e.g. H, junk, skag, smack, brown) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Ketamine (e.g. Special K, Vitamin K) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Other tranquillisers (e.g. Valium, Temazepam, Prozac) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Muscle-building steroids | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Poppers (e.g. Liquid Gold, Rush, TNT) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Solvents used as drugs (e.g. glue, gas refills, aerosols, cleaning fluid) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Mephedrone (M-cat, Miaow miaow) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Other drugs (Please name ..... ) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| Legal highs (Please name ..... ) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |

**38 *If you have ever taken any of these drugs,***

***please write your age when you first used any of them . . . . . years***

**39 *Have you EVER taken drugs listed in Q37 and alcohol on the same occasion?***

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


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**40 How much do you worry about the issues listed below?**

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

▼36

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

| | |
|---|---|
| ✎ | |
| ✎ | |

**41 If you were worried about something, do you know an adult you trust that you can talk to about this?**

Please tick ONE answer ✓ **No** 0 ☐ **Maybe** 1 ☐ **Yes** 2 ☐

▼52


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**42 When you have a problem that worries you, how do you cope?**

Please tick ONE answer on each line ✓

| | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|
| Talk to an adult about the problem | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Talk to a friend or brother/sister about the problem | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Rest or sleep more | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Smoke cigarettes | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Think carefully about the problem by yourself | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Drink alcohol | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Keep busy | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Exercise | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Self-harm/hurt yourself | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Go out with friends/socialise | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Stop going out | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Watch TV | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Seek help from books/magazines/Internet | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Listen to music | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Eat more | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Eat less | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Do nothing | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

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**43 Which of these is your main source of information about relationships and sexual health?**

Please tick ONE answer ✓

| | | | | | |
|---|---|---|---|---|---|
| **My parents/carers** | 01 ☐ | **School lessons** | 02 ☐ | **School lessons delivered by Brook** | 03 ☐ |
| **Friends** | 04 ☐ | **School nurse** | 05 ☐ | **Doctor** | 06 ☐ |
| **Brothers, sisters, other close relations** | 07 ☐ | **Advice centre e.g. Family Planning Clinic** | 08 ☐ | **Posters, leaflets, reference books** | 09 ☐ |
| **TV, films** | 10 ☐ | **Magazines** | 11 ☐ | **Advisers/tutors** | 12 ☐ |
| **Internet** | 13 ☐ | **Telephone helpline** | 14 ☐ | **Youth workers** | 15 ☐ |

**Other (please write)** ..... 16 ☐

**44 Who would you like to talk to about relationships and sexual health?**

Please tick all that apply ✓✓

| | | | |
|---|---|---|---|
| No-one | ☐ | Visitors in school lessons | ☐ |
| Young people | ☐ | School Nurse | ☐ |
| Parents/carers | ☐ | Doctor | ☐ |
| Teachers, in school lessons | ☐ | Social worker/family worker | ☐ |


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

| Please tick ONE answer on each line ✓ | Never heard of it | Know nothing about it | Can be treated but not cured | Can be treated and cured |
|---|---|---|---|---|
| A Genital herpes | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| B Human papilloma virus (HPV, Genital warts) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| C Gonorrhoea | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| D HIV/AIDS | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| E Chlamydia | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| F Syphilis | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| G Pubic lice (crabs) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |

**46 Have you heard of the C-card scheme?**

Please tick ONE answer ✓ **No** 0 ☐ **Yes** 1 ☐

**47a) Do you know where you can get condoms free of charge?**

Please tick ONE answer ✓ **No** 0 ☐ **Yes** 1 ☐

**b) If yes, please write where** .....

**48a) Is there a special sexual health service for young people in your area?**

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

**b) If yes, please write where** .....

**49 What do you know about the Savvy website**

Please tick ONE answer ✓

Never heard of this website before ..... 0 ☐

Heard of it but know little or nothing about it ..... 1 ☐

Know what it is but haven't seen it ..... 2 ☐

Know what it is and have used it ..... 3 ☐

▼26


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**50 How much have your RSE (Relationships and Sexual Health) lessons helped you understand the following?**

| Please tick ONE answer on each line ✓ | Not at all | A little | Quite a lot | A lot |
|---|---|---|---|---|
| a Puberty and growing up | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| b Sexually transmitted infections (risks and how to avoid them) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| c Healthy relationships | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| d What 'ready' means to you | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| e Boundaries and resisting pressure | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| f Sex and the law | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| g Sexuality: straight, lesbian, gay, bisexual and transgender | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| h Sexual health services | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |

**51 How much have your RSE lessons helped you make decisions about the following?**

| Please tick ONE answer on each line ✓ | Not at all | A little | Quite a lot | A lot |
|---|---|---|---|---|
| a Deciding when you are ready to have sex | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| b Using contraception | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| c The relationships you have | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| d Resisting pressure | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |
| e Accessing sexual health services | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ |

**52 Where do you think young people would like to get condoms or emergency contraception from if they needed it?**

Please tick all that apply ✓✓

- GP ☐
- Chemist ☐
- School Nurse ☐
- Youth Centres ☐
- Young people's sexual health clinic ☐
- College sites ☐
- Health Centres ☐
- Walk-in Centres ☐
- Other (please write. . . . . .) ☐

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

Please tick ONE answer ✓

- I can usually or always say no 0 ☐
- I can sometimes say no 1 ☐
- I can rarely say no 2 ☐
- I can never say no 3 ☐

▼50


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**54 Please think about each of the following statements. Please say whether you disagree, are not sure or agree.**

Please tick ONE answer on each line ✓

| | | Disagree | Not sure | Agr |
|---|---|---|---|---|
| a | There is pressure on young people to have sex | 0 ☐ | 1 ☐ | 2 ☐ |
| b | It is ok to wait to have sex | 0 ☐ | 1 ☐ | 2 ☐ |
| c | It is important to be in a serious relationship before having sex | 0 ☐ | 1 ☐ | 2 ☐ |
| d | There is no need to use contraception when you are in a serious relationship | 0 ☐ | 1 ☐ | 2 ☐ |
| e | If you or your partner are 'on the pill' you don't need to use a condom | 0 ☐ | 1 ☐ | 2 ☐ |
| f | Getting pregnant or getting a partner pregnant now would ruin my future plans | 0 ☐ | 1 ☐ | 2 ☐ |

**55 How long ago did you last visit the doctor?**

Please tick ONE answer ✓

**In the past week** 0 ☐ **In the past month** 1 ☐ **In the past 3 months** 2 ☐
**In the past 6 months** 3 ☐ **In the past year** 4 ☐ **More than a year ago** 5 ☐

**56 On this last visit to the doctor, how did the reception and waiting room environment make you feel?**

Please tick ONE answer ✓ **Very uneasy** 0 ☐ **Quite uneasy** 1 ☐ **OK** 2 ☐ **At ease** 3 ☐

**57 How long ago did you last visit the dentist?**

Please tick ONE answer ✓

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

## These questions are about STAYING SAFE.

**58 Do you ever feel afraid of going to school because of bullying?**

Please tick ONE answer ✓ **Never** 0 ☐ **Sometimes** 1 ☐ **Often** 2 ☐ **Very often** 3 ☐

**59 Have you been bullied at or near school in the last 12 months?**

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

**60 Have you bullied someone else at school in the last 12 months?**

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

**61 How well does your school deal with bullying?**

Please tick ONE answer ✓ **Don't know** 0 ☐ **Bullying is not a problem in my school** 1 ☐
**Badly** 2 ☐ **Not very well** 3 ☐ **Quite well** 4 ☐ **Very well** 5 ☐

**62 Do you think your school takes bullying seriously?**

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

★5


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**63 Have any of the following happened to you in the last month?**

Please tick any that apply ✓✓

a Been teased/made fun of ☐
b Called nasty names ☐
c Received nasty/threatening text message ☐
d Received nasty/threatening e-mail ☐
e Received nasty/threatening message in a chatroom ☐
f Seen nasty things written about you online ☐

g Pushed/hit for no reason ☐
h Had belongings taken/broken ☐
i Been threatened for no reason ☐
j Been threatened for money ☐
k Been forced to do things you didn't want to do ☐
l Been ganged up on ☐
m Other (please write .....) ☐

**If you have ticked none in Q63 please go on to Question 67** →

**64 Where did they happen?**

Please tick any that apply ✓✓

a At or near home ☐
b On the way to or from school ☐
c During lesson time ☐
d In a classroom (playtime/lunchtime) ☐
e In the toilets ☐
f In the corridors ☐
g Outside at school (playtime/lunchtime) ☐
h Other (please write ..... ) ☐

**65 If you have been bullied recently, did you tell anyone about it?**

Please tick all that apply ✓✓

a Teacher ☐
b Friend ☐
c Mum or Dad/carer ☐
d Other trusted adult ☐
e Brother or sister ☐
f No one ☐

**66 ... and did the problem stop?**

Please tick ONE answer ✓ **No** 0 ☐ **Don't know** 1 ☐ **Yes** 2 ☐ ▼29


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**67 Do you think you have been picked on or bullied for any of the following?**

Please tick any that apply ✓✓

- Your size or weight ☐
- The way you look ☐
- The clothes you wear ☐
- Your colour or race ☐
- Your religion or faith ☐
- Your sexuality (straight, gay, lesbian or bisexual) ☐
- Your gender (being male or female) ☐
- A disability or learning difficulty ☐
- Your ability ☐
- Your family background ☐
- Your health ☐
- Because you are a young carer ☐
- Other (please write .....) ☐

**68 How do you rate the following in the area where you live?**

| | Please tick ONE answer on each line | Very poor | Poor | Adequate | Good | Very good |
|---|---|---|---|---|---|---|
| a | Your safety when going out after dark | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| b | Your safety when going out during the day | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| c | Your safety at school | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| d | Your safety when going to and from school | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

**69a) In the last 12 months, have you been the victim of violence or aggressive behaviour?**

Please tick ONE answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐

If no, please tick no and go to Q70 →

**b) If yes, where did the incident take place?**

Please tick ONE answer ✓ **In the street/park** 01 ☐ **School grounds** 02 ☐ **At a club** 03 ☐ **At home** 04 ☐ **Somewhere else (please write below)** 05 ☐

(please write .....)

**c) If yes, did you report it to anyone?**

Please tick ONE answer ✓ **No** 01 ☐ **The police** 02 ☐ **Parent/carer** 03 ☐ **A teacher** 04 ☐ **Somewhere else (please write below)** 05 ☐

(please write .....)

**d) If yes, was a weapon used/threatened?**

Please tick ONE answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐

**If yes, what weapon was it?**

.....

▼55


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**70a) Do you carry weapons or anything else for protection when going out?**

Please tick ONE answer ✓ **Never** 0 ☐ **Sometimes** 1 ☐ **Usually** 2 ☐ **Always** 3 ☐

**b) If you do, what do you carry?**

Please write .....

**71a) Do you know anyone else who carries weapons or anything else for protection when going out?**

Please tick ONE answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐

**b) If they do, what do they carry?**

Please write .....

**72a) Has there been any shouting and arguing between adults at home in the last month that frightened you?**

Please tick ONE answer ✓ **No** 0 ☐ **Once or twice** 1 ☐ **Once a week** 2 ☐ **Every day/almost every day** 3 ☐

**b) Has there been any violence between adults (e.g. hitting, punching, slapping) at home in the last month?**

Please tick ONE answer ✓ **No** 0 ☐ **Once or twice** 1 ☐ **Once a week** 2 ☐ **Every day/almost every day** 3 ☐

**73 Have any of these things happened to you in a relationship with a boyfriend/girlfriend?**

| Please tick one answer on each line ✓ | No, never | Yes, in the past | Yes, with my current boy/ girlfriend |
|---|---|---|---|
| Used hurtful or threatening language to me | 0 ☐ | 1 ☐ | 2 ☐ |
| Was angry or jealous when I wanted to spend time with friends | 0 ☐ | 1 ☐ | 2 ☐ |
| Kept checking my phone | 0 ☐ | 1 ☐ | 2 ☐ |
| Put pressure on me to have sex or do other sexual things | 0 ☐ | 1 ☐ | 2 ☐ |
| Threatened to tell people things about me | 0 ☐ | 1 ☐ | 2 ☐ |
| Threatened to hit me | 0 ☐ | 1 ☐ | 2 ☐ |
| Hit me | 0 ☐ | 1 ☐ | 2 ☐ |

**74 If any of those things were to happen to you...?**

Please tick ONE answer

I'd know what to do for myself ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐

I could get some help ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐

★6


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**75 Do you try anything to avoid sunburn?**

e.g. Wear a hat, wear long sleeves, put on sun screen, stay in the shade

Please tick ONE answer ✓ **Never** 0 ☐ **Sometimes** 1 ☐ **Usually** 2 ☐ **Whenever possible** 3 ☐

**76a) Do you ever use a tanning salon/sunbed?**

Please tick ONE answer ✓ **Never** 0 ☐ **Once or twice** 1 ☐ **At least once a month** 2 ☐ **At least once a week** 3 ☐ **More than once a week** 4 ☐

**b) Where have you used a sunbed?**

Please tick ONE answer on each line ✓

At home ..... **No** 0 ☐ **Yes** 1 ☐

At a friend's home ..... **No** 0 ☐ **Yes** 1 ☐

At a shop or salon ..... **No** 0 ☐ **Yes** 1 ☐

## These questions are about SCHOOL and LEISURE TIME.

**77 How many lessons do you enjoy at school?**

Please tick ONE answer ✓ **All of them** 0 ☐ **Most of them** 1 ☐ **About half of them** 2 ☐ **Less than half of them** 3 ☐ **Hardly any of them** 4 ☐

**78 How useful have you found school lessons about the following?**

| | Please tick ONE answer on each line | Can't remember any | Not at all useful | Some use | Quite useful | Very useful |
|---|---|---|---|---|---|---|
| a | HIV/AIDS | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| b | Education about drugs | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| c | Citizenship | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| d | Other personal, social and health education | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| e | Physical education (P.E.) | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

▼12

**79 Do you think it is important to go to school regularly?**

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

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

Please tick all that apply ✓ ✓

a Illness or injury ..... ☐

b Caring for family members ..... ☐

c Medical/dental appointments ..... ☐

d Day trips or holiday in term time ..... ☐

e Shopping ..... ☐

f Worries about school ..... ☐

g Worries about bullying ..... ☐

h Effects of my social life ..... ☐

i Other (please describe below) .. ☐

.....


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**81 If you have been absent from the school in the last 12 months, did your parents/carers know?** ✓

Please tick ONE answer

- I have not been absent in the last 12 months ..... 0 ☐
- My parents/carers always know ..... 1 ☐
- My parents/carers sometimes know ..... 2 ☐
- My parents/carers never know ..... 3 ☐

**82** Please tick one answer on each line. ✓

| | | | |
|---|---|---|---|
| **a** | **Have you ever chatted on the Internet?** | **No** 0 ☐ | **Yes** 1 ☐ |
| | If YES: Do you use a webcam to chat online, e.g. Skype? | **No** 0 ☐ | **Yes** 1 ☐ |
| | If YES: Do you chat to **just** your friends or family? | **No** 0 ☐ | **Yes** 1 ☐ |
| | If YES: Do you chat to friends of friends? | **No** 0 ☐ | **Yes** 1 ☐ |
| | If YES: Do you chat to other people who you don't know? | **No** 0 ☐ | **Yes** 1 ☐ |
| **b** | **Have you ever got a message or picture that scared you or made you upset?** | **No** 0 ☐ | **Yes** 1 ☐ |
| **c** | **Have any of these things ever happened to you online?** | | ▼30 |
| | Received a hurtful, unwanted or nasty message online | **No** 0 ☐ | **Yes** 1 ☐ |
| | Hurtful comments were posted about you on a social networking site | **No** 0 ☐ | **Yes** 1 ☐ |
| | Someone used your identity/password to post false or hurtful things online | **No** 0 ☐ | **Yes** 1 ☐ |
| | Someone posted private information about you (including pictures) | **No** 0 ☐ | **Yes** 1 ☐ |
| | Someone used/changed a picture to humiliate you | **No** 0 ☐ | **Yes** 1 ☐ |
| | An offensive video clip was taken or posted about you | **No** 0 ☐ | **Yes** 1 ☐ |
| | Someone had voted for you in an insulting online poll | **No** 0 ☐ | **Yes** 1 ☐ |
| | A nasty webpage was set up about you | **No** 0 ☐ | **Yes** 1 ☐ |
| | Other (please tick an answer then describe in the box) | **No** 0 ☐ | **Yes** 1 ☐ |
| **d** | **Has anyone you don't know in person, asked to meet with you?** | **No** 0 ☐ | **Yes** 1 ☐ |
| | If YES, was this person (as far as you know) quite a bit older than you? | **No** 0 ☐ | **Yes** 1 ☐ |
| **e** | **Have you ever been told how to stay safe while online?** | **No** 0 ☐ | **Yes** 1 ☐ |
| | If YES, do you always follow the advice you have been given? | **No** 0 ☐ | **Yes** 1 ☐ |
| **f** | **Have you ever sent personal information or images to someone which then you wished you hadn't done or had thought more about?** | **No** 0 ☐ | **Yes** 1 ☐ |

**83 How much do you enjoy physical activities?**

Please tick ONE answer ✓ **Not at all** 0 ☐ **A little** 1 ☐ **Quite a lot** 2 ☐ **A lot** 3 ☐


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**84 How many times last week did you exercise and have to breathe harder and faster?**

Please tick ONE answer ✓

**None at all** 0☐ **Once** 1☐ **Twice** 2☐ **3 times** 3☐ **4 times** 4☐ **5 times or more** 5☐

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

| | Please tick ONE answer on each line ✓ | No time at all | Up to 1 hour | Up to 2 hours | Up to 3 hours | More than 3 hours |
|---|---|---|---|---|---|---|
| a | Watching TV | 0☐ | 1☐ | 2☐ | 3☐ | 4☐ |
| b | Doing homework | 0☐ | 1☐ | 2☐ | 3☐ | 4☐ |
| c | Playing computer games (e.g. Playstation, DS, PC, etc.) | 0☐ | 1☐ | 2☐ | 3☐ | 4☐ |
| d | Talking/texting on the 'phone | 0☐ | 1☐ | 2☐ | 3☐ | 4☐ |
| e | Talking/messaging online e.g. Facebook, Twitter | 0☐ | 1☐ | 2☐ | 3☐ | 4☐ |

▼52

**86 Please think about each of the following statements.**

| | Please tick ONE answer one each line ✓ | Disagree | Not sure | Agree |
|---|---|---|---|---|
| a | "I feel happy talking to other pupils at school." | 0☐ | 1☐ | 2☐ |
| b | "There are lots of things about myself that I would like to change." | 0☐ | 1☐ | 2☐ |
| c | "When I have something to say in front of teachers in class, I usually feel uneasy." | 0☐ | 1☐ | 2☐ |
| d | "I often fall out with other pupils at school." | 0☐ | 1☐ | 2☐ |
| e | "I often feel lonely at school." | 0☐ | 1☐ | 2☐ |
| f | "I think other pupils usually say nasty things about me." | 0☐ | 1☐ | 2☐ |
| g | "When I want to tell a teacher something I usually feel shy." | 0☐ | 1☐ | 2☐ |
| h | "I often have to find new friends because my old ones are with somebody else." | 0☐ | 1☐ | 2☐ |
| i | "I usually feel foolish when I have to talk to my parents/carers" | 0☐ | 1☐ | 2☐ |

★7


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## These questions are about MAKING a POSITIVE CONTRIBUTION.

**87a) Do you feel that your views and opinions are listened to in your school?**

Please tick ONE answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐

**b) If you answered yes, in what ways do you think they are listened to?**

Please tick all that apply ✓✓

School/class council ..... ☐

Suggestion box ..... ☐

Circle time ..... ☐

Talking to teachers ..... ☐

Talking to other adults in school ..... ☐

Talking to trained pupils (e.g. playground pals/buddies; peer mediator; bullying counsellor) ..... ☐

Other (please write ..... .) ..... ☐

▼9

**88 Please think about each of the following statements.**

| Please tick one answer on each line ✓ | Disagree | Not sure | Agree |
|---|---|---|---|
| The school cares whether I am happy or not | 0 ☐ | 1 ☐ | 2 ☐ |
| My work is marked so I can see how to improve it | 0 ☐ | 1 ☐ | 2 ☐ |
| I set my own targets and I am helped to meet them | 0 ☐ | 1 ☐ | 2 ☐ |
| My achievements in and out of school are recognised | 0 ☐ | 1 ☐ | 2 ☐ |
| The school teaches me to deal with my feelings positively | 0 ☐ | 1 ☐ | 2 ☐ |
| The school helps me work as part of a team | 0 ☐ | 1 ☐ | 2 ☐ |
| In this school people with different backgrounds are valued | 0 ☐ | 1 ☐ | 2 ☐ |
| The school encourages everyone to take part in decisions, e.g. class discussions or school council | 0 ☐ | 1 ☐ | 2 ☐ |
| The school encourages me to contribute to community events | 0 ☐ | 1 ☐ | 2 ☐ |
| The school prepares me for when I leave this school | 0 ☐ | 1 ☐ | 2 ☐ |

## These questions are about YOUR FUTURE.

**89 At the end of Year 11/13, do you want to:**

| Please tick one answer on each line ✓ | No | Don't know | Yes |
|---|---|---|---|
| Continue in full-time education? | 0 ☐ | 1 ☐ | 2 ☐ |
| Find a job as soon as you can? | 0 ☐ | 1 ☐ | 2 ☐ |
| Get training for a skilled job? | 0 ☐ | 1 ☐ | 2 ☐ |
| Start a family? | 0 ☐ | 1 ☐ | 2 ☐ |
| Other (please describe. ..... .) | 0 ☐ | 1 ☐ | 2 ☐ |

***If you are in <u>Year 8</u> you have now finished, thank you!***

***If you are in <u>Year 10+</u> please go on to the next page Q90*** →


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## YEAR 10 and older ONLY

**90 Nationally, we know that most young people under 16 have not had sex (only 25% of under 16s report having sex).**

**Which of the following best describes you?** ✓

Not had a sexual relationship ..... 0 ☐

Currently in a relationship and thinking about having sex ..... 1 ☐

Had a sexual relationship in the past ..... 2 ☐

Currently in a sexual relationship ..... 3 ☐

**91 If you have had sex, did you always use a method of protection or contraception?** ✓

No ..... 0 ☐

Not sure ..... 1 ☐

Yes ..... 2 ☐

**92 Have you ever taken risks with sex (infection or pregnancy) after drinking alcohol or drug use?** ✓

No ..... 0 ☐

Not sure ..... 1 ☐

Yes ..... 2 ☐

**93 Which of the following best describes how you think about yourself?** ✓✓

Straight/heterosexual ..... ☐

Gay/Lesbian ..... ☐

Bisexual ..... ☐

Trans ..... ☐

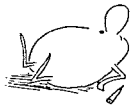
Questioning/don't know ..... ☐

Other (please tick then describe below) ..... ☐

Prefer not to say ..... ☐

**94 Do you think there are good advice and support services in Cornwall for Lesbian, Gay, Bisexual or Transgender (LGBT) young people which are easy to access?**

Please tick ONE answer ✓ **No** 0 ☐ **Not sure** 1 ☐ **Yes** 2 ☐



THE END!

Thank you for completing this questionnaire. If you have time, please go back over your answers and check that you have not left any out.

▼36 ☐☐☐

★8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# Practice Page

*There are four main types of question in this questionnaire*

1. With most of them, you are asked to "Tick ONE number for each answer" :

**Are you male or female?**

Please tick ONE answer ✓ **Male** 0 ☐ **Female** 1 ☐

2. With some questions you may tick more than one answer at the right-hand side of the page.

**Which colours are you wearing now?**

Please tick all that apply ✓✓

Red ..... 01 ☐

Blue ..... 01 ☐

Green ..... 01 ☐

White ..... 01 ☐

3. With some you tick one answer on each line:

With these questions, you might also need to write an answer.

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

| Please tick one answer on each line ✓ | **No** | **Don't know** | **Yes** |
|---|---|---|---|
| Continue in full-time education? | 0 ☐ | 1 ☐ | 2 ☐ |
| Find a job as soon as you can? | 0 ☐ | 1 ☐ | 2 ☐ |
| Get training for a skilled job? | 0 ☐ | 1 ☐ | 2 ☐ |
| Start a family? | 0 ☐ | 1 ☐ | 2 ☐ |
| Other (please describe: .....) | 0 ☐ | 1 ☐ | 2 ☐ |

4. Some questions just ask you to follow directions if your answer is no

**Have you been swimming in the last 7 days?**

Please tick ONE answer ✓ No 0 ☐ Yes 1 ☐

**If no, tick no and go to Question X (next page)** →

*Before going to Question 1, please make sure you have filled in Questions A to E on the front cover.*


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