



YOUNG PERSONS'  
BEHAVIOUR AND ATTITUDES  
SURVEY

2010

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 all that apply)**

- |                             |                          |    |
|-----------------------------|--------------------------|----|
| 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. Does your father have a job at the moment?  
(Tick one box only)**

- Yes, has a job/is self employed  1  
No – not working  2  
No – retired  3  
Do not have a father  4  
Don't know  5

**A5. Does your mother have a job at the moment?  
(Tick one box only)**

- Yes, has a job/is self employed  1  
No – not working  2  
No – retired  3  
Do not have a mother  4  
Don't know  5

**A6. To which of these ethnic groups do you consider yourself to belong to?  
(Tick one box only)**

- White  1  
Chinese/Hong Kong  2  
Irish Traveller  3  
Indian/Sri Lankan  4  
Pakistani  5  
Bangladeshi  6  
Black – Caribbean  7  
Black – African  8  
Black – Other  9  
Korean  10  
Mixed ethnic group  11  
Any other ethnic group  12  
Don't know  13

**A7. 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

**A8. In which country was your father 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

**A9. In which country was your mother 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

**A10. Do you have any long-standing illness or disability that has troubled you over a period of time, or is likely to affect you in the future?**

- Yes  1 → Continue to Question A11
- No  2 → Go to Question A12

**A11. Does this illness or disability affect your activities in any way?**

Yes  1

No  2

**A12. In the last 12 months, which, if any, of the following conditions/disorders have you had? (Tick all that apply)**

Acne  1

Diabetes  6

Allergies/rashes  2

Migraine  7

Chest infection  
(e.g. bronchitis)  3

Eating disorder  
(e.g. anorexia, bulimia)  8

Asthma  4

Depression/anxiety  9

Epilepsy  5

Autism (ASD)  10

None of the above  11

## MORE ABOUT YOU

**B1. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day?**

- 0  1  
1  2  
2  3  
3  4  
4  5  
5  6  
More than 5  7

**B2. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy?**

- 0  1  
1  2  
2  3  
3  4  
4  5  
5  6  
More than 5  7  
Don't know  8

**Please read the following before answering the question 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.

**B3. In the last 7 days, have you played any sport, done any exercise, or played actively that made you out of breath or hot and sweaty?**

- Yes  1  
No  2

**B4. 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

**B5. Over the last 7 days, how many hours in total did you exercise so much that you got out of breath or hot and sweaty?**

More than 7 hours	<input type="checkbox"/>	1
About 7 hours	<input type="checkbox"/>	2
About 6 hours	<input type="checkbox"/>	3
About 5 hours	<input type="checkbox"/>	4
About 4 hours	<input type="checkbox"/>	5
About 3 hours	<input type="checkbox"/>	6
About 2 hours	<input type="checkbox"/>	7
About 1 hour	<input type="checkbox"/>	8
About ½ hour	<input type="checkbox"/>	9
None	<input type="checkbox"/>	10

**B6. 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	<input type="checkbox"/>	1
30 mins	<input type="checkbox"/>	2
60 mins	<input type="checkbox"/>	3
90 mins	<input type="checkbox"/>	4
More than 90 mins	<input type="checkbox"/>	5
Don't know	<input type="checkbox"/>	6

## SUBJECT CHOICES

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

**C1. 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 |

**C2. 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 |

**C3. 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 |

**C4. I am content with the advice I got about my subject choices from careers advisors (from an outside organisation).**

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

**C5. Do you ever attend lessons for any of your subjects at places other than your own school?**

- Yes  1 → Continue to Question C6
- No  2 → Go to Question C8

**C6. Where else do you attend lessons/courses?**

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

**C7. Overall, how well does this work out for you?**

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

**C8. Do you have any of your lessons delivered online from another school/college?**

- Yes  1 → Continue to Question C9
- No  2 → Go to Question D1

**C9. 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

**D1. Which of the following do you want to do immediately after you finish year 12?  
(Tick all that apply)**

- |                                      |                          |   |
|--------------------------------------|--------------------------|---|
| Vocational Qualifications            | <input type="checkbox"/> | 1 |
| AS Levels                            | <input type="checkbox"/> | 2 |
| A-Levels                             | <input type="checkbox"/> | 3 |
| Not planning to stay on in education | <input type="checkbox"/> | 4 |
| Other                                | <input type="checkbox"/> | 5 |

**D2. 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 what it means      | <input type="checkbox"/> | 1 |
| Yes, I have heard of it but I don't know what it is about | <input type="checkbox"/> | 2 |
| No, I haven't heard of it                                 | <input type="checkbox"/> | 3 |

**D3. 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?  
(Tick one box only)**

- |  |                          |   |
|--|--------------------------|---|
| Yes, I would only stay on at school if I received this               | <input type="checkbox"/> | 1 |
| I would stay on at school anyway                                     | <input type="checkbox"/> | 2 |
| Yes, I would only go to Further Education College if I received this | <input type="checkbox"/> | 3 |
| I would go to Further Education College anyway                       | <input type="checkbox"/> | 4 |
| No, I would do none of the above                                     | <input type="checkbox"/> | 5 |
| Don't know   | <input type="checkbox"/> | 6 |

**Questions D4 to D7 are to be answered by Year 12 pupils only**

**D4. In year 11, did you receive a copy of a booklet called the Young Citizens Passport?**

Yes  1 → Continue to Question D5

No  2 → Go to Question E1

I can't remember  2 → Go to Question E1

**D5. Overall, how useful did you find the booklet?**

Very useful  1

Some parts are useful to me  2

Not very useful  3

**D6. Have you kept the booklet?**

Yes  1

No  2

**D7. Did any of your teachers use the booklet, Young Citizens Passport, during citizenship lessons?**

Yes  1

No  2

I can't remember  3

## SOCIAL SUPPORT

**E1. 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
I have family/friends who do things to make me happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who make me feel loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who can be relied on no matter what happens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
I have family/friends who accept me just as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who make me feel an important part of their lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who give me support and encouragement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E2. During the last 4 weeks, how good or bad have you felt about the following?**

**(Tick one box for each line)**

	Very good 1	Fairly good 2	Neither good nor bad 3	Fairly bad 4	Very bad 5
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to play sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The things you CAN do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your body and your looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you seem to feel most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you get along with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way life seems to be for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to be a friend to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way others seem to feel about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to talk with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SUN PROTECTION

**F1. Which, if any of the following methods of sun protection do you use? (Tick all that apply)**

- Never go out in the sun  1
- Avoid the mid-day sun  2
- Where practical, stay in the shade  3
- Cover up (long sleeves, loose clothing etc)  4
- Wear a hat  5
- Sunscreens  6
- Regular skin checks  7
- No special measures taken  8

**F2. How many times during the last year have you had sunburn causing redness and soreness of the skin lasting for at least 1-2 days?**

- Once  1
- Twice  2
- Three times  3
- Four or more  4
- Not in the last year  5

**F3. Do you agree or disagree 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
Having a suntan makes me feel healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a suntan makes me look more attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F4. Have you ever used a sunbed?**

- Yes  1 → Continue to Question F5
- No  2 → Go to Question G1

**F5. Roughly how many sunbed sessions have you ever had?**

Less than 5 sessions  1

5 to 10 sessions  2

11 to 20 sessions  3

21 - 30 sessions  4

More than 30 sessions  5

## THE ENVIRONMENT

**G1. Are any of these environmental issues important to you?  
(Tick one box for each line)**

	Yes	No	Don't know
	1	2	3
Damage to our natural environment (landscape nature reserves, areas of outstanding natural beauty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global warming/Climate change/Damage to the ozone layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deterioration of/damage to historic buildings and monuments (castles, towers, listed buildings, archaeological sites)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pollution of sea, rivers, loughs, lakes etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal or irresponsible disposal of waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using up natural resources (coal, gas, oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of plants, animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G2. Do you think that through your own actions you can make a difference to any of these issues? (Tick one box for each line)**

	Yes	No	Don't know
	1	2	3
Damage to our natural environment (landscape nature reserves, areas of outstanding natural beauty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global warming/Climate change/Damage to the ozone layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deterioration of/damage to historic buildings and monuments (castles, towers, listed buildings, archaeological sites)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pollution of sea, rivers, loughs, lakes etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal or irresponsible disposal of waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using up natural resources (coal, gas, oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of plants, animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G3. How often do you make/encourage others to make a special effort to use less water at home or school (e.g. by taking showers rather than baths, turning off taps)? (Tick one box only)**

- Always  1  
Often  2  
Sometimes  3  
Never  4

**G4. Which, if any, of the following methods of saving water have you heard of? (Tick all that apply)**

- Only filling the kettle as much as you need  1  
Not letting the tap run whilst brushing your teeth  2  
Putting a jug of tap water in the fridge rather than run the tap for every drink  3  
Using a water butt in the garden to collect rain water for gardening  4  
Placing a hippo bag in the cistern of the toilet  5  
Using dishwashers/washing machines at the lowest possible setting (e.g. 30 °C instead of 40 °C)  6  
None of these  7

**G5. How often do you buy/encourage others to buy environmentally friendly products (e.g. recycled paper, low energy light bulbs etc)? (Tick one box only)**

- Always  1  
Often  2  
Sometimes  3  
Never  4

**G6. You should choose organic foods because they have a less damaging effect on the environment. (Tick one box only)**

- Strongly Agree  1  
Agree  2  
Neither Agree nor Disagree  3  
Disagree  4  
Strongly Disagree  5  
Don't know  6

**G7. From where do you learn most about environmental issues?  
(Tick one box only)**

- |                      |                          |   |
|----------------------|--------------------------|---|
| School               | <input type="checkbox"/> | 1 |
| Television           | <input type="checkbox"/> | 2 |
| Radio                | <input type="checkbox"/> | 3 |
| Newspapers/magazines | <input type="checkbox"/> | 4 |
| Parents              | <input type="checkbox"/> | 5 |
| Internet             | <input type="checkbox"/> | 6 |
| Somewhere else       | <input type="checkbox"/> | 7 |

**G8. In the last 12 months, have you participated in any school trips which were related to the environment (e.g. Biology/Geography field trips)?**

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

**G9. Are you involved in any environmental projects through school or outside school (e.g. Ecoschools, Young Environmentalist awards, local community wildlife projects, members of UWT, RSPB, etc)?**

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

**G10. Have you ever heard of NIEA (Northern Ireland Environment Agency)?  
(Tick one box only)**

- |  |                          |                              |
|--|--------------------------|------------------------------|
| Never heard of it                        | <input type="checkbox"/> | 1 → Go to Question G12       |
| Heard of it/know almost nothing about it | <input type="checkbox"/> | 2 → Continue to Question G11 |
| Know just a little                       | <input type="checkbox"/> | 3 → Continue to Question G11 |
| Know a fair amount                       | <input type="checkbox"/> | 4 → Continue to Question G11 |
| Know it very well                        | <input type="checkbox"/> | 5 → Continue to Question G11 |

**G11. Do you think the Northern Ireland Environment Agency is responsible for any of the following? (Tick one box for each line)**

	Yes	No	Don't know
	1	2	3
Historic Buildings & Monuments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archaeology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Quality (of seas, rivers, loughs, lakes and so on)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Pollution Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature Reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildlife Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal Dumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant Aid for Environmental Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conserving Biodiversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publications on the Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running/Promoting Family Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- G12. Northern Ireland Environment Agency owns and manages over 250 beautiful sites and proprieties across Northern Ireland. These include castles, towers, country parks, nature reserves, monastic and archaeological sites. Would you find any of these interesting or fun to visit? (Tick one box for each line)**

	Yes	No	Don't know
	1	2	3
Castles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listed buildings (old, protected buildings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature Reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monastic Sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archaeology Sites (tombs, digs, ruins, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- G13. Would any of these activities make a visit to these sites more appealing to you? (Tick one box for each line)**

	Yes	No	Don't know
	1	2	3
A family fun event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living history actors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guided walks and talks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor activities (climbing wall, mountain biking, boat trips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibitions (audio, visual, hands-on and interactive displays)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downloadable tours (to your mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G14. Have you ever heard or visited [www.wonderfulni.info](http://www.wonderfulni.info) for information on events, sites and properties to visit?**

Yes  1

No  2

**G15. What would be your preferred method of receiving information on the Environment from NIEA? (Tick one box only)**

By email  1

To your mobile phone  2

Through your social media network  3

On the NIEA website  4

Other please specify \_\_\_\_\_  5

## SMOKING

**H1. 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 H2
- Yes, in the last month  2 → Continue to Question H2
- Yes, in the last year  3 → Continue to Question H2
- Yes, over a year ago  4 → Continue to Question H2
- No, never  5 → Go to Question H9

**H2. What age were you when you had your first cigarette?**

I was \_\_\_\_\_ years old I can't remember

**H3. How often do you smoke cigarettes now?**

- Every day  1 → Continue to Question H4
- At least once a week but not every day  2 → Continue to Question H4
- Less than once a week  3 → Go to Question H9
- I do not smoke now  4 → Go to Question H9

**H4. How many cigarettes do you usually smoke in a week?**

\_\_\_\_\_ cigarettes a week

**H5. 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 newsagent, tobacconist or sweet shop  2
- I buy them from a garage shop  3
- I buy them from some other type of shop  4
- I buy them from street markets  5
- I buy them from a vending machine  6
- I buy them through the internet  7
- I buy them from friends or relatives  8
- I buy them from someone else (please specify) .....  9
- Friends give them to me  10
- My brother or sister gives them to me  11
- My mother or father gives them to me  12
- I take them  13
- I get them in some other way (please say how) .....  14

**H6. Which of these would you be most likely to try for help giving up smoking?  
(Tick one box only)**

- Ask an adult in school (e.g. teacher or school nurse) for help/advice  1 → Continue to Question H7
- Ask family or friends for help/advice  2 → Continue to Question H7
- Use any nicotine products e.g. patches, chewing gum  3 → Continue to Question H7
- Go to see your family doctor or GP  4 → Continue to Question H7
- Phone a smokers helpline  5 → Continue to Question H7
- Attend a stop smoking group or see a counsellor  6 → Continue to Question H7
- Access the internet for help/advice  7 → Continue to Question H7
- Some other thing  8 → Continue to Question H7
- Would not want to give up smoking  9 → Go to Question H8

**H7. Would you like to give up smoking cigarettes altogether?**

- Yes  1
- No  2

**H8. Which, if any, of the following things have you done to help you give up smoking?  
(Tick all that apply)**

- Asked an adult in school (e.g. teacher or school nurse) for help/advice  1
- Asked family or friends for help/advice  2
- Used any nicotine products e.g. patches, chewing gum  3
- Been to see your family doctor or GP  4
- Phoned a smokers helpline  5
- Attended a stop smoking group or saw a counsellor  6
- Accessed the internet for help/advice  7
- Some other thing  8
- None of these  9

**H9. Below are a few things that people say about smoking. Some people agree with these and others don't. Do you agree or disagree with each of these statements?**

	Agree 1	Disagree 2
Smoking makes you look more grown up	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can help calm you down	<input type="checkbox"/>	<input type="checkbox"/>
Smoking helps you feel more confident	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can put you in a better mood	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can help you stay slim	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can help you make friends more easily	<input type="checkbox"/>	<input type="checkbox"/>
Smokers have more fun than people who don't smoke	<input type="checkbox"/>	<input type="checkbox"/>
Smokers are more likely to have boyfriends or girlfriends than people who don't smoke	<input type="checkbox"/>	<input type="checkbox"/>
Smokers are more boring than people who don't smoke	<input type="checkbox"/>	<input type="checkbox"/>
Smokers tend to be more 'hard' than people who don't smoke	<input type="checkbox"/>	<input type="checkbox"/>

**H10. Do any adults in your household smoke?**

Yes  1 → Continue to Question H11

No  2 → Go to Question H12

**H11. Do the adults smoke inside your home?**

Yes  1

No  2

**H12. Are visitors allowed to smoke inside your home?**

Yes  1

No  2

Don't Know  3

## ALCOHOL

**I1. 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 I2

Yes, in the last month  1 → Continue to Question I2

Yes, in the last year  1 → Continue to Question I2

Yes, over a year ago  1 → Continue to Question I2

No, never  2 → Go to Question I12

**I2. What age were you when you had your first alcoholic drink?**

I was \_\_\_\_\_ years old  I can't remember

**I3. How many times have you had an alcoholic drink in your life?**

Once  1

Twice  2

3 times  3

4-10 times  4

11-24 times  5

25 times or more  6

**I4. How did you get the alcoholic drink the last time you drank?**  
**(Tick one box only)**

I bought it myself from an off licence  1

I bought it myself in a pub  2

I bought it myself in a club/disco  3

I got it myself at a party/wedding etc  4

Friends bought it for me/gave it to me  5

My Mother/Father offered/gave it to me  6

My Brother/Sister offered/gave it to me  7

Another relative offered/gave it to me  8

Someone else bought it for me/gave it to me  9

I took it without permission  10

Other  11

**15. Where were you the last time you drank alcohol?  
(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
- At a special occasion e.g. wedding  9
- Somewhere else  10

**16. Who were you with the last time you drank alcohol?  
(Tick one box only)**

- 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

**17. 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 month  3
- A few times a year  4
- Rarely  5
- Not any more  6

**I8. Have you ever had so much alcohol that you were drunk?**

- No, never  1 → Go to Question I10
- Yes, once  2 → Continue to Question I9
- Yes, 2 - 3 times  3 → Continue to Question I9
- Yes, 4 - 10 times  4 → Continue to Question I9
- Yes, more than 10 times  5 → Continue to Question I9

**I9. 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

**I10. Have you ever been in trouble with any of the following because of drinking alcohol? (Tick one box for each of the people or groups listed)**

	Never 1	Once 2	More than once 3
Parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I11. Have you ever bought alcohol yourself? (Tick all that apply)**

- No  1
- Yes, from a pub  2
- Yes, from an off-licence  3
- Yes, from a shop/supermarket  4

**I12. How much do you know about the effects/risks of drinking alcohol? (Tick one box only)**

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

**I13. 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 all that apply)**

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 I14

None of these

 4 → Go to Question I15

**I14. Has the education you received made you less inclined to drink alcohol?**

Yes  1

No  2

**I15. Where do you get information about alcohol from?  
(Tick all that apply)**

School  1

Youth club  2

Parents  3

Brothers/sisters  4

Other relatives  5

Friends  6

Church  7

TV  8

Radio  9

Books/magazines  10

Posters/billboards  11

Internet  12

Doctor  13

Police  14

Helpline  15

Other (Please say where)  16 \_\_\_\_\_

None of these  17

## SOLVENTS & DRUGS

**J1. The following set of questions are about SOLVENTS: things that people inhale to get high (like glue, lighter fuel, petrol, gas, aerosols, dry-cleaning fluids, paint-stripper, etc).**

**(1a) Have you ever been offered SOLVENTS to inhale?**

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

**(1b) Have you ever inhaled SOLVENTS?**

- Yes, in the last week  1 → Continue to section (1c)  
Yes, in the last month  2 → Continue to section (1c)  
Yes, in the last year  3 → Continue to section (1c)  
Yes, over a year ago  4 → Continue to section (1c)  
No, never  5 → Go to section (1i)

**(1c) How often do you use SOLVENTS?**

- 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

**(1d) What age were you the first time you used SOLVENTS?**

I was \_\_\_\_\_ years old  I can't remember

**(1e) The last time you used SOLVENTS, what type did you use?  
(Tick one box only)**

- Butane gas, lighter refills  1  
Aerosols  2  
Glue  3  
Tippex, correcting fluids  4  
Petrol  5  
Other (please say what)  6 \_\_\_\_\_

**(1f) The last time you used SOLVENTS, how did you get them?  
(Tick one box only)**

- I got them from a relative (e.g. brother, sister, uncle, cousin etc)  1
- I got them from an adult I didn't know  2
- I got them from an adult I knew  3
- I got them from a friend or other person around my own age I knew  4
- I got them from someone my own age I didn't really know  5
- I bought them in a shop  6
- I got them myself  7
- Other (please say what) \_\_\_\_\_  8

**(1g) Who were you with the last time you used SOLVENTS?  
(Tick one box only)**

- 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

**(1h) Have you ever been in trouble with any of the following because of having used or tried SOLVENTS? (Tick one box for each of the people or groups listed)**

	Never 1	Once 2	More than once 3
Parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(1i) Have you ever offered SOLVENTS to anyone else?**

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

**(1j) How much do you know about the effects/risks of taking SOLVENTS?**

**(Tick one box only)**

- |                     |                          |   |
|---------------------|--------------------------|---|
| Know a lot          | <input type="checkbox"/> | 1 |
| Know quite a bit    | <input type="checkbox"/> | 2 |
| Know some           | <input type="checkbox"/> | 3 |
| Know very little    | <input type="checkbox"/> | 4 |
| Know nothing at all | <input type="checkbox"/> | 5 |

**J2. The questions on this page are about the drug CANNABIS (Marijuana, Dope, Pot, Blow, Hash, Black, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed, Puff, Whacky Backy, Skunk, Resin).**

**(2a) Have you ever been offered CANNABIS?**

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

**(2b) How easy would it be to get some CANNABIS if you wanted to?**

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

**(2c) Have you ever used or tried CANNABIS?**

- Yes, in the last week  1 → Continue to section (2d)  
Yes, in the last month  2 → Continue to section (2d)  
Yes, in the last year  3 → Continue to section (2d)  
Yes, over a year ago  4 → Continue to section (2d)  
No, never  5 → Go to Question J3

**(2d) How often do you use CANNABIS?**

- 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

**(2e) What age were you the first time you used CANNABIS?**

- I was \_\_\_\_\_ years old  I can't remember

**J3. The questions on this page are about the drug SPEED (Amphetamines, Uppers, Whizz, Sulphate, Billy, Base, Ice, Crystal, Bennies, Dexies, Purple Hearts).**

**(3a) Have you ever been offered SPEED?**

Yes, once  1

Yes, more than once  2

No, never  3

**(3b) Have you ever used or tried SPEED?**

Yes, in the last week  1 → Continue to section (3c)

Yes, in the last month  2 → Continue to section (3c)

Yes, in the last year  3 → Continue to section (3c)

Yes, over a year ago  4 → Continue to section (3c)

No, never  5 → Go to Question J4

**(3c) How often do you use SPEED?**

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

**(3d) What age were you the first time you used SPEED?**

I was \_\_\_\_\_ years old  I can't remember

**J4. The questions on this page are about the drug LSD (Acid, Tabs, Trips).**

**(4a) Have you ever been offered LSD?**

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

**(4b) Have you ever used or tried LSD?**

- Yes, in the last week  1 → Continue to section (4c)
- Yes, in the last month  2 → Continue to section (4c)
- Yes, in the last year  3 → Continue to section (4c)
- Yes, over a year ago  4 → Continue to section (4c)
- No, never  5 → Go to Question J5

**(4c) How often do you use LSD?**

- 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

**(4d) What age were you the first time you used LSD?**

- I was \_\_\_\_\_ years old  I can't remember

**J5. The questions on this page are about the drug ECSTASY ('E', Dennis the Menace, Pills, XTC, Doves, Mitsubishi, Shamrocks, MDMA, Yokes).**

**(5a) Have you ever been offered ECSTASY?**

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

**(5b) How easy would it be to get some ECSTASY if you wanted to?**

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

**(5c) Have you ever used or tried ECSTASY?**

- Yes, in the last week  1 → Continue to section (5d)  
Yes, in the last month  2 → Continue to section (5d)  
Yes, in the last year  3 → Continue to section (5d)  
Yes, over a year ago  4 → Continue to section (5d)  
No, never  5 → Go to Question J6

**(5d) How often do you use ECSTASY?**

- 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

**(5e) What age were you the first time you used ECSTASY?**

I was \_\_\_\_\_ years old  I can't remember

**J6. The questions on this page are about POPPERS (Amyl Nitrates, Liquid Gold, Nitrates, Rush, Locker Room).**

**(6a) Have you ever been offered POPPERS?**

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

**(6b) Have you ever used or tried POPPERS?**

- Yes, in the last week  1 → Continue to section (6c)
- Yes, in the last month  2 → Continue to section (6c)
- Yes, in the last year  3 → Continue to section (6c)
- Yes, over a year ago  4 → Continue to section (6c)
- No, never  5 → Go to Question J7

**(6c) How often do you use POPPERS?**

- 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

**(6d) What age were you the first time you used POPPERS?**

I was \_\_\_\_\_ years old  I can't remember

**J7. The questions on this page are about TRANQUILLISERS (Downers, Barbiturates, Blues, Temazies, Jellies, Tranx, Temazepam).**

**(7a) Have you ever been offered TRANQUILLISERS?**

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

**(7b) Have you ever used or tried TRANQUILLISERS?**

- Yes, in the last week  1 → Continue to section (7c)  
Yes, in the last month  2 → Continue to section (7c)  
Yes, in the last year  3 → Continue to section (7c)  
Yes, over a year ago  4 → Continue to section (7c)  
No, never  5 → Go to Question J8

**(7c) How often do you use TRANQUILLISERS?**

- 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

**(7d) What age were you the first time you used TRANQUILLISERS?**

- I was \_\_\_\_\_ years old                      I can't remember

**J8. The questions on this page are about the drug HEROIN (Smack, Skag, 'H', Gear, Junk, Brown, Horse).**

**(8a) Have you ever been offered HEROIN?**

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

**(8b) Have you ever used or tried HEROIN?**

- Yes, in the last week  1 → Continue to section (8c)  
Yes, in the last month  2 → Continue to section (8c)  
Yes, in the last year  3 → Continue to section (8c)  
Yes, over a year ago  4 → Continue to section (8c)  
No, never  5 → Go to Question J9

**(8c) How often do you use HEROIN?**

- 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

**(8d) What age were you the first time you used HEROIN?**

I was \_\_\_\_\_ years old                      I can't remember

**J9. The questions on this page are about the drug MAGIC MUSHROOMS (Psilocybin, Mushies).**

**(9a) Have you ever been offered MAGIC MUSHROOMS?**

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

**(9b) Have you ever used or tried MAGIC MUSHROOMS?**

- Yes, in the last week  1 → Continue to section (9c)
- Yes, in the last month  2 → Continue to section (9c)
- Yes, in the last year  3 → Continue to section (9c)
- Yes, over a year ago  4 → Continue to section (9c)
- No, never  5 → Go to Question J10

**(9c) How often do you use MAGIC MUSHROOMS?**

- 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

**(9d) What age were you the first time you used MAGIC MUSHROOMS?**

- I was \_\_\_\_\_ years old  I can't remember

**J10. The questions on this page are about the drug CRACK (Rock, Sand, Stone, Pebbles, Freebase).**

**(10a) Have you ever been offered CRACK?**

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

**(10b) Have you ever used or tried CRACK?**

- Yes, in the last week  1 → Continue to section (10c)
- Yes, in the last month  2 → Continue to section (10c)
- Yes, in the last year  3 → Continue to section (10c)
- Yes, over a year ago  4 → Continue to section (10c)
- No, never  5 → Go to Question J11

**(10c) How often do you use CRACK?**

- 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

**(10d) What age were you the first time you used CRACK?**

- I was \_\_\_\_\_ years old  I can't remember

**J11. The questions on this page are about the drug COCAINE (Coke, Charlie, Snow, Nose candy, Blow).**

**(11a) Have you ever been offered COCAINE?**

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

**(11b) How easy would it be to get some COCAINE if you wanted to?**

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

**(11c) Have you ever used or tried COCAINE?**

- Yes, in the last week  1 → Continue to section (11d)  
Yes, in the last month  2 → Continue to section (11d)  
Yes, in the last year  3 → Continue to section (11d)  
Yes, over a year ago  4 → Continue to section (11d)  
No, never  5 → Go to Question J12

**(11d) How often do you use COCAINE?**

- 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

**(11e) What age were you the first time you used COCAINE?**

- I was \_\_\_\_\_ years old  I can't remember

**J12. The questions on this page are about the drug ANABOLIC STEROIDS.**

**(12a) Have you ever been offered ANABOLIC STEROIDS?**

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

**(12b) Have you ever used or tried ANABOLIC STEROIDS?**

- Yes, in the last week  1 → Continue to section (12c)  
Yes, in the last month  2 → Continue to section (12c)  
Yes, in the last year  3 → Continue to section (12c)  
Yes, over a year ago  4 → Continue to section (12c)  
No, never  5 → Go to Question J13

**(12c) How often do you use ANABOLIC STEROIDS?**

- 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

**(12d) What age were you the first time you used ANABOLIC STEROIDS?**

I was \_\_\_\_\_ years old  I can't remember

**J13. The questions on this page are about the drug MEPHEDRONE (Meph, Drone, Bubbles, M-CAT, 4-MMC, miaow, meow).**

**(13a) Have you ever been offered MEPHEDRONE?**

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

**(13b) Have you ever used or tried MEPHEDRONE?**

- Yes, in the last week  1 → Continue to section (13c)  
Yes, in the last month  2 → Continue to section (13c)  
Yes, in the last year  3 → Continue to section (13c)  
Yes, over a year ago  4 → Continue to section (13c)  
No, never  5 → Go to Question J14

**(13c) How often do you use MEPHEDRONE?**

- 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

**(13d) What age were you the first time you used MEPHEDRONE?**

I was \_\_\_\_\_ years old  I can't remember

**J14. The questions on this page are about LEGAL HIGHS (Magic, Snuff, Salvia, Party Pills, Stimulants).**

**(14a) Have you ever been offered LEGAL HIGHS?**

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

**(14b) Have you ever used or tried LEGAL HIGHS?**

- Yes, in the last week  1 → Continue to section (14c)
- Yes, in the last month  2 → Continue to section (14c)
- Yes, in the last year  3 → Continue to section (14c)
- Yes, over a year ago  4 → Continue to section (14c)
- No, never  5 → Go to Question J15

**(14c) How often do you use LEGAL HIGHS?**

- 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

**(14d) What age were you the first time you used LEGAL HIGHS?**

I was \_\_\_\_\_ years old  I can't remember

Please answer the following questions which are about drugs in general.

**J15. What age were you the first time you were offered drugs (not counting solvents)?**

I was \_\_\_\_\_ years old  → Continue to Question J16

I can't remember  → Continue to Question J16

I have never been offered drugs  → Go to Question J18

**J16. Who offered drugs (not counting solvents) to you the first time? (Tick one box only)**

A relative (eg: brother, sister, uncle, cousin etc)  1

An adult I didn't know  2

An adult I knew  3

A friend or other person around my own age I knew  4

Someone my own age I didn't really know  5

No one offered me drugs, I got them myself  6

Someone else  7

**J17. Where were you the first time you were offered drugs (not counting solvents)? (Tick one box only)**

At home  1

At someone else's house (not a party)  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

**J18. Have you ever offered drugs (not counting solvents) to anyone else?**

Yes, once  1

Yes, more than once  2

No, never  3

If you said in Questions J2 to J14 that you have NEVER used or tried ANY of those drugs, please go to Question J22.

If you said in Questions J2 to J14 that you have used or tried ANY of those drugs, please continue to Question J19.

**J19. Who were you with the last time you took drugs (not counting solvents)? (Tick one box only)**

- 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

**J20. Where were you the last time you took drugs (not counting solvents)? (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

**J21. Have you ever been in trouble with any of the following because of having used or tried drugs? (Tick one box for each of the people or groups listed)**

	Never	Once	More than once
	1	2	3
Parent(s) or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J22. How much do you know about the effects/risks of taking drugs?  
(Tick one box only)**

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

**J23. It is against the law to carry certain drugs around with you. Please tick the drugs that you think are illegal from the list below.**

**(Tick all that apply)**

- Cannabis  1
- Heroin  2
- Speed (amphetamine)  3
- Cocaine  4
- Ecstasy  5
- Crack  6
- LSD  7
- Poppers  8
- Magic Mushrooms  9
- Tranquillisers  10
- Anabolic Steroids  11
- Mephedrone  12

**J24. 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 all that apply)**

- At school  1
- At a youth facility  
(ie: Youth club, Community centre etc)  2
- Somewhere else  3
- None of these  4

- 1 ————
- 2 ————
- 3 ————
- 4 → Go to Question J26
- If you ticked any of these boxes, please continue to Question J25

**J25. Has the education you received made you less inclined to take drugs or solvents?**

Yes  1

No  2

**J26. Where do you get information about drugs or solvents from?  
(Tick all that apply)**

School  1

Youth club  2

Parents  3

Brothers/sisters  4

Other relatives  5

Friends  6

Church  7

TV  8

Radio  9

Books/magazines  10

Posters/billboards  11

Internet  12

Doctor  13

Police  14

Helpline  15

Other (Please say where)  16 \_\_\_\_\_

None of these  17

**PERSONAL SAFETY**

**K1. How safe do you feel in the area in which you live?**

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

**K2. In relation to your own personal safety, are you worried about any of the following happening to you?**

(Tick 'Yes' or 'No' for each line)

	Yes 1	No 2
Being bullied	<input type="checkbox"/>	<input type="checkbox"/>
Being sexually abused	<input type="checkbox"/>	<input type="checkbox"/>
Being physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being harassed/bullied/abused via the internet	<input type="checkbox"/>	<input type="checkbox"/>
Being bullied/ harassed via texts/videos/images or calls to your mobile	<input type="checkbox"/>	<input type="checkbox"/>

**K3. 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 threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed because of your race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted because of your race or skin colour	<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"/>

**K4. In the past 12 months, have you seen someone else being a victim of physical abuse?**

- Yes  1
- No  2

**K5. In the past 12 months, have you become aware of someone else being a victim of sexual abuse?**

Yes  1

No  2

## SEXUAL EXPERIENCE AND KNOWLEDGE

**L1. Have you ever had a boyfriend or girlfriend?**

Yes  1

No  2

**L2. How much, if any, sexual experience have you had?**

None  1 → Go to Question L6

Small amount (eg: only kissing)  2 → Go to Question L6

Some experiences but no sexual intercourse  3 → Go to Question L6

Experienced, including sexual intercourse  4 → Continue to Question L3

**L3. At what age did you first have sexual intercourse?**

I was \_\_\_\_\_ years old

**L4. Did you or your partner use something to prevent getting pregnant (ie: a form of contraception)?**

Yes  1 → Continue to Question L5

No  2 → Go to Question L6

Don't know  3 → Go to Question L6

**L5. 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

**L6. Would you find it easy to get contraceptives (ie: condoms etc)?**

Yes  1

No  2

**L7. If you needed to, where would you actually get your contraceptives?  
(Tick all that apply)**

- 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

**L8. From which , if any, of the following did you learn about sexual matters and relationships? (Tick all that apply)**

- Mother  1
- Father  2
- Lessons at school  3
- School nurse  4
- Friends  5
- Boyfriend / girlfriend  6
- Brother / sister  7
- Doctor  8
- Family Planning Clinic  9
- Magazines / Newspapers / Books / Posters  10
- TV / films  11
- Radio  12
- Internet  13
- Telephone helplines  14
- None of these  15

**L9. Do you find it easy or difficult to talk to your (mother/female guardian) about sexual matters?**

- Easy  1
- Difficult  2
- Don't discuss  3
- It depends on the topic  4
- Do not have a mother / female guardian  5

**L10. Do you find it easy or difficult to talk to your (father/male guardian) about sexual matters?**

- Easy  1
- Difficult  2
- Don't discuss  3
- It depends on the topic  4
- Do not have a father / male guardian  5

**L11. Which, if any, of the following are sexually transmitted diseases?  
(Tick all that apply)**

- HIV  1
- Gonorrhoea  2
- Measles  3
- Chlamydia  4
- Meningitis  5
- Herpes  6
- Hepatitis B  7
- Tuberculosis  8
- Hepatitis A  9
- Syphilis  10
- Influenza  11
- Warts  12
- AIDS  13
- None of these  14

**L12. If you ever needed help or advice about sexual health issues what services would you be likely to use?  
(Tick all that apply)**

- |                                      |                          |    |
|--------------------------------------|--------------------------|----|
| 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 |

**L13. What would be important for you when you are seeking sexual health advice?  
(Tick all that apply)**

- |                         |                          |         |
|-------------------------|--------------------------|---------|
| 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       |

## ATTITUDES TOWARDS SEXUAL VIOLENCE

**M1. Please read each of the following statements and indicate whether you believe each one is true or false:**

	True	False	Don't know
Rape/sexual violence is usually carried out by strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many victims experience sexual violence when they have been drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls are more likely to be victims of child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers present the greatest threat to children when it comes to child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most victims know the person who raped/sexually abused them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unless somebody freely agrees to it, nobody has the right to carry out any act which is in any way sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**M2. Are you aware that the law in Northern Ireland was changed in February 2009 to provide protection for everyone from sexual violence and abuse?**

Yes  1

No  2

**M3. Do you agree or disagree with the following statements?**

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
It is OK to pressure your girlfriend/boyfriend or anyone else into kissing or touching you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to physically force your girlfriend/boyfriend or anyone else into kissing or touching you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to pressure your girlfriend/boyfriend or anyone else into having sexual intercourse with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to physically force your girlfriend/boyfriend or anyone else into having sexual intercourse with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ATTITUDES TOWARDS DOMESTIC VIOLENCE

**N1. Do you think boyfriends who hit girlfriends once deserve a second chance in the relationship?**

Yes  1

No  2

Don't know  3

**N2. Do you think husbands who hit wives once deserve a second chance in the relationship?**

Yes  1

No  2

Don't know  3

**N3. Do you think girlfriends who hit boyfriends once deserve a second chance in the relationship?**

Yes  1

No  2

Don't know  3

**N4. Do you think wives who hit husbands once deserve a second chance in the relationship?**

Yes  1

No  2

Don't know  3

**N5. Do you think it is okay for a man to hit his girlfriend/wife if she is nagging or won't stop arguing with him?**

Yes  1

No  2

Don't know  3

**N6. Do you think it is okay for a woman to hit her boyfriend/husband if he is nagging or won't stop arguing with her?**

Yes  1

No  2

Don't know  3

**N7. Do you think it is okay for a man to hit his girlfriend/wife if she is not treating him with respect?**

- Yes  1  
No  2  
Don't know  3

**N8. Do you think it is okay for a woman to hit her boyfriend/husband if he is not treating her with respect?**

- Yes  1  
No  2  
Don't know  3

**N9. Do you think it is okay for a man to hit his girlfriend/wife if she has slept with someone else?**

- Yes  1  
No  2  
Don't know  3

**N10. Do you think it is okay for a woman to hit her boyfriend/husband if he has slept with someone else?**

- Yes  1  
No  2  
Don't know  3

**N11. Thinking about relationships between people of the same sex (or gender) do you think it is okay for one partner to hit the other if:**

	Yes	No	Don't know
He/she is nagging or won't stop arguing with their partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she is not treating their partner with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she has slept with someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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***You have now completed the questionnaire.***

