



YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY

2007

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
(eg: 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. Would you describe the place where you live as...?
(Tick one box only)

- A big city 1
- The suburbs or outskirts of a big city 2
- A small city or town 3
- A country village 4
- A farm or home in the country 5
- Don't know 6

A11. Considering the area in which you now live, how long a walk (in minutes) do you think it would take you to move outside of your area?

- 0 to 5 minutes 1
- 6 to 10 minutes 2
- 11 to 15 minutes 3
- 16 to 20 minutes 4
- More than 20 minutes 5
- Not sure of the boundaries of my area 6
- Don't know 7

A12. Considering the area in which you now live, how long a walk (in minutes) do you think it would take you to move to the centre of your area?

- 0 to 5 minutes 1
- 6 to 10 minutes 2
- 11 to 15 minutes 3
- 16 to 20 minutes 4
- More than 20 minutes 5
- Not sure of the boundaries of my area 6
- Don't know 7

A13. 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 A14
- No 2 → Go to Question A15

A14. Does this illness or disability affect your activities in any way?

- Yes 1
- No 2

A15. In the last 12 months, which, if any, of the following medical conditions have you had? (Tick all that apply)

- | | | | |
|------------------|----------------------------|-------------|----------------------------|
| Acne | <input type="checkbox"/> 1 | Diabetes | <input type="checkbox"/> 5 |
| Allergies/rashes | <input type="checkbox"/> 2 | Migraine | <input type="checkbox"/> 6 |
| Asthma | <input type="checkbox"/> 3 | Period pain | <input type="checkbox"/> 7 |
| Chest infection | <input type="checkbox"/> 4 | None | <input type="checkbox"/> 8 |

MORE ABOUT YOU

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.

B1. 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

The following question is about your experiences of museums in Northern Ireland. When you are thinking about what is meant by a museum, please also INCLUDE the W5 at the Odyssey Centre in Belfast and the Ulster American Folk Park in Omagh.

B2. Which, if any, of the following museums have you visited in the last 12 months? (Tick all that apply)

- Ulster Museum in Belfast 1
- Ulster Folk & Transport Museum in Cultra 2
- Ulster American Folk Park in Omagh 3
- W5 at Odyssey Centre in Belfast 4
- Armagh County Museum 5
- Other museum(s) in Northern Ireland 6
- None 7

B3. How often do you go to a Public Library? (this does NOT include school libraries) (Tick one box only)

- Several times a week 1
- Once a week 2
- Once every 2-3 weeks 3
- Monthly 4
- Once every 2-3 months 5
- Once every 4-6 months 6
- Once in the last 12 months 7
- Less frequently 8
- Never 9

B4. In the last 12 months, how often, if at all, have you attended an 'Arts' performance or an event (eg: music concert, play, pantomime etc) as a visitor or member of an audience?

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

B5. Do you agree or disagree with the following statements?

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
I would feel out of place in an art gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public libraries provide an Important service to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy seeing exhibitions and displays at museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of opportunities for me to take part in sport, if I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODERN TECHNOLOGY

B6. Have you taken part in digital technology classes or other creative activities at a Creative Learning Centre, such as The Nerve Centre, AmmA Centre or Studio On?

Yes 1

No 2

**B7. Which, if any, of the following do you own or have access to?
(Tick all that apply)**

MP3 player or iPod 1

Mobile Phone **with** photo camera
or video camera 2

Mobile phone **without** photo camera
or video camera 3

Portable DVD player 4

Digital photo camera 5

Digital video camera 6

None of these 7

B8. Do you have access to a personal computer or laptop at home?

Yes 1 → Continue to Question B9

No 2 → Go to Question B10

Don't know 3 → Go to Question B10

B9. What sort of Internet access do you have at home?

Don't have Internet at home 1

Broadband Internet access 2

Dial up connection Internet access 3

Don't know what type of access it is 4

B10. Are you a member of Bebo, Myspace, Faceparty or have a Weblog (blog)?

Yes 1

No 2

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 have a good choice of subjects.

- | | | |
|----------------------------|--------------------------|---|
| 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 able to study subjects in which I am interested.

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

C3. I am able to study subjects which I am good at.

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

C4. 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 |

C5. 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 |
| Does not apply | <input type="checkbox"/> | 6 |

C6. 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 |
| Does not apply | <input type="checkbox"/> | 6 |

C7. I am content with the advice I got about my subject choices from careers advisors (from an outside organisation).

- | | | |
|----------------------------|--------------------------|---|
| 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 |
| Does not apply | <input type="checkbox"/> | 6 |

FURTHER EDUCATION

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

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

D2. The government has just started giving money to pupils who stay in education after 16, depending on their family circumstances. Have you heard about this Education Maintenance Allowance?

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

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

**D4. Which do you think is the most important for getting a job with good pay?
(Tick one box only)**

- Staying on in education and getting as many qualifications as possible 1
- Leaving school and getting a skilled trade 2
- Neither of these 3

**D5. Which, if any, of the following groups of people encouraged you to think about going to Further Education College or University?
(Tick all that apply)**

Your friends 1

Parents/Guardians 2

The rest of your family 3

Careers teachers 4

Other teachers 5

Careers advisors
(from an outside organisation) 6

None of these 7

→ Go to Question E1

**D6. Which of these groups of people was most influential in encouraging you to think about going to Further Education College or University?
(Tick one box only)**

Your friends 1

Parents/Guardians 2

The rest of your family 3

Careers teachers 4

Other teachers 5

Careers advisors
(from an outside organisation) 6

STARTING A BUSINESS

E1. Would you be interested in starting your own business at any time in the future?

Yes 1 → Continue to Question E2

No 2 → Go to Question E4

Don't know 3 → Go to Question E4

E2. Do you have a business idea?

Yes 1 → Continue to Question E3

No 2 → Go to Question E4

**E3. Which category does your business idea fall into?
(Tick all that apply)**

Manufacturing/Construction 1

Retail 2

Catering and Hospitality / Leisure 3

Finance and Business 4

Computing and ICT 5

Education 6

Health and Beauty 7

Domestic Services eg: gardening/cleaning 8

Transport/Vehicle Service 9

Craft Products and services / Creative Arts 10

Agricultural / Environmental 11

Professional Services eg: Dentists/Solicitors 12

Unknown 13

E4. Are you aware of any support that is available to help you start your own business?

Yes 1

No 2

**E5. Which, if any, of these organisations have you heard of?
(Tick all that apply)**

- Invest NI 1
- Local Enterprise Agencies 2
- Young Enterprise 3
- Shell Livewire 4
- Prince's Trust 5
- None of these 6 → Go to Question F1

**E6. Which, if any, of these organisations offer business support?
(Tick all that apply)**

- Invest NI 1
- Local Enterprise Agencies 2
- Young Enterprise 3
- Shell Livewire 4
- Prince's Trust 5
- None of these 6

SOCIAL SUPPORT

F1. 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"/>

**F2. 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"/>

SMOKING

G1. Have you ever smoked tobacco?
(At least one whole cigarette not just a puff of someone else's)

Yes 1 → Continue to Question G2

No 2 → Go to Question G8

G2. What age were you when you had your first cigarette?

I was _____ years old

I can't remember

G3. How often do you smoke cigarettes now?

Every day 1 → Continue to Question G4

At least once a week but not every day 2 → Continue to Question G4

Less than once a week 3 → Go to Question G8

I do not smoke now 4 → Go to Question G8

G4. How many cigarettes do you usually smoke in a week?

_____ cigarettes a week

G5. Which of these would you be most likely to try for help giving up smoking?
(Tick one box only)

Ask an adult in school (eg: teacher or school nurse) for help/advice 1 → Continue to Question G6

Ask family or friends for help/advice 2 → Continue to Question G6

Use any nicotine products e.g. patches, chewing gum 3 → Continue to Question G6

Go to see your family doctor or GP 4 → Continue to Question G6

Phone a smokers helpline 5 → Continue to Question G6

Attend a stop smoking group or see a counsellor 6 → Continue to Question G6

Some other thing 7 → Continue to Question G6

Would not want to give up smoking 8 → Go to Question G7

G6. Would you like to give up smoking cigarettes altogether?

Yes 1

No 2

**G7. 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 (eg: teacher or school nurse) for help/advice 1

Asked family or friends for help/advice 2

Used any nicotine products eg: 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

Some other thing 7

None of these 8

G8. 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"/>

G9. Do any adults in your household smoke?

Yes 1 → Continue to Question G10

No 2 → Go to Question G11

G10. Do the adults smoke inside your home?

Yes 1

No 2

G11. Are visitors allowed to smoke inside your house?

Yes 1

No 2

Don't Know 3

ALCOHOL

H1. 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 1 → Continue to Question H2

No 2 → Go to Question H14

Don't know 3 → Go to Question H14

H2. What age were you when you had your first alcoholic drink?

I was _____ years old I can't remember

H3. 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

H4. 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

**H5. 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

**H6. 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

**H7. 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 → Continue to Question H8
- A few times a week 2 → Continue to Question H8
- A few times a month 3 → Continue to Question H8
- A few times a year 4 → Continue to Question H8
- Rarely 5 → Continue to Question H8
- Not any more 6 → Go to Question H10

H8. Have you drunk any alcohol in the past week (last 7 days)?

Yes 1 → Continue to Question H9

No 2 → Go to Question H10

H9. In the past week (last 7 days) how much alcohol have you drunk?

(If you have not drunk any bottles, cans, glasses etc then please write in 0
– please do not leave any blanks)

Beer/lager/stout write in how many bottles _____

write in how many cans _____

write in how many pint glasses _____

Shandy write in how many bottles _____

write in how many cans _____

write in how many pint glasses _____

Cider write in how many bottles _____

write in how many large bottles _____

write in how many pint glasses _____

Alcopops/Spirit based mixers (eg: Hooch, Barcardi Breezers, Smirnoff Ice, WKD) write in how many bottles _____

Spirits and liqueurs (eg: whiskey, gin - but not counting spirit based mixers) write in how many measures/glasses _____

Wine write in how many bottles _____

write in how many glasses _____

Shots (eg: Aftershock, Cocopops) write in how many shot glasses _____

H10. Have you ever had so much alcohol that you were drunk?

No, never 1 → Go to Question H12

Yes, once 2 → Continue to Question H11

Yes, 2 - 3 times 3 → Continue to Question H11

Yes, 4 - 10 times 4 → Continue to Question H11

Yes, more than 10 times 5 → Continue to Question H11

H11. 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

H12. 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"/>

H13. 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

**H14. 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

**H15. Have you had any type of education on the use of alcohol (eg: 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
H16

None of these

 4 → Go to Question H17

H16. Has the education you received made you less inclined to drink alcohol?

Yes 1

No 2

**H17. 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 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 (1j)

(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) How many times have you used SOLVENTS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

(1f) 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 _____

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

- I got them from a relative (eg: 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

(1h) 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

(1i) 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"/>

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

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

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

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

(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

(2f) How many times have you used CANNABIS in your life?

- Once 1
- Twice 2
- 3 times 3
- 4-10 times 4
- 11-24 times 5
- 25 times or more 6

J3. The questions on this page are about the drug SPEED (Amphetamines, Uppers, Whizz, Sulphate, Billy).

(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

(3e) How many times have you used SPEED in your life?

Once 1

Twice 2

3 times 3

4-10 times 4

11-24 times 5

25 times or more 6

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

(4e) How many times have you used LSD in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

J5. The questions on this page are about the drug ECSTASY ('E', Dennis the menace).

(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

(5f) How many times have you used ECSTASY in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

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

(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

(6e) How many times have you used POPPERS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

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

(7e) How many times have you used TRANQUILLISERS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

J8. The questions on this page are about the drug HEROIN (Smack, Skag, 'H').

(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

(8e) How many times have you used HEROIN in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

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

(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

(9e) How many times have you used MAGIC MUSHROOMS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

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

(10a) Have you ever been offered CRACK?

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

(10b) How easy would it be to get some CRACK if you wanted to?

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

(10c) Have you ever used or tried CRACK?

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

(10d) 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

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

I was _____ years old I can't remember

(10f) How many times have you used CRACK in your life?

- Once 1
- Twice 2
- 3 times 3
- 4-10 times 4
- 11-24 times 5
- 25 times or more 6

J11. The questions on this page are about the drug COCAINE (Coke, Charlie).

(11a) Have you ever been offered COCAINE?

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

(11b) Have you ever used or tried COCAINE?

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

(11c) 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

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

I was _____ years old I can't remember

(11e) How many times have you used COCAINE in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

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

(12e) How many times have you used ANABOLIC STEROIDS in your life?

- Once 1
Twice 2
3 times 3
4-10 times 4
11-24 times 5
25 times or more 6

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

J13. What age were you the first time you were offered drugs (not counting solvents)?

I was _____ years old → Continue to Question J14

I can't remember → Continue to Question J14

I have never been offered drugs → Go to Question J16

J14. 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

J15. 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

J16. 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 J12 that you have NEVER used or tried ANY of those drugs, please go to Question J20.

If you said in Questions J2 to J12 that you have used or tried ANY of those drugs, please continue to Question J17.

J17. 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

J18. 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

J19. 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"/>

J20. 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

J21. 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

J22. Have you had any type of education on the use of drugs (eg: 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
J23

None of these

 4 → Go to Question J24

J23. Has the education you received made you less inclined to take drugs?

Yes 1

No 2

**J24. Where do you get information about drugs 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

POLICING

K1. In the past 12 months, have you spoken to a police officer in Northern Ireland, or has a police officer in Northern Ireland ever spoken to you?

Yes 1 → Continue to Question K2

No 2 → Go to Question K3

**K2. Was this because ...
(Tick all that apply)**

They were telling you to move on 1

You were in trouble/had done something wrong/were arrested or cautioned 2

You were looking for help 3

You were telling them about a crime 4

They were giving a talk in school (e.g.: on drugs or road safety) 5

They were in contact through a youth club 6

Some other reason (Please say what) _____ 7

K3. How fairly do you think the police in Northern Ireland treat young people?

Very fairly 1

Quite fairly 2

Neither fairly nor unfairly 3

Quite unfairly 4

Very unfairly 5

K4. In general, how satisfied or dissatisfied are you with the way the police in Northern Ireland do their job?

Very satisfied 1

Quite satisfied 2

Neither satisfied nor dissatisfied 3

Not very satisfied 4

Not at all satisfied 5

K5. Would you be interested in joining the police in Northern Ireland when you finish your education?

Yes 1

No 2

Don't know 3

ANTI-SOCIAL BEHAVIOUR

L1. In the past 12 months, have you done any of the following? (Tick 'Yes' or 'No' for <u>each</u> line)	Yes	No
	1	2
Tried to avoid paying the correct fare on the bus or train	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in vandalism or deliberate damage to property	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately damaged a vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in stealing or trying to steal a car	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in stealing or trying to steal something from a car	<input type="checkbox"/>	<input type="checkbox"/>
Been noisy or rude near your home so that neighbours have complained	<input type="checkbox"/>	<input type="checkbox"/>
Been noisy or rude in a public place so that you got into trouble	<input type="checkbox"/>	<input type="checkbox"/>
Written or sprayed graffiti on a building, fence, train etc	<input type="checkbox"/>	<input type="checkbox"/>
Attacked, threatened or been rude to someone because of their religion	<input type="checkbox"/>	<input type="checkbox"/>
Attacked, threatened or been rude to someone because of their race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Attacked, threatened or been rude to someone for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Carried a knife or other weapon for your own protection	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL SAFETY

L2. How safe do you feel in the area in which you live?

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

L3. How much of a problem are the following in your area?

(Tick one box for each line)

	Very big problem	Fairly big problem	Not a big problem	Not a problem	Don't know
	1	2	3	4	5
People being bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No safe facilities for young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gangs of other people looking for trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Lack of street lighting – too many dark corners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joy-riders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing in drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Vandalism, graffiti or deliberate damage to property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of closed circuit television cameras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy neighbours or loud parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Rubbish or litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being rowdy or drunk in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phone theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
People buying or selling goods that are stolen or not genuine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being harassed or attacked because of their religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being harassed or attacked because of their race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
People being insulted, pestered or intimidated in the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People carrying knives in the street or at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L4. Are you worried about your safety going into your nearest town/city centre at night?

- Very worried 1 → Continue to Question L5
Fairly worried 2 → Continue to Question L5
Not very worried 3 → Go to Question L6
Not at all worried 4 → Go to Question L6

**L5. Why are you worried about your safety going into your nearest town/city centre at night?
(Tick all that apply)**

Fear of:

- Being bullied 1
Having things stolen from me that I am carrying/wearing (eg: mobile phone) 2
Being sexually or physically abused 3
Being threatened by paramilitaries 4
Being called names/harassed because of my religion 5
Being called names/harassed because of my race or skin colour 6
Being assaulted because of my religion 7
Being assaulted because of my race or skin colour 8
People using or dealing in drugs 9
Gangs of other people looking for trouble 10
People being rowdy or drunk in public places 11
People carrying knives or other weapons 12
Something else 13
None of these 14

L6. 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	No
	1	2
Being bullied	<input type="checkbox"/>	<input type="checkbox"/>
Being knocked down by a car or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Having things stolen from you that you are carrying/wearing (eg: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Having your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Being sexually or 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 called names/harassed for some other reason	<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 assaulted for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened/hurt by someone with a knife	<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"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

L7. In the past 12 months, have you been a victim of the following? (Tick 'Yes' or 'No' for each line)

	Yes	No
	1	2
Been bullied	<input type="checkbox"/>	<input type="checkbox"/>
Been knocked down by a car or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Had things stolen from you that you were carrying/wearing (e.g.: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Had your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Been sexually or 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 called names/harassed for some other reason	<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 assaulted for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened/hurt by someone with a knife	<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"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

**L8. In the past 12 months, have you seen someone else being a victim of the following?
(Tick 'Yes' or 'No' for each line)**

	Yes 1	No 2
Being bullied	<input type="checkbox"/>	<input type="checkbox"/>
Being knocked down by a car or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Having things stolen from them that they were carrying/wearing (eg: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Having their belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Being sexually or physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of their religion	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of their race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of their religion	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of their race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened/hurt by someone with a knife	<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 their mobile	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

KNIFE CULTURE

**M1. Which, if any, of the following knives have you ever carried as a weapon?
(Tick all that apply)**

- | | | |
|------------------------------------|--------------------------|-----------------------|
| Pen / Swiss army knife | <input type="checkbox"/> | 1 |
| Cutlery / dinner knife | <input type="checkbox"/> | 2 |
| Kitchen / vegetable / meat knife | <input type="checkbox"/> | 3 |
| Flick knife | <input type="checkbox"/> | 4 |
| Dagger | <input type="checkbox"/> | 5 |
| Sword (apart from using in sports) | <input type="checkbox"/> | 6 |
| Other - please say what | <input type="checkbox"/> | 7 _____ |
| None of these | <input type="checkbox"/> | 5 → Go to Question N1 |

If you ticked any of these boxes, please continue to Question M2

M2. Have you used your knife to injure someone ...?

- Yes 1 → Continue to Question M3
No 2 → Go to Question M4

**M3. Where have you used your knife to injure someone?
(Tick all that apply)**

- | | | |
|------------------------------------|--------------------------|---------|
| At school | <input type="checkbox"/> | 1 |
| At home | <input type="checkbox"/> | 2 |
| At youth facility | <input type="checkbox"/> | 3 |
| At a party | <input type="checkbox"/> | 4 |
| At a rave, disco or concert | <input type="checkbox"/> | 5 |
| Somewhere outside eg: park, street | <input type="checkbox"/> | 6 |
| At the shops / other businesses | <input type="checkbox"/> | 7 |
| While with friends socializing | <input type="checkbox"/> | 8 |
| Somewhere else - please say where | <input type="checkbox"/> | 9 _____ |

M4. Have you used your knife to threaten someone ...?

- Yes 1 → Continue to Question M5
No 2 → Go to Question M6

M5. Where have you used your knife to threaten someone ...?

- At school 1
- At home 2
- At youth facility 3
- At a party 4
- At a rave, disco or concert 5
- Somewhere outside eg: park, street 6
- At the shops / other businesses 7
- While with friends socializing 8
- Somewhere else - please say where 9 _____

**M6 Why do/did you carry a knife?
(Tick all that apply)**

- To help me feel safer 1
- To be taken more seriously 2
- To help me feel more confident 3
- Because my friends do / did 4
- Because my parents do / did 5
- Because my brother / sister does / did 6
- It is / was trendy 7
- Everyone I know carries / everyone I knew carried a knife 8
- To feel in control 9
- Other reason - please say why 10 _____

SEXUAL EXPERIENCE AND KNOWLEDGE

N1. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

N2. How much, if any, sexual experience have you had?

None 1 → Go to Question N6

Small amount (eg: only kissing) 2 → Go to Question N6

Some experiences but no sexual intercourse 3 → Go to Question N6

Experienced, including sexual intercourse 4 → Continue to Question N3

N3. At what age did you first have sexual intercourse?

I was _____ years old

N4. Did you or your partner use something to prevent getting pregnant (ie: a form of contraception)?

Yes 1 → Continue to Question N5

No 2 → Go to Question N6

Don't know 3 → Go to Question N6

**N5. 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

N6. Would you find it easy to get contraceptives (ie: condoms etc)?

Yes 1

No 2

**N7. 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

**N8. 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

N9. 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

N10. 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

**N11. 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

**N12. 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 |

**N13. 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 DOMESTIC VIOLENCE

O1. Do you think boyfriends who hit girlfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

O2. Do you think husbands who hit wives once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

O3. Do you think girlfriends who hit boyfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

O4. Do you think wives who hit husbands once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

O5. 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

O6. 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

07. 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

08. 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

09. 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

010. Is it okay for a woman to hit her boyfriend/husband if he has slept with someone else?

Yes 1

No 2

Don't know 3

You have now completed the questionnaire.

Thank You