

Northern Ireland  
**Statistics &  
Research**  
Agency

*Young Persons' Behaviour  
& Attitudes Survey 2010*

*Technical Report*

Prepared by  
Central Survey Unit



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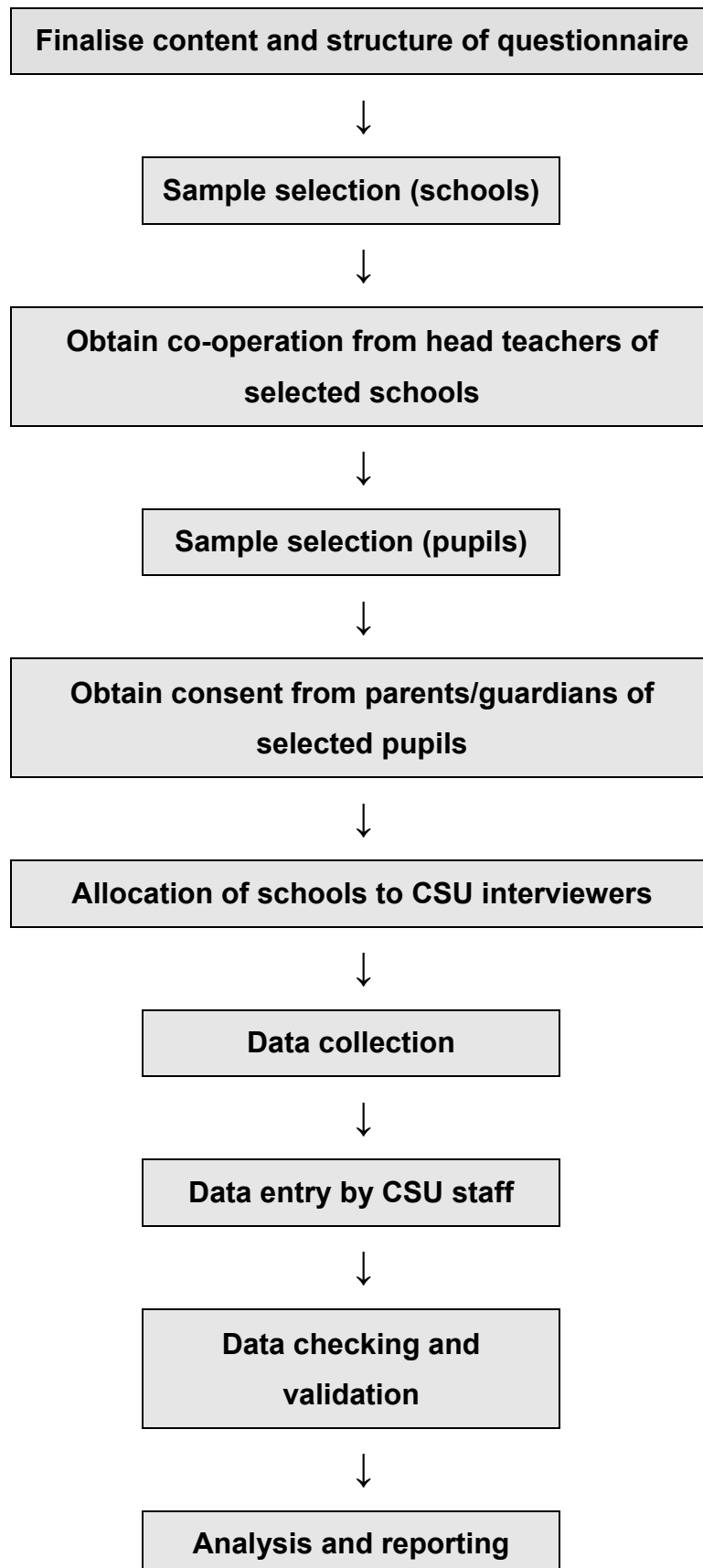
## 1.0 Introduction

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

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

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

## 2.0 Main Stages of the YPBAS



## 3.0 Implementation of the YPBAS

### 3.1 Questionnaire Design

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

Whilst some of the questions were amended, the overall format was similar to that used in 2007. A number of new topics were added into the questionnaire: Next Steps, Play and Leisure, Attitudes towards Sexual Violence, Sun Protection and Personal Safety. Some topics were also removed: Modern Technology, Further Education, Starting a Business, Policing, Anti-social Behaviour, Knife Culture and Money.

The complete range of topics in each of the questionnaires are as follows:

#### Questionnaire A

Demographics  
Subject Choices  
Next Steps\*  
Social Support  
School  
Nutrition  
Sport and Physical Activity  
Play and Leisure  
Libraries  
Museums  
Arts  
Travelling to School  
Road Safety  
Attitudes towards Sexual Violence\*  
Attitudes towards Domestic Violence\*

#### Questionnaire B

Demographics  
More about You  
Subject Choices  
Next Steps\*  
Social Support  
Sun Protection  
The Environment  
Smoking  
Alcohol  
Solvents and Drugs  
Personal Safety  
Sexual Experience & Knowledge  
Attitudes towards Sexual Violence\*  
Attitudes towards Domestic Violence\*

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

**(See Appendix for questionnaire)**

## 3.2 Sample

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

A three stage sample design was used:

### *1. Schools*

The Department of Education (DE) provided CSU with a list of all post-primary schools in Northern Ireland (excluding independent schools and those which catered solely for pupils with special needs). A stratified random sample of 175 schools, representative of school size, selection type (i.e. Secondary, Grammar), management group (i.e. Controlled, Voluntary etc) and Education and Library Board area was then selected.

### *2. Classes*

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

### *3. Pupils*

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

### 3.3 Maximising Participation

All selected schools were invited to take part in the survey and the Education and Library Boards were informed that schools in their area were being approached. Co-operation with the survey was voluntary but various efforts were made to encourage participation. These included enclosing a copy of the YPBAS 2007 bulletin with initial contact letters, issuing reminder letters and CSU staff contacting head teachers by telephone.

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

### 3.4 Preparation and Administration of the YPBAS in Schools

#### ***Fieldwork***

The fieldwork period for conducting the YPBAS was from 18<sup>th</sup> October to 19<sup>th</sup> November 2010 (three school participated just outside this period).

#### ***Prior to Administration***

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

An information pack was sent to each contact person advising them of the classes selected, the date and the procedure for the survey. Consent letters were also included which the schools then forwarded to the parents/guardians of all selected pupils.

CSU interviewers were allocated schools and briefed on the survey protocol. The interviewers then made contact with their allocated schools to finalise arrangements for the survey.

### ***Questionnaire Administration***

On the day of the survey, the pupils were assembled in class-sized groups and an interviewer issued each pupil with a self-completion paper questionnaire. Each group was allowed two consecutive school periods in which to complete the questionnaire, under supervision of the interviewer. Some schools requested that the questionnaire be administered to all selected pupils at the same time; in these instances, several interviewers supervised the completion of the questionnaires. All questionnaires were collected immediately after the designated time period and then returned to the CSU office where the data was transferred on to computer for validation and analysis.

## 4.0 Response

### 4.1 Schools

Seventy-seven schools agreed to participate in the study, resulting in a response rate of 44%. Some of the schools that refused were sympathetic to the research but stated that they did not have the time or resources to take part. The majority, however, gave no reasons for their refusal to participate.

**Table 1** *School Response Rate*

	Number	Response Rate	
		Sample	Responding
Sample	175		
Responding	77	44.0%	
Full	72	-	93.5%
Partial *	5	-	6.5%
Refusal	47	26.9%	-
Dropped out	2	1.1%	-
Non-responding	51	29.1%	-

\*One school was a junior school and therefore only had Years 8 - 10. Two schools were senior schools and therefore only had Years 11-12. One school was not willing to let Years 11 and 12 do it due to exam pressures and the remaining school wasn't willing to allow Year 12 to participate due to controlled assessment.

## 4.2 Pupils

### 4.2.1 Version A

A total of 4070 pupils were surveyed out of a possible 4521, giving a response rate of 90%. Eighty six percent of these completed the entire questionnaire.

**Table 2** *Overall Pupil Response Rate*

	Number	Response Rate	
		Sample	Responses Achieved
Sample	4521		
Responses Achieved	4070	90.0%	
Full	3503	-	86.1%
Partial	567	-	13.9%
Refusal (parents or pupils)	56	1.2%	-
Absent	395	8.7%	-

**Table 3** *Response Rates by Year Group*

Year Group	Sample	Response	Response Rate
Year 8	941	870	92.5%
Year 9	914	859	94.0%
Year 10	886	796	89.8%
Year 11	915	793	86.7%
Year 12	865	752	86.9%
TOTAL	4521	4070	90.0%

**Table 4** *Response Rates by Gender*

Gender	Sample	Response	Response Rate
Male	1980	1794	90.6%
Female	2539	2275	89.6%
Information missing	2	1	50.0%
TOTAL	4521	4070	90.0%

### 4.2.1 Version B

A total of 3546 pupils were surveyed out of a possible 4019, giving a response rate of 88%. Ninety five percent of these completed the entire questionnaire.

**Table 5** *Overall Pupil Response Rate*

	Number	Response Rate	
		Sample	Responses Achieved
Sample	4019		
Responses Achieved	3546	88.2%	
Full	3378	-	95.3%
Partial	168	-	4.7%
Refusal (parents or pupils)	67	1.7%	-
Absent	406	10.1%	-

**Table 6** *Response Rates by Year Group*

Year Group	Sample	Response	Response Rate
Year 8	824	759	92.1%
Year 9	819	747	91.2%
Year 10	801	695	86.8%
Year 11	773	651	84.2%
Year 12	802	694	86.5%
TOTAL	4019	3546	88.2%

**Table 7** *Response Rates by Gender*

Gender	Sample	Response	Response Rate
Male	2211	1930	87.3%
Female	1804	1614	89.5%
Information missing	4	2	50.0%
TOTAL	4019	3546	88.2%

## 5.0 Representativeness of the Achieved Sample

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

To assess how accurately the YPBAS achieved sample reflects the post-primary population of Northern Ireland, the sample has been compared with characteristics collected by DE through the 2010/11 School Census (Tables 8 and 9).

## Schools

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

	Achieved YPBAS Sample (%)	Original YPBAS Sample (%)	Population (%)
<b>Selection Type</b>			
Secondary	64.9	69.1	68.7
Grammar	35.1	30.9	31.3
<b>Management Group</b>			
Controlled	31.2	34.9	34.1
Voluntary	24.7	22.3	23.5
Catholic Maintained	37.7	32.0	32.7
Other Maintained	1.3	0.6	0.5
Controlled Integrated	2.6	2.9	2.3
Grant Maintained Integrated	2.6	7.4	6.9
<b>Education &amp; Library Board</b>			
Belfast (BELB)	19.5	16.6	16.1
Western (WELB)	20.8	20.6	20.3
North Eastern (NEELB)	16.9	22.9	22.6
South Eastern (SEELB)	18.2	17.1	17.1
Southern (SELB)	24.7	22.9	24.0
<b>Base (No. Schools)</b>	<b>77</b>	<b>175</b>	<b>217</b>

The above table shows that the distribution of the various school characteristics in the original sample of 175 schools broadly reflects those found in the population of all NI schools. However, there are some variations between the distribution of the achieved YPBAS sample and the population as a whole.

## Pupils

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

		Achieved YPBAS Sample (%)			Population (%)		
Year Group	Religion	Male	Female	Total	Male	Female	Total <sup>1</sup>
Year 8	Protestant	4.0	3.5	7.6	4.0	3.9	7.9
	Catholic	5.5	5.8	11.3	5.1	4.9	10.0
	Other	1.0	1.0	2.0	0.9	0.8	1.8
Year 9	Protestant	3.7	3.7	7.4	3.8	3.8	7.5
	Catholic	5.4	6.4	11.8	5.1	5.0	10.1
	Other	1.0	0.9	1.9	1.2	1.0	2.2
Year 10	Protestant	3.8	3.5	7.3	4.0	4.0	8.0
	Catholic	4.9	5.8	10.7	5.2	5.1	10.4
	Other	0.9	0.7	1.7	1.1	1.0	2.2
Year 11	Protestant	3.1	3.4	6.5	3.9	3.9	7.8
	Catholic	5.1	5.6	10.7	5.2	4.8	10.0
	Other	1.0	0.9	1.9	1.1	0.8	1.9
Year 12	Protestant	3.5	3.1	6.5	4.0	4.0	8.0
	Catholic	5.0	5.9	10.8	5.1	5.0	10.1
	Other	1.0	0.8	1.9	1.1	0.9	2.0
Total	Protestant	18.2	17.2	35.3	19.8	19.5	39.3
	Catholic	25.9	29.5	55.3	25.7	24.9	50.6
	Other	4.9	4.4	9.3	5.5	4.6	10.1
	<b>Total</b>	<b>48.9</b>	<b>51.1</b>	<b>100</b>	<b>51.0</b>	<b>49.0</b>	<b>100</b>

<sup>1</sup> Rows and columns may not sum to totals due to rounding

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

## 5.1 Weighting

In order to reflect the composition of the Northern Ireland post-primary population, weights could be applied to the data to compensate for non-response bias in the achieved YPBAS sample. Figures from the 2010/11 School Census were used to derive weights. However, please note that weighting cannot generate data for certain groups lost through non-response, and as not all school management groups were represented in the achieved YPBAS sample, this is reflected in the construction of the weights. In addition, given that there were two versions of the questionnaire, three different sets of weights had to be calculated for (1) questions/modules common to both questionnaires, (2) Version A and (3) Version B. The following examples are based on weights that could be applied to the data for questions that are common to both questionnaires.

## Pupil characteristics

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

	Religion	Gender	
		Male	Female
Year 8	Protestant	1.00	1.09
	Catholic	0.92	0.85
	Other	1.00	0.79
Year 9	Protestant	1.01	1.03
	Catholic	0.95	0.78
	Other	1.23	1.17
Year 10	Protestant	1.06	1.13
	Catholic	1.06	0.89
	Other	1.25	1.38
Year 11	Protestant	1.27	1.15
	Catholic	1.01	0.86
	Other	1.07	0.94
Year 12	Protestant	1.15	1.31
	Catholic	1.03	0.84
	Other	1.08	1.03

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

For example, applying a weight of 0.92 to the responses of all Catholic males in year 8, adjusts the distribution from the original 5.5% to 5.1% ( $5.5 \times 0.92$ ), see Table 9.

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

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

	Total weighted	Total unweighted
	%	%
<b>Base = 100%</b>		
Northern Ireland	91.3	91.3
England	2.6	2.6
Wales	0.2	0.2
Scotland	0.5	0.5
Republic of Ireland	1.7	1.8
Somewhere else	3.5	3.5
Don't know	0.2	0.3

## School characteristics

**Table 12** Details of weights (variable 'W2' in the microdata) that could be applied to the data based on pupil proportions in the achieved YPBAS sample compared to the population with regard to school characteristics (Education & Library Board, selection type & management group) for combined questions

ELB	Selection type	Management group					
		Controlled	Voluntary	Catholic Maintained	Other Maintained	Controlled Integrated	Grant Maintained Integrated
BELB	Secondary	0.88	-	0.98	0.28	-	1.07
	Grammar	0.74	1.31	-	-	-	-
WELB	Secondary	*	-	0.63	-	-	*
	Grammar	0.51	0.95	-	-	-	-
NEELB	Secondary	0.93	-	1.94	-	1.05	*
	Grammar	0.89	1.90	-	-	-	-
SEELB	Secondary	1.15	-	1.07	-	0.98	1.21
	Grammar	1.65	0.79	-	-	-	-
SELB	Secondary	1.69	-	0.78	-	*	*
	Grammar	0.74	1.19	-	-	-	-

- These school types do not exist.

\* Weights cannot be calculated as none of these school types are represented in the achieved YPBAS sample.

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

The Steering Group agreed that the data should be weighted by gender, religion and year group (W1) to ensure that the achieved sample is fully representative of pupils at schools in NI with regard to these key characteristics. A weight for school selection type, management group and Education & Library Board (W2) is also included in the microdata for the survey and when applied in combination with W1 (i.e. W1xW2), ensures that the achieved sample is representative of pupils at the types of schools participating in the survey (again these were produced for questions that are common to both questionnaires, Version A and Version B).

## 6.0 Sampling Error

No sample is likely to reflect precisely the characteristics of the population from which it is drawn because of both sampling and non-sampling errors. An estimate of the amount of error due to the sampling process can be calculated. Whilst there are design effects in the survey and thus complex standards errors should be used, the survey team were not tasked with carrying out this exercise. However, in order to demonstrate the likely effects of sampling error we have assumed a simple random sample design whereby the sampling error of any percentage,  $p$ , can be calculated by the formula:

$$\text{s.e. } (p) = \sqrt{p*(100-p)/n}$$

where  $n$  is the number of respondents on which the percentage is based.

A confidence interval for the population percentage can be calculated by the formula:

$$95 \text{ per cent confidence interval} = p \pm 1.96 * \text{s.e. } (p)$$

In order to illustrate the amount of error due to the sampling process we have used the above formula to show this for some answers on the questionnaire.

**Table 14** How often do you find that school is boring?

	Valid cases	%	S.E.	95% CI	Lower CI	Upper CI
Every day	524	13	0.528973	1.04	11.96	14.04
Many days	892	22.1	0.65263	1.28	20.82	23.38
Some days	1641	40.6	0.772428	1.51	39.09	42.11
Occasionally	834	20.6	0.63613	1.25	19.35	21.85
Never	151	3.7	0.296904	0.58	3.12	4.28
Total	4042	100				

**Table 15** How often do you eat sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or KitKat?)

	Valid cases	%	S.E.	95% CI	Upper CI	Lower CI
More than once a day	1217	30.1	0.721301	1.41	28.69	31.51
Once a day	1121	27.7	0.703726	1.38	26.32	29.08
Most days	908	22.5	0.656654	1.29	21.21	23.79
Once or twice a week	687	17	0.590688	1.16	15.84	18.16
Less often or never	111	2.7	0.254878	0.50	2.20	3.20
Total	4044	100				

**Table 16** Have you ever smoked tobacco?

	Valid cases	%	S.E.	95% CI	Upper CI	Lower CI
Yes, in the last week	260	7.4	0.441403	0.87	6.53	8.27
Yes, in the last month	87	2.5	0.263261	0.52	1.98	3.02
Yes, in the last year	120	3.4	0.305592	0.60	2.80	4.00
Yes, over a year ago	197	5.6	0.387698	0.76	4.84	6.36
No, never	2853	81.1	0.660169	1.29	79.81	82.39
Total	3517	100				

**Table 17** Have you ever taken an alcoholic drink?

	Valid cases	%	S.E.	95% CI	Upper CI	Lower CI
Yes, in the last week	472	13.5	0.578362	1.13	12.37	14.63
Yes, in the last month	482	13.8	0.583738	1.14	12.66	14.94
Yes, in the last year	410	11.7	0.543999	1.07	10.63	12.77
Yes, over a year ago	231	6.6	0.420214	0.82	5.78	7.42
No, never	1896	54.3	0.843108	1.65	52.65	55.95
Total	3491	100				

**Table 18** Have you ever been offered solvents to inhale?

	Valid cases	%	S.E.	95% CI	Upper CI	Lower CI
Yes once	269	7.7	0.450429	0.88	6.82	8.58
Yes more than once	172	4.9	0.364727	0.71	4.19	5.61
No never	3062	87.4	0.560688	1.10	86.30	88.50
Total	3503	100				

## 7.0 Results

A summary bulletin of the key findings of the YPBAS 2010, and tables of top-line results, are available in addition to this technical report.

Tables of top-line results show the weighted (by year group, religion and gender) frequencies of responses and associated percentages. Survey findings are reported in the bulletin as a percentage of the total number of respondents who provided a response to that particular question. This means that the valid total number of respondents will vary from one question to another. Also, frequencies of responses may not sum exactly to the valid total shown in some tables, due to the rounding effects of weighting.

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

All outputs from each of the four rounds of the YPBAS can be found on the CSU website:

[www.csu.nisra.gov.uk](http://www.csu.nisra.gov.uk)

## Appendix: Questionnaire



YOUNG PERSONS'  
BEHAVIOUR AND ATTITUDES  
SURVEY

2010

Version A

**Central Survey Unit  
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BELFAST  
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## 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 | <input type="checkbox"/> | 1 |
| No – not working                | <input type="checkbox"/> | 2 |
| No – retired                    | <input type="checkbox"/> | 3 |
| Do not have a father            | <input type="checkbox"/> | 4 |
| Don't know                      | <input type="checkbox"/> | 5 |

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

- |                                 |                          |   |
|---------------------------------|--------------------------|---|
| Yes, has a job/is self employed | <input type="checkbox"/> | 1 |
| No – not working                | <input type="checkbox"/> | 2 |
| No – retired                    | <input type="checkbox"/> | 3 |
| Do not have a mother            | <input type="checkbox"/> | 4 |
| Don't know                      | <input type="checkbox"/> | 5 |

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

- |                        |                          |    |
|------------------------|--------------------------|----|
| White                  | <input type="checkbox"/> | 1  |
| Chinese/Hong Kong      | <input type="checkbox"/> | 2  |
| Irish Traveller        | <input type="checkbox"/> | 3  |
| Indian/Sri Lankan      | <input type="checkbox"/> | 4  |
| Pakistani              | <input type="checkbox"/> | 5  |
| Bangladeshi            | <input type="checkbox"/> | 6  |
| Black – Caribbean      | <input type="checkbox"/> | 7  |
| Black – African        | <input type="checkbox"/> | 8  |
| Black – Other          | <input type="checkbox"/> | 9  |
| Korean                 | <input type="checkbox"/> | 10 |
| Mixed ethnic group     | <input type="checkbox"/> | 11 |
| Any other ethnic group | <input type="checkbox"/> | 12 |
| Don't know             | <input type="checkbox"/> | 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. 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 A12

No  2 → Go to Question A13

**A12. Does this illness or disability affect your activities in any way?**

Yes  1

No  2

**A13. 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  3

Eating disorder  8

(e.g. bronchitis)

(e.g. anorexia, bulimia)

Asthma  4

Depression/anxiety  9

Epilepsy  5

Autism (ASD)  10

None of the above  11

## SUBJECT CHOICES

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

**B1. 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 |

**B2. 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 |

**B3. 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 |

**B4. Which, if any, of the following subjects make you want to learn more about people from other countries? (Tick all that apply)**

- |                           |                          |   |
|---------------------------|--------------------------|---|
| Citizenship (part of LLW) | <input type="checkbox"/> | 1 |
| Geography                 | <input type="checkbox"/> | 2 |
| History                   | <input type="checkbox"/> | 3 |
| RE                        | <input type="checkbox"/> | 4 |
| None of these             | <input type="checkbox"/> | 5 |

**B5. Which, if any, of the following subjects make you want to learn more about people who have a different religion from you? (Tick all that apply)**

- Citizenship (part of LLW)  1  
Geography  2  
History  3  
RE  4  
None of these  5

**B6. Have you ever heard of the term STEM (Science, Technology, Engineering and Maths)?**

- Yes  1 → Continue to Question B7  
No  2 → Go to Question B11

**B7. Have you ever heard of STEM career choices/pathways?**

- Yes  1 → Continue to Question B8  
No  2 → Go to Question B10

**B8. Where did you hear about STEM career choices/pathways?**

- Careers Teacher  1  
In individual subjects i.e. LLW Employability/Science/Maths/Technology/Other  2  
STEM Events i.e. Sentinus/BT Young Scientist Competition/Career Conventions  3  
Other (please say what) \_\_\_\_\_  4

**B9. Did any of the STEM career choices/pathways influence your choice for GCSE/"A" Level subjects/vocational courses/work experience or career choices?**

- Yes  1  
No  2  
Haven't chosen subjects yet  3

**B10. Overall, how would you rate your knowledge of STEM?**

- Very good  1  
Good  2  
Poor  3  
Very poor  4

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

**B11. 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 |

**B12. 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 |

**B13. 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 |

**B14. 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 |
| Did not receive advice from external careers advisors | <input type="checkbox"/> | 6 |

**B15. Do you ever attend lessons for any of your subjects at places other than your own school?**

Yes  1 → Continue to Question B16

No  2 → Go to Question B18

**B16. Where else do you attend lessons/courses?**

Another school  1

A college  2

A training organisation  3

Other (please say where) \_\_\_\_\_  4

**B17. Overall, how well does this work out for you?**

Very well  1

Quite well  2

Not very well  3

Not at all well  4

**B18. Do you have any of your lessons delivered online from another school/college?**

Yes  1 → Continue to Question B19

No  2 → Go to Question C1

**B19. 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

**C1. 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 |

**C2. 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 |

**C3. 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 C4 to C7 are to be answered by Year 12 pupils only**

**C4. In year 11, did you receive a copy of a booklet called the Young Citizens Passport?**

Yes  1 → Continue to Question C5

No  2 → Go to Question D1

I can't remember  2 → Go to Question D1

**C5. Overall, how useful did you find the booklet?**

Very useful  1

Some parts are useful to me  2

Not very useful  3

**C6. Have you kept the booklet?**

Yes  1

No  2

**C7. 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

**D1. 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"/>

**D2. 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"/>

## SCHOOL

**E1. Think about each of the following statements and tick one box on each line to show how strongly you agree or disagree with them.**

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5	No idea/ opinion 6
My school is a good school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying on at school is important if you want to get a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers give me the marks I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn things that will be useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that I have Maths and English qualifications by the time I leave school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers help me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think I could do well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E2. Overall, how do you feel about school at present?**

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

**E3. How often do you find that school is boring?**

- Every day  1
- Many days  2
- Some days  3
- Occasionally  4
- Never  5

**E4. How many days did you skip/scheme/bunk/truant/mitch/skive classes or school this term?**

0 days  1

1 day  2

2 days  3

3 days  4

4 or more days  5

**E5. Have you ever been expelled or suspended from school?**

Yes  1

No  2

**E6. If you have problems at school, are your parents/guardians willing to help you?**

Always  1

Often  2

Sometimes  3

Rarely  4

Never  5

**E7. Which of the following people encourage you to do well at school? (Tick all that apply)**

Nobody encourages me  1

The Principal/Headmaster/Headmistress  2

My teachers  3

Other pupils  4

My family  5

Other/Somebody else  6

**E8. Which of the following people expect too much of you? (Tick all that apply)**

Nobody expects too much of me  1

The Principal/Headmaster/Headmistress  2

My teachers  3

Other pupils  4

My family  5

Other/Somebody else  6

**E9. How stressed do you feel by the school work you have to do?**

- Not at all  1  
A little  2  
Some  3  
A lot  4

**E10. At night, do you have difficulty falling asleep because you are thinking about school?**

- Strongly agree  1  
Agree  2  
Neither agree nor disagree  3  
Disagree  4  
Strongly disagree  5

**E11. Does your school have a school council?**

- Yes  1 → Continue to Question E12  
No  2 → Go Question E13  
Don't know  3 → Go Question E13

**E12. Do you think the school council is an effective way for pupils to get their views across?**

- Yes  1  
No  2  
Don't know  3

**E13. Have you heard of the United Nations Convention on the rights of the Child (UNCRC)? (This is an agreement made by nearly every country in the world that their Government will make sure children and young people have certain rights.)**

- Yes  1 → Continue to Question E14  
No  2 → Go to Question E16

**E14. Where did you first hear about the United Nations Convention on the rights of the Child? (Tick one box only)**

- |                    |                          |   |
|--------------------|--------------------------|---|
| Friends            | <input type="checkbox"/> | 1 |
| School             | <input type="checkbox"/> | 2 |
| Internet           | <input type="checkbox"/> | 3 |
| Newspaper          | <input type="checkbox"/> | 4 |
| Magazine           | <input type="checkbox"/> | 5 |
| TV                 | <input type="checkbox"/> | 6 |
| Youth groups       | <input type="checkbox"/> | 7 |
| Library            | <input type="checkbox"/> | 8 |
| Other (please say) | <input type="checkbox"/> | 9 |

**E15. How do you feel about the United Nations Convention on the rights of the Child? (Tick all that apply)**

- |   |                          |   |
|---|--------------------------|---|
| It doesn't bother me, it has very little affect on me   | <input type="checkbox"/> | 1 |
| It is important, but only to children living in poor countries  | <input type="checkbox"/> | 2 |
| It is important to some children in Northern Ireland, but not to me   | <input type="checkbox"/> | 3 |
| It is important to my life but I am not sure why  | <input type="checkbox"/> | 4 |
| It is important to my life because it gives me the right to things like education, health, respect, support, protection | <input type="checkbox"/> | 5 |
| It is important to my life because it gives me the right to have a say  | <input type="checkbox"/> | 6 |
| Don't know  | <input type="checkbox"/> | 7 |
| Other   | <input type="checkbox"/> | 8 |

**E16. Do you feel you have the chance to give your views about issues that affect you?**

- |     |                          |   |                            |
|-----|--------------------------|---|----------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question E17 |
| No  | <input type="checkbox"/> | 2 | → Go to Question E19       |

**E17. Do you think your views are listened to?**

- |           |                          |   |
|-----------|--------------------------|---|
| Always    | <input type="checkbox"/> | 1 |
| Often     | <input type="checkbox"/> | 2 |
| Sometimes | <input type="checkbox"/> | 3 |
| Rarely    | <input type="checkbox"/> | 4 |
| Never     | <input type="checkbox"/> | 5 |

**E18. Who do you give your views to?  
(Tick all that apply)**

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

**E19. Have you heard of the Commissioner for Children and Young people for Northern Ireland (NICCY)?**

- Yes  1 → Continue to Question E20  
No  2 → Go to Question E21

**E20. How do you know about the Commissioner for Children and Young people for Northern Ireland (NICCY)? (Tick one box only)**

- |                              |                          |   |
|------------------------------|--------------------------|---|
| Friends                      | <input type="checkbox"/> | 1 |
| School                       | <input type="checkbox"/> | 2 |
| Internet                     | <input type="checkbox"/> | 3 |
| Newspaper                    | <input type="checkbox"/> | 4 |
| Magazine                     | <input type="checkbox"/> | 5 |
| TV                           | <input type="checkbox"/> | 6 |
| Youth groups                 | <input type="checkbox"/> | 7 |
| Library                      | <input type="checkbox"/> | 8 |
| Other (please say what)_____ | <input type="checkbox"/> | 9 |

**E21. Have you received education in school on the culture and traditions of people from a Catholic community background?**

- Yes  1 → Continue to Question E22  
No  2 → Go to Question E24

**E22. Would you say you know more about the Catholic culture and traditions as a result?**

Yes, I know a lot more  1

Yes, I know a little more  2

No  3

**E23. Does this knowledge encourage you to respect the Catholic culture and traditions?**

Yes  1

No  2

Don't know  3

**E24. Have you received education in school on the culture and traditions of people from a Protestant community background?**

Yes  1 → Continue to Question E25

No  2 → Go to Question E27

**E25. Would you say you know more about the Protestant culture and traditions as a result?**

Yes, I know a lot more  1

Yes, I know a little more  2

No  3

**E26. Does this knowledge encourage you to respect the Protestant culture and traditions?**

Yes  1

No  2

Don't know  3

**E27. Have you received education in school on the culture and traditions of people of different race or colour?**

Yes  1 → Continue to Question E28

No  2 → Go to Question E30

**E28. Would you say you know more about the cultures and traditions of people of different race or colour as a result?**

Yes, I know a lot more  1

Yes, I know a little more  2

No  3

**E29. Does this knowledge encourage you to respect the culture and traditions of people of different race or colour?**

Yes  1

No  2

Don't know  3

**E30. Would you feel comfortable being friends with someone of different race or colour?**

Yes  1

No  2

Don't know  3

**E31. Have you received education in school on religions other than Christianity? (eg: Islam, Buddhism etc.)**

Yes  1 → Continue to Question E32

No  2 → Go to Question E34

**E32. Would you say you know more about religions other than Christianity as a result?**

Yes, I know a lot more  1

Yes, I know a little more  2

No  3

**E33. Does this knowledge encourage you to respect other religions?**

Yes  1

No  2

Don't know  3

**E34. How often do you participate in voluntary or community work (e.g. charity fundraising)?**

More than once a week  1

Weekly  2

Monthly  3

A few times a year  4

Rarely  5

Never  6

## NUTRITION

**F1. How often do you eat or drink any of the following?  
(Tick one box for each line)**

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

**F1. (continued) How often do you eat or drink any of the following?  
(Tick one box for each line)**

	More than once a day 1	Once a day 2	Most days 3	Once or twice a week 4	Less often or never 5
Beans and pulses (e.g. baked beans, kidney beans, lentils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----					
Fruit (including fresh, tinned, dried, pure fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----					
Vegetables and salads (not including potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----					
Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----					
Rice or pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----					
Drink milk or have milk on cereals, eat cheese or yoghurt or have milk puddings (e.g. rice, custard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----					

**F2. 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

**F3. 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

**F4. How often do you usually eat breakfast on school days?**

- Never eat breakfast on school days  1
- Have breakfast on most school days  2
- Have breakfast every school day  3

**F5. How often do you usually eat breakfast at weekends?**

- Do not usually have breakfast at weekends  1
- Usually have breakfast at weekends  2

**F6. What do you usually do for lunch at school?  
(Tick one box only)**

- Eat a school dinner  1 → Go to Question F8
- Buy a snack in the school cafeteria  2 → Go to Question F8
- Eat a packed lunch  3 → Continue to Question F7
- Buy lunch outside school  4 → Continue to Question F7
- Go home for lunch  5 → Continue to Question F7
- Skip lunch/don't have lunch  6 → Continue to Question F7
- Do something else  7 → Continue to Question F7

**F7. If you don't usually eat a school dinner/snack why not?  
(Tick all that apply)**

- Don't like school dinners/snacks  1
- Too expensive  2
- Because of the queue  3
- I don't like the dining hall  4
- Not enough time, because of other school activities  5
- Other reason  6

**F8. What do you think is the main reason some children do not take a free school meal when they are allowed to take one?  
(Tick one box only)**

- They are too embarrassed  1
- They are afraid of being bullied/teased  2
- They don't like the quality/choice of food available  3
- They don't like using the canteen  4
- The canteen is too crowded  5
- They don't like queuing  6
- They bring a packed lunch  7
- Don't know  8
- Other reason  9

**F9. Do you think there is usually a good choice of food available in school?**

- Yes, all the time  1
- Yes, if you come early  2
- Yes, sometimes  3
- No, never  4
- Don't know  5

**F10. Is there always a food option available in school which you consider to be healthy?**

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

**F11. Would you like to see more healthy foods available in school?**

- Yes  1
- No, I am not interested in healthy food  2
- No, there is sufficient already  3
- Don't know  4

**F12. Have you been taught about healthy eating at school (not including Primary School)?**

- Yes  1 → Continue to Question F13
- No  2 → Go to Question F15

**F13. In which subject(s) were you taught about healthy eating?  
(Tick all that apply)**

- Biology  1
- Home Economics  2
- Physical Education  3
- Health and Social Care  4
- PSHE/Personal Development/Learning for Life and Work  5
- Science  6
- Other  7

**F14. Did this help you to make sensible choices?**

- Yes  1
- No  2
- Don't know  3
- Would have made sensible choices anyway  4

**F15. Are you on a diet to lose weight?**

- No, because my weight is fine  1
- No, but I do need to lose weight  2
- Yes  3

**F16. Do you think your body size is...**

- Much too thin  1
- A bit too thin  2
- About the right size  3
- A bit too fat  4
- Much too fat  5
- I don't think about it  6

## **SPORT AND PHYSICAL ACTIVITY**

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

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

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

### **G1. Do you enjoy doing sport or physical activity?**

- Yes, a lot  1
- Yes, a little  2
- No, not very much  3
- No, not at all  4

### **G2. In the last 12 months, which, if any, of the following sports or physical activities have you done? (Tick all that apply)**

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

Ice skating	<input type="checkbox"/> 17
Indoor bowls	<input type="checkbox"/> 18
Jogging	<input type="checkbox"/> 19
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 20
Martial Arts	<input type="checkbox"/> 21
Motor sports	<input type="checkbox"/> 22
Rugby union or league	<input type="checkbox"/> 23
Shooting	<input type="checkbox"/> 24
Skateboarding/Rollerblading	<input type="checkbox"/> 25
Skiing	<input type="checkbox"/> 26
Snooker, pool, billiards	<input type="checkbox"/> 27
Swimming or diving	<input type="checkbox"/> 28
Table tennis	<input type="checkbox"/> 29
Tennis/Badminton/Squash	<input type="checkbox"/> 30
Tenpin bowling	<input type="checkbox"/> 31
Trampolining	<input type="checkbox"/> 32
Walking for Exercise/Hill walking	<input type="checkbox"/> 33
Weight training/lifting/body building	<input type="checkbox"/> 34
Windsurfing/boardsailing	<input type="checkbox"/> 35
Yachting or dinghy sailing	<input type="checkbox"/> 36
Any Other Sports or Physical Activities	<input type="checkbox"/> 37
None of these	<input type="checkbox"/> 38 → Go to G5

**G3. In the last 7 days, which, if any, of the following sports or physical activities have you done? (Tick all that apply)**

Active games (e.g. chase, skipping, rounders etc.)	<input type="checkbox"/> 1
Angling/fishing	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Canoeing/Kayaking	<input type="checkbox"/> 5
Cricket	<input type="checkbox"/> 6
Cycling	<input type="checkbox"/> 7
Dancing (e.g. Disco, ballet, tap etc.)	<input type="checkbox"/> 8
Darts	<input type="checkbox"/> 9
Football	<input type="checkbox"/> 10
Gaelic Football	<input type="checkbox"/> 11
Golf, pitch and putt, putting	<input type="checkbox"/> 12
Gymnastics	<input type="checkbox"/> 13
Hockey	<input type="checkbox"/> 14
Horse riding	<input type="checkbox"/> 15
Hurling/ Camogie	<input type="checkbox"/> 16
Ice skating	<input type="checkbox"/> 17
Indoor bowls	<input type="checkbox"/> 18
Jogging	<input type="checkbox"/> 19
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 20
Martial Arts	<input type="checkbox"/> 21
Motor sports	<input type="checkbox"/> 22
Rugby union or league	<input type="checkbox"/> 23
Shooting	<input type="checkbox"/> 24
Skateboarding/Rollerblading	<input type="checkbox"/> 25
Skiing	<input type="checkbox"/> 26
Snooker, pool, billiards	<input type="checkbox"/> 27

Swimming or diving	<input type="checkbox"/> 28
Table tennis	<input type="checkbox"/> 29
Tennis/Badminton/Squash	<input type="checkbox"/> 30
Tenpin bowling	<input type="checkbox"/> 31
Trampolining	<input type="checkbox"/> 32
Walking for Exercise/Hill walking	<input type="checkbox"/> 33
Weight training/lifting/body building	<input type="checkbox"/> 34
Windsurfing/boardsailing	<input type="checkbox"/> 35
Yachting or dinghy sailing	<input type="checkbox"/> 36
Any Other Sports or Physical Activities	<input type="checkbox"/> 37
None of these	<input type="checkbox"/> 38 → Go to G5

**G4. What benefits have you experienced as a result of your participation in Sports & Physical Activity over the past 12 months?  
(Tick all that apply)**

- Learned new skills/ developed existing skills  1
- Developed leadership skills  2
- Developed skills as a team player  3
- Improved health  4
- Helped me gain a qualification  5
- Enabled me to communicate with family/ friends  6
- Developed my confidence  7
- Opportunities to make friends  8
- Keep Fit  9
- Lose Weight  10
- Have Fun  11
- I achieved something  12

**G5. 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 → Continue to Question G6
- No  2 → Go to Question G8

**G6. Over the last 7 days, on how many days have you played any sport, done any physical activity, or played actively that made you out of breath or hot and sweaty for a total of at least 60 minutes each day?**

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

1     2     3     4     5     6     7     8

**G7. 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     1  
About 7 hours     2  
About 6 hours     3  
About 5 hours     4  
About 4 hours     5  
About 3 hours     6  
About 2 hours     7  
About 1 hour     8  
About ½ hour     9  
None     10

**G8. How many minutes do you think you SHOULD spend each day playing sport, doing physical activity or playing actively to make you out of breath or hot or sweaty in order to be healthy?**

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

**G9. Thinking about ORGANISED PE or GAMES or PLAYING FOR A SCHOOL TEAM... How long do you spend doing these organised activities each week? (Do not include any time taken to get to the gym/sports hall/playing fields/time spent changing)**

More than 3 hours     1  
About 3 hours     2  
About 2 hours     3  
About 1 hour     4  
About ½ hour     5  
0 hours     6

**G10. Are you a member of a school club or team that involves you taking part in sport or physical activity?**

Yes  1

No  2

**G11. Are you a member of any other clubs or teams not connected with your school that involves you taking part in sport or physical activity?**

Yes  1

No  2

**G12. Which, if any, of the following things put you off taking part in sport or physical activity?  
(Tick all that apply)**

I get short of breath  1

I don't like the sports offered at school  2

I'm not fit/ I get tired easily  3

I'm not good at sport or physical activity  4

I'm not interested in sport or physical activity  5

I'm overweight  6

I don't have enough time/ I would rather do other things with my time  7

It is difficult for me to get to places where I can do sport or physical activities  8

The weather is bad  9

I'm afraid of getting hurt or injured  10

Taking part is expensive  11

I find it embarrassing to exercise in front of others  12

I find sport boring  13

I have a medical condition/disability that restricts me taking part in sport  14

I find it embarrassing to change in front of others  15

Because I have too much homework  16

I don't like the PE uniform  17

None of these  18

Something else  19

**G13. In the last 12 months, how often, if at all, have you received any tuition or coaching from an instructor or coach (other than your PE/games teacher during normal PE/games lessons) to help improve your performance in any sport or physical activity?**

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

**G14. What would encourage you to take part in sport and recreational physical activity more often than you do at the moment? (Tick all that apply)**

- Facilities nearer to my home/school  1
- Cheaper admission prices  2
- People to accompany me  3
- Better quality facilities  4
- More suitable opening hours  5
- If I had more free time  6
- Transport more easily available  7
- Support for my specific needs  8
- Greater variety of sports offered  9
- More coaching offered  10

**G15. Thinking of PE and games lessons at school, how often do you get to play the sports which you like?**

- Always  1
- Usually  2
- Sometimes  3
- Not very often  4
- Never  5

**G16. In the last 12 months, how often, if at all, have you gone to a live sports event, as a spectator?**

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

**G17. Which of the following statements most applies to you? (Tick one box only)**

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

**G18. In the last week how many hours did you spend...  
(Tick one box for each line)**

	None 1	Less than 10 hours 2	10-20 hours 3	More than 20 hours 4
Watching TV, videos, DVDs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing computer or console games (e.g. Playstation, Gamecube, Xbox, Wii, DS, DSi, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing school homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PLAY AND LEISURE

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

**H1. Thinking about the play and leisure facilities in your area, would you say they are?**

- |                       |                          |   |
|-----------------------|--------------------------|---|
| Very good             | <input type="checkbox"/> | 1 |
| Fairly good           | <input type="checkbox"/> | 2 |
| Neither good nor poor | <input type="checkbox"/> | 3 |
| Fairly poor           | <input type="checkbox"/> | 4 |
| Very poor             | <input type="checkbox"/> | 5 |
| Don't know            | <input type="checkbox"/> | 6 |

**H2. Thinking about your experience of play and leisure, would you like more opportunities to take part in challenging and stimulating activities?**

- |   |                          |   |
|---|--------------------------|---|
| Yes, I would like more opportunities                                    | <input type="checkbox"/> | 1 |
| No, I have enough opportunities   | <input type="checkbox"/> | 2 |
| No, I don't wish to take part in challenging and stimulating activities | <input type="checkbox"/> | 3 |
| Don't know  | <input type="checkbox"/> | 4 |

**H3. Do you know what play and leisure opportunities are available in your local area?**

- |                            |                          |   |
|----------------------------|--------------------------|---|
| Yes, I know a lot          | <input type="checkbox"/> | 1 |
| Yes, I know a little       | <input type="checkbox"/> | 2 |
| No, I know hardly anything | <input type="checkbox"/> | 3 |
| No, I know nothing at all  | <input type="checkbox"/> | 4 |

**H4. Which, if any, of the following reasons stop you from accessing play and leisure facilities in your local area? (Tick all that apply)**

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

**H5. Thinking about where you live, are there areas where you can meet up with your friends that are safe and welcoming for people of your age?**

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

**H6. How much do you agree or disagree with the following statements? (Tick one box for each line)**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
	1	2	3	4	5	6
Public spaces (e.g. shopping centres, sports centres, hospitals etc) create a welcoming environment for young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/guardian realise that it is good for me to have leisure time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough time during breaks at school to eat my lunch/snacks <b>and</b> spend time with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my experience of play and leisure, I feel sufficiently challenged and stimulated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H7. Do you use social media networks e.g. Bebo, Facebook, You Tube, on the internet?**

Yes  1

No  2

**H8. If yes, please indicate which network/s you use in order of preference (1 for most preferred, 2 for next preferred and so on)**

Bebo  1

Facebook  2

Twitter  3

MySpace  4

YouTube  5

Other  6 (please say what)\_\_\_\_\_

**H9. How do you feel the media (TV/Radio/Newspapers) represents young people?**

Always in a fair way  1

Often in a fair way  2

Sometimes in a fair way  3

Rarely in a fair way  4

Never in a fair way  5

Don't know  6

**H10. Does the way that young people are represented in the media bother you?**

Always  1

Often  2

Sometimes  3

Rarely  4

Never  5

Don't know  6

## LIBRARIES

**I1. How often do you go to a Public Library? (this does NOT include school libraries)  
(Tick one box only)**

- |                            |                          |   |                           |
|----------------------------|--------------------------|---|---------------------------|
| Several times a week       | <input type="checkbox"/> | 1 | → Continue to Question I2 |
| Once a week                | <input type="checkbox"/> | 2 | → Continue to Question I2 |
| Once every 2-3 weeks       | <input type="checkbox"/> | 3 | → Continue to Question I2 |
| Monthly                    | <input type="checkbox"/> | 4 | → Continue to Question I2 |
| Once every 2-3 months      | <input type="checkbox"/> | 5 | → Continue to Question I2 |
| Once every 4-6 months      | <input type="checkbox"/> | 6 | → Continue to Question I2 |
| Once in the last 12 months | <input type="checkbox"/> | 7 | → Continue to Question I2 |
| Less frequently            | <input type="checkbox"/> | 8 | → Continue to Question I2 |
| Never                      | <input type="checkbox"/> | 9 | → Go to Question I5       |

**I2. Why do you go to a Public Library? (this does NOT include school libraries)  
(Tick all that apply)**

- |  |                          |    |
|--|--------------------------|----|
| To borrow/ return/ renew books   | <input type="checkbox"/> | 1  |
| To borrow/ return/ renew other material such as DVDs, CDs, Videos, CD-ROMS | <input type="checkbox"/> | 2  |
| To look up information   | <input type="checkbox"/> | 3  |
| To study/ do homework  | <input type="checkbox"/> | 4  |
| To browse/ read books/ newspapers  | <input type="checkbox"/> | 5  |
| To use the computer for accessing information via the Internet             | <input type="checkbox"/> | 6  |
| To use the computers for communication via Internet/e-mail                 | <input type="checkbox"/> | 7  |
| To use the computers for making online purchases                           | <input type="checkbox"/> | 8  |
| To use the computers for IT classes  | <input type="checkbox"/> | 9  |
| To attend an event/ exhibition   | <input type="checkbox"/> | 10 |
| To use photocopier/ fax  | <input type="checkbox"/> | 11 |
| To use other facilities (e.g. café, toilet, shop etc.)                     | <input type="checkbox"/> | 12 |
| Other reason   | <input type="checkbox"/> | 13 |

**I3. How did you benefit from going to a public library?  
(Tick all that apply)**

- Made me feel more positive  1
- Learned new skills/ developed existing skills  2
- Improved my knowledge  3
- Helped with studies for school/homework  4
- Improved health  5
- I was able to communicate better with family/ friends  6
- Developed my confidence  7
- Saved money by making purchases online  8
- Opportunities to interact with others  9
- I benefitted in some other way  10
- I didn't feel there were any benefits  11

**I4. Thinking about the last time you visited or used a Public Library, how much did you enjoy it? (this does NOT include school libraries)  
(Tick one box only)**

- A lot  1
- A little  2
- Not very much  3
- Not at all  4

**15. What would encourage you to visit or use a Public Library more often? (this does NOT include school libraries)  
(Tick all that apply)**

- |   |                          |    |
|---|--------------------------|----|
| Better selection of books                               | <input type="checkbox"/> | 1  |
| Longer opening hours                                    | <input type="checkbox"/> | 2  |
| Better facilities for people with disabilities          | <input type="checkbox"/> | 3  |
| Better selection of DVDs/ CDs/CD-ROMs/ Videos           | <input type="checkbox"/> | 4  |
| Better selection of magazines                           | <input type="checkbox"/> | 5  |
| If I had more free time                                 | <input type="checkbox"/> | 6  |
| More activities for people in my age group              | <input type="checkbox"/> | 7  |
| If there was a separate area for people in my age group | <input type="checkbox"/> | 8  |
| Better public transport links/ access to transport      | <input type="checkbox"/> | 9  |
| Better computer/ Internet facilities                    | <input type="checkbox"/> | 10 |
| If there were fewer people there                        | <input type="checkbox"/> | 12 |
| Better facilities such as toilets, shops, parking       | <input type="checkbox"/> | 13 |
| Safer neighbourhood/better location                     | <input type="checkbox"/> | 14 |
| More welcoming staff                                    | <input type="checkbox"/> | 15 |
| Fines were less expensive                               | <input type="checkbox"/> | 16 |
| Nothing   | <input type="checkbox"/> | 17 |
| Other reason  | <input type="checkbox"/> | 18 |

## MUSEUMS

Please read the following before answering the questions on museums:

The following questions are 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.

**J1. Which, if any, of the following places have you visited in the last 12 months? (Tick all that apply)**

- |  |  |
|--|--|
| Ulster Museum in Belfast                 | <input type="checkbox"/> 1                     |
| Ulster Folk & Transport Museum in Cultra | <input type="checkbox"/> 2                     |
| Ulster American Folk Park in Omagh       | <input type="checkbox"/> 3                     |
| W5 at Odyssey Centre in Belfast          | <input type="checkbox"/> 4                     |
| Armagh Planetarium                       | <input type="checkbox"/> 5                     |
| Armagh County Museum                     | <input type="checkbox"/> 6                     |
| Other museum(s) in Northern Ireland      | <input type="checkbox"/> 7                     |
| None                                     | <input type="checkbox"/> 8 → Go to Question J3 |

**J2. Thinking about the last time you visited a museum in Northern Ireland, how much did you enjoy it?**

- |               |                            |
|---------------|----------------------------|
| A lot         | <input type="checkbox"/> 1 |
| A little      | <input type="checkbox"/> 2 |
| Not very much | <input type="checkbox"/> 3 |
| Not at all    | <input type="checkbox"/> 4 |

**J3. How do you think you could benefit from visiting a museum? (Tick all that apply)**

- |  |                            |
|--|----------------------------|
| Good way of learning                     | <input type="checkbox"/> 1 |
| Learn more about a specific subject area | <input type="checkbox"/> 2 |
| Compliment my studies for school         | <input type="checkbox"/> 3 |
| Broaden my views                         | <input type="checkbox"/> 4 |
| Become more confident                    | <input type="checkbox"/> 5 |
| Opportunities to interact with others    | <input type="checkbox"/> 6 |
| Have fun                                 | <input type="checkbox"/> 7 |
| Good for a family day out                | <input type="checkbox"/> 8 |
| Good for a school trip                   | <input type="checkbox"/> 7 |

**J4. Which, if any, of the reasons listed below would put you off going to a museum in Northern Ireland? (Tick all that apply)**

- It is difficult to find the time  1
- It costs too much  2
- Not really interested  3
- I wouldn't enjoy it  4
- I might feel uncomfortable or out of place  5
- Not having enough information about what is on  6
- Difficulty in getting there/lack of transport  7
- Not enough activities, especially for people in my age group  8
- I don't have anyone to go with  9
- Museums are for educated people  10
- Museums are only for younger children  11
- Nothing would put me off  12
- Other reason  13

## ARTS

**K1. Which, if any, of the following 'Arts' activities have you DONE or TAKEN PART in the last 12 months? (Tick all that apply)**

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

**K2. Which, if any, of the following 'Arts' events have you BEEN TO in the last 12 months? (Tick all that apply)**

- |  |                          |               |
|--|--------------------------|---------------|
| Film at a cinema or other venue  | <input type="checkbox"/> | 1             |
| Circus or carnival   | <input type="checkbox"/> | 2             |
| Pantomime or musical   | <input type="checkbox"/> | 3             |
| An Arts festival or Community festival   | <input type="checkbox"/> | 4             |
| Play or drama at a theatre or other venue  | <input type="checkbox"/> | 5             |
| Opera  | <input type="checkbox"/> | 6             |
| Rock or pop music performance  | <input type="checkbox"/> | 7             |
| Traditional or folk music performance  | <input type="checkbox"/> | 8             |
| Classical or jazz music performance  | <input type="checkbox"/> | 9             |
| Other live music performance or concert  | <input type="checkbox"/> | 10            |
| Ballet   | <input type="checkbox"/> | 11            |
| Irish dancing performance  | <input type="checkbox"/> | 12            |
| Any other live dance event   | <input type="checkbox"/> | 13            |
| Poetry reading or storytelling/anything to do with books/writing                       | <input type="checkbox"/> | 14            |
| Any type of event including art/photography/sculpture/video/<br>electronic arts/crafts | <input type="checkbox"/> | 15            |
| Street art (such as art in parks, busking)   | <input type="checkbox"/> | 16            |
| Museum   | <input type="checkbox"/> | 17            |
| None of the above  | <input type="checkbox"/> | 18 → Go to K5 |

**K3. You mentioned that you had taken part in or been to an arts event. How did you benefit from this? (Tick all that apply)**

- Positive impact on my well-being  1
- Learned new skills/ developed existing skills  2
- Improved my knowledge  3
- Helped me think about a future career  4
- Helped with studies for school  5
- Improved health  6
- I was able to communicate better with family/ friends  7
- Felt more confident  8
- I made new friends  9
- I had fun  10
- I was able to express myself in a new way  11
- I enjoyed being creative  12
- I didn't feel any benefits  13

**K4. Thinking about the last 'Arts' event you went to, how much did you enjoy it? (Tick one box only)**

- A lot  1
- A little  2
- Not very much  3
- Not at all  4

**K5. Which, if any, of the reasons listed below would put you off going to the types of 'Arts' events or activities mentioned earlier? (Tick all that apply)**

- It is difficult to find the time  1
- They cost too much  2
- I'm not really interested  3
- I don't have anyone to go to them with  4
- I wouldn't enjoy them  5
- I might feel uncomfortable or out of place  6
- I don't have enough information about what is on  7
- There aren't enough facilities or events close to where I live  8
- My health isn't good enough  9
- Nothing would put me off  10
- Religious reasons  11
- Lack of transport  12
- There is nothing on that I would like  13
- Other reason  14

**K6. How do you usually find out about arts events? (Tick all that apply)**

- Websites  1
- Television  2
- Radio  3
- Newspapers/magazines  4
- Word of mouth  5
- Flyers/brochures  6
- Poster/billboard  7
- Other  8

**K7. In the last 12 months, how often, if at all, have you received any tuition from an instructor (other than your teacher during normal lessons) to help improve your performance in any art activity?**

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

**K8. Would you be interested in a career in any of the following areas?  
(Tick all that apply)**

- Advertising  1
- Architecture  2
- Art and antiques  3
- Computer games  4
- Crafts  5
- Design  6
- Designer fashion  7
- Video  8
- Film & photography  9
- Music  10
- Visual and performing arts  11
- Publishing  12
- Radio and TV  13
- Software  14

**K9. Have you had an opportunity to study any of these areas at school?  
(Tick all that apply)**

- Advertising  1
- Architecture  2
- Art and antiques  3
- Computer games  4
- Crafts  5
- Design  6
- Designer fashion  7
- Video  8
- Film & photography  9
- Music  10
- Visual and performing arts  11
- Publishing  12
- Radio and TV  13
- Software  14

## TRAVELLING TO SCHOOL

**L1. How far is it from home to school? (Tick one box only)**

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

**L2. How do you usually travel most of the way TO school? (Tick one box only)**

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

**L3. How would you LIKE to travel most of the way TO school?  
(Tick one box only)**

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

**L4. How do you usually travel most of the way home FROM school?  
(Tick one box only)**

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

**L5. How would you LIKE to travel most of the way home FROM school?  
(Tick one box only)**

- |         |                          |   |
|---------|--------------------------|---|
| Walk    | <input type="checkbox"/> | 1 |
| Bicycle | <input type="checkbox"/> | 2 |
| Bus     | <input type="checkbox"/> | 3 |
| Train   | <input type="checkbox"/> | 4 |
| Taxi    | <input type="checkbox"/> | 5 |
| Car     | <input type="checkbox"/> | 6 |
| Other   | <input type="checkbox"/> | 7 |

**L6. If you travel by car TO or FROM school, do any other pupils travel in the car with you? (Tick all that apply)**

- |   |                          |   |
|---|--------------------------|---|
| Yes, my brother(s)/ sister(s)           | <input type="checkbox"/> | 1 |
| Yes, my friend(s)/ other pupil(s)       | <input type="checkbox"/> | 2 |
| No                                      | <input type="checkbox"/> | 3 |
| I don't travel to or from school by car | <input type="checkbox"/> | 4 |

**L7. Do you qualify for free school transport (eg: free school bus/train pass)?**

- |     |                          |   |                           |
|-----|--------------------------|---|---------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question L8 |
| No  | <input type="checkbox"/> | 2 | → Go to Question L9       |

**L8. How often do you use free school transport TO or FROM school?**

- |                        |                          |   |
|------------------------|--------------------------|---|
| Everyday               | <input type="checkbox"/> | 1 |
| A few times a week     | <input type="checkbox"/> | 2 |
| Once a week            | <input type="checkbox"/> | 3 |
| Once a fortnight       | <input type="checkbox"/> | 4 |
| Once a month           | <input type="checkbox"/> | 5 |
| Less than once a month | <input type="checkbox"/> | 6 |

**L9. What do you like about walking TO or FROM school? If you don't walk to school at the moment, what would you like about walking TO or FROM school? (Tick up to 3 boxes)**

- |  |                          |    |    |
|--|--------------------------|----|----|
| I can travel without an adult          | <input type="checkbox"/> | 1  |    |
| I can choose my own route              | <input type="checkbox"/> | 2  |    |
| It helps me to arrive on time          | <input type="checkbox"/> | 3  |    |
| I can do things on my way to school    | <input type="checkbox"/> | 4  |    |
| I can do things after school           | <input type="checkbox"/> | 5  |    |
| I can talk with my friends             | <input type="checkbox"/> | 6  |    |
| It saves money                         | <input type="checkbox"/> | 7  |    |
| It is enjoyable                        | <input type="checkbox"/> | 8  |    |
| It makes me feel healthier             | <input type="checkbox"/> | 9  |    |
| It is better for the environment       | <input type="checkbox"/> | 10 |    |
| Something else – please say what _____ | <input type="checkbox"/> |    | 11 |

**L10. Can I just check do you ever take the bus TO or FROM school?**

Yes  1 → Continue to Question L11

No  2 → Go to Question L18

**L11. Do you usually find travelling TO or FROM school by bus a pleasant experience?**

Yes  1

No  2

**L12. Are you usually comfortable while you are travelling TO or FROM school by bus?**

Yes  1

No  2

**L13. Do you usually feel safe while travelling TO or FROM school by bus?**

Yes  1 → Go to Question L15

No  2 → Continue to Question L14

**L14. Which of the following makes you feel unsafe while travelling by bus?  
(Tick all that apply)**

- Overcrowding  1
- Lack of seatbelts  2
- Having to stand  3
- Having to sit 3 to a seat  4
- Passenger behaviour (e.g. bullying, rowdiness etc)  5
- Bus driver behaviour (e.g. driving too fast, careless etc.)  6
- Something else  7

**L15. Do you ever feel your safety is at risk just before getting on or just after getting off the bus?**

- Yes  1 → Continue to Question L16
- No  2 → Go to Question L17

**L16. Which of the following makes you feel your safety is at risk just before getting on or just after getting off the bus? (Tick all that apply)**

- Could get run over by the bus  1
- Could get run over by a car, lorry etc. coming after the bus  2
- Could get run over by a car, lorry etc. coming on the other side of the road from the bus  3
- Could get pushed onto the road by other children  4
- Something else – please say what \_\_\_\_\_  5

**L17. Are you satisfied or dissatisfied with the public transport (e.g. bus, train etc.) you use to get TO or FROM school?**

- Satisfied  1
- Neither satisfied nor dissatisfied  2
- Dissatisfied  3
- Don't use public transport to or from school  4

**L18. Are you satisfied or dissatisfied with the public transport (e.g. bus, train etc.) you use on journeys OTHER than to or from school?**

- Satisfied  1
- Neither satisfied nor dissatisfied  2
- Dissatisfied  3
- Don't use public transport for other journeys  4

## ROAD SAFETY

**M1. How often do you do any of the following?  
(Tick one box for each line)**

	Always 1	Often 2	Sometimes 3	Never 4	Does not Apply 5
Use the Green Cross Code – Stop, Look and listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use pedestrian crossings if available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear bright coloured clothes while cycling/walking at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a cycle helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay attention to traffic (e.g. when cycling/walking across the road)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt in the front seat of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt in the back seat of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk out on to the road to cross between cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get off a bus and cross the road before it has moved off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realise when crossing the road that traffic is moving faster than you thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a mobile phone/ipod/mp3 player when crossing the road (e.g. to text, make a phone call, listen to music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run across the road without checking for traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry on with friends while crossing the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**M2. In the last 12 months, have you had any type of education on road safety in school (e.g. talks/lessons, projects, packs, leaflets)?**

Yes  1 → Continue to Question M3

No  2 → Go to Question N1

**M3. How many times have you had education on road safety in school in the last 12 months?**

1-5 times  1

6-10 times  2

11 or more times  3

**M4. Who provided the road safety education in school? (Tick all that apply)**

Teacher  1

Road Safety Education Officer (RSEO)  2

Police  3

Someone else  4 Please specify \_\_\_\_\_

**M5. Did you find the road safety education you received in school useful?**

Yes  1

No  2

Don't know  3

## ATTITUDES TOWARDS SEXUAL VIOLENCE

**N1. 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"/>

**N2. 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

**N3. 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

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

Yes  1

No  2

Don't know  3

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

Yes  1

No  2

Don't know  3

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

Yes  1

No  2

Don't know  3

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

Yes  1

No  2

Don't know  3

**05. 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

**06. 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. 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

**011. 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"/>

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





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 | <input type="checkbox"/> | 1 |
| No – not working                | <input type="checkbox"/> | 2 |
| No – retired                    | <input type="checkbox"/> | 3 |
| Do not have a father            | <input type="checkbox"/> | 4 |
| Don't know                      | <input type="checkbox"/> | 5 |

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

- |                                 |                          |   |
|---------------------------------|--------------------------|---|
| Yes, has a job/is self employed | <input type="checkbox"/> | 1 |
| No – not working                | <input type="checkbox"/> | 2 |
| No – retired                    | <input type="checkbox"/> | 3 |
| Do not have a mother            | <input type="checkbox"/> | 4 |
| Don't know                      | <input type="checkbox"/> | 5 |

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

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



**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
- At a youth facility  
(ie: Youth club, Community centre etc)
- Somewhere else
- None of these

- 1
- 2
- 3
- 4

If you ticked any of these boxes, please continue to Question J25

→ Go to Question J26

**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.***

