



**YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY**

2003

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

YOUNG PERSONS' BEHAVIOUR AND ATTITUDES SURVEY

2003 QUESTIONNAIRE

Please put a tick in the box that applies to your answer: eg Boy

1. Are you a boy or a girl?

Boy 1 Girl 2

2. What is your date of birth?

 / /

3. What class are you in?

Form 1 (Year 8) 1

Form 2 (Year 9) 2

Form 3 (Year 10) 3

Form 4 (Year 11) 4

Form 5 (Year 12) 5

**4. Who of the following, if any, do you live with?
(Tick all that apply)**

Mother 1

Father 2

Step-mother 3

Step-father 4

Mother's boyfriend/partner 5

Father's girlfriend/partner 6

Sister(s) 7

Brother(s) 8

Step-sister(s) 9

Step-brother(s) 10

Half-sister(s) 11

Half-brother(s) 12

Grandmother 13

Grandfather 14

Foster parents 15

**5. Does your father have a job or is he self-employed at the moment or not?
(Tick one box only)**

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

**6. Does your mother have a job or is she self-employed at the moment or not?
(Tick one box only)**

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

**7. Which religious community do you belong to?
(Tick one box only)**

- The Protestant community 1
The Catholic community 2
Neither community 3
Other – please specify _____ 4

SCHOOL

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

8. My school is a place where...

	Strongly agree	Agree	Disagree	Strongly disagree	No idea/ opinion
	1	2	3	4	5
(a) teachers treat me fairly in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) the things I learn are important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I really get involved in my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) I like learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) I feel restless and want to be somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) teachers give me the marks I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) I have learned things that will be useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) I always do well in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) teachers are interested in helping me with my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) the things I learn will help me in my adult life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) I can cope with the work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) teachers help me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) the things I am taught are worthwhile learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) I am a success as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(o) I really like to go (to school) each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(p) I have learnt to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(q) teachers listen to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How often do you find that school is boring?

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

10. 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

11. If I have problems at school, my parents are ready to help me

- Always 1
Often 2
Sometimes 3
Rarely 4
Never 5

12. My parents are willing to come to school to talk to my teachers

- Always 1
Often 2
Sometimes 3
Rarely 4
Never 5

13. My parents encourage me to do well at school

- Always 1
Often 2
Sometimes 3
Rarely 4
Never 5

14. My parents expect too much of me at school

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

15. My parents are satisfied with my school work

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

16. How important do you think each of the following are?

(Think about each of the following statements and tick one box on each line.)

	Not at all important	Not very important	Not sure	Important	Very important
	1	2	3	4	5
Obeying a teacher even when you feel he/she is being unfair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting on well with your teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieving good grades in all your subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to approach a teacher about anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. 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

18. How pressured do you feel by the school work you have to do?

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

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

- Very often 1
Often 2
Sometimes 3
Rarely 4
Never 5

20. Are you worried about answering questions or speaking out in class?

- Very often 1
Often 2
Sometimes 3
Rarely 4
Never 5

**21. What do you think you will be doing immediately after you finish school?
(Tick one box only)**

- Going to University 1
Going to a Further Education College (or Tech) 2
Doing some Training/Apprenticeship 3
On a Jobskills or Youth Training Scheme 4
I will be working 5
I will be unemployed 6
Don't know 7

22. Have you ever been expelled or suspended from school?

- Yes 1
No 2

23. How easy is it for you to talk to the following persons about things that really bother you?

(Tick one box for each line)

	Very easy	Easy	Difficult	Very difficult	Don't have or see this person
	1	2	3	4	5
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends of the same sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends of the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. During the past 4 weeks, how good or bad have you felt about the following?

(Tick one box for each line)

	Very good	Fairly good	Neither good nor bad	Fairly bad	Very bad
	1	2	3	4	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"/>

NUTRITION

**25. 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 (eg: Coca Cola, Ribena, Club Orange)	<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 (eg: 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat products (eg: 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 (eg: bolognaise, curry, roast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried fish (eg: battered or breadcrumbing such as fishfingers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish not fried (eg: tinned tuna or salmon or baked fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans and pulses (eg: 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 or 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, eat cheese or yoghurt or have milk puddings (eg: rice or custard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have cereals with milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**26. How often would you eat 5 or more portions of fresh fruit/vegetables a day?
(Tick one box only)**

- Every day 1
Most days 2
2-3 times a week 3
Once a week 4
Less than once a week 5
Occasionally 6
Never 7

27. How many times 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

28. How many times do you usually eat breakfast at weekends?

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

**29. What do you usually do for lunch at school?
(Tick all that apply)**

- Eat a school dinner 1 → Go to Question 31
Buy a snack in the school cafeteria 2 → Go to Question 31
Eat a packed lunch 3
Buy lunch outside school 4
Go home for lunch 5
Skip lunch/don't have lunch 6
Do something else - please tell us what this is 7 _____

**30. 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 reasons(s) – please tell us what they are 6 _____

31. 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
- Other reason (please specify) 8 _____

32. Are you aware of the benefits of healthy eating? (eg: salads, baked or boiled potatoes, fruit)

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

33. Have you been taught about healthy eating?

- Yes 1 → Continue to Question 34
- No 2 → Go to Question 36

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

- Biology 1
- Home Economics 2
- Physical Education 3
- Personal and Social Education 4
- Science 5
- Other (please specify) 6 _____

35. Did this help you to make sensible choices?

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

36. Does your school have vending machines? (eg: sweets/drinks/crisps machines)

Yes 1 → Continue to Question 37

No 2 → Go to Question 39

Don't know 3 → Go to Question 39

37. Do they have alternatives to fizzy drinks, for example sparkling/still spring water and fruit juices?

Yes 1

No 2

Don't know 3

38. Are there alternatives to chocolate, for example cereal bars?

Yes 1

No 2

Don't know 3

39. Do you think there is usually a good choice available in the school canteen/cafeteria?

Yes, all the time 1

Yes, if you come early 2

Yes, sometimes 3

No, never 4

School dinners brought in by meals on wheels 5

Don't know 6

40. Do you consider the selections available to be healthy?

Yes 1

No 2

Don't know 3

41. Would you like to see more healthy foods available?

Yes 1

No, I am not interested in healthy food 2

No, there is sufficient already 3

Don't know 4

42. 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

43. 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

GENERAL HEALTH

44. How healthy do you think you are?

- Very healthy 1
Quite healthy 2
Not very healthy 3

45. 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 46
No 2 → Go to Question 47

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

- Yes 1
No 2

47. In the last 12 months, have you had any of the following medical conditions?

	Yes	No
	1	2
Acne	<input type="checkbox"/>	<input type="checkbox"/>
Allergies/rashes	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Chest infection	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Period pain	<input type="checkbox"/>	<input type="checkbox"/>

48. Some people have extra family responsibilities because they look after someone who is sick, disabled or elderly. Is there anyone who is sick, disabled or elderly who you look after or give special help to (for example, a sick, disabled or elderly relative, parent, child, friend etc.)?

- Yes 1
No 2

PHYSICAL ACTIVITY/SPORT

49. Generally speaking, do you enjoy taking part in physical activity or sports (this means exercise that makes you out of breath)?

Yes 1 → Go to Question 51

No 2 → Continue to Question 50

**50. Why don't you like it?
(Tick all that apply)**

I get short of breath 1

I don't like the sports offered at school 2

I get tired easily 3

I'm not fit 4

I'm not good at sport 5

I'm not interested in sport 6

I'm overweight 7

I find it embarrassing to exercise in front of others 8

I find sport boring 9

I have a medical condition that restricts me taking part in sport 10

I find it embarrassing to change in front of others 11

Other _____ 12

51. Thinking back to yesterday, how long did you spend sitting, lying down and sleeping (eg: watching TV, using a computer, sitting in class)?

_____ hours _____ minutes

52. At the moment, how many school days per week do you normally stay behind at school for sports?

None 1

Once or twice a week 2

3 or 4 times a week 3

Every day 4

53. At the moment, how many days per week do you normally take part in sports or other physical activities like dancing, cycling, walking (not counting those which you stay behind at school to do)?

None 1

Once or twice a week 2

3 - 5 times a week 3

6 or 7 times a week 4

54. During school holidays, how physically active are you, compared to when at school?

Less active 1

About the same 2

More active 3

55. It is recommended that schools offer pupils at least 2 hours per week of physical activity. Do you think 2 hours is about right?

Yes 1 → Go to Question 57

No 2 → Continue to Question 56

56. How many hours of physical activity per week do you think you should do in school?

57. Do you think school should be made to provide a minimum of hours of physical activity per week?

Yes 1 → Go to Question 59

No 2 → Continue to Question 58

58. Do you think your school should choose how many hours of physical activity to provide each week?

Yes 1

No 2

59. Do you usually take part in physical activity or sports as part of PE/ Games lessons in school?

Yes 1

No 2

60. Are you a member of a sports club outside of school?

Yes 1

No 2

**61. In the last 12 months, which of the following physical activities have you taken part in, either in school or outside of school?
(Tick all that apply)**

- | | | | | | |
|-------------------------|--------------------------|---|-----------------|--------------------------|----|
| Aerobics | <input type="checkbox"/> | 1 | Hockey | <input type="checkbox"/> | 9 |
| Athletics/cross-country | <input type="checkbox"/> | 2 | Hurling | <input type="checkbox"/> | 10 |
| Badminton | <input type="checkbox"/> | 3 | Netball | <input type="checkbox"/> | 11 |
| Basketball | <input type="checkbox"/> | 4 | Rugby | <input type="checkbox"/> | 12 |
| Camogie | <input type="checkbox"/> | 5 | Soccer/football | <input type="checkbox"/> | 13 |
| Cricket | <input type="checkbox"/> | 6 | Swimming | <input type="checkbox"/> | 14 |
| Dancing | <input type="checkbox"/> | 7 | Tennis | <input type="checkbox"/> | 15 |
| Gaelic football | <input type="checkbox"/> | 8 | Other _____ | <input type="checkbox"/> | 16 |

62. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat?

- | | | |
|------------------------|--------------------------|---|
| Every day | <input type="checkbox"/> | 1 |
| 4 to 6 times a week | <input type="checkbox"/> | 2 |
| 2 to 3 times a week | <input type="checkbox"/> | 3 |
| Once a week | <input type="checkbox"/> | 4 |
| Once a month | <input type="checkbox"/> | 5 |
| Less than once a month | <input type="checkbox"/> | 6 |
| Never | <input type="checkbox"/> | 7 |

63. OUTSIDE SCHOOL HOURS: How many HOURS a week do you usually exercise in your free time so much that you get out of breath or sweat?

- | | | |
|--------------------|--------------------------|---|
| None | <input type="checkbox"/> | 1 |
| About half an hour | <input type="checkbox"/> | 2 |
| About 1 hour | <input type="checkbox"/> | 3 |
| About 2 to 3 hours | <input type="checkbox"/> | 4 |
| About 4 to 6 hours | <input type="checkbox"/> | 5 |
| 7 hours or more | <input type="checkbox"/> | 6 |

LEISURE ACTIVITIES

64. On how many days during the last week have you...

(Tick one box for each line)

	Number of days							
	0	1	2	3	4	5	6	7
Watched TV, videos, DVDs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books, magazines or comics? (for fun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Played computer games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done school homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken part in sport or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Played a musical instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done a part time job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been to a public library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(a) At school?

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

(b) Outside school?

- 1
- 2
- 3
- 4
- 5

66. In the last 12 months, how often, if at all, have you attended an Arts performance or an event as a visitor or member of an audience?

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

67. Which, if any, of the following activities do you think of as being part of 'the Arts'? (Tick all that apply)

- | | | | | | |
|-------------------------|--------------------------|-------------------|--------------------------|--------------------------|----|
| Ballet | <input type="checkbox"/> | 1 | Opera | <input type="checkbox"/> | 12 |
| Circus | <input type="checkbox"/> | 2 | Paintings/drawings | <input type="checkbox"/> | 13 |
| Classical concerts | <input type="checkbox"/> | 3 | Photography | <input type="checkbox"/> | 14 |
| Community arts projects | <input type="checkbox"/> | 4 | Plays | <input type="checkbox"/> | 15 |
| Contemporary music | <input type="checkbox"/> | 5 | Poetry | <input type="checkbox"/> | 16 |
| Festivals/carnivals | <input type="checkbox"/> | 6 | Pottery/crafts | <input type="checkbox"/> | 17 |
| Fiction | <input type="checkbox"/> | 7 | Rock music | <input type="checkbox"/> | 18 |
| Jazz | <input type="checkbox"/> | 8 | Sculpture | <input type="checkbox"/> | 19 |
| Mime | <input type="checkbox"/> | 9 | Theatre/drama | <input type="checkbox"/> | 20 |
| Modern art | <input type="checkbox"/> | 10 | TV/Cinema | <input type="checkbox"/> | 21 |
| Modern dance | <input type="checkbox"/> | 11 | Video/digital art | <input type="checkbox"/> | 22 |
| | | None of the above | <input type="checkbox"/> | | 23 |

68. Have you taken any classes or lessons during the past 12 months in any of these subjects? (Tick one box for each line)

- | | Yes, at
school | Yes, outside
of school | No |
|---|---------------------------|-----------------------------------|--------------------------|
| | 1 | 2 | 3 |
| Music, singing or playing an instrument | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drama or dance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creative writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Photography or film making | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Painting, drawing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Craft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other art activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

69. Have you ever visited the following attractions? (Tick one box for each line)

- | | Yes, as part of
a trip organised
by school | Yes, for fun
or recreation | No |
|--|---|---------------------------------------|--------------------------|
| | 1 | 2 | 3 |
| Ulster Museum, Belfast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ulster Folk & Transport Museum, Cultra | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ulster American Folk Park, Omagh | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| W5, Odyssey Centre, Belfast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Armagh County Museum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**70. How often do you go to the Public Library (including mobile libraries)?
(Tick one box only)**

- Several times a week 1 → Continue to Question 71
Once a week 2 → Continue to Question 71
Once every 2-3 weeks 3 → Continue to Question 71
Monthly 4 → Continue to Question 71
Once every 2-3 months 5 → Continue to Question 71
Once every 4-6 months 6 → Continue to Question 71
Once a year 7 → Continue to Question 71
Less than once a year 8 → Continue to Question 71
Never 9 → Go to Question 72

**71. Why do you go to the library?
(Tick all that apply)**

- To borrow books 1
To use books to look up information 2
To study/ do homework 3
To use the computer
(eg: to use word processing/database/
spreadsheet packages etc) 4
To use the computer
(eg: to access Internet) 5
Other (please specify) _____ 6

72. Do you have access to a personal computer at home?

- Yes 1
No 2
Don't know 3

73. Do you have access to the internet at home?

- Yes 1
No 2
Don't know 3

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

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

SMOKING

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

Yes 1 → Continue to Question 76

No 2 → Go to Question 81

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

I was _____ years old I can't remember

77. Who gave you cigarettes the first time you smoked?
(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 4

Someone my own age I didn't really know 5

I bought them myself 6

Someone else - please state who or how 7 _____

78. Where were you the first time you smoked?
(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 youth club 4

At school 5

At a pub 6

At a party 7

At a rave, disco, club, or concert 8

Somewhere else (please write in) 9 _____

79. How often do you smoke cigarettes now?

Every day 1 → Continue to Question 80

At least once a week but not every day 2 → Continue to Question 80

Less than once a week 3 → Go to Question 81

I do not smoke now 4 → Go to Question 81

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

_____ cigarettes a week

81. 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	Disagree
	1	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"/>

82. Below are a few things that people say about smoking. Some people think they are true and some people think they are not true. What do you think?

(Against each sentence tick one box to show if you think it is true or false)

	True	False
	1	2
Smoking kills one in two of all smokers	<input type="checkbox"/>	<input type="checkbox"/>
Smoking makes your clothes smell	<input type="checkbox"/>	<input type="checkbox"/>
Other people's smoking can harm the health of non-smokers	<input type="checkbox"/>	<input type="checkbox"/>
Stopping smoking is difficult	<input type="checkbox"/>	<input type="checkbox"/>
Smoking is a waste of money	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can cause lung cancer	<input type="checkbox"/>	<input type="checkbox"/>
Smoking makes your skin wrinkle faster	<input type="checkbox"/>	<input type="checkbox"/>

83. Do any adults in your household smoke?

Yes 1 → Continue to Question 84

No 2 → Go to Question 85

84. Do the adults smoke inside your home?

Yes 1

No 2

ALCOHOL

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

Yes 1 → Continue to Question 86

No 2 → Go to Question 98

Don't know 3 → Go to Question 98

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

I was _____ years old I can't remember

87. 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

88. 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

I took it without permission 9

Other - please state who or how 10 _____

**89. Where were you the last time you drank alcohol?
(Tick one box only)**

- | | | |
|--|--------------------------|---------|
| At home | <input type="checkbox"/> | 1 |
| At someone else's house | <input type="checkbox"/> | 2 |
| Somewhere outside such as the park, street,
in an entry, under a bridge etc | <input type="checkbox"/> | 3 |
| At school | <input type="checkbox"/> | 4 |
| At a pub | <input type="checkbox"/> | 5 |
| At a party | <input type="checkbox"/> | 6 |
| At a rave, disco, club or concert | <input type="checkbox"/> | 7 |
| Somewhere else (please write in) | <input type="checkbox"/> | 8 _____ |

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

- | | | |
|-------------------------------------|--------------------------|---------|
| By myself | <input type="checkbox"/> | 1 |
| With a friend | <input type="checkbox"/> | 2 |
| With a group of friends | <input type="checkbox"/> | 3 |
| With parents | <input type="checkbox"/> | 4 |
| With brother(s) and/or sister(s) | <input type="checkbox"/> | 5 |
| With relatives | <input type="checkbox"/> | 6 |
| With someone else (please write in) | <input type="checkbox"/> | 7 _____ |

91. 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 | <input type="checkbox"/> | 1 |
| A few times a week | <input type="checkbox"/> | 2 |
| A few times a month | <input type="checkbox"/> | 3 |
| A few times a year | <input type="checkbox"/> | 4 |
| Rarely | <input type="checkbox"/> | 5 |
| Not any more | <input type="checkbox"/> | 6 |

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

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

Beer/lager/stout write in how many bottles _____

write in how many cans _____

write in how many pint glasses _____

Cider write in how many bottles _____

write in how many large bottles _____

write in how many pint glasses _____

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

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

Wine write in how many bottles _____

write in how many glasses _____

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

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

No, never 1 → Go to Question 95

Yes, once 2 → Continue to Question 94

Yes, 2 - 3 times 3 → Continue to Question 94

Yes, 4 - 10 times 4 → Continue to Question 94

Yes, more than 10 times 5 → Continue to Question 94

94. 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

95. 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"/>

96. 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

97. Below is a list of some reasons why people drink alcohol. Put a tick by each item to show whether each reason is true or false FOR YOU.

Reason for drinking	True 1	False 2
Like the taste	<input type="checkbox"/>	<input type="checkbox"/>
To escape problems	<input type="checkbox"/>	<input type="checkbox"/>
To be confident	<input type="checkbox"/>	<input type="checkbox"/>
To feel relaxed	<input type="checkbox"/>	<input type="checkbox"/>
To get drunk	<input type="checkbox"/>	<input type="checkbox"/>
Because my friends do	<input type="checkbox"/>	<input type="checkbox"/>
Because my parents/family do	<input type="checkbox"/>	<input type="checkbox"/>
To be sociable	<input type="checkbox"/>	<input type="checkbox"/>
To celebrate	<input type="checkbox"/>	<input type="checkbox"/>
Because I'm under pressure	<input type="checkbox"/>	<input type="checkbox"/>
I like the effects	<input type="checkbox"/>	<input type="checkbox"/>
It cheers me up	<input type="checkbox"/>	<input type="checkbox"/>
To find out what it is like	<input type="checkbox"/>	<input type="checkbox"/>

98. 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

SOLVENTS & DRUGS

99. The following set of questions are about **SOLVENTS**: things that people inhale to get high (like glue, lighter fuel, petrol, gas etc).

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

Yes, once 1

Yes, more than once 2

No, never 3

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

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

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

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

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

No, never 5 → Go to section (j)

(c) **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

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

I was _____ years old

I can't remember

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

Once 1

Twice 2

3 times 3

4-10 times 4

11-24 times 5

25 times or more 6

(f) 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 specify) 6 _____

(g) The last time you used SOLVENTS, how did you get them?

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

(h) Who were you with the last time you used SOLVENTS?

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

(i) 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"/>

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

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

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

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

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

(a) Have you ever been offered CANNABIS?

Yes, once 1

Yes, more than once 2

No, never 3

(b) 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

(c) Have you ever used or tried CANNABIS?

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

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

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

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

No, never 5 → Go to Question 101

(d) 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

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

I was _____ years old I can't remember

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

Once 1

Twice 2

3 times 3

4-10 times 4

11-24 times 5

25 times or more 6

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

(a) Have you ever been offered SPEED?

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

(b) Have you ever used or tried SPEED?

- Yes, in the last week 1 → Continue to section (c)
Yes, in the last month 2 → Continue to section (c)
Yes, in the last year 3 → Continue to section (c)
Yes, over a year ago 4 → Continue to section (c)
No, never 5 → Go to Question 102

(c) 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

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

I was _____ years old I can't remember

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

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

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

(a) Have you ever been offered LSD?

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

(b) Have you ever used or tried LSD?

- Yes, in the last week 1 → Continue to section (c)
Yes, in the last month 2 → Continue to section (c)
Yes, in the last year 3 → Continue to section (c)
Yes, over a year ago 4 → Continue to section (c)
No, never 5 → Go to Question 103

(c) 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

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

I was _____ years old I can't remember

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

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

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

(a) Have you ever been offered ECSTASY?

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

(b) 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

(c) Have you ever used or tried ECSTASY?

- Yes, in the last week 1 → Continue to section (d)
Yes, in the last month 2 → Continue to section (d)
Yes, in the last year 3 → Continue to section (d)
Yes, over a year ago 4 → Continue to section (d)
No, never 5 → Go to Question 104

(d) 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

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

I was _____ years old I can't remember

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

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

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

(a) Have you ever been offered POPPERS?

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

(b) Have you ever used or tried POPPERS?

- Yes, in the last week 1 → Continue to section (c)
Yes, in the last month 2 → Continue to section (c)
Yes, in the last year 3 → Continue to section (c)
Yes, over a year ago 4 → Continue to section (c)
No, never 5 → Go to Question 105

(c) 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

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

I was _____ years old I can't remember

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

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

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

(a) Have you ever been offered TRANQUILLISERS?

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

(b) Have you ever used or tried TRANQUILLISERS?

- Yes, in the last week 1 → Continue to section (c)
Yes, in the last month 2 → Continue to section (c)
Yes, in the last year 3 → Continue to section (c)
Yes, over a year ago 4 → Continue to section (c)
No, never 5 → Go to Question 106

(c) 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

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

I was _____ years old I can't remember

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

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

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

(a) Have you ever been offered HEROIN?

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

(b) Have you ever used or tried HEROIN?

- Yes, in the last week 1 → Continue to section (c)
Yes, in the last month 2 → Continue to section (c)
Yes, in the last year 3 → Continue to section (c)
Yes, over a year ago 4 → Continue to section (c)
No, never 5 → Go to Question 107

(c) 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

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

I was _____ years old I can't remember

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

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

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

(a) Have you ever been offered MAGIC MUSHROOMS?

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

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

- Yes, in the last week 1 → Continue to section (c)
Yes, in the last month 2 → Continue to section (c)
Yes, in the last year 3 → Continue to section (c)
Yes, over a year ago 4 → Continue to section (c)
No, never 5 → Go to Question 108

(c) 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

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

I was _____ years old I can't remember

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

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

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

(a) Have you ever been offered CRACK?

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

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

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

(c) Have you ever used or tried CRACK?

- Yes, in the last week 1 → Continue to section (d)
Yes, in the last month 2 → Continue to section (d)
Yes, in the last year 3 → Continue to section (d)
Yes, over a year ago 4 → Continue to section (d)
No, never 5 → Go to Question 109

(d) 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

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

I was _____ years old I can't remember

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

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

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

(a) Have you ever been offered COCAINE?

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

(b) Have you ever used or tried COCAINE?

- Yes, in the last week 1 → Continue to section (c)
Yes, in the last month 2 → Continue to section (c)
Yes, in the last year 3 → Continue to section (c)
Yes, over a year ago 4 → Continue to section (c)
No, never 5 → Go to Question 110

(c) 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

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

I was _____ years old I can't remember

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

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

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

(a) Have you ever been offered ANABOLIC STEROIDS?

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

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

- Yes, in the last week 1 → Continue to section (c)
Yes, in the last month 2 → Continue to section (c)
Yes, in the last year 3 → Continue to section (c)
Yes, over a year ago 4 → Continue to section (c)
No, never 5 → Go to Question 111

(c) 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

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

I was _____ years old I can't remember

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

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

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

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

- I was _____ years old → Continue to Question 112
I can't remember → Continue to Question 112
I have never been offered drugs → Go to Question 114

112. 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 – please say who _____ 7

113. 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
Somewhere else – please say where 8 _____

114. 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 100 to 110 that you have NEVER used or tried ANY of those drugs, please go to Question 118.

If you said in Questions 100 to 110 that you have used or tried ANY of those drugs, please continue to Question 115.

**115. 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 a group of friends 3
With parents 4
With brother(s) and/or sister(s) 5
With relatives 6
With someone else (please write in) 7 _____

**116. 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
Somewhere else (please write in) 8 _____

**117. 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"/>

**118. 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

**119. 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

120. How dangerous do you think it is for people to ...

(Tick one box for each line)

	Not at all dangerous 1	A little dangerous 2	Quite dangerous 3	Very dangerous 4	Don't know 5
Smoke cigarettes occasionally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Have one or two drinks nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have four or five drinks nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have five or more drinks each weekend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Try cannabis once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cannabis occasionally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cannabis regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Try LSD once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take LSD regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Try speed once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take speed regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Try cocaine or crack once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take cocaine or crack regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Try ecstasy once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take ecstasy regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Try solvents once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take solvents regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

121. Have you had any type of education on the use of alcohol and/or drugs (eg: talks/lessons, packs, leaflets, drama workshops, TV ads) in the last school year?

(Tick Yes or No for each line)

	Yes	No
	1	2
At school	<input type="checkbox"/>	<input type="checkbox"/>
At a youth facility (ie: Youth club, Community centre etc)	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere else - if yes, please say where _____	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'No' to all three, please go to Question 123

If you answered 'Yes' to any, please continue to Question 122

122. Has the education you received made you less inclined to ...

	Yes	No
	1	2
Drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Take drugs?	<input type="checkbox"/>	<input type="checkbox"/>

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

School	<input type="checkbox"/>	1
Youth club	<input type="checkbox"/>	2
Parents	<input type="checkbox"/>	3
Brothers/sisters	<input type="checkbox"/>	4
Other relatives	<input type="checkbox"/>	5
Friends	<input type="checkbox"/>	6
Church	<input type="checkbox"/>	7
TV	<input type="checkbox"/>	8
Radio	<input type="checkbox"/>	9
Books/magazines	<input type="checkbox"/>	10
Posters/billboards	<input type="checkbox"/>	11
Internet	<input type="checkbox"/>	12
Doctor	<input type="checkbox"/>	13
Police	<input type="checkbox"/>	14
Helpline	<input type="checkbox"/>	15
Other (please specify)	<input type="checkbox"/>	16 _____

POLICING

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

Yes 1 → Continue to Question 125

No 2 → Go to Question 126

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

They were telling you to move on 1

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

You were looking for help 3

You were telling them about a crime 4

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

They were in contact through a youth club 6

Some other reason - please tell us about it _____ 7

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

Very fairly 1

Quite fairly 2

Neither fairly nor unfairly 3

Quite unfairly 4

Very unfairly 5

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

Very satisfied 1

Quite satisfied 2

Neither satisfied nor dissatisfied 3

Not very satisfied 4

Not at all satisfied 5

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

Yes 1

No 2

Don't know 3

ANTI-SOCIAL BEHAVIOUR

129. In the past 12 months, have you done any of the following? (Tick 'Yes' or 'No' for <u>each</u> line)	Yes 1	No 2
Tried to avoid paying the correct fare on the bus or train	<input type="checkbox"/>	<input type="checkbox"/>
Been noisy or rude near your home so that neighbours have complained	<input type="checkbox"/>	<input type="checkbox"/>
Been noisy or rude in a public place so that you got into trouble	<input type="checkbox"/>	<input type="checkbox"/>
Written or sprayed graffiti on a building, fence, train etc	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied another school pupil	<input type="checkbox"/>	<input type="checkbox"/>
Attacked, threatened or been rude to someone because of their religion	<input type="checkbox"/>	<input type="checkbox"/>
Attacked, threatened or been rude to someone because of their race/skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Attacked, threatened or been rude to someone for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Been joy-riding in a car that either you or someone else broke into	<input type="checkbox"/>	<input type="checkbox"/>
Carried a knife or other weapon for your own protection	<input type="checkbox"/>	<input type="checkbox"/>
Burgled or tried to burgle someone else's house	<input type="checkbox"/>	<input type="checkbox"/>
Stolen anything that someone else was carrying/wearing (eg: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Stolen anything from a shop	<input type="checkbox"/>	<input type="checkbox"/>
Stolen a vehicle or driven it away without permission	<input type="checkbox"/>	<input type="checkbox"/>
Stolen from inside a vehicle or parts off the outside of a vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Tried, but failed, to steal a vehicle or drive it away without permission	<input type="checkbox"/>	<input type="checkbox"/>
Tried, but failed, to steal from inside a vehicle or parts off the outside of a vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Damaged a vehicle on purpose	<input type="checkbox"/>	<input type="checkbox"/>
Stolen anything else (not previously mentioned)	<input type="checkbox"/>	<input type="checkbox"/>
Bought, used or been offered anything you knew or thought had been stolen or was not genuine (eg: alcohol, tobacco, CDs or mobile phones)	<input type="checkbox"/>	<input type="checkbox"/>
Sold anything you knew or thought had been stolen or was not genuine (eg: alcohol, tobacco, CDs or mobile phones)	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL SAFETY

**130. 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 knocked down by a car or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Had things stolen from you that you were carrying/wearing (eg: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Had your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Been sexually or physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed because of your religion, race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Been called names/harassed for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted because of your religion, race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Been assaulted for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Other type of incident – if yes, please tell us about it	<input type="checkbox"/>	<input type="checkbox"/>

**131. 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 knocked down by a car or other vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Having things stolen from you that you are carrying/wearing (eg: mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>
Having your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Being sexually or physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Being threatened by paramilitaries	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed because of your religion, race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being called names/harassed for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of your religion, race or skin colour	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted for some other reason	<input type="checkbox"/>	<input type="checkbox"/>
Other type of incident – if yes, please tell us about it	<input type="checkbox"/>	<input type="checkbox"/>

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

- Very safe 1 → Go to Question 134
Quite safe 2 → Go to Question 134
Slightly unsafe 3 → Continue to Question 133
Very unsafe 4 → Continue to Question 133

**133. Which of these makes you feel unsafe in the area in which you live?
(Tick all that apply)**

Fear of:

- Being bullied 1
- Being knocked down by a car or other vehicle 2
- Having things stolen from you when you're not looking 3
- Having things stolen from you that you are carrying/wearing
(eg: mobile phone) 4
- Having your belongings damaged/deliberately broken 5
- Burglary/having your home broken into 6
- Having things stolen from your home 7
- Being sexually or physically abused 8
- Being threatened by paramilitaries 9
- Being called names/harassed because of your religion, race or skin colour 10
- Being called names/harassed for some other reason 11
- Being assaulted because of your religion, race or skin colour 12
- Being assaulted for some other reason 13
- Other type of incident (please say what) _____ 14

**134. How much of a problem are the following in your area?
(Tick one box for each line**

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

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

- Very worried 1 → Continue to Question 136
- Fairly worried 2 → Continue to Question 136
- Not very worried 3 → Go to Question 137
- Not at all worried 4 → Go to Question 137

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

Fear of:

- | | | |
|---|--------------------------|----|
| Being bullied | <input type="checkbox"/> | 1 |
| Being knocked down by a car or other vehicle | <input type="checkbox"/> | 2 |
| Having things stolen from you that you are carrying/wearing
(eg: mobile phone) | <input type="checkbox"/> | 3 |
| Having your belongings damaged/deliberately broken | <input type="checkbox"/> | 4 |
| Being sexually or physically abused | <input type="checkbox"/> | 5 |
| Being threatened by paramilitaries | <input type="checkbox"/> | 6 |
| Being called names/harassed because of your religion, race or skin colour | <input type="checkbox"/> | 7 |
| Being called names/harassed for some other reason | <input type="checkbox"/> | 8 |
| Being assaulted because of your religion, race or skin colour | <input type="checkbox"/> | 9 |
| Being assaulted for some other reason | <input type="checkbox"/> | 10 |
| Because I have no-one to go with | <input type="checkbox"/> | 11 |
| Lack of closed circuit television cameras | <input type="checkbox"/> | 12 |
| Newspaper reports about problems in the area | <input type="checkbox"/> | 13 |
| No safe facilities for young people | <input type="checkbox"/> | 14 |
| People using or dealing in drugs | <input type="checkbox"/> | 15 |
| Gangs of other people looking for trouble | <input type="checkbox"/> | 16 |
| Lack of street lighting – too many dark corners | <input type="checkbox"/> | 17 |
| Joy-riders | <input type="checkbox"/> | 18 |
| People being rowdy or drunk in public places | <input type="checkbox"/> | 19 |
| Other reason (please say what) _____ | <input type="checkbox"/> | 20 |

THE ENVIRONMENT

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

	Very important 1	Important 2	Not important 3	Don't know 4
Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global warming/Climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to the ozone layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pollution (of sea, rivers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste management	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Loss of plants, animals and habitats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**138. 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 1	No 2	Don't know 3
Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global warming/Climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to the ozone layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pollution (of sea, rivers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste management	<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"/>

**139. How often do you sort/encourage others to sort glass, newspapers etc for recycling?
(Tick one box only)**

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

**140. How often do you make/encourage others to make a special effort to use less electricity/gas at home or school (eg: by switching lights off)?
(Tick one box only)**

- Always 1
Often 2
Sometimes 3
Never 4

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

- Always 1
Often 2
Sometimes 3
Never 4

**142. Which form of transport do you use most regularly?
(Tick one box only)**

- Car 1
Public Transport 2
Cycle 3
Walk 4

**143. How often do you make a special effort to make sure that your noise (eg: from a TV/CD player/radio) does not disturb others?
(Tick one box only)**

- Always 1
Often 2
Sometimes 3
Never 4

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

- Always 1
Often 2
Sometimes 3
Never 4

**145. How often do you dispose of your rubbish carefully?
(Tick one box only)**

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

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

- School 1
- Television 2
- Radio 3
- Newspapers/magazines 4
- Parents 5
- Internet 6
- Other (please specify) 7 _____

TRAVELLING TO SCHOOL

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

- | | | | |
|--|--------------------------|----|----------------------------|
| Walk alone | <input type="checkbox"/> | 1 | → Go to Question 149 |
| Walk with friends/other children | <input type="checkbox"/> | 2 | → Go to Question 149 |
| Walk with an adult | <input type="checkbox"/> | 3 | → Go to Question 149 |
| Bicycle | <input type="checkbox"/> | 4 | → Go to Question 150 |
| Educational & Library Board bus (yellow and white) | <input type="checkbox"/> | 5 | → Continue to Question 148 |
| Citybus (red) | <input type="checkbox"/> | 6 | → Continue to Question 148 |
| Ulsterbus (blue) | <input type="checkbox"/> | 7 | → Continue to Question 148 |
| Other bus | <input type="checkbox"/> | 8 | → Continue to Question 148 |
| NIR train | <input type="checkbox"/> | 9 | → Continue to Question 148 |
| Taxi | <input type="checkbox"/> | 10 | → Go to Question 150 |
| Car | <input type="checkbox"/> | 11 | → Go to Question 150 |
| Other (please tell us) _____ | <input type="checkbox"/> | 12 | → Go to Question 150 |

148. How do you usually get to the bus/train?

- | | | | |
|----------------------------------|--------------------------|---|----------------------------|
| Walk alone | <input type="checkbox"/> | 1 | → Continue to Question 149 |
| Walk with friends/other children | <input type="checkbox"/> | 2 | → Continue to Question 149 |
| Walk with an adult | <input type="checkbox"/> | 3 | → Continue to Question 149 |
| Bicycle | <input type="checkbox"/> | 4 | → Go to Question 150 |
| Taxi | <input type="checkbox"/> | 5 | → Go to Question 150 |
| Car | <input type="checkbox"/> | 6 | → Go to Question 150 |
| Other (please tell us) _____ | <input type="checkbox"/> | 7 | → Go to Question 150 |

149. If you walk all or part of the way to school, how long does it take you to walk?

- | | | |
|----------------------|--------------------------|---|
| 0-5 minutes | <input type="checkbox"/> | 1 |
| 6-15 minutes | <input type="checkbox"/> | 2 |
| 16-30 minutes | <input type="checkbox"/> | 3 |
| 31-45 minutes | <input type="checkbox"/> | 4 |
| 46-60 minutes | <input type="checkbox"/> | 5 |
| More than 60 minutes | <input type="checkbox"/> | 6 |

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

- | | | | |
|--|--------------------------|----|----------------------------|
| Walk alone | <input type="checkbox"/> | 1 | → Go to Question 152 |
| Walk with friends/other children | <input type="checkbox"/> | 2 | → Go to Question 152 |
| Walk with an adult | <input type="checkbox"/> | 3 | → Go to Question 152 |
| Bicycle | <input type="checkbox"/> | 4 | → Go to Question 153 |
| Educational & Library Board bus (yellow and white) | <input type="checkbox"/> | 5 | → Continue to Question 151 |
| Citybus (red) | <input type="checkbox"/> | 6 | → Continue to Question 151 |
| Ulsterbus (blue) | <input type="checkbox"/> | 7 | → Continue to Question 151 |
| Other bus | <input type="checkbox"/> | 8 | → Continue to Question 151 |
| NIR train | <input type="checkbox"/> | 9 | → Continue to Question 151 |
| Taxi | <input type="checkbox"/> | 10 | → Go to Question 153 |
| Car | <input type="checkbox"/> | 11 | → Go to Question 153 |
| Other (please tell us) _____ | <input type="checkbox"/> | 12 | → Go to Question 153 |

151. After you get off the bus/train, how do you usually get home?

- | | | | |
|----------------------------------|--------------------------|---|----------------------------|
| Walk alone | <input type="checkbox"/> | 1 | → Continue to Question 152 |
| Walk with friends/other children | <input type="checkbox"/> | 2 | → Continue to Question 152 |
| Walk with an adult | <input type="checkbox"/> | 3 | → Continue to Question 152 |
| Bicycle | <input type="checkbox"/> | 4 | → Go to Question 153 |
| Taxi | <input type="checkbox"/> | 5 | → Go to Question 153 |
| Car | <input type="checkbox"/> | 6 | → Go to Question 153 |
| Other (please tell us) _____ | <input type="checkbox"/> | 7 | → Go to Question 153 |

152. If you walk all or part of the way home from school, how long does it take you to walk?

- | | | |
|----------------------|--------------------------|---|
| 0-5 minutes | <input type="checkbox"/> | 1 |
| 6-15 minutes | <input type="checkbox"/> | 2 |
| 16-30 minutes | <input type="checkbox"/> | 3 |
| 31-45 minutes | <input type="checkbox"/> | 4 |
| 46-60 minutes | <input type="checkbox"/> | 5 |
| More than 60 minutes | <input type="checkbox"/> | 6 |

153. How far do you usually travel to school?

- | | | | |
|--|--------------------------|---|----------------------------|
| Less than 1 mile | <input type="checkbox"/> | 1 | → Continue to Question 154 |
| 1 mile or more but less than 2 miles | <input type="checkbox"/> | 2 | → Go to Question 155 |
| 2 miles or more but less than 3 miles | <input type="checkbox"/> | 3 | → Go to Question 155 |
| 3 miles or more but less than 4 miles | <input type="checkbox"/> | 4 | → Go to Question 155 |
| 4 miles or more but less than 5 miles | <input type="checkbox"/> | 5 | → Go to Question 155 |
| 5 miles or more but less than 6 miles | <input type="checkbox"/> | 6 | → Go to Question 155 |
| 6 miles or more but less than 10 miles | <input type="checkbox"/> | 7 | → Go to Question 155 |
| 10 miles or more | <input type="checkbox"/> | 8 | → Go to Question 155 |

**154. If you travel less than 1 mile, why don't you walk or cycle all the way to school?
(Tick one box only)**

- | | | |
|--|--------------------------|----------|
| I do walk/cycle all the way | <input type="checkbox"/> | 1 |
| It's too far | <input type="checkbox"/> | 2 |
| Concerned about road safety | <input type="checkbox"/> | 3 |
| Concerned about personal safety | <input type="checkbox"/> | 4 |
| None of my friends walk/cycle | <input type="checkbox"/> | 5 |
| Too lazy/couldn't be bothered | <input type="checkbox"/> | 6 |
| I'm not healthy/fit enough | <input type="checkbox"/> | 7 |
| It's more convenient to travel by car/bus/train | <input type="checkbox"/> | 8 |
| There isn't enough time in the morning | <input type="checkbox"/> | 9 |
| Weather | <input type="checkbox"/> | 10 |
| I have too much to carry (eg: school books, sports gear, musical instrument etc) | <input type="checkbox"/> | 11 |
| There are no dedicated cycle lanes | <input type="checkbox"/> | 12 |
| Other reason - please tell us what this is | <input type="checkbox"/> | 13 _____ |

155. Do you qualify for free school transport?

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

ROAD SAFETY

156. 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 (eg: 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 when crossing the road (eg: to text, make a phone call)	<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"/>

RELATIONSHIPS

157. In general, how do you feel about your life at present?

- I feel very happy 1
I feel quite happy 2
I don't feel very happy 3
I'm not happy at all 4

158. Do you ever feel lonely?

- Yes, very often 1
Yes, rather often 2
Yes, sometimes 3
No 4

159. Is/are your parent(s) stricter or more easy going than your friends' parents (eg: about allowing you to go out at night, to parties, social events, etc)? (Tick the box you think is best to describe your parent(s))

- Much more strict 1
A little more strict 2
About the same as others 3
A little more easy going 4
Much more easy going 5
Doesn't apply (eg: I don't want to go out) 6
Don't know 7

160. Do you find it easy or difficult to talk to your (parents/mother/father) about sexual matters?

- Easy (with one or both) 1
Difficult 2
Don't discuss (with either) 3
It depends on the topic 4

161. How many close friends do you have?

- None 1
One 2
Two 3
Three or more 4

162. Is it easy or difficult for you to make new friends?

- Very easy 1
Easy 2
Difficult 3
Very difficult 4

163. How much money do you usually get each week?

(This includes pocket money and money you earn yourself but excludes money for transport to school and school lunch money.)

SEXUAL EXPERIENCE AND KNOWLEDGE

164. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

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

None 1 → Go to Question 169

Small amount (eg: only kissing) 2 → Go to Question 169

Some experiences but no sexual intercourse 3 → Go to Question 169

Experienced, including sexual intercourse 4 → Continue to Question 166

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

I was _____ years old

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

Yes 1 → Continue to Question 168

No 2 → Go to Question 169

Don't know 3 → Go to Question 169

**168. 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 (please state) 4 _____

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

Yes 1

No 2

**170. 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 3

Friends 4

Other - please state where 5 _____

You have now completed the questionnaire.



If you have time, you may like to try the following word game.

How many words can you make out of the letters in:

BEHAVIOUR AND ATTITUDES SURVEY