



YOUNG PERSONS' BEHAVIOUR AND ATTITUDES SURVEY

**Central Survey Unit
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YOUNG PERSONS' BEHAVIOUR AND ATTITUDES SURVEY

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 month were you born in? _____

3. What year was that? _____

4. 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

5. What do you think you will be doing immediately 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

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)

6. 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"/>

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

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

8. 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

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

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

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

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

11. My parents encourage me to do well at school

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

12. My parents expect too much of me at school

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

13. My parents are satisfied with my school work

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

14. 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 1	Not very important 2	Not sure 3	Important 4	Very important 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"/>

15. In your opinion what does your class teacher(s) think about your school performance compared to your classmates?

- | | | |
|---------------|--------------------------|---|
| Very good | <input type="checkbox"/> | 1 |
| Good | <input type="checkbox"/> | 2 |
| Average | <input type="checkbox"/> | 3 |
| Below Average | <input type="checkbox"/> | 4 |

16. How do you feel about school at present?

- | | | |
|---------------------------|--------------------------|---|
| I like it a lot | <input type="checkbox"/> | 1 |
| I like it a bit | <input type="checkbox"/> | 2 |
| I don't like it very much | <input type="checkbox"/> | 3 |
| I don't like it at all | <input type="checkbox"/> | 4 |

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

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

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

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

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

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

**20. 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"/>

**21. During the past 4 weeks, how good or bad have you felt about...
(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

**22. 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 breadcrumbed 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"/>

23. 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

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

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

**25. What do you usually do for lunch at school?
(Tick as many boxes as apply)**

- Eat a school dinner 1 → Go to Question 27
- Buy a snack in the school cafeteria 2 → Go to Question 27
- 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 _____

**26. If you don't usually eat a school dinner/snack why not?
(Tick as many boxes as 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 _____

27. Why do you think some children do not take a free school meal when they are allowed to take one?

28. 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

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

- Yes 1
No 2
Don't know 3

30. Would you like to see more healthy foods available? (eg salads, baked or boiled potatoes, fruit)

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

31. Are you aware of the benefits of healthy eating?

- Yes 1
No 2
Don't know 3

32. Have you been taught about healthy eating?

- Yes 1 → Continue to Question 33
No 2 → Go to Question 35

33. In which subject(s) were you taught about healthy eating?

34. Did this help you to make sensible choices?

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

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

- Yes 1 → Continue to Question 36
No 2 → Go to Question 38
Don't know 3 → Go to Question 38

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

- Yes 1
No 2
Don't know 3

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

- Yes 1
No 2
Don't know 3

38. 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

39. Is there anything about your body that you would like to change?

- Yes 1
No 2

40. 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

41. In the last 12 months have you taken medicine, tablets, inhalers or injections to school with you to be used during the school day?

- Yes 1 → Continue to Question 42
- No 2 → Go to Question 44

42. How often do you take these medicines, tablets, inhalers or injections to school with you?

- Every day 1
- At frequent intervals throughout the school year 2
- Occasionally for several weeks together during the school year 3
- For several days together during the school year 4
- Very rare occasions only 5

43. What illness(es) have you taken medicine for in school in the last 12 months?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

44. How healthy do you think you are?

- Very healthy 1
- Quite healthy 2
- Not very healthy 3

SPORTS

45. 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

46. 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

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

- Less active 1
- About the same 2
- More active 3

48. 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 50
- No 2 → Continue to Question 49

49. Why don't you like it?

50. Generally speaking, do you enjoy PE and games classes?

- Yes 1 → Go to Question 52
- No 2 → Continue to Question 51

51. Why don't you like it?

52. Do you exercise or play sports apart from your time-tabled PE lessons?

- Yes 1
No 2

53. If you play any sports for a school team, please list what type of sport below. (Name up to 3)

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

- Yes 1
No 2

55. 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 1
4 to 6 times a week 2
2 to 3 times a week 3
Once a week 4
Once a month 5
Less than once a month 6
Never 7

56. 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 1
About half an hour 2
About 1 hour 3
About 2 to 3 hours 4
About 4 to 6 hours 5
7 hours or more 6

SMOKING

57. Have you ever smoked tobacco?

(At least one whole cigarette not just a puff of someone else's)

Yes 1 → Continue to Question 58

No 2 → Go to Question 63

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

I was _____ years old

I can't remember

59. Who gave you cigarettes the very 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 _____

60. Where were you the very 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 _____

61. How often do you smoke cigarettes now?

- Every day 1 → Continue to Question 62
At least once a week but not every day 2 → Continue to Question 62
Less than once a week 3 → Go to Question 63
I do not smoke now 4 → Go to Question 63

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

_____ cigarettes a week

63. 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"/>

- 64. 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"/>

ALCOHOL

- 65. 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 66
 No 2 → Go to Question 76
 Don't know 3 → Go to Question 76

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

I was _____ years old I can't remember

- 67. How did you get the alcoholic drink the very first time you drank?**
(Tick one box only)

I bought it myself from an off licence	<input type="checkbox"/>	1	
I bought it myself in a pub	<input type="checkbox"/>	2	
I bought it myself in a club/disco	<input type="checkbox"/>	3	
Friends bought it for me/gave it to me	<input type="checkbox"/>	4	
My Mother/Father offered/got it for me	<input type="checkbox"/>	5	
My Brother/Sister offered/got it for me	<input type="checkbox"/>	6	
Other - please state who or how	<input type="checkbox"/>	7	_____

If you have drunk alcohol more than once then continue to Question 68. If you have drunk alcohol only once then go to Question 69.

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

- | | | | |
|---|--------------------------|---|-------|
| I bought it myself from an off licence | <input type="checkbox"/> | 1 | |
| I bought it myself in a pub | <input type="checkbox"/> | 2 | |
| I bought it myself in a club/disco | <input type="checkbox"/> | 3 | |
| Friends bought it for me/gave it to me | <input type="checkbox"/> | 4 | |
| My Mother/Father offered/got it for me | <input type="checkbox"/> | 5 | |
| My Brother/Sister offered/got it for me | <input type="checkbox"/> | 6 | |
| Other - please state who or how | <input type="checkbox"/> | 7 | _____ |

**69. Where were you the first 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 | _____ |

If you have drunk alcohol more than once then continue to Question 70. If you have drunk alcohol only once then go to Question 71.

**70. 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
- Somewhere else (please write in) 8 _____

**71. 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 for each line)**

	Every day 1	Every week 2	Every month 3	Rarely 4	Never 5
Beer/Lager/Stout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits eg Whiskey, Gin, Vodka (but excluding spirit based mixers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcopops or alcoholic lemonade (eg Hooch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirit based mixers (eg Barcardi Breezer, Smirnoff Ice, Martini V2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. 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 write in how many bottles _____

write in how many cans _____

Spirit based mixers write in how many bottles _____

Spirits write in how many measures/glasses _____

Wine write in how many bottles _____

write in how many glasses _____

73. Was last week a typical week or was your drinking affected by a special event?

Typical week 1

Special event 2 Please tell us about it

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

No, never 1

Yes, once 2

Yes, 2 - 3 times 3

Yes, 4 - 10 times 4

Yes, more than 10 times 5

75. 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"/>

SOLVENTS & DRUGS

76. Have you ever been offered solvents to get high (like glue, Tippex, lighter fuel, petrol, gas etc)?

- Yes, once 1 → Continue to Question 77
Yes, more than once 2 → Continue to Question 77
No, never 3 → Go to Question 78

77. What age were you the first time you were offered solvents to get high (like glue, Tippex, lighter fuel, petrol, gas etc)?

I was _____ years old I can't remember

78. Have you ever used Butane gas, lighter refills to get high?

- Yes, once 1 → Continue to Question 79
Yes, more than once 2 → Continue to Question 79
No, never 3 → Go to Question 80

79. How often do you use Butane gas, lighter refills to get high?

- 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

80. Have you ever used Aerosols to get high?

- Yes, once 1 → Continue to Question 81
Yes, more than once 2 → Continue to Question 81
No, never 3 → Go to Question 82

81. How often do you use Aerosols to get high?

- 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

82. Have you ever used Glue to get high?

- Yes, once 1 → Continue to Question 83
- Yes, more than once 2 → Continue to Question 83
- No, never 3 → Go to Question 84

83. How often do you use Glue to get high?

- 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

84. Have you ever used Tippex, correcting fluids to get high?

- Yes, once 1 → Continue to Question 85
- Yes, more than once 2 → Continue to Question 85
- No, never 3 → Go to Question 86

85. How often do you use Tippex, correcting fluids to get high?

- 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

86. Have you ever used any OTHER SOLVENT(S) to get high?

Yes 1 → Continue to Question 87

No 2 → Go to Question 88

**87. What is/are the name(s) of this/these OTHER SOLVENT(S) you have used and how often do you use it/them?
(Tick one box for each solvent)**

Name of SOLVENT	Daily 1	A few times a week 2	A few times a month 3	A few times a year 4	Rarely 5	Not anymore 6
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88. What age were you the first time you used solvents to get high (like glue, Tippex, lighter fuel, petrol, gas etc)?

I was _____ years old

I can't remember 1

I have never used solvents 2

89. 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

Don't know 3

Fairly difficult 4

Very difficult 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 90

(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

90. 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) How easy would it be to get some SPEED if you wanted to?

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

(c) Have you ever used or tried SPEED?

- 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 91

(d) 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

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

I was _____ years old I can't remember

91. 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) How easy would it be to get some LSD if you wanted to?

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

(c) Have you ever used or tried LSD?

- 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 92

(d) 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

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

- I was _____ years old I can't remember

92. 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
Don't know 3
Fairly difficult 4
Very difficult 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 93

(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

93. The questions on this page are about the drug SEMERON (Sem).

(a) Have you ever been offered SEMERON?

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

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

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

(c) Have you ever used or tried SEMERON?

- 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 94

(d) How often do you use SEMERON?

- 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 SEMERON?

I was _____ years old I can't remember

94. 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) How easy would it be to get some POPPERS if you wanted to?

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

(c) Have you ever used or tried POPPERS?

- 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 95

(d) 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

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

- I was _____ years old I can't remember

95. 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) How easy would it be to get some TRANQUILLISERS if you wanted to?

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

(c) Have you ever used or tried TRANQUILLISERS?

- 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 96

(d) 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

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

I was _____ years old

I can't remember

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

(a) Have you ever been offered HEROIN?

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

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

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

(c) Have you ever used or tried HEROIN?

- 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 97

(d) 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

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

I was _____ years old I can't remember

97. 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) How easy would it be to get some MAGIC MUSHROOMS if you wanted to?

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

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

- 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 98

(d) 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

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

I was _____ years old I can't remember

98. The questions on this page are about the drug METHADONE (Phy, Meth).

(a) Have you ever been offered METHADONE?

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

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

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

(c) Have you ever used or tried METHADONE?

- 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 99

(d) How often do you use METHADONE?

- 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 METHADONE?

I was _____ years old I can't remember

99. 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
Don't know 3
Fairly difficult 4
Very difficult 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 100

(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

100. 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) How easy would it be to get some COCAINE if you wanted to?

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

(c) Have you ever used or tried COCAINE?

- 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 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

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

I was _____ years old I can't remember

101. 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) How easy would it be to get some ANABOLIC STEROIDS if you wanted to?

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

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

- 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 102

(d) 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

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

- I was _____ years old I can't remember

102. The questions on this page are about the drug NUBANE.

(a) Have you ever been offered NUBANE?

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

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

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

(c) Have you ever used or tried NUBANE?

- 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 103

(d) How often do you use NUBANE?

- 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 NUBANE?

- I was _____ years old I can't remember

103. What age were you the first time you were offered drugs?

I was _____ years old → Continue to Question 104

I can't remember → Continue to Question 104

I have never been offered drugs → Go to Question 106

**104. Who offered drugs to you the first time?
(Tick only one box)**

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

**105. Where were you the first time you were offered drugs?
(Tick only one box)**

In my own house 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 _____

106. Have you ever offered drugs to anyone else?

Yes, once 1

Yes, more than once 2

No, never 3

If you said in Questions 89 to 102 that you have NEVER used or tried ANY of those drugs, please go to Question 109.

If you said in Questions 89 to 102 that you have used or tried ANY of those drugs, please continue to Question 107.

107. 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 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 authorities	<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"/>

108. How much money do you think you have spent on drugs (not including alcohol or cigarettes)?

(Please give your answer to the nearest £ and if you have not spent any money on drugs, write in £0)

In the last week £ _____

In the last month £ _____

In the last year £ _____

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

Know a lot 1

Know quite a bit 2

Know some 3

Know very little 4

Know nothing at all 5

110. 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"/>

111. Have you had any type of drug education (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"/>

112. Have you had any type of drug education (eg talks/lessons, packs, leaflets, drama workshops, TV ads) in this school term?

(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"/>

SEXUAL EXPERIENCE AND KNOWLEDGE

113. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

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

None 1 → Go to Question 118

Small amount (eg only kissing) 2 → Go to Question 118

Some experiences but no sexual intercourse 3 → Go to Question 118

Experienced, including sexual intercourse 4 → Continue to Question 115

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

I was _____ years old

116. Did you or your partner use something to prevent getting pregnant?

Yes 1 → Continue to Question 117

No 2 → Go to Question 118

Don't know 3 → Go to Question 118

**117. 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 _____

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

Yes 1

No 2

**119. If you needed to, where would you actually get your contraceptives?
(Tick as many boxes as apply)**

Shops/chemists 1

Other public places
eg bars, public toilets 2

Family planning clinics 3

Friends 4

Other - please state where 5

RELATIONSHIPS

120. 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

121. Do you ever feel lonely?

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

**122. 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

123. Do you find it easy or difficult to talk to your (parents/mother/father) about sexual matters, or don't you discuss sexual matters with (them/her/him)?

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

124. How many close friends do you have?

- None 1
One 2
Two 3
Three or more 4

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

- Very easy 1
Easy 2
Difficult 3
Very difficult 4

126. 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.)

THE ENVIRONMENT

**127. Are you worried about any of these issues to do with the environment?
(Tick one box on each line)**

	Yes 1	No 2	Don't know 3
Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global warming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter and rubbish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to the ozone layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pollution (of sea, rivers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of plants, animals and habitats	<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"/>

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

	Yes 1	No 2	Don't know 3
Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global warming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter and rubbish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to the ozone layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pollution (of sea, rivers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of plants, animals and habitats	<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"/>

**129. How often do you sort glass, newspapers and so on 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

130. 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), because it is good for the environment?

(Tick one box only)

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

131. 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), because it is good for the environment?

(Tick one box only)

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

132. How often do you try to make/encourage others to make, a special effort to use buses/trains rather than travel by car, because it is good for the environment?

(Tick one box only)

- | | | |
|----------------------------|--------------------------|---|
| Always | <input type="checkbox"/> | 1 |
| Often | <input type="checkbox"/> | 2 |
| Sometimes | <input type="checkbox"/> | 3 |
| Never | <input type="checkbox"/> | 4 |
| Don't have access to a car | <input type="checkbox"/> | 5 |

133. How often do you make/encourage others to make, a special effort to cycle/walk rather than travel by car, because it is good for the environment?

(Tick one box only)

- | | | |
|----------------------------|--------------------------|---|
| Always | <input type="checkbox"/> | 1 |
| Often | <input type="checkbox"/> | 2 |
| Sometimes | <input type="checkbox"/> | 3 |
| Never | <input type="checkbox"/> | 4 |
| Don't have access to a car | <input type="checkbox"/> | 5 |

134. 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, because it is good for the environment?

(Tick one box only)

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

135. How often do you buy/encourage others to buy products (eg recycled paper, low energy light bulbs) because they are environmentally friendly?

(Tick one box only)

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

136. How often do you get rid of your rubbish (eg drink cans, sweet/crisp wrappers) carefully eg by putting it in a bin?

(Tick one box only)

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

137. How often do you limit sunbathing or take extra care in the sun because you are worried about the effects of the sun?

(Tick one box only)

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

TRAVELLING TO SCHOOL

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

- | | | | |
|--|--------------------------|----|----------------------------|
| Car | <input type="checkbox"/> | 1 | → Go to Question 140 |
| Taxi | <input type="checkbox"/> | 2 | → Go to Question 140 |
| Bicycle | <input type="checkbox"/> | 3 | → Go to Question 140 |
| Educational & Library Board bus (yellow and white) | <input type="checkbox"/> | 4 | → Continue to Question 139 |
| Citybus (red) | <input type="checkbox"/> | 5 | → Continue to Question 139 |
| Ulsterbus (blue) | <input type="checkbox"/> | 6 | → Continue to Question 139 |
| Other bus | <input type="checkbox"/> | 7 | → Continue to Question 139 |
| NIR train | <input type="checkbox"/> | 8 | → Continue to Question 139 |
| Walk alone | <input type="checkbox"/> | 9 | → Go to Question 140 |
| Walk with friends/other children | <input type="checkbox"/> | 10 | → Go to Question 140 |
| Walk with an adult | <input type="checkbox"/> | 11 | → Go to Question 140 |
| Other (please tell us) _____ | <input type="checkbox"/> | 12 | → Go to Question 140 |

139. Do you usually get left to the bus/train by car?

- Yes 1
No 2

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

- | | | | |
|--|--------------------------|----|----------------------------|
| Car | <input type="checkbox"/> | 1 | → Go to Question 142 |
| Taxi | <input type="checkbox"/> | 2 | → Go to Question 142 |
| Bicycle | <input type="checkbox"/> | 3 | → Go to Question 142 |
| Educational & Library Board bus (yellow and white) | <input type="checkbox"/> | 4 | → Continue to Question 141 |
| Citybus (red) | <input type="checkbox"/> | 5 | → Continue to Question 141 |
| Ulsterbus (blue) | <input type="checkbox"/> | 6 | → Continue to Question 141 |
| Other bus | <input type="checkbox"/> | 7 | → Continue to Question 141 |
| NIR train | <input type="checkbox"/> | 8 | → Continue to Question 141 |
| Walk alone | <input type="checkbox"/> | 9 | → Go to Question 142 |
| Walk with friends/other children | <input type="checkbox"/> | 10 | → Go to Question 142 |
| Walk with an adult | <input type="checkbox"/> | 11 | → Go to Question 142 |
| Other (please tell us) _____ | <input type="checkbox"/> | 12 | → Go to Question 142 |

141. Do you usually get picked up from the bus/train by car?

Yes 1

No 2

142. How far do you usually travel to school?

- Less than 1 mile 1 → Continue to Question 143
- 1 mile or more but less than 2 miles 2 → Go to Question 144
- 2 miles or more but less than 3 miles 3 → Go to Question 144
- 3 miles or more but less than 4 miles 4 → Go to Question 144
- 4 miles or more but less than 5 miles 5 → Go to Question 144
- 5 miles or more but less than 6 miles 6 → Go to Question 144
- 6 miles or more but less than 10 miles 7 → Go to Question 144
- 10 miles or more 8 → Go to Question 144

143. If you travel less than 1 mile, why don't you walk or cycle to school?

(Tick one box only)

- It's too far 1
- Concerned about road safety 2
- Concerned about personal safety 3
- None of my friends walk/cycle 4
- Too lazy/couldn't be bothered 5
- I'm not healthy/fit enough 6
- It's more convenient to travel by car/bus/train 7
- There isn't enough time in the morning 8
- Weather 9
- Other reason - please tell us what this is 10 _____

POLICING

144. Have you ever 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 145

No 2 → Go to Question 146

**145. Was this because ...
(Tick as many boxes as apply)**

They were telling you to move on 1

You were in trouble/had done something wrong 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

146. Have you ever been really pleased about the way a police officer in Northern Ireland behaved towards you (or someone you know) or about the way the police handled a matter in which you were involved?

Yes 1

No 2

147. Have you ever been really annoyed about the way a police officer in Northern Ireland behaved towards you (or someone you know) or about the way the police handled a matter in which you were involved?

Yes 1

No 2

148. 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

149. In general, how satisfied or dissatisfied are you with the way the police in Northern Ireland do their job? (Choose a phrase from the list below)

- | | | |
|------------------------------------|--------------------------|---|
| Very satisfied | <input type="checkbox"/> | 1 |
| Quite satisfied | <input type="checkbox"/> | 2 |
| Neither satisfied nor dissatisfied | <input type="checkbox"/> | 3 |
| Not very satisfied | <input type="checkbox"/> | 4 |
| Not at all satisfied | <input type="checkbox"/> | 5 |

150. Have you ever been arrested (or cautioned) by the police in Northern Ireland?

- | | | | |
|-----|--------------------------|---|----------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question 151 |
| No | <input type="checkbox"/> | 2 | → Go to Question 152 |

151. Why were you arrested (or cautioned) by the police in Northern Ireland? (Tick as many boxes as apply)

- | | | |
|-------------------------|--------------------------|----------|
| Underage drinking | <input type="checkbox"/> | 1 |
| Drugs | <input type="checkbox"/> | 2 |
| Causing damage to cars | <input type="checkbox"/> | 3 |
| Joyriding | <input type="checkbox"/> | 4 |
| Assault | <input type="checkbox"/> | 5 |
| Theft | <input type="checkbox"/> | 6 |
| Burglary | <input type="checkbox"/> | 7 |
| Sectarian attacks | <input type="checkbox"/> | 8 |
| Disorderly behaviour | <input type="checkbox"/> | 9 |
| Shoplifting | <input type="checkbox"/> | 10 |
| Vandalism | <input type="checkbox"/> | 11 |
| Other (please say what) | <input type="checkbox"/> | 12 _____ |

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

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

PERSONAL SAFETY

**153. Have you ever been a victim of the following
(Please tick 'Yes' or 'No' for each item)**

	Yes	No
	1	2
Being bullied	<input type="checkbox"/>	<input type="checkbox"/>
Being beaten up	<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	<input type="checkbox"/>	<input type="checkbox"/>
Having your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Being caught up in a riot	<input type="checkbox"/>	<input type="checkbox"/>
Having your home broken into	<input type="checkbox"/>	<input type="checkbox"/>
Having things stolen from your home	<input type="checkbox"/>	<input type="checkbox"/>
Being caught in a bomb explosion	<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 because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Other thing - please tell us about it	<input type="checkbox"/>	<input type="checkbox"/>

**154. In relation to your own personal safety, are you worried about any of the following happening to you?
(Tick 'Yes' or 'No' for each option)**

	Yes 1	No 2
Being bullied	<input type="checkbox"/>	<input type="checkbox"/>
Being beaten up	<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	<input type="checkbox"/>	<input type="checkbox"/>
Having your belongings damaged/deliberately broken	<input type="checkbox"/>	<input type="checkbox"/>
Being caught up in a riot	<input type="checkbox"/>	<input type="checkbox"/>
Having your home broken into	<input type="checkbox"/>	<input type="checkbox"/>
Having things stolen from your home	<input type="checkbox"/>	<input type="checkbox"/>
Being caught in a bomb explosion	<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 because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Being assaulted because of your religion	<input type="checkbox"/>	<input type="checkbox"/>
Other thing - please tell us about it	<input type="checkbox"/>	<input type="checkbox"/>

156. Do you think the area in which you live is safe?

Yes 1 → Go to Question 158

No 2 → Continue to Question 157

**157. Which of these makes the area in which you live unsafe?
(Tick as many boxes as apply)**

Fear of theft

Fear of burglary

No safe facilities for young people

Gangs of other people looking for trouble

Lack of street lighting - too many dark corners

Joyriders

Drug addicts and pushers

Vandals

Lack of Closed Circuit Television cameras

Sectarian name calling

Sectarian assault

Fear of being assaulted

Fear of being knocked down by a car or other vehicle

Being sexually abused

Being caught up in a riot

Being caught in an explosion

Being threatened by paramilitaries

Other (please say what) _____

158. Are you worried about your safety going into your nearest town centre at night?

- Yes 1 → Continue to Question 159
No 2

159. Why are you worried about your safety going into your nearest town centre at night?

(Tick as many boxes as apply)

- | | | |
|--|--------------------------|----|
| Fear of being assaulted | <input type="checkbox"/> | 1 |
| Fear of having things stolen | <input type="checkbox"/> | 2 |
| Because I have no-one to go with | <input type="checkbox"/> | 3 |
| Lack of Closed Circuit Television cameras | <input type="checkbox"/> | 4 |
| Newspaper reports about problems in area | <input type="checkbox"/> | 5 |
| No safe facilities for young people | <input type="checkbox"/> | 6 |
| Drug addicts and pushers | <input type="checkbox"/> | 7 |
| Fear of sectarian name calling | <input type="checkbox"/> | 8 |
| Fear of sectarian assault | <input type="checkbox"/> | 9 |
| Being caught up in a riot | <input type="checkbox"/> | 10 |
| Being caught in a bomb explosion | <input type="checkbox"/> | 11 |
| Being sexually abused | <input type="checkbox"/> | 12 |
| Being threatened by paramilitaries | <input type="checkbox"/> | 13 |
| Fear of being knocked down by a car or other vehicle | <input type="checkbox"/> | 14 |
| Other (please say what) | <input type="checkbox"/> | 15 |

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