Health & Lifestyle Survey of Young People 2008

NHS Hull

SCHOOL REFERENCE | | |

YOUR NAME WILL NOT BE RECORDED ON THIS FORM

Reasons for survey

In Hull, we believe that children and young people are REALLY important and we want to make sure that you are helped to be as healthy and happy as possible and to achieve your full potential. To help with this we are doing a survey to find out about your health and lifestyles. We would like to ask you how you feel, what you think your health is like and how you live your lives. The information will be used to help us improve the health of young people in Hull.

Confidentiality

Your answers will be anonymous which means that we will only know the school, school year and age of the person who filled in which form, not their name. This means that we can't identify you or know what answer you gave to each question. Therefore you can write down what you really feel and believe.

How to fill in the questionnaire

There are quite a lot of questions, but most only ask you to tick boxes and not write long answers! Most ask you to tick the box that you agree with or is what you think, feel or do and is the best one for you. For some questions you will need to tick one box only, and for some you may be asked to tick several that you agree with or that apply to you. For other questions you may be asked to write your answer in words or numbers in a box, e.g. your postcode or the number of grown ups in your house.

Your answers are important to us

A lot of young people in Hull aged between 11 and 16 years will be filling in this form, so we have questions on a lot of topics, like smoking and drinking. Some may not apply to you, but we would really like you to answer ALL the questions.

Please try to fill in the form as honestly and truthfully as possible. We would like to know about what YOU think, feel and do. There is no right or wrong answer.

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YOU AND YOUR HOME

1. Are you **male** or **female**?
*(Please tick only **one** box)*

Male ☐ 1  Female ☐ 2 

2. How **old** are you (in years)?
*(Please tick only **one** box)*

11 ☐ 1 12 ☐ 2 13 ☐ 3 14 ☐ 4 15 ☐ 5 16 ☐ 6

3. What **school year** are you?
*(Please tick only **one** box)*

Year 7 ☐ 1 Year 8 ☐ 2 Year 9 ☐ 3 Year 10 ☐ 4 Year 11 ☐ 5

4. What is the **postcode** of your **home** (where you sleep most nights)?
*(Please **write it** in the boxes)*

H	U					

5. How many times have you **moved home** in the **last two years**?
*(Please tick only **one** box)*

0 ☐ 0 1 ☐ 1 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 or more ☐ 5

6. How many **adults/grown ups live with you** in your home (aged 18 or more)?
*(Please **write the number** of people in the box)*

☐

7. How many **other children** (not counting you) **live with you** in your home (under 18)?
*(Please **write the number** of other children in the box)*

☐ 

8. Do you have access to the **internet at home**?
*(Please tick only **one** box)*

Yes ☐ 1 No ☐ 2

ACTIVITIES

9. In the **last week, during or outside school** time, **how many hours** did you spend on sports and physical activities **in total?** As well as sports and physical activities include walking, cycling, gardening, active housework and any activity vigorous enough to make you breathless.

*(Please add up the **total number of hours for the week** and write it in the box)*


Total hours last week

ALL sports and physical activities

10. On **one typical or usual school day last week**, how **long** did you spend on these activities **in total adding up the time over the day** (**not** counting school lessons but **include after school clubs**)? Activities before and after school. Not Saturday or Sunday.

*(Please tick **one** box **for each line**. If you did any other activity that is not listed, please write in the details at the bottom of the list.)*

	Not at all	Less than 1 hour	About 1 hour	About 2 hours	3 or more hrs
Spending time with friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Spending time with family	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Watching TV or DVDs/Blu Ray	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Gaming (PC, internet, console, playstation, Wii, etc)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Internet (not games)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Texting (mobiles)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Listening to music	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Reading books	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Reading magazines	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Doing homework	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Spending time by yourself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Playing board games, etc	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Sports and physical activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Caring (e.g. helping someone get washed or dressed)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Helping (e.g. cooking, washing up)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Other (write in what): …….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Other (write in what): …….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Your name will not be recorded on this form. No-one will know the answers you give.

SAFETY

11. How **safe do you feel** when **outside** in the area near your home **during the daytime?** *(by area we mean within a 15-20 minute walk or a 5-10 minute drive from your home)*

*(Please tick only **one** box)*

Very safe	Fairly safe	A bit unsafe	Very unsafe	Don't know
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

12. How **safe do you feel** when **outside** in the area near your home **after dark?**

*(Please tick only **one** box)*

Very safe	Fairly safe	A bit unsafe	Very unsafe	Don't know
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

YOUR FEELINGS

13. How often do you **usually feel happy?**

*(Please tick only **one** box)*

All of the time	Most of the time	Some of the time	Not much of the time	Rarely or never
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

14. How often do you **usually feel sad?**

*(Please tick only **one** box)*

All of the time	Most of the time	Some of the time	Not much of the time	Rarely or never
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

SCHOOL

15. **How far do you agree** with these statements?
*(Please tick **one** box **for each line**)*

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
My school is a place where…					
…adults at school listen to what I say	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
…the things I learn are important to me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
…I really like to go each day	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
…I like learning	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

16. What do you **think you will do** when you are **16?**
*(Please tick only **one** box)*

Go to work / get a full time job	☐ 1
Stay in education at college or 6th form	☐ 2
Job training / apprenticeship	☐ 3
Other (please write in box)	☐ 4
Don't know	☐ 5

If 'Other', please **write what**, in this box:

17. Have you **ever** been **bullied** at school?
*(Please tick only **one** box)*
Yes ☐ 1 No ☐ 2

If yes, please continue with Question 18. If no, please go to Question 20.

18. Have you been **bullied** in the **last month** at school?
*(Please tick only **one** box)*
Yes ☐ 1 No ☐ 2

19. **<u>If you have ever been bullied</u>, what** was the bullying?

*(Please tick **one** box **for each line**)*	Yes, a lot	Yes, a bit	No
Called names, teased, etc	1	2	3
Pushed, hit, kicked, slapped, etc	1	2	3
Ignored	1	2	3
Your things or money taken or hidden	1	2	3
Text messages / email	1	2	3
Lies or rumours spread about you	1	2	3

If there was **something else not on this list**, please **write in the box** below what it was:

<u>YOUR WORRIES</u>

20. How much have you **worried** about the following in the **<u>last month</u>**?

*Please tick **one** box **for each line**)*	A great deal	Quite a lot	A bit but not much	Very little	Not at all
Homework	1	2	3	4	5
School tests or exams	1	2	3	4	5
Money	1	2	3	4	5
Your health	1	2	3	4	5
Getting a job	1	2	3	4	5
Boyfriend/girlfriend problems	1	2	3	4	5
Problems with friends	1	2	3	4	5
Being bullied	1	2	3	4	5
Problems at home	1	2	3	4	5
The way you look	1	2	3	4	5
Smoking	1	2	3	4	5
Drinking alcohol	1	2	3	4	5
Illegal drugs being available	1	2	3	4	5
Puberty and growing up	1	2	3	4	5
Losing weight	1	2	3	4	5

21. If you are **worried or upset**, do you do any of the things listed below to **help you feel better**?

*(Please tick **one** box **for each line**)*

	Yes, often		Yes, sometimes		No	
Talk to friends	☐	1	☐	2	☐	3
Talk to your family	☐	1	☐	2	☐	3
Do sport or exercise	☐	1	☐	2	☐	3
Listen to music	☐	1	☐	2	☐	3
Drink alcohol	☐	1	☐	2	☐	3
Smoke tobacco	☐	1	☐	2	☐	3
Watch TV or DVDs/Blu Ray	☐	1	☐	2	☐	3
Spend time on your hobbies	☐	1	☐	2	☐	3
Prayer or meditation	☐	1	☐	2	☐	3
Eat	☐	1	☐	2	☐	3
Cry	☐	1	☐	2	☐	3
Sleep	☐	1	☐	2	☐	3
Take medicines	☐	1	☐	2	☐	3
Take illegal drugs	☐	1	☐	2	☐	3
Gaming (PC, console, gameboy, playstation, etc)	☐	1	☐	2	☐	3
Play board games	☐	1	☐	2	☐	3
Draw	☐	1	☐	2	☐	3
Spend time by yourself	☐	1	☐	2	☐	3
Go on internet	☐	1	☐	2	☐	3
Text friends	☐	1	☐	2	☐	3
Go on an internet site like Facebook or Myspace	☐	1	☐	2	☐	3
Go in to internet Chatrooms	☐	1	☐	2	☐	3

If there **something else not on this list** that helps you when you feel upset or worried, please **write** in what it is:

YOUR FAMILY

22. **How many** of these people **live in your home** with you (the home where you sleep most nights)?

*(Please **write number in each row** and put in 0 for none)*

	Number		Number
Mother (or step-mother or carer		Uncles or aunts	
Father (or step-father or carer)		Friends of the family	
Mother's boyfriend or partner		Person renting room (lodger)	
Father's girlfriend or partner		Other children (not brothers or sisters)	
Brothers or sisters (or step brothers or sisters)		Other adults	
Grandparent or grandparents		I live in a children's home **(tick box)**	99

23. Thinking about caring, do you **help look after** any of these people?

*(Please tick as **many as apply**)*

No, no-one	
Disabled or ill mother	
Disabled or ill father	
Disabled or ill brother or sister	
Elderly grandparents	
Someone else	

24. Is your **mother (female carer)**:

*(Please tick only **one** box)*

In full-time paid work/self-employed		1
In part-time paid work/self-employed		2
Working, but not sure if part or full time		3
Not in paid work at all: At home looking after the family/home		4
Not in paid work at all: Unemployed or looking for a job		5
Not in paid work at all: Disabled or ill (cannot work)		6
Not in paid work at all: A student		7
Don't have one at home		8
Don't know		9

25. Is your **father (male carer)**:
*(Please tick only **one** box)*

	In full-time paid work/self-employed	1
	In part-time paid work/self-employed	2
	Working, but not sure if part or full time	3
Not in paid work at all	At home looking after the family/home	4
	Unemployed or looking for a job	5
	Disabled or ill (cannot work)	6
	A student	7
	Don't have one at home	8
	Don't know	9

ETHNICITY AND LANGUAGE

26. To which of these **ethnic** groups do you belong?
*(Please tick only **one** box)*

White British or Irish	1
Eastern European	2
Other White	3
Mixed race / Dual Heritage	4
Asian or Asian British	5
Middle Eastern	6
Black or Black British	7
Chinese or Chinese British	8
Other (please write in box)	9

If 'Other', please **write which ethnic group** you belong to, in this box:

27. **At home**, is **English** your **first language?**
*(Please tick only **one** box)*

Yes 1 No 2

If yes, please go to Question 29. If no, please continue with Question 28.

28. **If no, what language** does your family speak **in the home?**
*(Please **write the language** in the box below)*

YOU AND YOUR HEALTH

29. During the **last year** have **you used or visited** any of these as a patient?
*(Please tick **one** box **for each line**)*

	Yes	No
Family doctor (GP)	☐ 1	☐ 2
An Accident and Emergency (A&E) Casualty department or Minor Injuries Unit	☐ 1	☐ 2
A hospital clinic (out-patient department including orthodontic clinic)	☐ 1	☐ 2
A hospital as an 'inpatient' (where you **stayed** overnight)	☐ 1	☐ 2

30. When did you **last** visit your **dentist**?
*(Please tick only **one** box)*

During last 6 months	☐ 1
Between 7 and 12 months ago	☐ 2
Between 1 and 2 years ago	☐ 3
More than 2 years ago	☐ 4
Never	☐ 5
Don't know	☐ 6

31. The **last time** you visited your **dentist, why did you go**? Was it because:

*(Please tick only **one** box)*

You went for a check-up	☐ 1
You were having trouble with your teeth or gums	☐ 2
You had a note from school	☐ 3
Other reason (please write in box)	☐ 4
You can't remember	☐ 5
You have never been to a dentist	☐ 6

If 'Other', please **write what other reason**, in this box:

32. **In general**, would you say your **health** is:
*(Please tick only **one** box)*

Excellent	Very good	Good	Fair	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

33. Do you have any **illness or disability** which has **lasted more than a month**? Yes ☐ 1 No ☐ 2

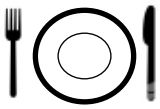
*(Please tick only **one** box)*

If yes, please continue with Question 34. If no, please go to Question 35.

34. **If yes**, has this meant you have **not been able to do some things** you normally like doing, e.g. your hobbies or activities with your friends? Yes ☐ 1 No ☐ 2

*(Please tick only **one** box)*

YOUR DIET



35. **Generally speaking**, do you **think** you have a **healthy diet**?

*(Please tick only **one** box)*

Yes ☐ 1 No ☐ 2 Don't know what a healthy diet is ☐ 3 Don't know if I have a healthy diet ☐ 4

36. Do you **help make meals** or cook at **home**?

*(Please tick only **one** box)*

Yes, often ☐ 1 Yes, sometimes ☐ 2 Never or hardly ever ☐ 3

37. **Will you be** or **are you** learning **cookery** at school as part of Food Technology or other lessons **during this school year**? Yes ☐ 1 No ☐ 2

*(Please tick only **one** box)*

38. Are you **attending** an **after school cookery club**? Yes ☐ 1 No ☐ 2

*(Please tick only **one** box)*

YOUR DIET - BREAKFAST

39. **How often** do you **eat** the following during a **usual** school week?

*(Please tick **one** box **for each line**)*

	Every day (5 days)	3 or 4 times a week	1 or 2 times a week	Less than once a week	Never
Breakfast before coming to school	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Breakfast on way to school	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Breakfast at school	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

40. **Today**, what did you have for **breakfast**?

*(Please tick as **many as apply**)*

Nothing	☐	Bread or toast	☐
A hot drink	☐	Fruit	☐
A fizzy drink	☐	Crisps	☐
A milk drink	☐	Yoghurt	☐
A fruit drink (juice or smoothie)	☐	Chocolate or sweets	☐
Other cold drink (squash or water)	☐	Cereal bar	☐
Cereal or porridge oats	☐	Biscuits or cakes	☐
Cooked breakfast e.g. bacon, egg etc	☐	Something else (write below)	☐

If there **something else not on this list** that you ate for breakfast, please **write** in this box what it was:

YOUR DIET – LUNCH AND SNACKS DURING THE DAY

41. **How often** do you **eat** the following during a **usual** school week?

*(Please tick **one** box **for each line**)*

	Every day (5 days)	3 or 4 times a week	1 or 2 times a week	Less than once a week	Never
School dinners	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
A 'packed lunch' from home	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Lunch bought outside school	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Lunch at home (go home for lunch)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

42. The **last time** you were **at school, what** did you have for **lunch** and **snacks during the day** (this could be lunch and snacks you brought from home, school dinners or bought outside school)?

*(Please tick as **many as apply**)*

Nothing	☐	Hot dogs	☐
A hot drink	☐	White meat (chicken, turkey, etc)	☐
A fizzy drink	☐	Red meat (beef, pork, bacon, etc)	☐
A milk drink	☐	Chicken nuggets	☐
A fruit drink (juice or smoothie)	☐	Fish fingers or battered fish	☐
Other cold drink (squash or water)	☐	Fish without batter (tuna, etc)	☐
Cold sandwiches or wrap	☐	Pizza	☐
Hot or toasted sandwich	☐	Takeaway (Chinese, Indian, etc)	☐
Bread or toast	☐	Kebabs	☐
Cereal or porridge oats	☐	Curry	☐
Eggs	☐	Chilli	☐
Cheese	☐	Crisps (and tortillas e.g. Doritos)	☐
Soup	☐	Nuts	☐
Rice	☐	Cereal bars	☐
Pasta	☐	Fruit	☐
Chips	☐	Yoghurt, fromage frais, etc	☐
Boiled or mashed potatoes	☐	Cake	☐
Jacket potato	☐	Chocolate bars	☐
Vegetables (including baked beans)	☐	Sweets	☐
Salad	☐	Biscuits	☐
Burger	☐	Pudding or dessert	☐
Sausages	☐	Ice cream	☐
Sausage roll, meat pie, pastie, etc	☐	Something else (write in box below)	☐

If there **something else not on this list** that you ate for lunch or snacks during the school day, please **write** in this box what it was:

43. **Where** did you get **your lunch** and **snacks** mentioned above from?

*(Please tick as **many as apply**)*

I bought it from school	☐
I brought it from home	☐
I bought it outside school	☐
I ate it at home (went home for lunch)	☐

YOUR DIET – EVENING MEAL AND SNACKS

44. **Yesterday, what** did you have for your **evening meal** and **snacks during the evening?**

*(Please tick as **many as apply**)*

Nothing	☐	Hot dogs	☐
A hot drink	☐	White meat (chicken, turkey, etc)	☐
A fizzy drink	☐	Red meat (beef, pork, bacon, etc)	☐
A milk drink	☐	Chicken nuggets	☐
A fruit drink (juice or smoothie)	☐	Fish fingers or battered fish	☐
Other cold drink (squash or water)	☐	Fish without batter (tuna, etc)	☐
Cold sandwiches or wrap	☐	Pizza	☐
Hot or toasted sandwich	☐	Takeaway (Chinese, Indian, etc)	☐
Bread or toast	☐	Kebabs	☐
Cereal or porridge oats	☐	Curry	☐
Eggs	☐	Chilli	☐
Cheese	☐	Crisps (and tortillas e.g. Doritos)	☐
Soup	☐	Nuts	☐
Rice	☐	Cereal bars	☐
Pasta	☐	Fruit	☐
Chips	☐	Yoghurt, fromage frais, etc	☐
Boiled or mashed potatoes	☐	Cake	☐
Jacket potato	☐	Chocolate bars	☐
Vegetables (including baked beans)	☐	Sweets	☐
Salad	☐	Biscuits	☐
Burger	☐	Pudding or dessert	☐
Sausages	☐	Ice cream	☐
Sausage roll, meat pie, pastie, etc	☐	Something else (write in box below)	☐

If there **something else not on this list** that you ate during the evening, please **write** in the box what it is:

YOUR DIET – CHANGES TO DIET AND EXERCISE

45. **Would you like to…**

*(Please tick **one** box **for each line**)*

	Yes	No	Don't know
…eat a healthier diet?	☐ 1	☐ 2	☐ 3
…lose weight?	☐ 1	☐ 2	☐ 3
…increase your weight?	☐ 1	☐ 2	☐ 3
…play more sports/take more exercise?	☐ 1	☐ 2	☐ 3
…be more active?	☐ 1	☐ 2	☐ 3

YOUR DIET – FRUIT AND VEGETABLES

46. **How many portions** or **pieces** of **fruit** did you eat **yesterday**? (a portion is 1 banana, 1 apple, 1 pear, 2 plums, handful of grapes, etc. Do **not** include glasses of juice)

*(Please **write the number** in the box)*

☐

47. **How many portions** of **vegetables** did you eat **yesterday (not potatoes)?** (a portion is about a handful or three medium-sized spoons of vegetables like peas, carrots or sweetcorn, or a medium-sized tomato)

*(Please **write the number** in the box)*

☐

48. **How many glasses** of **real fruit juice** (e.g. Tropicana) did you drink **yesterday** (not squash or juice drinks)?

*(Please **write the number** in the box)*

☐

ALCOHOL

49. Have you **ever** had a **whole alcoholic drink (including alcopops)**, i.e. not just a sip?

Yes ☐ 1 No ☐ 2

*(Please tick only **one** box)*

If yes, please continue with Question 50. If no, please go to Question 58.

50. How often do you **normally** have an **alcoholic drink**?

*(Please tick only **one** box)*

Rarely	☐ 1	1-3 days a week	☐ 4
Less than once a month	☐ 2	4-6 days a week	☐ 5
1-3 days a month	☐ 3	Every day	☐ 6

51. During the **last 7 days**, on **how many days** did **you drink** some **alcohol**? (do not include cans of shandy)

*(Please tick only **one** box)*

0 days	☐	0	4 days	☐	4
1 day	☐	1	5 days	☐	5
2 days	☐	2	6 days	☐	6
3 days	☐	3	7 days	☐	7

If "0 days", please go to Question 54. If you did drink in the last 7 days, please continue with Question 52.

52. If you have had any **alcoholic drinks** in the **last 7 days**, please **write how much** of these drinks you have had:

Assume that one small can or bottle is half a pint (½), 1 standard or large can or bottle is 1 pint and one litre is 2 pints.

*(Please **write in the number** you have drunk **in each box**)*

	Write in number	
Shandy (canned)		pints
Shandy (mixed)		pints
Ordinary beer or lager (e.g. John Smiths, Heineken, etc)		pints
Strong beer or lager (e.g. Stella Artois, Tennant's Extra, etc)		pints
Low alcohol beer or lager		pints
Ordinary cider (e.g. Woodpecker, etc)		pints
Strong cider (e.g. White lightning, Diamond White , etc)		pints
Wine (including babycham and champagne)		pub glasses
Low alcohol wine		glasses
Sherry, martini, cinzano, port, etc		glasses
Spirits (e.g. gin, whisky, vodka, rum, brandy, Bacardi, etc)		pub measures
Shots (e.g. Aftershock, Sidekick, etc)		measures
Alcopops/pre-mixed spirits (e.g. Bacardi Breezer, Smirnoff Ice, WKD, etc)		small bottles

If there is **any alcoholic drink you have drunk which is not listed above**, please **write it** below and the **amount drunk**:

53. Did **you drink alcohol** at any of these **places** during the **last 7 days**?
*(Please tick **one** box **for each line**)*

	Yes		No	
At home	☐	1	☐	2
At a friend's	☐	1	☐	2
At a club, party or disco	☐	1	☐	2
At a pub or bar	☐	1	☐	2
At a relation's home	☐	1	☐	2
In a restaurant	☐	1	☐	2
In a public place (e.g. street, park)	☐	1	☐	2
Somewhere else (write in box)	☐	1	☐	2

If somewhere else, please **write** in the box **where**:

54. How often do **you get drunk**?

*(Please tick only **one** box)*

I have never been drunk	☐	1
I have only been drunk a few times	☐	2
Less than once a month	☐	3
About once a month	☐	4
About once every two weeks	☐	5
About once a week	☐	6
More than once a week	☐	7

55. **Where** do you get your **alcohol**?
*(Please tick as **many as apply**)*

I buy it in a supermarket	☐	Sold to me by friends	☐
I buy it in a corner shop	☐	Sold to me by other people or students at school	☐
I buy it in a garage shop	☐	Given to me by parents or carers	☐
I buy it in an off-licence	☐	Given to me from brothers or sisters	☐
I buy it from another type of shop	☐	Given to me from other relatives or family	☐
I buy it at a pub or club	☐	Given to me from friends	☐
Ask family members to buy it for me	☐	Given to me from other people or students at school	☐
Ask friends to buy it for me	☐	Take from home	☐
Ask strangers to buy it for me	☐		

If you **get** your **alcohol from somewhere else**, please **write it** in the box below (please do not give people's names):

56. Have **any** of these **happened to you** after drinking **alcohol**?
*(Please tick **one** box for **each line**)*

	Never	In last 4 weeks	In last year
Got drunk	☐ 1	☐ 2	☐ 3
Got into an argument	☐ 1	☐ 2	☐ 3
Got into a fight	☐ 1	☐ 2	☐ 3
Attended casualty (A&E)	☐ 1	☐ 2	☐ 3
Missed school	☐ 1	☐ 2	☐ 3
Was sick/vomited	☐ 1	☐ 2	☐ 3
Had unprotected sex	☐ 1	☐ 2	☐ 3
Tried smoking for the first time	☐ 1	☐ 2	☐ 3
Tried illegal drugs	☐ 1	☐ 2	☐ 3
Had memory loss	☐ 1	☐ 2	☐ 3
Passed out	☐ 1	☐ 2	☐ 3
Committed a crime	☐ 1	☐ 2	☐ 3
Committed an act of vandalism or damaged property	☐ 1	☐ 2	☐ 3
Arrested	☐ 1	☐ 2	☐ 3
Caused others to complain to the police	☐ 1	☐ 2	☐ 3

57. Do you think that the **amount** of alcohol **you usually drink** could **damage your health**?

*(Please tick only **one** box)*

No	☐	1
Possibly	☐	2
Yes, it is likely	☐	3
Don't know	☐	4

TOBACCO

58. Have you **smoked any cigarettes** during the **last 7 days**? Yes ☐ 1 No ☐ 2

*(Please tick only **one** box)*

If yes, please continue with Question 59. If no, please go to Question 60.

59. **If yes, how many** cigarettes have you smoked during the **last 7 days**? ☐

*(Please **write number** of cigarettes smoked in the box)*

60. What statement **best describes you**?

*(Please tick only **one** box)*

I have never smoked at all, not even a drag	☐	1
I have tried smoking once or twice	☐	2
I used to smoke, but I don't now	☐	3
I smoke occasionally	☐	4
I smoke regularly	☐	5

61. What statement **best describes you**?

*(Please tick only **one** box)*

I don't smoke now and I never will	☐	1
I don't smoke now but I may when I am older	☐	2
I smoke, but would like to give up	☐	3
I smoke and don't want to give up	☐	4

62. **If you have ever tried** a cigarette, how old were you when you smoked your **first cigarette?**

*(Please **write age** you first tried a cigarette in box or **tick the other box** if never smoked)*

Write in **your age** when you smoked your **first cigarette** ☐ OR **tick** if never smoked ☐ 99

63. **If you have ever smoked regularly**, how old were you when you **became a regular smoker?**

*(**Write age** when you became a regular smoker in box or **tick the other box** if never regularly smoked)*

Write in **your age** when you **become a regular smoker** ☐ OR **tick** if never smoked regularly ☐ 99

64. Do any people who **live in your house smoke** regularly (<u>not</u> you)?

*(Please tick only **one** box)*

No, no-one	☐	1
Yes, they smoke but not inside the house	☐	2
Yes, they smoke in the house	☐	3

65. **Where** do you get your **cigarettes?**

*(Please tick as **many as apply**)*

I do not smoke	☐	Ask strangers to buy them for me	☐
I buy them in a supermarket	☐	Sold to me by friends	☐
I buy them in a corner shop	☐	Sold to me by other people or students at school	☐
I buy them in a garage shop	☐	Given to me by parents or carers	☐
I buy them in an off-licence	☐	Given to me from brothers or sisters	☐
I buy them from another type of shop	☐	Given to me from other relatives or family	☐
I buy them from vending machines	☐	Given to me from friends	☐
Ask family members to buy them for me	☐	Given to me from other people or students at school	☐
Ask friends to buy them for me	☐	Take from home	☐

If you **get** your **cigarettes from somewhere else**, please **write it** in the box below (please do not give people's names):

DRUGS

66. Has anyone **offered or encouraged you to try** any **drugs** in the **last three months**? Yes ☐ 1 No ☐ 2

*(Please tick only **one** box)*

If yes, please continue with Question 67. If no, please go to Question 68.

67. **If yes, what drugs** were you offered or encouraged to use or try?

*(Please tick as **many as apply**)*

Anabolic steroids – for body building/strength *(e.g. Deca)*	☐
Cannabis *(e.g. grass, pot, marijuana, dope, blow, skunk, hash, puff, draw, ganja, spliff, joints, smoke, weed, Leb black, moroccan)*	☐
Cocaine *(e.g. snow, coke, Charlie, C)*	☐
Ecstasy *(E, MDMA, XTC, Mitsibishis/Mitzis, Rolexes, Doves, Beans, Rolls, X)*	☐
Heroin *(e.g. H, junk, smack, skag, gear, Brown)*	☐
LSD *(e.g. acid, tabs, trips, dots)*	☐
Semeron *(Sem)*	☐
Solvents used as drugs *(e.g. glue sniffing, glue, gas refills, cleansing fluid)*	☐
Other drug not listed above (please write in box)	☐

If you were offered **other drugs not listed above**, please **write it** in what in the box below:

68. Have you **ever used or tried** any **drugs** (not medicines like paracetamol or aspirin)? Yes ☐ 1 No ☐ 2

*(Please tick only **one** box)*

If yes, please continue with Question 69. If no, please go to Question 70.

69. **<u>If yes</u>**, please say **when you have used** any of the **drugs** listed below.

*(Please tick **one** box **for each line**)*	In last 4 weeks	In last year	More than a year ago
Anabolic steroids – for body building/strength *(e.g. Deca)*	☐ 1	☐ 2	☐ 3
Cannabis *(e.g. grass, pot, marijuana, dope, blow, skunk, hash, puff, draw,ganja, spliff, joints, smoke, weed, Leb black, moroccan)*	☐ 1	☐ 2	☐ 3
Cocaine *(e.g. snow, coke, Charlie, C)*	☐ 1	☐ 2	☐ 3
Ecstasy *(E, MDMA, XTC, Mitsibishis/Mitzis, Rolexes, Doves, Beans, Rolls, X)*	☐ 1	☐ 2	☐ 3
Heroin *(e.g. H, junk, smack, skag, gear, Brown)*	☐ 1	☐ 2	☐ 3
LSD *(e.g. acid, tabs, trips, dots)*	☐ 1	☐ 2	☐ 3
Semeron *(Sem)*	☐ 1	☐ 2	☐ 3
Solvents used as drugs *(e.g. glue sniffing, glue, gas refills, cleansing fluid)*	☐ 1	☐ 2	☐ 3
Other drug not listed above (please write in box)	☐ 1	☐ 2	☐ 3

If you used or tried **other drugs not listed above**, please **write** in the box below **what** it was:

70. **<u>Where</u> would you go, or <u>who</u> would you ask,** for **help or advice** about **any drug** (including **alcohol** and **tobacco**)?

*(Please tick as **many as apply**)*

My parents / carers	☐	Internet	☐
School teacher	☐	Chat rooms	☐
Friends	☐	Magazines/newspapers	☐
Brothers, sisters, other close relations	☐	Leaflets	☐
Family Doctor (GP)	☐	Connexions	☐
School nurse	☐	NHS Direct	☐
Health Trainers	☐	NHS Choices	☐
Refresh	☐	Drinkline	☐
FRANK / talk to Frank Campaign	☐	Childline	☐
Youth worker	☐	r u thinking	☐
Radio	☐	Warren	☐
TV	☐	Do not know	☐
Books	☐		

If there is **someone else you would ask** or **somewhere else you would look**, please **write it** in box (please do not give people's names):

SEXUAL HEALTH

71. If you wanted some **help and advice** about **sexual health <u>who</u> would you ask or <u>where</u> would you look?**

*(Please tick **one** box **for each line**)*

	Yes		No		Not sure	
My parents / carers	☐	1	☐	2	☐	3
School teacher	☐	1	☐	2	☐	3
Friends	☐	1	☐	2	☐	3
Brothers, sisters, other close relations	☐	1	☐	2	☐	3
Family Doctor (GP)	☐	1	☐	2	☐	3
School nurse	☐	1	☐	2	☐	3
Health Trainers	☐	1	☐	2	☐	3
Family Planning Clinic / Conifer House	☐	1	☐	2	☐	3
Youth worker	☐	1	☐	2	☐	3
Radio	☐	1	☐	2	☐	3
TV	☐	1	☐	2	☐	3
Books	☐	1	☐	2	☐	3
Internet	☐	1	☐	2	☐	3
Chat rooms	☐	1	☐	2	☐	3
Magazines/newspapers	☐	1	☐	2	☐	3
Leaflets	☐	1	☐	2	☐	3
Connexions	☐	1	☐	2	☐	3
NHS Direct	☐	1	☐	2	☐	3
NHS Choices	☐	1	☐	2	☐	3
Childline	☐	1	☐	2	☐	3
Sexwise	☐	1	☐	2	☐	3
r u thinking	☐	1	☐	2	☐	3
Warren	☐	1	☐	2	☐	3
Cornerhouse	☐	1	☐	2	☐	3
Johnny Woman	☐	1	☐	2	☐	3
Do not know	☐	1	☐	2	☐	3
Do not want any advice	☐	1	☐	2	☐	3

If there is **someone else you would ask** or **somewhere else you would look**, please **write it** in box (please do not give people's names):

72. Have you **ever heard of** any of these **sexually transmitted infections?**
*(Please tick **one** box **for each line**)*

	Yes		No		Don't know	
Gonorrhoea	☐	1	☐	2	☐	3
Syphilis	☐	1	☐	2	☐	3
Chlamydia	☐	1	☐	2	☐	3
Genital Herpes	☐	1	☐	2	☐	3
HIV/AIDS	☐	1	☐	2	☐	3

If "yes" to ANY of Question 72, please continue with Question 73.

If "no" or "don't know" to ALL of Question 72, please go to Question 74.

73. **If <u>yes</u>, where** did **you get** to **hear about them?**
*(Please tick as **many as apply**)*

My parents / carers	☐	Chat rooms	☐
School teacher	☐	Magazines/newspapers	☐
Friends	☐	Leaflets	☐
Brothers, sisters, other close relations	☐	Connexions	☐
Family Doctor (GP)	☐	NHS Direct	☐
School nurse	☐	NHS Choices	☐
Family Planning Clinic / Conifer House	☐	Childline	☐
Health Trainers	☐	Sexwise	☐
Youth worker	☐	r u thinking	☐
Radio	☐	Warren	☐
TV	☐	Cornerhouse	☐
Books	☐	Johnny Woman	☐
Internet	☐	Don't know or remember	☐

If it was from **someone else or somewhere else**, please **write it** in box (please do not give people's names):

74. What do you think is the **best way** to get **information** about contraception or sexual health?

*(Please tick as **many as apply**)*

Written information only (a leaflet or similar)	
Written information (website)	
Talking to a health professional (school nurse, etc)	
Talking to a parent/carer, other relation or close friend	
Talking to a teacher or youth worker	
Talking to someone and having written information to take away	
Don't know	

75. **Where would you go** if you needed **contraception**?

*(Please tick as **many as apply**)*

Conifer House or Family Planning	
Family Doctor (GP)	
School nurse	
Pharmacy/chemist	
Warren	
Cornerhouse	
Johnny Woman	
Vending machines in public toilets	
From someone/somewhere else	
Don't know	

If from **someone else or somewhere else**, please **write it** in box (please do not give people's names):

ANYTHING ELSE?

76. Is there **anything else you would like to add** to your answers you have already given?

*(Please **write in** the box)*

THANK-YOU VERY MUCH FOR FILLING IN THIS QUESTIONNAIRE

A small number of questions used in this survey originally came from the School Health Education Unit in Exeter. Permission was kindly given to use these questions in the 1996 local Children's and Young People's survey, and extended to this questionnaire.