Health & Lifestyle Survey of Young People 2016

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 anonymous 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.

Health & Lifestyle Survey of Young People 2016

YOU AND YOUR HOME

Q1. Are you **male** or **female**?
*(Please tick only **one** box)*

Male ☐ 1 Female ☐ 2

Q2. How **old** are you (in years)?
*(Please tick only **one** box)*

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

Q3. What **school year** are you in?
*(Please tick only **one** box)*

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

Q4. What is the **postcode** of your **home** (where you sleep most nights)?
*(Please **write it** in the boxes)*

H	U						

Q5. How many **adults/grown ups live with you** in your home (aged 18 or more)?
*(Please **write the number** of people in the box)*

☐

Q6. 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)*

☐

Q7. How many **books** are there in your **home**? (Do not count Kindle, i-books, e-books, newspapers, magazines or school books)
*(Please tick only **one** box)*

Option		Code
None	☐	1
Very few (1-10 books)	☐	2
Enough to fill one shelf (11-50 books)	☐	3
Enough to fill one bookcase (51-100 books)	☐	4
Enough to fill two bookcases (101-200 books)	☐	5
Enough to fill three or more bookcases (more than 200 books)	☐	6

Q8. Do any people who **live in your house smoke** (not you)?
*(Please tick only **one** box)*

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

INTERNET

Q9. What are the **main risks** of using the **internet**?
*(Please tick **as many as apply**)*

Cyber bullying	☐
Someone hacking your personal information	☐
Computer viruses	☐
People lying about who they are/pretending to be someone else	☐
Seeing images that make you uncomfortable	☐
Reading things that make you uncomfortable	☐
Receiving messages from people you don't know	☐
Being asked to do things online by other people	☐
Other risks	☐
There are no risks	☐

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

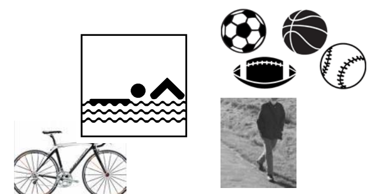
Q10. Where did you learn about **internet** safety?
*(Please tick **as many as apply**)*

At school	☐
At home	☐
Online	☐
From friends	☐
Newspapers/magazines	☐
Television	☐
Radio	☐
Have not learned about internet safety	☐

SPORTS AND PHYSICAL ACTIVITIES

Q11. 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	



Q12. Thinking in more detail about physical activity, in an **average week**, how many **days** do you spend doing at **least 60 minutes** of physical activity? e.g. fast walking, running, gymnastics, etc.?
*(Please tick only **one** box)*

None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

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

YOUR FEELINGS AND WORRIES

Q13. How often do you **usually feel** . . . . ?
*(Please tick **one** box on each line)*

	All of the time	Most of the time	Some of the time	Not much of the time	Rarely or never
Happy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Sad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Lonely / isolated from others	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Q14. How much have you **worried** about the following in the **last month**?
*(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
Cyber bullying	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Other forms of bullying	☐ 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
Your weight	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Feeling lonely	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Staying safe on the internet	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Feeling hungry during school holidays	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Q15. If you are feeling sad or worried, who can your talk to about this?
*(Please tick as **many as apply**)*

Parents/carers	☐ 1
Other family members	☐ 2
Friends	☐ 3
Teachers	☐ 4
Youth worker	☐ 5
Someone else	☐ 6
No-one/none of the above	☐ 7

If Someone else, please **write who they are**, in this box (please do not give people's names):

SCHOOL

Q16. How far do you agree with these statements?
*(Please tick **one** box **for each line**)*

My school is a place where…	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
…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

Q17. What would help you to do better at school?
(Please tick one box on each line)

	Big difference	Small difference	No difference
Quieter / better behaved class	☐ 1	☐ 2	☐ 3
More fun or interesting lessons	☐ 1	☐ 2	☐ 3
More help from family/friends (e.g. homework)	☐ 1	☐ 2	☐ 3
More help from teachers	☐ 1	☐ 2	☐ 3
Smaller class / group	☐ 1	☐ 2	☐ 3
Someone to talk to if I have problems/struggle in class	☐ 1	☐ 2	☐ 3

Q18. Have you **ever** been **bullied** at school?
*(Please tick only **one** box)*

Yes, in the last month	Yes, more than 1 month ago	No
☐ 1	☐ 2	☐ 3

If yes, please continue with Question 19. If no, please go to Question 21.

Q19. If you have ever been bullied, 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
Cyber bullying	☐ 1	☐ 2	☐ 3
Made to do things you didn't want to do	☐	☐	☐

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

Q20. *If you **were** to be bullied, who would you tell?*
(**Please tick **as many as apply)

Parent / carer	☐ 1	Youth Worker	☐ 5
Other family member	☐ 2	Someone else	☐ 6
Member of school staff	☐ 3	Would not tell anyone	☐ 7
Friend	☐ 4	Don't know	☐ 8

If you **would tell someone else**, please **write who** in this box (please do not give people's names):

Q21. Have you **ever bullied anyone** at school?
*(Please tick only **one** box)*

Yes, in the last month	Yes, more than 1 month ago	No
☐ 1	☐ 2	☐ 3

Q22. How often have you **played truant (bunked off)** in the **last 12 months**?
*(Please tick only **one** box)*

Never	Once or twice	3 or 4 times	5 or more times
☐ 1	☐ 2	☐ 3	☐ 4

YOUR FAMILY

Q23. Is your **mother/father (female/male carer)**:
*(Please tick **one** box in each column)*

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

YOUR COMMUNITY

Q24. Thinking about **disabled people**, how much of the time do **you think** they can **lead a life as full as non-disabled people**?
*(Please tick only **one** box)*

All of the time	Most of the time	Some of the time	Rarely	Never
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Q25. How much do you agree or disagree with the following statements? (Please tick one box on each line)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to live in Hull	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I feel connected to my local community	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My local area is a place where people from different age groups get along	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Q26. How **safe do you feel** when **outside** in the area near your home **during the daytime** or **after dark**? *(by area we mean within a 15-20 minute walk or a 5-10 minute drive from your home)*
*(Please tick **one** box on **each** line)*

	Very safe	Fairly safe	A bit unsafe	Very unsafe	Don't know
During the **daytime**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
After **dark**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Q27. How **safe do you feel** using the internet?
*(Please tick only **one** box)*

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

ETHNICITY AND LANGUAGE

Q28. 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:

Q29. At home, is **English** your **first language**? Yes ☐ 1 No ☐ 2
*(Please tick only **one** box)*

If yes, please go to Question 30. If no, please continue with Question 31.

Q30. <u>If no</u>, what language does your family speak **in the home**?
*(Please **write the language** in the box below)*

☐

YOU AND YOUR HEALTH

Q31. 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

Q32. In general, would you say your **health** is:
*(Please tick only **one** box)*

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

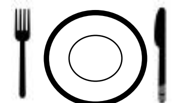
Q33. Do you have any **illness or disability** which has **<u>lasted more than a month</u>**? Yes ☐ 1 No ☐ 2
*(Please tick only **one** box)*

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

Q34. <u>If yes</u>, 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

Q35. <u>Generally speaking</u>, do you **think** you have a **healthy diet**?
*(Please tick only **one** box)*



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

Q36. Will you be or **are you** learning **cookery** at school as part of Food Technology or other lessons **during this school year**?
*(Please tick only **one** box)*

Yes ☐ 1   No ☐ 2

Q37. Are you **attending** an **after school cookery club**?
*(Please tick only **one** box)*

Yes ☐ 1   No ☐ 2

Q38. Do you get **free school meals** or **vouchers for free school meals**?
*(Please tick only **one** box)*

Yes	No	Don't know
☐ 1	☐ 2	☐ 3

YOUR DIET – BREAKFAST and LUNCH

Q39. How often do you **eat breakfast** and **lunch** 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
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

YOUR DIET – SNACKS DURING THE DAY

Q40. How often do you have the following **snacks and drinks?**
(Please tick one box** on **each line)

	Every day	4-6 days per week	1-3 days per week	Less than once a week
Chocolate/sweets	☐ 1	☐ 2	☐ 3	☐ 4
Pastry/sausage roll	☐ 1	☐ 2	☐ 3	☐ 4
Crisps	☐ 1	☐ 2	☐ 3	☐ 4
Fruit	☐ 1	☐ 2	☐ 3	☐ 4
Cereal bars	☐ 1	☐ 2	☐ 3	☐ 4
Cakes/biscuits	☐ 1	☐ 2	☐ 3	☐ 4
Fruit Juice	☐ 1	☐ 2	☐ 3	☐ 4
Smoothies	☐ 1	☐ 2	☐ 3	☐ 4
Fizzy drinks	☐ 1	☐ 2	☐ 3	☐ 4
Energy drinks (e.g. *Red Bull,Relentless, Monster, Burn*, etc.)	☐ 1	☐ 2	☐ 3	☐ 4

YOUR DIET – TAKEAWAYS

Q41. How often do you **eat** takeaway meals during a **usual** week?
*(Please tick **one** box **only**)*

Every day	4-6 days per week	1-3 days per week	Less than once a week	Never
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

YOUR DIET – FRUIT AND VEGETABLES

Q42. How many glasses or **small cartons** of **real fruit juice** (e.g. Tropicana) did you drink **yesterday** (not squash or juice drinks)? ☐
*(Please **write the number** in the box)*

Q43. 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)*

Q44. How many portions of **beans**, **lentils** or **chickpeas** did you eat **yesterday**? (a portion is about three heaped tablespoons of baked beans, kidney beans, haricot beans, cannellini beans, butter beans, lentils or chickpeas) ☐
*(Please **write the number** in the box)*

Q45. How many portions vegetables did you eat **yesterday** (**not potatoes**)? (a portion is about a handful or three heaped table-spoons of vegetables like peas, carrots or sweetcorn, or a medium-sized tomato) ☐
*(Please **write the number** in the box)*

CHANGES TO DIET, WEIGHT AND EXERCISE

Q46. Would you like to…
*(Please tick **one** box **for each line**)*

	Very much	A bit	Not really	Don't know
…eat a healthier diet?	☐ 1	☐ 2	☐ 3	☐ 4
…lose weight?	☐ 1	☐ 2	☐ 3	☐ 4
…increase your weight?	☐ 1	☐ 2	☐ 3	☐ 4
…play more sports/take more exercise?	☐ 1	☐ 2	☐ 3	☐ 4
…be more active?	☐ 1	☐ 2	☐ 3	☐ 4

ALCOHOL

Q47. 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 48. If no, please go to Question 56.

Q48. How often do you **normally** have an **alcoholic drink**?
*(Please tick only **one** box)*

I never drink alcohol now ☐ 1	1-3 days a month ☐ 4	4-6 days a week ☐ 6
Rarely ☐ 2	1-3 days a week ☐ 5	Every day ☐ 7
Less than once a month ☐ 3		

Q49. 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 652.
If you did drink in the last 7 days, please continue with Question 50.

Q50. 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, lambrini 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**:

Q51. Did **you drink alcohol** at any of these **places** during the **last 7 days**?
*(Please tick as **many as apply**)*

At home	☐	At a relation's home	☐
At a friend's	☐	In a restaurant	☐
At a club, party or disco	☐	In a public place (e.g. street, park)	☐
At a pub or bar	☐	Somewhere else (write in box)	☐

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

Q52. 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

Q53. **Where** do you get your **alcohol**?
*(Please tick as **many as apply**)*

I buy it in a supermarket	☐	Ask strangers to buy it for me	☐
I buy it in a corner shop	☐	Sold to me by friends	☐
I buy it in a garage shop	☐	Sold to me by other people or students at school	☐
I buy it in an off-licence	☐	Given to me by parents or carers	☐
I buy it from another type of shop	☐	Given to me from brothers or sisters	☐
I buy it at a pub or club	☐	Given to me from other relatives or family	☐
I buy it from the internet	☐	Given to me from friends	☐
I buy it off the street (e.g. from a van or someone's garage)	☐	Given to me from other people or students at school	☐
Ask family members to buy it for me	☐	Take from home	☐
Ask friends to buy it for me	☐	Somewhere else	☐

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

Q54. 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

Q55. 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

SMOKING TOBACCO (NOT E-CIGARETTES)

Q56. What statement **best describes you in relation to tobacco/cigarettes (not e-cigarettes)**?
*(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

Q57. What statement **best describes you in relation to tobacco/cigarettes (not e-cigarettes)**?
*(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

Q58. Have you **smoked any cigarettes** during the **<u>last 7 days</u>**? Yes 1 No 2
*(Please tick only **one** box)*

Q59. If yes, how many cigarettes have you smoked during the **last 7 days**?
*(Please **write number** of cigarettes smoked in the box)*

Q60. 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

Q61. Where do you get your **cigarettes**?
*(Please tick as **many as apply**)*

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

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

E-CIGARETTES / VAPES

Q62. Which statement suits you **best** in relation to **e-cigarettes / vaping?**
*(Tick **one box** only)*

I use e-cigarettes daily	I use e-cigarettes but not every day	I have tried e-cigarettes but I no longer use them at all	I have never used e-cigarettes
☐ 1	☐ 2	☐ 3	☐ 4

DRUGS

Q63. Has anyone **offered or encouraged you to try** any drugs in the **last 3 months**?
*(Please tick **one box** only)*

Yes	No
☐ 1	☐ 2

Q64. Have you **ever used or tried** 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	Never
Anabolic steroids – for body building/strength *(e.g. Deca)*	1	2	3	4
Cannabis *(grass, pot, marijuana, dope, blow, skunk, hash, puff, green, draw, ganja, spliff, joints, smoke, weed, Leb black, moroccan)*	1	2	3	4
Cocaine / Crack *(snow, coke, Charlie, C)*	1	2	3	4
Ecstasy *(E, MDMA, XTC, Mitsibishis/Mitzis, Rolexes, Doves, Beans, Rolls, X)*	1	2	3	4
Heroin *(e.g. H, junk, smack, skag, gear, Brown)*	1	2	3	4
Ketamine (e.g. K)	1	2	3	4
Magic mushrooms	1	2	3	4
Mephedrone (e.g. M-Cat, Meow Meow, Bubble, Drone, Meph, 4MMC)	1	2	3	4
Methamphetamine, Speed and other Amphetamines *(e.g. Crystal Meth, Whizz)*	1	2	3	4
LSD *(e.g. acid, tabs, trips, dots)*	1	2	3	4
Semeron *(Sem)*	1	2	3	4
Solvents used as drugs *(e.g. glue sniffing, glue, gas refills, cleansing fluid)*	1	2	3	4
Tranquilisers (e.g. Temazepam, Valium, Jellies, Roofies)	1	2	3	4
Legal highs *(salvia, research powders, pills and pellets, herbal incense, c-liquids, etc.)*	1	2	3	4
Other drug or legal high not listed above (please write in box)	1	2	3	4

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

Q65. Where would you go, or who would you ask, for **help or advice** about **any drug** (including **alcohol** and **tobacco**)?
*(Please tick as **many as apply**)*

- My parents / carers
- School teacher
- Friends
- Brothers, sisters, other family
- Family Doctor (GP)
- School nurse
- Refresh
- FRANK / talk to Frank Campaign
- Youth worker
- Warren
- Connexions
- Radio
- TV
- Internet
- Chat rooms/social media
- Magazines/newspapers
- Leaflets
- NHS Choices
- Childline
- Books
- Don't know
- Someone else / somewhere else

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):

Q66. Do **you** think it is it **OK for young people** of your age to:
(Please tick one box on each line)

	Yes	No
Smoke cigarettes/tobacco	1	2
Smoke e-cigarettes/vape		
Drink alcohol	1	2
Get drunk	1	2
Take legal highs	1	2
Take drugs	1	2

SEXUAL HEALTH

Q67. If you wanted some **help and advice** about **sexual health who would you ask or where 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 family	1	2	3
Family Doctor (GP)	1	2	3
School nurse	1	2	3
Family Planning Clinic / Conifer House	1	2	3
Youth worker	1	2	3
Warren	1	2	3
Cornerhouse	1	2	3
Johnny Woman	1	2	3
Connexions	1	2	3
Radio /TV	1	2	3
Books	1	2	3
Internet	1	2	3
Chat rooms/social media	1	2	3
Magazines/newspapers	1	2	3
Leaflets	1	2	3
NHS Choices	1	2	3
Childline	1	2	3
Don't 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):

Q68. 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

Q69. 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 worker (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 ☐
- In PHSE classes at school ☐
- Talk to young person sexual health worker (e.g. at Cornerhouse) ☐
- Don't know ☐
- Someone else/somewhere else ☐

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

Q70. 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):

Q71. Which of these topics have you been **taught** about in **school?**
(*Please tick as* ***many as apply)***

Puberty	☐	Terminations	☐
Relationships	☐	Being a parent	☐
Contraception	☐	Sexually Transmitted Infections (STIs)	☐
Pregnancy	☐	None of the above	☐

ANYTHING ELSE?

Q72. 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.