

**School Health Research Network
Student Health and Wellbeing Survey 2019**

Please note:

- a) **The electronic survey contains 'skips'**. This means some questions are only visible to students who give a particular answer to a previous question, for example, those who say they do not smoke will not see the question asking where they obtain cigarettes.
- b) **Questions marked with an asterisk** are only visible in some schools. This is randomly allocated.
- c) **The section on Sexual Behaviour (Q75-81)** is visible to years 11, 12 and 13. Your school may have opted to make it visible to years 9 and 10 as well.
- d) The image below shows how the survey questions appear on screen. To save space they are formatted differently in this document.

[Welsh](#)

SMOKING AND ALCOHOL

At what age did you first do the following things?

If there is something that you have not done, choose the 'never' category.

	Never	11 years old or less	12 years old	13 years old	14 years old	15 years old	16 years old	17 years old	18 years old or older	I do not want to answer
Smoke a cigarette (more than a puff):	<input type="radio"/>									
Drink alcohol (more than a small amount):	<input type="radio"/>									
Get drunk:	<input type="radio"/>									

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Please select one of the choices below to continue.

- I have read and understood the information about the survey and I want to take part
- I have read and understood the information about the survey and I do not want to take part

ABOUT YOU

Our first two questions are about how you describe yourself today and how you were described when you were born, e.g. on your birth certificate.

1. Are you male or female?

- Male (a boy)
- Female (a girl)
- Neither word describes me
- I do not want to answer

2. Were you described as male or female at birth?

- Male (a boy)
- Female (a girl)
- I do not want to answer

3. What year are you in?

- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12
- Year 13

4. In what month were you born?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- I do not want to answer

5. In what year were you born?

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- I do not want to answer

6. Which of the following best describes you?

- White British
- White Irish
- White Gypsy/traveller
- White Other
- Mixed or multiple ethnic group
- Pakistani
- Indian
- Bangladeshi
- Chinese
- African
- Caribbean or Black
- Arab
- Other
- I do not want to answer

7. Does your family own a car, van or truck?

- No
- Yes, one
- Yes, two or more
- I do not want to answer

8. Do you have your own bedroom for yourself?

- No
- Yes
- I do not want to answer

9. How many computers does your family own (including PCs, Macs, laptops and tablets, not including game consoles and smart phones)?

- None
- One
- Two
- More than two
- I do not want to answer

10. Does your family have a dishwasher at home?

- No
- Yes
- I do not want to answer

11. How many bathrooms (room with a bath/shower or both) are in your home?

- None
- One
- Two
- More than two
- I do not want to answer

12. How many times did you and your family travel out of Wales for a holiday/vacation last year?

- Not at all
- Once
- Twice
- More than twice
- I do not want to answer

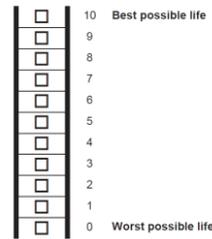
13. Please state the full name of the primary school you attended in Year 6:

- I do not want to answer

WELLBEING

The next section is about wellbeing and how you feel.

14. Here is a picture of a ladder.



I do not want to answer

The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you.

In general, where on the ladder do you feel you stand at the moment?

Please select the option next to the number that best describes where you stand.

15. The next questions are about relationships with others. For each one, please say how often you feel...

a) ... you have no one to talk to?

b) ... left out?

c) ... alone?

Hardly ever or never

Some of the time

Often

I do not want to answer

16. In the last 6 months: how often have you had the following....?

a) Feeling low

b) Irritability or bad temper

c) Feeling nervous

d) Difficulties in getting to sleep

About every day

More than once a week

About every week

About every month

Rarely or never

I do not want to answer

17. Do you think your body is.... ?

Much too thin

A bit too thin

About the right size

A bit too fat

Much too fat

I do not want to answer

18. Below are some statements about feelings and thoughts. Please select the option that best describes your experience of each over the last 2 weeks.

- a) I've been feeling optimistic about the future
- b) I've been feeling useful
- c) I've been feeling relaxed
- d) I've been dealing with problems well
- e) I've been thinking clearly
- f) I've been feeling close to other people
- g) I've been able to make up my own mind about things
 - None of the time
 - Rarely
 - Some of the time
 - Often
 - All of the time
 - I do not want to answer

*19. This form is about how you might have been feeling or acting recently. For each question, please check how you have been feeling or acting in the past two weeks.

If a sentence was not true about you, check NOT TRUE.

If a sentence was only sometimes true, check SOMETIMES.

If a sentence was true about you most of the time, check TRUE.

- a. I felt miserable or unhappy.
- b. I didn't enjoy anything at all.
- c. I felt so tired I just sat around and did nothing.
- d. I was very restless.
- e. I felt I was no good anymore.
- f. I cried a lot.
- g. I found it hard to think properly or concentrate.
- h. I hated myself.
- i. I was a bad person.
- j. I felt lonely.
- k. I thought nobody really loved me.
- l. I thought I could never be as good as other kids.
- m. I did everything wrong.
 - Not true
 - Sometimes
 - True
 - I do not want to answer

FOOD AND PHYSICAL ACTIVITY

The next section is about physical activity, food and eating.

20. The first question is about physical activity. Please read carefully and answer the question that follows.

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, netball, basketball, football, and rugby.

For this next question add up all the time you spend doing physical activity each day.

Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- | | |
|------------------------------|---|
| <input type="radio"/> 0 days | <input type="radio"/> 5 |
| <input type="radio"/> 1 | <input type="radio"/> 6 |
| <input type="radio"/> 2 | <input type="radio"/> 7 days |
| <input type="radio"/> 3 | <input type="radio"/> I do not want to answer |
| <input type="radio"/> 4 | |

21. On a typical day, is the main part of your journey TO school made by.... ?

- | | |
|---|--|
| <input type="radio"/> Walking | <input type="radio"/> Car, motorcycle or moped |
| <input type="radio"/> Bicycle | <input type="radio"/> Other means |
| <input type="radio"/> Bus, train, tram, underground or boat | <input type="radio"/> I do not want to answer |

22. How often do you usually have breakfast (more than a glass of milk or fruit juice) on weekdays?

- | | |
|--|---|
| <input type="radio"/> I never have breakfast during the week | <input type="radio"/> Four days |
| <input type="radio"/> One day | <input type="radio"/> Five days |
| <input type="radio"/> Two days | <input type="radio"/> I do not want to answer |
| <input type="radio"/> Three days | |

23. How many times a week do you usually eat or drink...?

- a) Fruits
 - b) Vegetables
 - c) Coke or other soft drinks that contain sugar
 - d) Energy drinks (such as Red Bull, Monster, Rockstar)
 - e) Tap or bottled water (do not include flavoured water or squash)
- | | |
|---|---|
| <input type="radio"/> Never | <input type="radio"/> 5-6 days a week |
| <input type="radio"/> Less than once a week | <input type="radio"/> Once a day, every day |
| <input type="radio"/> Once a week | <input type="radio"/> Every day, more than once |
| <input type="radio"/> 2-4 days a week | <input type="radio"/> I do not want to answer |

SPARE TIME

The next section is about what you do in your spare time.

24. **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
- 4 to 6 times a week
- 2 to 3 times a week
- Once a week
- Once a month
- Less than once a month
- Never
- I do not want to answer

*25. In your free time, do you volunteer for a club or organisation?

- Yes, I volunteer at school (outside of lessons)
- Yes, I volunteer outside of school
- No, I do not volunteer
- I do not want to answer

26. **Outside school hours:** How many hours a day on weekdays do you usually spend time sitting in your free time (for example, watching TV, using a computer or mobile phone, travelling in a car or by bus, sitting and talking, eating, studying)? Please be aware that if activities take place at the same time, these only count once.

- None at all
- About half an hour a day
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 or more hours a day
- I do not want to answer

27. During the most recent summer holidays, how often did you:

- a) Spend time with friends
 - b) Exercise in your free time so much that you got out of breath or sweated
 - c) Go to bed hungry because there wasn't enough food in the house
 - d) Feel lonely
- None of the time
 - Rarely
 - Some of the time
 - Often
 - All of the time
 - I do not want to answer

SMOKING AND E-CIGARETTES

The next section is about smoking and e-cigarettes.

Please answer the section honestly: nobody that you know will see the answers.

*28. Have you heard of cigarettes that are flavoured, e.g. to taste like menthol or mint or that have a filter which can be squeezed or crushed to change the flavour?

- Yes
- No
- Don't know
- I do not want to answer

29. How often do you smoke tobacco at present?

- Every day
- At least once a week, but not every day
- Less than once a week
- I do not smoke
- I do not want to answer

*30. Have you ever smoked regularly (once a week or more)?

- Yes
- No
- I do not want to answer

If yes, How long ago did you stop smoking regularly?

- In the last month
- In the last 6 months
- In the last 12 months
- In the last 2 years
- Longer than 2 years ago
- I do not want to answer

*31. In the past 30 days, were any of the cigarettes you smoked flavoured to taste like menthol or mint?

- Yes
- No
- Don't know
- I do not want to answer

*32. In the past 30 days, did any of the cigarettes you smoked have a filter that you squeeze or crush for flavour?

- Yes
- No
- Don't know
- I do not want to answer

33. Where do you often get your cigarettes or rolling tobacco from?

Please select more than one option if you often get cigarettes from different people or places.

- I buy them myself
 - From a shop (e.g. a newsagent, supermarket or petrol station)
 - From another retailer like a street market or an ice cream van
 - Through the internet
 - From a parent or other adult relative (over 18 years old)
 - From another adult
 - From my brother or sister (less than 18 years old)
 - From a friend or other young person (less than 18 years old)
- I get someone else to buy them for me
 - A parent or other adult relative (over 18 years old)
 - Another adult
 - My brother or sister (less than 18 years old)
 - From a friend or other young person (less than 18 years old)
- Someone gives them to me
 - A parent or other adult relative (over 18 years old)
 - Another adult
 - My brother or sister (less than 18 years old)
 - From a friend or other young person (less than 18 years old)
- I take them without asking
- I get them in some other way
- I do not want to answer

*34. **(Non-smokers only)** If you were to start smoking, what do you think your parents / carers would do?

- They would try to stop me (e.g. by taking my cigarettes off me)
- They would try to persuade me to stop
- They would do nothing
- They would encourage me to smoke
- I do not want to answer

*35. **(Smokers only)** What do your parents / carers do about your smoking?

- They try to stop me (e.g. by taking my cigarettes off me)
- They try to persuade me to stop
- They do nothing
- They encourage me to smoke
- They don't know I smoke
- I do not want to answer

*36. Thinking about the last time you were in a car, was anybody in the car smoking?

- Yes
- No
- Can't remember
- I do not want to answer

37. The next question is about electronic cigarettes. An electronic cigarette is any device that a person uses to breath in a vapour. This is sometimes called 'vaping'. The vapour often contains nicotine or is flavoured. Electronic cigarettes can be called e-cigarettes, e-cigs, e-pens, e-fags, vapes, e-shisha or hookah pens. They may look like a conventional cigarette with a glowing tip or they may look like a pen or a small bottle (a 'tank').

Have you ever tried electronic cigarettes (sometimes called an 'e-cigarette')?

- I have never tried e-cigarettes
- I have tried e-cigarettes once
- I have tried e-cigarettes more than once
- I do not want to answer

38. How often do you use e-cigarettes at present?

- Every day
- At least once a week, but not every day
- Less than once a week
- I do not use e-cigarettes at present
- I do not want to answer

*39. Have you ever used e-cigarettes regularly (at least once a week)?

- Yes
- No
- I do not want to answer

If yes, How long ago did you stop using e-cigarettes regularly?

- In the last month
- In the last 6 months
- In the last 12 months
- In the last 2 years
- Longer than 2 years ago
- I do not want to answer

*40. The last time you used an e-cigarette/vape, what was in the vapour you inhaled?

- It contained nicotine (plus flavouring)
- It contained just flavouring/water vapour (no nicotine)
- It contained cannabis or cannabis oil
- It contained something else
- I don't know what it contained
- I do not want to answer

*41. In the past month, have you seen advertising for electronic cigarettes in any of the following places?

- In bus shelters
- On the sides of buses
- On billboards
- In supermarkets, petrol stations, newsagents, vape shops
- On the internet
- On phone boxes
- Other
- I haven't seen any advertising
- I do not want to answer

*42. **(Non e-cigarette users only)** If you were to start using e-cigarettes, what do you think your parents / carers would do?

- They would try to stop me (e.g. by taking my e-cigarettes off me)
- They would try to persuade me to stop
- They would do nothing
- They would encourage me to use e-cigarettes
- I do not want to answer

*43. **(E-cigarette users only)** What do your parents / carers do about your e-cigarette use?

- They try to stop me (e.g. by taking my e-cigarettes off me)
- They try to persuade me to stop
- They do nothing
- They encourage me to use e-cigarettes
- They don't know I use e-cigarettes
- I do not want to answer

*44. Which of the following statements do you agree with the most?

- Tobacco cigarettes are worse for your health than e-cigarettes
- E-cigarettes are worse for your health than tobacco cigarettes
- Tobacco and e-cigarettes are equally bad for you
- I don't know
- I do not want to answer

ALCOHOL AND DRUGS

The next section is about alcoholic drinks, cannabis and other drugs.

*45. At present how often do you drink anything alcoholic such as beer, wine, cider, alcopops or spirits? Try to include even those times when you only drink a small amount

- a) Beer (including lager)
- b) Wine
- c) Spirits (e.g. Whisky, Vodka etc.)
- d) Alcopops (e.g. Bacardi Breezer, Red Square, Smirnoff Ice, WKD etc.)
- e) Cider
- f) Any other drink that contains alcohol
 - Every day
 - Every week
 - Every month
 - Rarely
 - Never
 - I do not want to answer

46. On days when you drink alcohol, how many drinks (e.g. cans of cider, cups of wine) do you usually have?

- I never drink alcohol
- Less than 1 drink
- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 or more drinks
- I do not want to answer

*47. When you drink alcohol, where do you usually get the alcohol from?

- Parents
- Older friends
- Older brothers or sisters
- Buy it yourself from a supermarket
- Buy it yourself from a corner shop
- Buy it yourself from a pub, bar or club
- Buy it yourself through the internet
- Someone you know buys it from shop for you
- Ask a stranger to buy it for you
- Take it without asking
- I do not want to answer

This next questions are about drugs. Please answer the section honestly: nobody you know will see your answers.

48. Have you been offered cannabis (Weed, marijuana, dope, pot, hash, grass, bud, skunk, spliff/joints) in the last 12 months?

- Yes
- No
- I do not want to answer

49. When was the last time you ever tried, used or took any of the following?

a) Inhaling laughing gas (nitrous oxide, nos, whippits; DO NOT include breathing in helium from party balloons or nitrous oxide from your doctor or dentist)

b) Mephedrone (M-Cat, Meow, Bubble, Charge, Drone, 4MMC)

c) New psychoactive substances (previously called 'Legal highs', such as pep stoned, BZP, black mamba spice)

- In the last month
- In the last 12 months
- More than 12 months ago
- Never
- I do not want to answer

50. This question is asking about the drug Cannabis. Please answer the question honestly: nobody you know will see your answers.

Have you ever taken Cannabis (Weed, Marijuana, Dope, Pot, Hash, Grass, Bud, Skunk, Spliff/ Joints)?

a) In your life

b) In the last 30 days

- Never
- 1 – 2 days
- 3 – 5 days
- 6 – 9 days
- 10 – 19 days
- 20 – 29 days
- 30 days or more
- I do not want to answer

SMOKING, E-CIGARETTES, ALCOHOL AND DRUGS

51. At what age did you first do the following things?

If there is something that you have not done, choose the 'never' category.

- a) Smoke a cigarette (more than a puff)
- b) Used an e-cigarette (more than a puff)
- c) Use cannabis
- d) Drink alcohol (more than a small amount)
- e) Get drunk

- | | |
|--|---|
| <input type="radio"/> Never | <input type="radio"/> 15 years old |
| <input type="radio"/> 11 years old or less | <input type="radio"/> 16 years old |
| <input type="radio"/> 12 years old | <input type="radio"/> 17 years old |
| <input type="radio"/> 13 years old | <input type="radio"/> 18 years old or older |
| <input type="radio"/> 14 years old | <input type="radio"/> I do not want to answer |

SCHOOL LIFE

The next section is about your school life.

*52. How do you feel about school at present?

- | | |
|---|---|
| <input type="radio"/> I like it a lot | <input type="radio"/> I don't like it at all |
| <input type="radio"/> I like it a bit | <input type="radio"/> I do not want to answer |
| <input type="radio"/> I don't like it very much | |

53. How pressured do you feel by the schoolwork you have to do?

- Not at all
- A little
- Some
- A lot
- I do not want to answer

*54. Here are some statements about the pupils in your class(es). Please show how much you agree or disagree with each one.

- a) The pupils in my class(es) enjoy being together
- b) Most of the pupils in my class(es) are kind and helpful
- c) Other pupils accept me as I am

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> I do not want to answer |

55. Here are some statements about the pupils in your school. Please show how much you agree or disagree with each one.

- a) At our school, pupils have a say in planning and organising school activities and school events (project weeks or days, sport weeks or days, excursions, field trips etc.)
- b) At our school, pupils have a lot of chances to help decide and plan school projects
- c) At our school, pupils' ideas are treated seriously
- d) At our school my ideas are taken seriously
- e) I feel like I belong at this school
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - I do not want to answer

56. Here are some statements about your teachers. Please show how much you agree or disagree with each one.

- *a) I feel that my teachers accept me as I am
- b) I feel that my teachers care about me as a person
- *c) I feel a lot of trust in my teachers
- d) There is at least one teacher or other member of staff at this school who I can talk to about things that worry me
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - I do not want to answer

57. How much do you agree or disagree with the following statements?

- a) My teachers take action when they hear pupils calling girls sexually offensive names at this school.
- b) My teachers take action when they hear pupils calling boys sexually offensive names at this school.
- c) My school teaches you about who to go to if you or a friend experience violence within a boy/girlfriend relationship
- d) I would speak to a member of staff at my school about boy/girlfriend relationship violence if it was happening to me or anyone I know
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - I do not want to answer

58. How much do you agree or disagree that there is support at your school for pupils who feel unhappy, worried or unable to cope?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I do not want to answer

*59. In the last year, how often have you been called sexually offensive names at school?

a) By boys

b) By girls

- | | |
|---|---|
| <input type="radio"/> More than once a week | <input type="radio"/> Less often |
| <input type="radio"/> About once a week | <input type="radio"/> Never |
| <input type="radio"/> 2 or 3 times a month | <input type="radio"/> I do not want to answer |
| <input type="radio"/> About once a month | |

*60. In the last year, how often have you been unwantedly touched or kissed in school?

a) By boys

b) By girls

- | | |
|---|---|
| <input type="radio"/> More than once a week | <input type="radio"/> Less often |
| <input type="radio"/> About once a week | <input type="radio"/> Never |
| <input type="radio"/> 2 or 3 times a month | <input type="radio"/> I do not want to answer |
| <input type="radio"/> About once a month | |

61. In the past school year, how many times did you truant from school for at least half a day (i.e. a morning or an afternoon)? This is also called skipping, bunking or skiving school, mitching, mutching, etc.

- Never
- Once
- Two to four times
- Five or more times
- I do not want to answer

62. Have you ever been excluded from school (suspended or expelled) because of your behaviour whilst at school? DO NOT include isolation or being removed from lessons but remaining in school.

- Never
- Once
- More than once
- I do not want to answer

BULLYING

The next section starts with questions about bullying. Please read carefully and answer the questions which follow.

63. Here are some questions about bullying. We say a person is BEING BULLIED when another person or a group of people repeatedly say or do unwanted nasty and unpleasant things to him or her. It is also bullying when a person is teased in a way he or she does not like or when he or she is left out of things on purpose. The person that bullies has more power than the person being bullied and wants to cause harm to him or her. It is NOT BULLYING when two people of about the same strength or power argue or fight.

How often have you taken part in bullying another person(s) at school in the past couple of months?

- | | |
|---|---|
| <input type="radio"/> I have not bullied another person(s) at school in the past couple of months | <input type="radio"/> About once a week |
| <input type="radio"/> It has happened once or twice | <input type="radio"/> Several times a week |
| <input type="radio"/> 2 or 3 times a month | <input type="radio"/> I do not want to answer |

64. How often have you been bullied at school in the past couple of months?

- | | |
|--|---|
| <input type="radio"/> I have not been bullied at school in the past couple of months | <input type="radio"/> About once a week |
| <input type="radio"/> It has happened once or twice | <input type="radio"/> Several times a week |
| <input type="radio"/> 2 or 3 times a month | <input type="radio"/> I do not want to answer |

*65. In the past couple of months, how often have you taken part in cyberbullying (e.g. sent mean instant messages, email or text messages, wall postings, created a website making fun of someone, posted unflattering or inappropriate pictures online without permission or shared them with others)?

- | | |
|---|---|
| <input type="radio"/> I have not cyberbullied another person in the past couple of months | <input type="radio"/> About once a week |
| <input type="radio"/> It has happened once or twice | <input type="radio"/> Several times a week |
| <input type="radio"/> 2 or 3 times a month | <input type="radio"/> I do not want to answer |

66. In the past couple of months, how often have you been cyberbullied (e.g. someone sent mean instant messages, email or text messages about you, wall postings, created a website making fun of you, posted unflattering or inappropriate pictures of you online without permission and or shared them with others)?

- | | |
|---|---|
| <input type="radio"/> I have not been cyberbullied in the past couple of months | <input type="radio"/> About once a week |
| <input type="radio"/> It has happened once or twice | <input type="radio"/> Several times a week |
| <input type="radio"/> 2 or 3 times a month | <input type="radio"/> I do not want to answer |

67. Below are some reasons why people are bullied. What are the most common reasons people in your year group are bullied? Please tick up to 3 reasons.

- Because of their weight
- Because of their interests or hobbies
- Because of who their friends are
- Because they get high grades
- Because they get low grades
- Because of their family's income
- Because they have a disability
- Because of their race
- Because their family came to Britain from another country
- Because they are gay, lesbian or bisexual
- Because of their religion
- Because of their gender identity or expression
- Because of other reasons
- I don't know
- I do not want to answer

68. Have you ever sent someone a sexually explicit image of yourself?

- Never
- More than once
- Once
- I do not want to answer

*69. Has anyone ever sent, forwarded or shared a sexually explicit image of you to other people, without asking you?

- Never
- More than once
- Once
- I do not want to answer

FRIENDS, RELATIONSHIPS AND SOCIAL MEDIA

This next section has questions about friends, how you feel about yourself and your relationships with other people, including on social media.

70. We are interested in how you feel about the following statement(s). Please show how much you agree or disagree.

*a) My friends really try to help me

b) I can count on my friends when things go wrong

*c) I have friends with whom I can share my joys and sorrows

*d) I can talk about my problems with my friends

- 1 Very strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7 Very strongly agree
- I do not want to answer

71. For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

- a) I try to be nice to other people. I care about their feelings
 - b) I am restless, I cannot stay still for long
 - c) I get a lot of headaches, stomach-aches or sickness
 - d) I usually share with others (food, games, pens etc.)
 - e) I get very angry and often lose my temper
 - f) I am usually on my own. I generally play alone or keep to myself
 - g) I usually do as I am told
 - h) I worry a lot
 - i) I am helpful if someone is hurt, upset or feeling ill
 - j) I am constantly fidgeting or squirming
 - k) I have one good friend or more
 - l) I fight a lot. I can make other people do what I want
 - m) I am often unhappy, down-hearted or tearful
 - n) Other people my age generally like me
 - o) I am easily distracted, I find it difficult to concentrate
 - p) I am nervous in new situations. I easily lose confidence
 - q) I am kind to younger children
 - r) I am often accused of lying or cheating
 - s) Other children or young people pick on me or bully me
 - t) I often volunteer to help others (parents, teachers, children)
 - u) I think before I do things
 - v) I take things that are not mine from home, school or elsewhere
 - w) I get on better with adults than with people my own age
 - x) I have many fears, I am easily scared
 - y) I finish the work I'm doing. My attention is good
- Not true
 - Somewhat true
 - Certainly true
 - I do not want to answer

*72. Have you ever been 'seeing' someone, 'dating' or 'going out with' someone?

- Yes, with a boy(s)
- Yes, with a girl(s)
- No
- I do not want to answer

If yes: The following questions are about ANY 'partner' you have been 'seeing' or 'going out with'

- a) A partner has made hurtful comments towards me
 - b) I have made hurtful comments to a partner
 - c) A partner has pushed, shoved, or slapped me
 - d) I have pushed, shoved, or slapped a partner
 - e) A partner has punched or kicked or beat-me-up
 - f) I have punched or kicked or beat-up a partner
- Never
 - Once
 - A few times
 - Often
 - I do not want to answer

The next questions are about 'online contact' and 'online communication'. When we use these terms we mean 'sending and receiving text messages, emoticons, and photo, video or audio messages through instant messaging (e.g. WhatsApp, Snapchat), social network sites (e.g. Facebook) or e-mail (on a computer, laptop, tablet, or smartphone)'.

73. How often do you have ONLINE contact with the following people?

- a) Close friend(s)
 - b) Friends from a larger friend group
 - c) Friends that you got to know through the internet, but did not know before
 - f) People other than friends (e.g. parents, brothers/sisters, classmates, teachers)
- Don't know / does not apply
 - Never or almost never
 - At least every week
 - Daily or almost daily
 - Several times each day
 - Almost all the time throughout the day
 - I do not want to answer

*74. We are interested in your experiences of social media. The term social media refers to social network sites (e.g. Facebook) and instant messengers (e.g. WhatsApp, Snapchat, Facebook messenger).

During the past year have you...

- a) ... regularly found that you can't think of anything else but the moment that you will be able to use social media again?
- b) ... regularly felt dissatisfied because you wanted to spend more time on social media?
- c) ... often felt bad when you could not use social media?
- d) ...tried to spend less time on social media, but failed?
- e) ...regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media?
- f) ... regularly had arguments with others because of your social media use?
- g) ...regularly lied to your parents or friends about the amount of time you spend on social media?
- h) ...often used social media to escape from negative feelings?
- i) ... had serious conflict with your parents, brother(s) or sister(s) because of your social media use?
 - No
 - Yes
 - I do not want to answer

SEX AND RELATIONSHIPS (Years 11-13 only; Years 9-10 optional)

The next section is about sexual intercourse. Please answer the section honestly: nobody that you know will see the answers.

75. Have you ever had sexual intercourse (sometimes this is called "making love," "having sex", or "going all the way")?

- Yes
- No
- I do not want to answer

76. The last time you had sexual intercourse, did you or your partner use a condom?

- Yes
- Don't know
- No
- I do not want to answer

77. The last time you had sexual intercourse, did you or your partner use birth control pills ('the Pill')?

- Yes
- Don't know
- No
- I do not want to answer

78. The last time you had sexual intercourse, did you or your partner use a Long Acting Reversible Contraception (LARC), for example a contraceptive implant (a 'rod'), a contraceptive injection or IUCD/IUS (a 'coil')?

- Yes
- Don't know
- No
- I do not want to answer

79. The last time you had sexual intercourse, did you or your partner use emergency contraception ('morning after pill')?

- Yes
- No
- Don't know
- I do not want to answer

80. The last time you had sexual intercourse, did you or your partner use any other form of protection?

- Yes
- No
- Don't know
- I do not want to answer

81. How old were you when you had sexual intercourse for the first time?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older
- I do not want to answer

FAMILY

The next section starts with questions about your family.

82. All families are different (for example, not everyone lives with both their parents; sometimes people live with just one parent, or they have two homes, or live with two families) and we would like to know about yours.

Please answer this question for the home where you live all or most of the time and tick the ADULTS who live there.

- Mother
- Father
- Mother's partner
- Father's partner
- Grandparent(s)
- Aunt(s) / Uncle(s)
- Adult brother(s) and/or sister(s)
- Foster parents
- I live in residential care or a children's home
- I live independently (on my own or with friends or my partner)
- Someone or somewhere else
- I do not want to answer

83. If you have lived away from your parents in the past, please tick the ADULTS you lived with and/or the place you lived.

- I haven't lived away from my parent(s) in the past
- Grandparent(s) for a month or more
- Aunt(s) / Uncle(s) for a month or more
- Siblings for a month or more
- Any other family members for a month or more
- With foster parent(s) for any time
- In residential care or a children's home for any time
- I lived independently (on my own or with friends or my partner)
- Someone or somewhere else
- I do not want to answer

84. We are interested in how you feel about the following statements. Please show how much you agree or disagree with each one.

- a) My family really tries to help me
 - b) I get the emotional help and support I need from my family
 - c) I can talk about my problems with my family
 - d) My family is willing to help me make decisions
- 1 Very strongly disagree
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7 Very strongly agree
 - I do not want to answer

GAMBLING

The next part of this section has a question about gambling.

*85. Have you spent any of YOUR money on any of the following in the past 7 days? We want to know about games you played yourself.

- Lotto (the main National Lottery draw)
- National Lottery Scratchcards which you bought in a shop (not free Scratchcards)
- National Lottery instant win games on the internet (e.g. National Lottery Gamestore)
- Any other National Lottery games (e.g. EuroMillions, Thunderball, Hotpicks)
- Fruit machines (e.g. at an arcade, pub or club)
- Personally visiting a betting shop to play gaming machines
- Playing other gambling machines
- Personally placing a bet at a betting shop (e.g. on football or horse racing)
- Bingo at a bingo club
- Bingo somewhere other than a bingo club (e.g. social club, holiday park, etc.)
- Personally visiting a casino to play casino games
- Placing a private bet for money (e.g. with friends)
- Playing cards for money with friends
- Gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing)
- Other Lotteries (e.g. The Health Lottery, People's Postcode Lottery or other smaller lotteries available in shops)
- Any other gambling
- No, none of the above
- I do not want to answer

SLEEP PATTERNS

The next part of this section is about your sleep on school nights.

86. When do you usually go to bed if you have to go to school the next morning?

- | | |
|---|---|
| <input type="radio"/> No later than 9pm | <input type="radio"/> Midnight |
| <input type="radio"/> 9.30pm | <input type="radio"/> 12.30 am |
| <input type="radio"/> 10pm | <input type="radio"/> 1am |
| <input type="radio"/> 10.30pm | <input type="radio"/> 1.30am |
| <input type="radio"/> 11pm | <input type="radio"/> 2am or later |
| <input type="radio"/> 11.30pm | <input type="radio"/> I do not want to answer |

87. What is the latest time you usually look at an electronic screen (TV computer, tablet or phone) before you go to sleep on a school night?

- | | |
|---|---|
| <input type="radio"/> No later than 9pm | <input type="radio"/> Midnight |
| <input type="radio"/> 9.30pm | <input type="radio"/> 12.30 am |
| <input type="radio"/> 10pm | <input type="radio"/> 1am |
| <input type="radio"/> 10.30pm | <input type="radio"/> 1.30am |
| <input type="radio"/> 11pm | <input type="radio"/> 2am or later |
| <input type="radio"/> 11.30pm | <input type="radio"/> I do not want to answer |