

**School Health Research Network**  
**Student Health and Wellbeing Survey**  
***Draft Questions – June 2017***

***Please note:***

- a) **The questions in the survey will be finalised over the summer** and there may therefore be some minor changes to this draft version. A final version of the questions will be sent to schools in September before the survey starts.
- b) **The section on Sexual Behaviour** (Q81-87) is visible to years 11, 12 and 13. Please use Form A to notify us if you would also like it to be visible to years 9 and 10.
- c) **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.
- d) **Questions marked with an asterix** are only visible to some students. This is randomly allocated by the computer.

1. I have read and understood the information about the survey.

- ☐ I want to take part
- ☐ I do not want to take part

**ABOUT YOU**

Our first questions are about you.

2. Are you a boy or a girl?

- ☐ Boy
- ☐ Girl

3. What year are you in?

- |                               |                               |
|-------------------------------|-------------------------------|
| <input type="radio"/> Year 7  | <input type="radio"/> Year 11 |
| <input type="radio"/> Year 8  | <input type="radio"/> Year 12 |
| <input type="radio"/> Year 9  | <input type="radio"/> Year 13 |
| <input type="radio"/> Year 10 |                               |

4. In what month were you born?

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> January  | <input type="radio"/> August                  |
| <input type="radio"/> February | <input type="radio"/> September               |
| <input type="radio"/> March    | <input type="radio"/> October                 |
| <input type="radio"/> April    | <input type="radio"/> November                |
| <input type="radio"/> May      | <input type="radio"/> December                |
| <input type="radio"/> June     | <input type="radio"/> I do not want to answer |
| <input type="radio"/> July     |   |

5. In what year were you born?

☐ 1998

☐ 1999

☐ 2000

☐ 2001

☐ 2002

☐ 2003

☐ 2004

☐ 2005

☐ 2006

☐ 2007

☐ I do not want to answer

\*6. In which country were **you** born?

☐ Wales

☐ England

☐ Scotland

☐ Northern Ireland

☐ Republic of Ireland

☐ Another country (Please tick box and write in your answer below)

☐ I do not want to answer

\*7. In which country was **your mother** born?

☐ Wales

☐ England

☐ Scotland

☐ Northern Ireland

☐ Republic of Ireland

☐ Another country (Please tick box and write in your answer below)

☐ I do not want to answer

\*8. In which country was **your father** born?

☐ Wales

☐ England

☐ Scotland

☐ Northern Ireland

☐ Republic of Ireland

☐ Another country (Please tick box and write in your answer below)

☐ I do not want to answer

9. Which of the following best describes you?

- |  |   |
|--|---|
| <input type="radio"/> White British                        | <input type="radio"/> Bangladeshi             |
| <input type="radio"/> White Irish                          | <input type="radio"/> Chinese                 |
| <input type="radio"/> White Gypsy/traveller                | <input type="radio"/> African                 |
| <input type="radio"/> White Polish                         | <input type="radio"/> Caribbean or Black      |
| <input type="radio"/> White Other                          | <input type="radio"/> Arab                    |
| <input type="radio"/> Mixed Mixed or multiple ethnic group | <input type="radio"/> Other                   |
| <input type="radio"/> Pakistani                            | <input type="radio"/> I do not want to answer |
| <input type="radio"/> Indian                               |   |

The next six questions ask about some things you might have at home and about family holidays.

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

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> No       | <input type="radio"/> Yes, two or more        |
| <input type="radio"/> Yes, one | <input type="radio"/> I do not want to answer |

11. Do you have your own bedroom for yourself?

- ☐ No
- ☐ Yes
- ☐ I do not want to answer

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

- |                            |   |
|----------------------------|---|
| <input type="radio"/> None | <input type="radio"/> More than two           |
| <input type="radio"/> One  | <input type="radio"/> I do not want to answer |
| <input type="radio"/> Two  |   |

13. Does your family have a dishwasher at home?

- ☐ No
- ☐ Yes
- ☐ I do not want to answer

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

- |                            |   |
|----------------------------|---|
| <input type="radio"/> None | <input type="radio"/> More than two           |
| <input type="radio"/> One  | <input type="radio"/> I do not want to answer |
| <input type="radio"/> Two  |   |

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

- |                                  |   |
|----------------------------------|---|
| <input type="radio"/> Not at all | <input type="radio"/> More than twice         |
| <input type="radio"/> Once       | <input type="radio"/> I do not want to answer |
| <input type="radio"/> Twice      |   |

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

☐ I do not want to answer

### EATING HABITS

The next few questions are about food and eating.

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

#### WEEKDAYS

- |  |   |
|--|---|
| <input type="radio"/> I never have breakfast during weekdays | <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                             |   |

#### \*WEEKEND

- |  |   |
|--|---|
| <input type="radio"/> I never have breakfast during the weekend                                    | <input type="radio"/> I usually have breakfast on both weekend days (Saturday AND Sunday) |
| <input type="radio"/> I usually have breakfast on only one day of the weekend (Saturday OR Sunday) | <input type="radio"/> I do not want to answer   |

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

- a) Fruits
- b) Vegetables
- c) Sweets (candy or chocolate)
- d) Coke or other soft drinks that contain sugar
- e) Energy drinks (such as Red Bull, Monster, Rockstar)
- |   |   |
|---|---|
| <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   |

\*19. Now thinking about meals you eat with your family.....

How often do you and your family usually have meals together?

- |   |   |
|---|---|
| <input type="radio"/> Never                 | <input type="radio"/> 5-6 days a week         |
| <input type="radio"/> Less than once a week | <input type="radio"/> Every day               |
| <input type="radio"/> 1-2 days a week       | <input type="radio"/> I do not want to answer |
| <input type="radio"/> 3-4 days a week       |   |

\*20. How often do you brush your teeth?

- |   |   |
|---|---|
| <input type="radio"/> More than once a day                | <input type="radio"/> Less than once a week   |
| <input type="radio"/> Once a day                          | <input type="radio"/> Never                   |
| <input type="radio"/> At least once a week, but not daily | <input type="radio"/> I do not want to answer |

\*21. At present are you on a diet or doing something else to lose weight?

- ☐ No, my weight is fine
- ☐ No, but I should lose some weight
- ☐ No, because I need to put on weight
- ☐ Yes
- ☐ I do not want to answer

## PHYSICAL ACTIVITY

The next question is about physical activity.

22. 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      |   |

## SMOKING, E-CIGARETTES AND ALCOHOL

The next few questions are about smoking, e-cigarettes and alcoholic drinks. Please answer the section honestly: nobody that you know will see the answers.

23. On how many days (if any) have you smoked cigarettes...

a) In your lifetime

b) In the last 30 days

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> Never    | <input type="radio"/> 10-19 days              |
| <input type="radio"/> 1-2 days | <input type="radio"/> 20-29 days              |
| <input type="radio"/> 3-5 days | <input type="radio"/> 30 days (or more)       |
| <input type="radio"/> 6-9 days | <input type="radio"/> I do not want to answer |

24. How often do you smoke tobacco at present?

- |   |   |
|---|---|
| <input type="radio"/> Every day                               | <input type="radio"/> I do not smoke          |
| <input type="radio"/> At least once a week, but not every day | <input type="radio"/> I do not want to answer |
| <input type="radio"/> Less than once a week                   |   |

\*25. 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?*

- |   |   |
|---|---|
| <input type="radio"/> In the last month     | <input type="radio"/> In the last 2 years     |
| <input type="radio"/> In the last 6 months  | <input type="radio"/> Longer than 2 years ago |
| <input type="radio"/> In the last 12 months | <input type="radio"/> I do not want to answer |

26. How difficult do you think it would be for you to get cigarettes or rolling tobacco if you wanted to?

- |  |   |
|--|---|
| <input type="radio"/> Very difficult             | <input type="radio"/> Fairly easy             |
| <input type="radio"/> Fairly difficult           | <input type="radio"/> Very easy               |
| <input type="radio"/> Neither difficult nor easy | <input type="radio"/> I do not want to answer |

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

Please tick more than one box 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

\*28. 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

\*29. Do any of the following people smoke.....?

- a) Father
  - b) Mother
  - c) Father's partner
  - d) Mother's partner
  - e) Your best friend
- |  |   |
|--|---|
| <input type="radio"/> Smokes every day | <input type="radio"/> I don't know                        |
| <input type="radio"/> Smokes sometimes | <input type="radio"/> Don't have or don't see this person |
| <input type="radio"/> Does not smoke   | <input type="radio"/> I do not want to answer             |

\*30. How often do the following people smoke in your home (where you live all or most of the time)?

- a) Father
  - b) Mother
  - c) Father's partner
  - d) Mother's partner
  - e) Other people you live with (for example, brother, sister, aunt, grandad)
  - e) Your best friend
  - g) Other people who come to your home
- |  |   |
|--|---|
| <input type="radio"/> Smokes in the home every day | <input type="radio"/> I don't know                        |
| <input type="radio"/> Sometimes smokes in the home | <input type="radio"/> Don't have or don't see this person |
| <input type="radio"/> Does not smoke in the home   | <input type="radio"/> I do not want to answer             |

31. 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')?

- |   |  |
|---|--|
| <input type="radio"/> I have never tried e-cigarettes | <input type="radio"/> I have tried e-cigarettes more than once |
| <input type="radio"/> I have tried e-cigarettes once  | <input type="radio"/> I do not want to answer                  |

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

- |   |  |
|---|--|
| <input type="radio"/> Every day                               | <input type="radio"/> Less than once a week                |
| <input type="radio"/> At least once a week, but not every day | <input type="radio"/> I do not use e-cigarettes at present |
|   | <input type="radio"/> I do not want to answer              |

\*33. 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

\*34. The last time you used an e-cigarette/vape, what was in the vapour you inhaled?

- ☐ It contained nicotine
- ☐ 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

35. How difficult do you think it would be for you to get an e-cigarette or e-liquids if you wanted to?

- ☐ Very difficult
- ☐ Fairly difficult
- ☐ Neither difficult nor easy
- ☐ Fairly easy
- ☐ Very easy
- ☐ I do not want to answer

36. Where do you often get your e-cigarettes and/or e-liquids from?

Please tick more than one box if you often get e-cigarettes from different people or places.

- ☐ I buy them myself
  - ☐ From a shop (e.g. a newsagent, specialist vape shop, 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



\*37. Have you changed the way you get e-cigarettes and/or e-liquids in the past 6 months?

If you have, where did you used to get them from?

- ☐ I have not changed the way I get e-cigarettes and/or e-liquids
- ☐ I bought them myself
  - ☐ From a shop (e.g. a newsagent, specialist vape shop, 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 got 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 gave 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 took them without asking
- ☐ I got them in some other way
- ☐ I do not want to answer

\*38. On how many days (if any) have you drunk alcohol...

a) In your lifetime

b) In the last 30 days

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> Never    | <input type="radio"/> 10-19 days              |
| <input type="radio"/> 1-2 days | <input type="radio"/> 20-29 days              |
| <input type="radio"/> 3-5 days | <input type="radio"/> 30 days (or more)       |
| <input type="radio"/> 6-9 days | <input type="radio"/> I do not want to answer |

\*39. 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

- |                                   |   |
|-----------------------------------|---|
| <input type="radio"/> Every day   | <input type="radio"/> Rarely                  |
| <input type="radio"/> Every week  | <input type="radio"/> Never                   |
| <input type="radio"/> Every month | <input type="radio"/> I do not want to answer |

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

- |   |   |
|---|---|
| <input type="radio"/> I never drink alcohol | <input type="radio"/> 3 drinks                |
| <input type="radio"/> Less than 1 drink     | <input type="radio"/> 4 drinks                |
| <input type="radio"/> 1 drink               | <input type="radio"/> 5 or more drinks        |
| <input type="radio"/> 2 drinks              | <input type="radio"/> I do not want to answer |

\*41. On a day when you drink alcohol, what type of drink do you most often have?

- |   |   |
|---|---|
| <input type="radio"/> Small can or bottle of beer, lager or cider | <input type="radio"/> Large can or bottle of alcopops   |
| <input type="radio"/> Large can or bottle of beer, lager or cider | <input type="radio"/> Glass or cup of wine  |
| <input type="radio"/> 2 litre bottle of beer, lager or cider      | <input type="radio"/> Bottle of wine  |
| <input type="radio"/> Half pints of beer, lager or cider          | <input type="radio"/> Cocktails   |
| <input type="radio"/> Pints of beer, lager or cider               | <input type="radio"/> Spirits (e.g. vodka, whisky, gin) without a mixer                       |
| <input type="radio"/> Half pints of shandy                        | <input type="radio"/> Spirits (e.g. vodka, whisky, gin) with a mixer (e.g. coke, tonic water) |
| <input type="radio"/> Pints of shandy                             | <input type="radio"/> Something else  |
| <input type="radio"/> Small can or bottle of alcopops             | <input type="radio"/> I do not want to answer   |

\*42. When you drink alcohol, where do you usually get the alcohol from?

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

\*43. Have you ever had so much alcohol that you were really drunk?

a) In your lifetime

b) In the last 30 days

- |                                      |   |
|--------------------------------------|---|
| <input type="radio"/> No, never      | <input type="radio"/> Yes, 4-10 times         |
| <input type="radio"/> Yes, once      | <input type="radio"/> Yes, more than 10 times |
| <input type="radio"/> Yes, 2-3 times | <input type="radio"/> I do not want to answer |

## CANNABIS AND OTHER DRUGS

This part of the questionnaire is about drugs. Please answer the section honestly: nobody you know will see your answers.

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

- a) Cannabis (Marijuana, Dope, Pot, Hash, Grass, Weed, Skunk, Spliff/ Joints)
- \*b) Semeron (Sem)
- \*c) Magic Mushrooms (Shrooms)
- \*d) Anabolic Steroids
- e) Inhaling laughing gas (nitrous oxide, nos, whippits; DO NOT include breathing in helium from party balloons or nitrous oxide from your doctor or dentist)
- f) Mephedrone (M-Cat, Meow Meow, Bubble, Charge, Drone, 4MMC)
- g) New psychoactive substances (previously called 'Legal highs', such as pep stoned, BZP, black mamba spice)
- \*h) Glue, gas (butane, lighter refills), aerosols or solvents (to inhale or sniff)
- I\*) Other drugs that would not be given to you by a doctor or chemist
  - ☐ In the last month
  - ☐ In the last 12 months
  - ☐ More than 12 months ago
  - ☐ Never
  - ☐ I do not want to answer

45. Have you ever taken cannabis?

- 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

46. 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
  - ☐ 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

47. Which did you try first, using an e-cigarette or smoking tobacco?

- ☐ Using an e-cigarette
- ☐ Smoking tobacco
- ☐ I do not want to answer

\*48. Which did you start doing regularly (using once a week or more) first, using an e-cigarette or smoking tobacco?

- ☐ Using e-cigarettes
- ☐ Smoking tobacco
- ☐ I do not want to answer

## SUBSTANCE USE

\*49. What percentage of students your age in Wales do you think do the following things?

- a) Smoke a cigarette / use tobacco at least once a week
- b) Use an e-cigarette at least once a week
- c) Take drugs
- d) Use cannabis

\*50. What percentage of adults in Wales do you think do the following things?

- a) Smoke a cigarette / use tobacco at least once a week
- b) Use an e-cigarette at least once a week

\*51. **(Non-smokers only)** If you were to start smoking regularly, how do you think your parents / carers would react?

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

\*52. **(Smokers only)** How do your parents / carers feel about your smoking?

- ☐ They try to stop me (e.g. by confiscating cigarettes)
- ☐ 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

\*53. **(Non E-cigarette users only)** If you were to start using e-cigarettes regularly, how do you think your parents / carers would react?

- ☐ They would try to stop me (e.g. by confiscating my e-cigarettes)
- ☐ 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

\*54. (**E-cigarette users only**) How do your parents / carers feel about your e-cigarette use?

- ☐ They try to stop me (e.g. by confiscating my e-cigarettes)
- ☐ 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

\*55. 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

\*56. 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

## **SCHOOL LIFE**

The next few questions are about your school life.

\*57. 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 |   |

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

- |                                  |   |
|----------------------------------|---|
| <input type="radio"/> Not at all | <input type="radio"/> A lot                   |
| <input type="radio"/> A little   | <input type="radio"/> I do not want to answer |
| <input type="radio"/> Some       |   |

\*59. 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

60. Here are some more 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

<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

61. 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 confide in

<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

\*62. Here are some more statements about your teachers. Please show how much you agree or disagree with each one.

- a) My teachers encourage me when I do school work.
- b) When I need extra help, I can get it.
- c) My teachers tell me how to do better on school-tasks.
- d) My teachers guide me on how to solve tasks.
- e) I feel that my teachers provide me with choices and options.
- f) My teachers try to understand how I see things before suggesting a new way to do things.
- g) My teachers make sure I really understand my goals and what I need to do.
- i) My teachers listen to how I would like to do things.

<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

63. How much do you agree with the following statements?

a) My teachers take action to stop pupils calling girls sexually offensive names at this school.

b) My teachers take action to stop 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

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

☐ I do not want to answer

64. In the past academic 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

☐ Five times

☐ Once

☐ Six to ten times

☐ Twice

☐ More than ten times

☐ Three times

☐ I do not want to answer

☐ Four times

65. Have you ever been suspended from school because of disagreements, fights or behaviour whilst at school? This is also called 'temporary exclusion'. DO NOT include isolation or being removed from lessons but remaining in school.

☐ Never

☐ More than once

☐ Once

☐ I do not want to answer

66. Have you ever been permanently excluded (expelled) from another school?.

☐ Never

☐ More than once

☐ Once

☐ I do not want to answer

\*67. How long does it usually take you to travel to school from your home?

☐ Less than 5 minutes

☐ 30 minutes to 1 hour

☐ 5-15 minutes

☐ More than 1 hour

☐ 15-30 minutes

☐ I do not want to answer

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

☐ Walking

☐ Car, motorcycle or moped

☐ Bicycle

☐ Other means

☐ Bus, train, tram, underground or boat

☐ I do not want to answer

\*69. On a typical day, is the main part of your journey FROM school made by.... ?

☐ Walking

☐ Car, motorcycle or moped

☐ Bicycle

☐ Other means

☐ Bus, train, tram, underground or boat

☐ I do not want to answer

## Health

The next few questions are about your health and how you feel.

\*70. Would you say your health is.... ?

- ☐ Excellent
- ☐ Good
- ☐ Fair

- ☐ Poor
- ☐ I do not want to answer

\*71. How much do you weigh without clothes?

\*72. How tall are you without shoes?

73. Here is a picture of a ladder.

<input type="checkbox"/>	10	Best possible life
<input type="checkbox"/>	9	
<input type="checkbox"/>	8	
<input type="checkbox"/>	7	
<input type="checkbox"/>	6	
<input type="checkbox"/>	5	
<input type="checkbox"/>	4	
<input type="checkbox"/>	3	
<input type="checkbox"/>	2	
<input type="checkbox"/>	1	
<input type="checkbox"/>	0	Worst possible life

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?

Tick the box next to the number that best describes where you stand.

74. Below are some statements about feelings and thoughts. Please tick the box 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

75. Thinking about last week, have you been able to pay attention?

- ☐ Never
- ☐ Hardly ever
- ☐ Quite often

- ☐ Very often
- ☐ Always
- ☐ I do not want to answer



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

\*a) Headache

\*b) Stomach ache

\*c) Backache

d) Feeling low

e) Irritability or bad temper

f) Feeling nervous

g) Difficulties in getting to sleep

\*h) Feeling dizzy

☐ About every day

☐ More than once a week

☐ About every week

☐ About every month

☐ Rarely or never

☐ I do not want to answer

\*77. Do you have a long-term illness, disability or medical condition (like diabetes, arthritis, allergy, or cerebral palsy) that has been diagnosed by a doctor?

☐ Yes

☐ No

☐ I do not want to answer

\*78. Do you take medicine for your long-term illness, disability or medical condition?

☐ I do not have a long-term illness,  
disability or medical condition

☐ Yes

☐ No

☐ I do not want to answer

\*79. Does your long-term illness, disability or medical condition affect your attendance and participation at school?

☐ I do not have a long-term illness,  
disability or medical condition

☐ Yes

☐ No

☐ I do not want to answer

80. 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

### **Sexual behaviour (Years 11-13 only; Years 9-10 optional)**

The next questions are about sexual behaviour and contraception.

81. 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

82. 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

83. 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

84. 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

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

☐ Yes

☐ Don't know

☐ No

☐ I do not want to answer

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

☐ Yes

☐ Don't know

☐ No

☐ I do not want to answer

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

☐ 11 years old or younger

☐ 16 years old

☐ 12 years old

☐ 17 years old

☐ 13 years old

☐ 18 years old or older

☐ 14 years old

☐ I do not want to answer

☐ 15 years old

## Bullying and fighting

This part of the questionnaire is about bullying. Please read carefully and answer the questions which follow.

88. Here are some questions about bullying. We say a young person is BEING BULLIED when another young person or a group of young people repeatedly say or do unwanted nasty and unpleasant things to him or her. It is also bullying when a young 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 young person that bullies has more power than the young 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 pupil(s) at school in the past couple of months?

- |   |   |
|---|---|
| <input type="radio"/> I haven't bullied another pupil(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 |

89. 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 |

\*90. 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, taken unflattering or inappropriate pictures without permission and posted them online or sent them to others)?

- |   |   |
|---|---|
| <input type="radio"/> I have not cyberbullied another young 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 |

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

- |   |   |
|---|---|
| <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 |

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

- |                             |   |
|-----------------------------|---|
| <input type="radio"/> Never | <input type="radio"/> More than once          |
| <input type="radio"/> Once  | <input type="radio"/> I do not want to answer |

\*93. Has anyone ever sent, forwarded or shared a sexually explicit image of you to other people, without asking you?

- ☐ Yes
- ☐ No
- ☐ I do not want to answer

\*94. Have you ever been called sexually offensive names at school?

a) By boys

b) By girls

- ☐ No, never
- ☐ More than a year ago - only once
- ☐ More than a year ago - more than once
- ☐ In the past year – less than twice a month
- ☐ In the past year – 2 or 3 times a month
- ☐ In the past year – once a week
- ☐ In the past year – more than once a week
- ☐ I do not want to answer

\*95. Have you ever unwantedly been touched or kissed in school?

a) By boys

b) By girls

- ☐ No, never
- ☐ More than a year ago - only once
- ☐ More than a year ago - more than once
- ☐ In the past year – less than twice a month
- ☐ In the past year – 2 or 3 times a month
- ☐ In the past year – once a week
- ☐ In the past year – more than once a week
- ☐ I do not want to answer

\*96. 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

\*97. During the past 12 months, how many times were you in a physical fight?

- ☐ I have not been in a physical fight in the past 12 months
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times or more
- ☐ I do not want to answer

### **Injuries**

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned.

Injuries do not include illnesses such as Measles or the Flu. The following question is about injuries you may have had during the past 12 months.

\*98. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

- ☐ I was not injured in the past 12 months
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times or more
- ☐ I do not want to answer

### **Family**

We now have some questions about your family and where you live.

99. 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

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

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

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

101. Roughly how old were you when you first went into the care of someone other than your birth parents?

- |   |   |
|---|---|
| <input type="radio"/> Less than one years old | <input type="radio"/> Ten years old           |
| <input type="radio"/> One years old           | <input type="radio"/> Eleven years old        |
| <input type="radio"/> Two years old           | <input type="radio"/> Twelve years old        |
| <input type="radio"/> Three years old         | <input type="radio"/> Thirteen years old      |
| <input type="radio"/> Four years old          | <input type="radio"/> Fourteen years old      |
| <input type="radio"/> Five years old          | <input type="radio"/> Fifteen years old       |
| <input type="radio"/> Six years old           | <input type="radio"/> Sixteen years old       |
| <input type="radio"/> Seven years old         | <input type="radio"/> Seventeen years old     |
| <input type="radio"/> Eight years old         | <input type="radio"/> Eighteen years old      |
| <input type="radio"/> Nine years old          | <input type="radio"/> I do not want to answer |

102. How long have you been living where you live now?

- |  |   |
|--|---|
| <input type="radio"/> Less than one year | <input type="radio"/> More than 5 years       |
| <input type="radio"/> 1 -2 years         | <input type="radio"/> Can't remember          |
| <input type="radio"/> 3-5 years          | <input type="radio"/> I do not want to answer |

103. How many care placements with different people or in different places have you had, including those with family members, foster parents or in residential care?

- |  |   |
|--|---|
| <input type="radio"/> I have lived away from my parents once | <input type="radio"/> 6 or more times         |
| <input type="radio"/> 2-3 times                              | <input type="radio"/> I don't know            |
| <input type="radio"/> 4-5 times                              | <input type="radio"/> I do not want to answer |

\*104a. Does your father have a job?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't have or don't see father
- ☐ I do not want to answer

*If no, Why does your father not have a job?*

- ☐ He is sick, or retired, or a student
- ☐ He is looking for a job
- ☐ He takes care of others, or is full-time

in the home

- ☐ I don't know
- ☐ I do not want to answer

\*104b. Does your mother have a job?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't have or don't see mother
- ☐ I do not want to answer

*If no, Why does your mother not have a job?*

- ☐ She is sick, or retired, or a student
- ☐ She is looking for a job
- ☐ She takes care of others, or is full-time

in the home

- ☐ I don't know
- ☐ I do not want to answer

105. Some young people have to help look after other people in their family because they are disabled, physically or mentally unwell or have a problem with alcohol or drugs. Is there anyone in your family that you regularly look after or give special help to for these reasons?

- ☐ No
- ☐ Yes, one person in my family
- ☐ Yes, two or more people in my family
- ☐ I do not want to answer

106. About how many hours a week would you say that you usually spend looking after this person / these people or doing things for them?

- ☐ 1-7 hours
- ☐ 8-19 hours
- ☐ 20-49 hours
- ☐ 50 or more hours
- ☐ I do not want to answer

107. Do any teachers or other members of staff at your school know that you help to look after someone in your family?

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

## Relationships

The next questions are about relationships with friends and family.

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

- a) Father
- b) Father's partner
- c) Mother
- d) Mother's partner
- e) Foster mother
- f) Foster father
- g) Grandmother
- h) Grandfather
- i) Aunt
- j) Uncle
- k) Carer

- ☐ Very easy
- ☐ Easy
- ☐ Difficult

- ☐ Very difficult
- ☐ Don't see or don't have this person
- ☐ I do not want to answer

109. We are interested in how you feel about the following statements. Read each statement carefully and indicate how you feel about 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



## Friends

The next questions are about your friends.

110. We are interested in how you feel about the following statements. Read each statement carefully and indicate how you feel about each one.

- \*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

\*111. 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

\*112. Below are some statements about the internet. Please indicate whether you agree or disagree with each of the following statements.

- a) On the internet I talk more easily about secrets than in a face-to-face encounter
- b) On the internet, I talk more easily about my inner feelings than in a face-to-face encounter
- c) On the internet, I talk more easily about my concerns than in a face-to-face encounter
  - ☐ Strongly disagree
  - ☐ Disagree
  - ☐ Neither agree nor disagree
  - ☐ Agree
  - ☐ Strongly agree
  - ☐ I do not want to answer

\*113. 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

### **Spare time**

The next questions are about what you do in your spare time.

114. **Outside school hours**: How many hours a day 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.

- a) Weekdays
- b) Weekends
  - ☐ None at all
  - ☐ About half an hour a day
  - ☐ About one hour a day
  - ☐ About two hours a day
  - ☐ About three hours a day
  - ☐ About four hours a day
  - ☐ About five hours a day
  - ☐ About six hours a day
  - ☐ About seven or more hours a day
  - ☐ I do not want to answer

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

- |   |   |
|---|---|
| <input type="radio"/> Every day           | <input type="radio"/> Once a month            |
| <input type="radio"/> 4 to 6 times a week | <input type="radio"/> Less than once a month  |
| <input type="radio"/> 2 to 3 times a week | <input type="radio"/> Never                   |
| <input type="radio"/> Once a week         | <input type="radio"/> I do not want to answer |

\*116. In the past 6 months, have you regularly attended any of these organised activities at school, but outside of lessons? Tick all that apply and only include groups and clubs that were supervised by adults.

- ☐ Organised team sport activities (e.g. football, basketball and volleyball)
- ☐ Organised individual sport activities (e.g. tennis, gymnastics and karate)
- ☐ Attending drama, arts or music groups (e.g. orchestra, choir, dance, theatre, art club, playing a musical instrument)
- ☐ Attending a recreational club (e.g. chess, model-building and debate club)
- ☐ Children and youth organisations (e.g. scouting, guides, cadets, Duke of Edinburgh)
- ☐ Attending faith-based activities (religious services, youth groups and classes)
- ☐ Attending other type of activity
- ☐ I do not want to answer

\*117. In the past 6 months, have you regularly attended any of these organised activities in your free time outside of school? Tick all that apply and only include groups and clubs that were supervised by adults.

- ☐ Organised team sport activities (e.g. football, basketball and volleyball)
- ☐ Organised individual sport activities (e.g. tennis, gymnastics and karate)
- ☐ Attending drama, arts or music groups / lessons (e.g. playing a musical instrument, choir, dance, theatre)
- ☐ Attending a recreational club (e.g. chess, model-building and debate club)
- ☐ Children and youth organisations (e.g. scouting, guides)
- ☐ Attending faith-based activities (religious services, youth groups and classes)
- ☐ Attending a youth club or youth centre
- ☐ Attending other type of activity
- ☐ I do not want to answer

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

- a) Spend time with friends
  - b) Feel close to other people, e.g. friends, family
  - c) Exercise in your free time so much that you got out of breath or sweated
  - d) Go to bed hungry because there wasn't enough food in the house
- |  |   |
|--|---|
| <input type="radio"/> Not at all       | <input type="radio"/> Often                   |
| <input type="radio"/> Rarely           | <input type="radio"/> All of the time         |
| <input type="radio"/> Some of the time | <input type="radio"/> I do not want to answer |

119. 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 |

\*120. When do you usually go to bed at weekends or during holidays?

- |   |   |
|---|---|
| <input type="radio"/> No later than 9pm | <input type="radio"/> 1am                     |
| <input type="radio"/> 9.30pm            | <input type="radio"/> 1.30am                  |
| <input type="radio"/> 10pm              | <input type="radio"/> 2am                     |
| <input type="radio"/> 10.30pm           | <input type="radio"/> 2.30am                  |
| <input type="radio"/> 11pm              | <input type="radio"/> 3am                     |
| <input type="radio"/> 11.30pm           | <input type="radio"/> 3.30am                  |
| <input type="radio"/> Midnight          | <input type="radio"/> 4am or later            |
| <input type="radio"/> 12.30 am          | <input type="radio"/> I do not want to answer |

\*121. When do you usually wake up on school mornings?

- |   |   |
|---|---|
| <input type="radio"/> No later than 5am | <input type="radio"/> 7am                     |
| <input type="radio"/> 5.30am            | <input type="radio"/> 7.30am                  |
| <input type="radio"/> 6am               | <input type="radio"/> 8 am or later           |
| <input type="radio"/> 6.30am            | <input type="radio"/> I do not want to answer |

\*122. Have you ever spent your own money on the following:

- ☐ Lotto
- ☐ National lottery scratchcards
- ☐ Fruit machines
- ☐ Bingo at a bingo club
- ☐ Any online gambling
- ☐ Betting with friends
- ☐ Any other gambling
- ☐ I do not want to answer

\*123. How important is it for you to:

- a) Be kind to other people
  - b) Be forgiving of other people
  - c) Show respect for other people
  - d) Feel that your life has meaning or purpose
  - e) Experience joy in life
  - f) Feel connected to nature or wilderness
  - g) Care for the natural world
  - h) Meditate or pray
  - i) Feel connection to a higher spiritual power
  - j) Feel a sense of belonging to something greater than yourself
- ☐ 1 Not at all important
  - ☐ 2
  - ☐ 3
  - ☐ 4
  - ☐ 5 Very important
  - ☐ I do not want to answer