

**School Health Research Network
Student Health and Wellbeing Survey 2017**

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 asterix** are only visible to some students. This is randomly allocated by the computer.
- c) **The section on Sexual Behaviour (Q97-103)** is visible to years 11, 12 and 13. Your school may have opted to make it visible to years 9 and 10 as well.

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 questions are about you.

1. Are you a boy or a girl?

- Boy
- Girl
- I do not want to answer

2. What year are you in?

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

3. In what month were you born?

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

4. In what year were you born?

- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- I do not want to answer

5. 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

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

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

7. Do you have your own bedroom for yourself?

- No
- Yes
- I do not want to answer

8. 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

9. Does your family have a dishwasher at home?

- No
- Yes
- I do not want to answer

10. 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

11. 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

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

- I do not want to answer

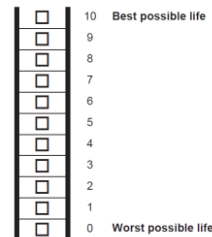
HEALTH AND WELLBEING

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

*13. Would you say your health is.... ?

- Excellent
- Good
- Fair
- Poor
- I do not want to answer

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. 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

*16. 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

*17. 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

*18. 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

19. 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

*20. 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

21. 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

PHYSICAL ACTIVITY AND ACTIVE TRAVEL

This part of the survey is about physical activity and travelling to school.

22. 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 | |

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

- | | |
|---|---|
| <input type="radio"/> Less than 5 minutes | <input type="radio"/> 30 minutes to 1 hour |
| <input type="radio"/> 5-15 minutes | <input type="radio"/> More than 1 hour |
| <input type="radio"/> 15-30 minutes | <input type="radio"/> I do not want to answer |

24. 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 |

*25. On a typical day, is the main part of your journey FROM 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 |

EATING HABITS

The next few questions are about food and eating.

26. 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 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 | |

***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 |

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

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

*28. Now thinking about meals you eat with your family.....

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

- | | |
|---|---|
| <input type="radio"/> Every day | <input type="radio"/> Less often |
| <input type="radio"/> Most days | <input type="radio"/> Never |
| <input type="radio"/> About once a week | <input type="radio"/> I do not want to answer |

*29. 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 |

SPARE TIME

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

30. 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 |

*31. In your free time, do you do any of these organised activities? Organised activities refer to those activities that are done in a sport or another club or organisation.

- a) Organised team sport activities (e.g. football, basketball and volleyball)
- b) Organised individual sport activities (e.g. tennis, gymnastics and karate)
- c) Attending drama, arts or music groups (e.g. orchestra, choir, dance, theatre, playing a musical instrument)
- d) Attending a club (e.g. chess club, debate club, science club)
- e) Children and youth organisations (e.g. scouting, guides, cadets, Duke of Edinburgh)
- f) Attending faith-based activities (religious services, classes and religious youth groups)
- g) Volunteering for a club or organisation
 - Yes, at school (outside of lessons)
 - Yes, outside of school
 - No
 - I do not want to answer

32. **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 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

33. 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

The next few questions are about smoking.

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

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

a) In your lifetime

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

35. 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

*36. 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

37. How difficult do you think it is for someone your age to get cigarettes if they want to?

Very difficult

Fairly difficult

Neither difficult nor easy

Fairly easy

Very easy

I do not want to answer

38. 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

*39. **(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

*40. **(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

*41. 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

*42. 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 |

*43. 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 |

E-CIGARETTES

44. 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 |

45. 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 |

*46. 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

*47. 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

48. How difficult do you think it is for someone your age to get an e-cigarette or e-liquids if they want to?

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

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

Please select more than one option 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

*50. 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

*51. 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

*52. **(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

*53. **(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

*54. 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

*55. 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 |

*56. 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 |

57. On days 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 |

*58. 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

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

a) In your lifetime

b) In the last 30 days

- No, never
- Yes, once
- Yes, 2-3 times
- Yes, 4-10 times
- Yes, more than 10 times
- I do not want to answer

CANNABIS AND OTHER DRUGS

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

60. 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

61. 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, mushies)

*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

62. This question is asking about the drug Cannabis again. 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

63. 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

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

Using an e-cigarette

Smoking tobacco

I do not want to answer

*65. 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

*66. How many people of your age in Wales do you think do the following things?

a) Smoke a cigarette at least once a week

b) Use an e-cigarette at least once a week

c) Use cannabis

d) Take any other drug

Nearly all of them

About three quarters

About half

About a quarter

Hardly any

I don't know

I do not want to answer

*67. How many adults in Wales do you think do the following things?

a) Smoke a cigarette at least once a week

b) Use an e-cigarette at least once a week

Nearly all of them

About three quarters

About half

About a quarter

Hardly any

I don't know

I do not want to answer

YOUR WEIGHT AND HEIGHT

*68. How much do you weigh without clothes?

*69. How tall are you without shoes?

SCHOOL LIFE

The next few questions are about your school life.

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

I like it a lot

I like it a bit

I don't like it very much

I don't like it at all

I do not want to answer

71. 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

*72. 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

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

I do not want to answer

73. 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

74. 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

*75. 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.
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - I do not want to answer

76. How much do you agree 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

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

a) At my school there are staff who understand the things that make pupils feel unhappy, worried or unable to cope

b) There is support at my school for pupils who feel unhappy, worried or unable to cope

c) I would use the support my school offers if I felt unhappy, worried or unable to cope

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

I do not want to answer

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

a) By boys

b) By girls

More than once a week

About once a week

2 or 3 times a month

About once a month

Less often

Never

I do not want to answer

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

a) By boys

b) By girls

More than once a week

About once a week

2 or 3 times a month

About once a month

Less often

Never

I do not want to answer

80. 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

81. 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

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

82. 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?

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

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

- I have not been bullied at school in the past couple of months
- It has happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week
- I do not want to answer

*84. 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)?

- I have not cyberbullied another person in the past couple of months
- It has happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week
- I do not want to answer

85. 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)?

- I have not been cyberbullied in the past couple of months
- It has happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week
- I do not want to answer

86. 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.

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

87. 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 |

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

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

FIGHTING AND INJURIES

*89. 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

The next question is about injuries. Please read carefully and answer the question which follows. 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.

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

- | | |
|---|---|
| <input type="radio"/> I was not injured in the past 12 months | <input type="radio"/> 3 times |
| <input type="radio"/> 1 time | <input type="radio"/> 4 times or more |
| <input type="radio"/> 2 times | <input type="radio"/> I do not want to answer |

FRIENDS AND RELATIONSHIPS

This part of the survey is about friends and relationships.

91. 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

*92. 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

SOCIAL MEDIA AND THE INTERNET

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)'.

*93. 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

*94. 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

*95. 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

96. This question is about smartphones and using social media.

How old were you when you...

a) Had your first smartphone (a phone you can access the internet on)

b) First joined a social networking site (e.g. Facebook) or instant messaging service (e.g. Whatsapp, Snapchat, Facebook messenger)

- | | |
|---|---|
| <input type="radio"/> 11 years old or younger | <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 |
| <input type="radio"/> 14 years old | <input type="radio"/> Never |
| <input type="radio"/> 15 years old | <input type="radio"/> I do not want to answer |

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

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

97. 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

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

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Don't know |
| <input type="radio"/> No | <input type="radio"/> I do not want to answer |

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

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Don't know |
| <input type="radio"/> No | <input type="radio"/> I do not want to answer |

100. 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')?

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Don't know |
| <input type="radio"/> No | <input type="radio"/> I do not want to answer |

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

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Don't know |
| <input type="radio"/> No | <input type="radio"/> I do not want to answer |

102. 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

103. 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

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

*104. 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

*105. 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

*106. 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

*107a. 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

*107b. 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

108. 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

109. 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

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

- | | |
|---|---|
| <input type="radio"/> Less than 1 years old | <input type="radio"/> 10 years old |
| <input type="radio"/> 1 years old | <input type="radio"/> 11 years old |
| <input type="radio"/> 2 years old | <input type="radio"/> 12 years old |
| <input type="radio"/> 3 years old | <input type="radio"/> 13 years old |
| <input type="radio"/> 4 years old | <input type="radio"/> 14 years old |
| <input type="radio"/> 5 years old | <input type="radio"/> 15 years old |
| <input type="radio"/> 6 years old | <input type="radio"/> 16 years old |
| <input type="radio"/> 7 years old | <input type="radio"/> 17 years old |
| <input type="radio"/> 8 years old | <input type="radio"/> 18 years old |
| <input type="radio"/> 9 years old | <input type="radio"/> I do not want to answer |

111. 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 |

112. 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 placements |
| <input type="radio"/> 2-3 placements | <input type="radio"/> I don't know |
| <input type="radio"/> 4-5 placements | <input type="radio"/> I do not want to answer |

113. 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

114. And how often do you look after or give special help to this person / these people?

- Every day
- Most days
- At least once a week
- At least once a month
- Less than once a month
- I do not want to answer

115. The next questions are about relationships with family. 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

116. 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

YOUNG PEOPLE'S VOICE

This question is about young people's voice.

*117. How much do you agree with the following statement?

Adults usually listen to the views of children and young people before making decisions that affect them.

- Strongly disagree
- Disagree
- Neither agree nor disagree

- Agree
- Strongly agree
- I do not want to answer

GAMBLING

The next few questions are about gambling.

*118. 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

*119. In the past 12 months how often, if at all, would you say you have felt bad as a result of your own gambling?

- | | |
|--|---|
| <input type="radio"/> I have not gambled in the past 12 months | <input type="radio"/> Often |
| <input type="radio"/> Never | <input type="radio"/> All the time |
| <input type="radio"/> Rarely | <input type="radio"/> Don't know |
| <input type="radio"/> Sometimes | <input type="radio"/> I do not want to answer |

*120. In the past 12 months how often, if at all, would you say that gambling among your family members and/or people you live with has made you feel bad?

- | | |
|--|---|
| <input type="radio"/> None of my family members and/or people I live with gamble | <input type="radio"/> Often |
| <input type="radio"/> Never | <input type="radio"/> All the time |
| <input type="radio"/> Rarely | <input type="radio"/> Don't know |
| <input type="radio"/> Sometimes | <input type="radio"/> I do not want to answer |

SLEEP PATTERNS

This final part of the survey is about your sleep patterns on school nights.

121. 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 |

122. 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 |

*123. 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 |