HEALTH & LIFESTYLE SURVEY OF YOUNG PEOPLE

You and Your Home

1. **Are you Male or Female ?** Male ☐ Female ☐
(Please tick one box only)

2. **How old are you ?** 11 years ☐ 12 years ☐ 13 years ☐ 14 years ☐ 15 years ☐
(Please tick one box only)

3. **What school year are you ?** Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10 ☐
(Please tick one box only)

4. **How many brothers/sisters have you who are younger than you?** ☐
(Please include step-brothers and step-sisters if living with you. Please write the numbers in the boxes)

5. **How many brothers /sisters have you who are older than you?** ☐
(Please include step-brothers and step-sisters if living with you. Please write the numbers in the boxes)

6. **What is your postcode?** ☐
(Please write it in the box)

7. **How many times have you moved home in the last two years** ☐
(Please write how many times)

8. **Do you help look after any of these people?**
(Please tick as many as apply)

No-one	☐
Ill or disabled mother	☐
Ill or disabled father	☐
Ill or disabled brother or sister	☐
Elderly grandparents	☐
Someone else	☐

9. **How do you usually get to school?**
(Please tick one box) by Car ☐ by Bus ☐ by Train ☐ by Bike ☐ by Walking ☐

10. **How do you usually get home from school?**
(Please tick one box) by Car ☐ by Bus ☐ by Train ☐ by Bike ☐ by Walking ☐

11. **Is your home –**
(Please tick one box only)

Rented from the council	☐
Rented from a private landlord	☐
Rented from a housing association	☐
Owned by your parents/being bought on a mortgage	☐
Don't know	☐

12. **Is your mother (female guardian) –**
(Please tick one box only)

In full time paid work	☐
In part time paid work	☐
At home looking after the family	☐
Unemployed	☐
Sick or disabled	☐
A student	☐
Don't know	☐

13. Is your father (male guardian) –
(Please tick one box only)

- In full time paid work ☐
- In part time paid work ☐
- At home looking after the family ☐
- Unemployed ☐
- Sick or disabled ☐
- A student ☐
- Don't know ☐

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

- White ☐
- Mixed ☐
- Asian or Asian British ☐
- Black or Black British ☐
- Chinese ☐
- Other ☐

15. How many hours do you spend watching television on a normal school day? ☐
(Please say how many hours in the box)

16. Do you have a television in your bedroom? Yes ☐ No ☐
(Please tick one box only)

17. Do you have access to a computer at home? Yes ☐ No ☐
Do not include games consoles, e.g. Nintendo, Gameboys, etc.
(Please tick one box only)

18. Are you connected to the internet at home? Yes ☐ No ☐
(Please tick one box)
If yes
19. How many hours do you spend on the internet in a normal week? ☐
(Please say how many hours in the box)

20. How many hours do you spend playing computer games in a normal week? – include Gameboys, etc. ☐
(Please say how many hours in the box)

21. How much does it mean to you to do well at school? *(Please tick one box only)*	**A great deal**	**Quite a lot**	**A bit but not much**	**Very little**	**Not at all**
	☐	☐	☐	☐	☐

22. Do you want to leave school at 16? Yes ☐ No ☐ Don't know ☐
(Please tick one box only)

23. Would you like to stay in education in the 6th form or in a college? *(Please tick one box only)* Yes ☐ No ☐ Don't know ☐

24. Some people think that these things are important about a job, how important are they to you ?
(Please tick one box for each line)

	Very important	**Not very important**	**Not at all important**
The job is secure with little danger of being fired or made redundant	☐	☐	☐
The working hours are short, with lots of free time	☐	☐	☐
The work involves using your brain	☐	☐	☐
The job is well paid	☐	☐	☐
The work is important and feels worthwhile	☐	☐	☐

25. How much have you worried about the following in the last month?
(Please tick one box for each line)

	A great deal	**Quite a lot**	**A bit but not much**	**Very little**	**Not at all**
Homework	☐	☐	☐	☐	☐
School Tests/Exams	☐	☐	☐	☐	☐
Money	☐	☐	☐	☐	☐
Your health	☐	☐	☐	☐	☐
Getting a job	☐	☐	☐	☐	☐
Problems with your Boyfriend/girlfriend	☐	☐	☐	☐	☐
Problems with friends	☐	☐	☐	☐	☐
Being bullied	☐	☐	☐	☐	☐
Problems at home	☐	☐	☐	☐	☐
The way you look	☐	☐	☐	☐	☐
Illegal drugs being available	☐	☐	☐	☐	☐
Puberty and growing up	☐	☐	☐	☐	☐

26. If you are worried or upset do any of the things listed help you feel better?
(Please tick one box for each line)

Talking to friends	Yes ☐	No ☐
Talking to your family	Yes ☐	No ☐
Sport or Exercise	Yes ☐	No ☐
Listening to music	Yes ☐	No ☐
An alcoholic drink	Yes ☐	No ☐
Smoking tobacco	Yes ☐	No ☐
Watching TV/Videos	Yes ☐	No ☐
Spending time on your hobbies	Yes ☐	No ☐
Prayer/Meditation	Yes ☐	No ☐
Eating	Yes ☐	No ☐
Crying	Yes ☐	No ☐
Sleeping	Yes ☐	No ☐
Medication prescribed for you by a doctor	Yes ☐	No ☐
Taking illegal drugs	Yes ☐	No ☐
Playing computer games	Yes ☐	No ☐
Spending time by yourself	Yes ☐	No ☐

If there is something else not on this list that helps you, please write in what it is:

27. How often do you normally take part in sports and activities?
(Please tick one box for each line)

	Never or Hardly ever	**Once or twice a month**	**Weekly**	**Twice a week or more**
During school lessons	☐	☐	☐	☐
In an organised club (football team etc)	☐	☐	☐	☐
At a leisure centre	☐	☐	☐	☐
At a swimming pool	☐	☐	☐	☐
In the park, street, etc. (riding your bike, etc)	☐	☐	☐	☐

28. What are your 3 favourite sports/physical activities
(Please name them and show how often you take part in them)

	Never or Hardly ever	Once or twice a month	Weekly	Twice a week or more
a. …………………………………………				
b. …………………………………………				
c. …………………………………………				

You and Your Health

29. In the last month have you taken medicines for any of these problems?
(Please tick one box for each line)

	Yes		No	
For asthma (pills, inhaler)	Yes		No	
For infections (antibiotics)	Yes		No	
For diabetes	Yes		No	
For epilepsy	Yes		No	
For hay fever or allergies	Yes		No	
For eczema	Yes		No	

30. In the last month have you taken any of these?
(Please tick one box for each line)

	Yes		No	
Iron tablets	Yes		No	
Vitamin tablets	Yes		No	
Painkillers (for headaches, etc.)	Yes		No	
Cold or flu cures	Yes		No	
Laxatives	Yes		No	

31. When you run, do you 'wheeze' and have trouble breathing ? (not just out of breath)
(Please tick one box only)

Never ☐ Occasionally ☐ Quite often ☐ Very often ☐

32. Do you cough at night enough to disturb you?
(Please tick one box only)

Never ☐ Occasionally ☐ Quite often ☐ Very often ☐

33. During the last year have you used or attended any of the following as a patient ?
(Please tick one box for each line))

	Yes		No	
An Accident and Emergency (Casualty) department	Yes		No	
A Minor Injuries Unit	Yes		No	
A hospital clinic (out-patient department)	Yes		No	
A hospital as a 'day' patient (where you had an operation/procedure but did **not** stay overnight)	Yes		No	
A hospital as an 'in-patient' (where you did stay overnight)	Yes		No	

34. During the past month apart from any hospital visits have you seen your family doctor (GP) about yourself for any reason?
*(Please tick **as many boxes** as apply)*

No	
Yes - at your home	
Yes - in the doctor's surgery	

35. When did you LAST visit your dentist?
(Please tick one box only)

During the past 6 months	
Between 7 and 12 months ago	
Between 1 and 2 years ago	
More than 2 years ago	
Never	
Don't know	

36. **The LAST TIME you visited your dentist, WHY did you go; was it because?** *(Please tick one box only)*	
You went for a check up	☐
You were having trouble with your teeth or gums	☐
You had a note from school	☐
You can't remember	☐
You have never been to a dentist	☐

37. **The LAST TIME you saw a dentist, was it?** *(Please tick one box only)*	
At school	☐
In a Health Centre	☐
At the Dentist's surgery	☐
At a Dental Hospital	☐

38. **Have you ever had gas to have a tooth out?** *(Please tick one box only)* Yes ☐ No ☐ Don't know ☐

39. **Have you ever worn a brace on your teeth?** *(Please tick one box only)*	
Never worn a brace	☐
Waiting to have one fitted	☐
Yes wear one now	☐
Yes, completed the treatment	☐
Yes, but did not complete the treatment	☐

40. **In general would you say your health is:** *(Please tick only one box only)* Excellent ☐ V Good ☐ Good ☐ Fair ☐ Poor ☐

41. **Is there anything that you do in your day to day life that you think keeps <u>YOU</u> healthy?** *(Please tick one box only)* Yes ☐ No ☐

If* YES *please write what it is that you do:

42. **Is there anything that you do in your day to day life that you think may make <u>YOU</u> unhealthy?** *(Please tick one box only)* Yes ☐ No ☐

***If* YES *please write (i)* what it is that you do:**

***and (ii),* why do you think that you do it?**

Your Diet

43. **How often do you eat the following :** *(Please tick <u>one box for each line</u>)*	**Every Day**	**3 or 4 times per week**	**1 or 2 times per week**	**Less than once a week**	**Never**
Breakfast before coming to school	☐	☐	☐	☐	☐
Breakfast at school	☐	☐	☐	☐	☐
School dinners	☐	☐	☐	☐	☐
A "packed lunch" from home	☐	☐	☐	☐	☐
Lunch bought outside school	☐	☐	☐	☐	☐

44.	**Would you like to eat a healthier diet?**	Yes ☐	No ☐	Don't know ☐
45.	**Would you like to lose weight?**	Yes ☐	No ☐	Don't know ☐
46.	**Would you like to increase weight?**	Yes ☐	No ☐	Don't know ☐
	(Please tick one box for each line)			

47. Which bread do you eat most often ?
(Please tick one box only)

- Wholemeal (eg. stoneground / granary) ☐
- Brown (eg. Vitbe, Hovis) ☐
- High Fibre White (eg. Champion, Mighty White) ☐
- White ☐
- Do not usually eat bread ☐
- An alternative to bread (eg crispbread, rice cakes) ☐
- Do not know ☐

48. Which do you usually spread on your bread ?
(Please tick one box only)

- Butter ☐
- Soft margarine (e.g. Flora) ☐
- Neither ☐

49. Which type of milk (bottles or cartons, including UHT) do you use most often ?
(Please tick one box only)

- Whole Milk ☐
- Semi-skimmed (Half Fat) ☐
- Skimmed ☐
- Other ☐
- None ☐
- Do not know ☐

50. How many pieces of fruit did you eat yesterday (banana, apples, plums, etc)? ☐
(Please write number in the box)

51. How many portions of vegetables other than potatoes did you eat yesterday (peas, Sweetcorn, salad, cabbage, etc)? *(Please write number in the box)* ☐

52. How many glasses of real fruit juice did you drink yesterday? ☐
(Please write number in the box)

53. How many glasses (or small cartons) of squash or fruit drink did you have yesterday? ☐
(Please write number in the box)

Alcohol, Tobacco and other Drugs

54. Have you ever drunk alcohol? Yes ☐ No ☐
(Please tick one box only)

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

- Every day ☐
- 4-6 days a week ☐
- 1-3 days a week ☐
- 1-3 days a month ☐
- Less than once a month ☐
- Never ☐

56. If you have had any alcoholic drinks in the last 7 days, please write how much of these drinks you have had.
(Please write the amount you have drunk in each box)

Assume that one small can/bottle = half a pint

Drink	Amount
Shandy (canned)	pints
Shandy (mixed)	pints
Ordinary beer or lager (e.g. Riding bitter, Heineken Lager etc.)	pints
Strong beer or lager (e.g. Stella Artois, Tennant Extra)	pints
Low alcohol beer or lager	pints
Ordinary Cider (e.g. Woodpecker, etc.)	pints
Strong Cider (e.g. Diamond White)	pints
Alcopops (eg Hooch, Two Dogs, etc) **or** pre-mixed spirits (Bacardi Breezer, Metz, Mule, Smirnoff Ice,V2 etc.)	bottles
Wine	glasses
Low alcohol wine	glasses
Spirits (Gin, Whisky, Vodka, Rum, etc.)	measures

If there is any alcoholic drink you have drunk not mentioned in the list please write in below:

	pints

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

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

If somewhere else please write in where:

58. Have you ever asked somebody else to buy alcohol for you?
(Please tick one box only) Yes ☐ No ☐

59. During the last 7 days, on how many days did you drink alcohol? (do not include cans of shandy) *(Please write how many days in the box)* ☐

60. Have you bought any alcoholic drinks in the last 7 days?
(Please tick one box only) Yes ☐ No ☐

61. If YES where did you buy the alcohol?
(Please tick as many boxes as apply)

- I bought it in a supermarket ☐
- I bought it in an off-licence ☐
- I bought it in a pub or bar ☐
- I bought it in a disco or club ☐
- I bought it somewhere else ☐
- I never buy alcohol ☐

62. Have you ever taken alcohol from home without permission?
(Please tick one box only)

Yes ☐ No ☐

63. Do you think that the amount of alcohol you usually drink could damage your health
(Please tick one box only)

Do not drink alcohol	No	Possibly	Yes: it is likely	Don't know
☐	☐	☐	☐	☐

64. Have you smoked any cigarettes during the last 7 days?
(Please tick one box only)

Yes ☐ No ☐

65. If YES, how many cigarettes have you smoked during the last 7 days? ☐
(Please write the total number of cigarettes smoked in the box)

66. Which statement describes you best?
(Please tick one box only)

- I have never smoked at all, not even a puff ☐
- I have tried smoking once or twice ☐
- I used to smoke, but I don't now ☐
- I smoke occasionally ☐
- I smoke regularly ☐

67. Which statement describes you best?
(Please tick one box only)

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

68. If you have ever tried a cigarette, how old were you when you smoked your first cigarette?
(Please write how old you were in the box)

69. If you have never smoked please tick the 'never smoked' box

Age = ☐ Never smoked ☐

70. If you have ever smoked regularly, how old were you when you became a regular smoker?
(Please write how old you were in the box)

71. If you have never smoked ever or not regularly please tick the 'not regularly' box

Age = ☐ Not regularly ☐

72. Do any of these people smoke on most days ?
(Please tick one box for each line)

	Yes		No	
Mother	Yes	☐	No	☐
Father	Yes	☐	No	☐
A brother	Yes	☐	No	☐
A sister	Yes	☐	No	☐
A grandparent	Yes	☐	No	☐
Another close relation	Yes	☐	No	☐
A close friend	Yes	☐	No	☐

What do You know about other Drugs?

73. What do you know about these drugs ?
(This list gives their real names and some street names)

(Please tick one box for each drug)

	Safe if properly used	Always unsafe	Don't Know
Amphetamines *(eg speed, uppers, Billy, sulphate, whizz, crystal meth)*	☐	☐	☐
Anabolic steroids – for body building/strength *(e.g. Deca)*	☐	☐	☐
Cannabis *(eg grass, pot, marijuana, dope, blow, skunk, hash, puff, draw, ganja, spliff, joints, smoke, weed, Leb black, moroccan)*	☐	☐	☐
Cocaine *(eg snow, coke, Charlie, C)*	☐	☐	☐
Crack *(eg rock, stone)*	☐	☐	☐
Ecstacy *(E, MDMA, XTC, Mitsibishis/Mitzis, Rolexes, Doves, Beans Rolls, X)*	☐	☐	☐
Heroin *(eg H, junk, smack, skag, gear, Brown)*	☐	☐	☐
LSD *(eg acid, tabs, trips, dots)*	☐	☐	☐
Methadone *(Linctus, Physeptone, meth)*	☐	☐	☐
Natural Hallucinogens *(eg. magic mushrooms. shrooms)*	☐	☐	☐
Poppers *(eg liquid gold, rush)*	☐	☐	☐
Semeron *(Sem)*	☐	☐	☐
Solvents used as drugs *(eg glue, gas refills, cleansing fluid)*	☐	☐	☐
Synthetic Hallucinogens *(eg. acid, angel dust, LSD, Trips)*	☐	☐	☐
Temgesic *(Tem, Reckitts, Ricketts)*	☐	☐	☐
Tranquilizers *(eg Downers, Barbiturates, Blues, Librium, Valium, Tamazepam, wobbly eggs, jellies, tranx)*	☐	☐	☐

Other illegal drugs - Please say what

74. Has anyone offered or encouraged you to try any of the drugs listed below in the last three months?
(Please tick one box for each drug)

Amphetamines *(eg speed, uppers, Billy, sulphate, whizz, crystal meth)*	No ☐	Yes ☐
Anabolic steroids – for body building/strength *(e.g. Deca)*	No ☐	Yes ☐
Cannabis *(eg grass, pot, marijuana, dope, blow, skunk, hash, puff, draw, ganja, spliff, joints, smoke, weed, Leb black, moroccan)*	No ☐	Yes ☐
Cocaine *(eg snow, coke, Charlie, C)*	No ☐	Yes ☐
Crack *(eg rock, stone)*	No ☐	Yes ☐
Ecstacy *(E, MDMA, XTC, Mitsibishis/Mitzis, Rolexes, Doves, Beans, Rolls, X)*	No ☐	Yes ☐
Heroin *(eg H, junk, smack, skag, gear, Brown)*	No ☐	Yes ☐
LSD *(eg acid, tabs, trips, dots)*	No ☐	Yes ☐
Methadone *(Linctus, Physeptone, meth)*	No ☐	Yes ☐
Natural Hallucinogens *(eg. magic mushrooms. shrooms)*	No ☐	Yes ☐
Poppers *(eg liquid gold, rush)*	No ☐	Yes ☐
Semeron *(Sem)*	No ☐	Yes ☐
Solvents used as drugs *(eg glue, gas refills, cleansing fluid)*	No ☐	Yes ☐
Synthetic Hallucinogens *(eg. acid, angel dust, LSD, Trips)*	No ☐	Yes ☐
Temgesic *(Tem, Reckitts, Ricketts)*	No ☐	Yes ☐
Tranquilizers *(eg Downers, Barbiturates, Blues, Librium, Valium, Tamazepam, wobbly eggs, jellies, tranx)*	No ☐	Yes ☐

Other illegal drugs - Please say what

75. Please say when, if ever, you have used any of the drugs listed below
(Please tick one box for each drug)

	Never	In the last year	In the last 4 weeks
Amphetamines *(eg speed, uppers, Billy, sulphate, whizz, crystal meth)*	☐	☐	☐
Anabolic steroids – for body building/strength *(e.g. Deca)*	☐	☐	☐
Cannabis *(eg grass, pot, marijuana, dope, blow, skunk, hash, puff, draw, ganja, spliff, joints, smoke, weed, Leb black, moroccan)*	☐	☐	☐
Cocaine *(eg snow, coke, Charlie, C)*	☐	☐	☐
Crack *(eg rock, stone)*	☐	☐	☐
Ecstacy *(E, MDMA, XTC, Mitsibishis/Mitzis, Rolexes, Doves, Beans, Rolls, X)*	☐	☐	☐
Heroin *(eg H, junk, smack, skag, gear, Brown)*	☐	☐	☐
LSD *(eg acid, tabs, trips, dots)*	☐	☐	☐
Methadone *(Linctus, Physeptone, meth)*	☐	☐	☐
Natural Hallucinogens *(eg. magic mushrooms. shrooms)*	☐	☐	☐
Poppers *(eg liquid gold, rush)*	☐	☐	☐
Semeron *(Sem)*	☐	☐	☐
Solvents used as drugs *(eg glue, gas refills, cleansing fluid)*	☐	☐	☐
Synthetic Hallucinogens *(eg. acid, angel dust, LSD, Trips)*	☐	☐	☐
Temgesic *(Tem, Reckitts, Ricketts)*	☐	☐	☐
Tranquilizers *(eg Downers, Barbiturates, Blues, Librium, Valium, Tamazepam, wobbly eggs, jellies, tranx)*	☐	☐	☐

Other illegal drugs - Please say what

76. Where would you go, or who would you ask for help or advice about any drug (including alcohol and tobacco)
(Please write where or whom in the box

Sexual Health

77. What risk do you think there is of getting HIV or Aids in the following situations in this country?
(Please tick one box for each item)

	High risk	Low risk	No risk	Don't know
Donating (giving) blood	☐	☐	☐	☐
Receiving a blood transfusion	☐	☐	☐	☐
Sharing needles for injecting drugs	☐	☐	☐	☐
Sharing a house, flat, workplace or school with someone who has HIV or Aids	☐	☐	☐	☐
Kissing someone who has HIV or Aids	☐	☐	☐	☐
Having sexual intercourse with someone who has HIV or Aids - **not** using a condom	☐	☐	☐	☐
Having sexual intercourse with someone who has HIV or Aids - using a condom **correctly**	☐	☐	☐	☐

78. If you wanted some help and advice on sexual health who would you ask?

(Please tick as many boxes as apply)

- My parents ☐
- School teacher ☐
- Friends ☐
- Brothers, sisters, other close relations ☐
- Family Doctor ☐
- School nurse ☐
- Family Planning Clinic ☐
- Youth worker ☐
- Do not know ☐
- Do not want any advice ☐

If there is someone else please write in below

79. Do you know anything about sexually transmitted infections for example as chlamydia, HIV, Aids, etc?
(Please tick one box only))

Yes ☐ No ☐ Don't know ☐

80. If yes where did you get the information ?
(Please tick as many boxes as apply)

- My parents ☐
- School teacher ☐
- Friends ☐
- Brothers, sisters, other close relations ☐
- Family Doctor ☐
- School nurse ☐
- Family Planning Clinic ☐
- Youth worker ☐
- Radio ☐
- TV ☐
- Books ☐
- Internet ☐
- Magazines/newspapers ☐
- Leaflets ☐
- Do not know ☐

If there is someone/somewhere else please write in below

81. What do you think is the best way to get information about contraception or sexual health?
(Please tick one box only)

- Written information only (a leaflet or similar) ☐
- Talking to a health professional (school nurse, etc) ☐
- Talking to a relation or close friend ☐
- Talking to a teacher or youth worker ☐
- Talking to someone and having written information to take away ☐

82. Do you know where you can get condoms <u>free</u>?
(Please tick one box only)

Yes ☐ No ☐

If YES - *Please write where*

83. At what age can you obtain condoms <u>free?</u>
(Please write in at what age or tick 'Do not Know' box)

Age = ☐ Do not Know ☐

84. Do you know where your local birth control (contraception/family planning) services are available ? *(Please tick one box only)* Yes ☐ No ☐

If YES - Please write where

85. Do you know where your local birth control (contraception/family planning) services for young people are available locally ? *(Please tick one box only)* Yes ☐ No ☐

If YES - Please write where

86. At what age can you use such a family planning clinic ?
(Please write in at what age or tick 'Do not Know' box) Age = ☐ Do not Know ☐

Is there anything else you would like to add to the answers you have already given?

Thank you very much for completing this questionnaire