

Secondary School Children's Wellbeing Questionnaire – Year 2

Intro

Hello! Welcome to the Realigning Children's Services questionnaire.

Once you click 'Next' on this page you will then see the survey questions on each screen. Read each question and its answer options and then **click on the circle next to the answer that best fits how you feel**. For some questions you may be able to give more than one answer. If you do not want to answer the questions, you can stop now or at any time during the survey.

Remember, **this is not a test and there are no right or wrong answers – we are just interested in hearing what you think and feel. We will not tell anyone your answers.**

Half way through the survey and at the very end, you will be asked if you are happy for the answers you've given to be used by the Researchers at ScotCen. If you say 'Yes' your answers up to that point will be sent to the research team and combined with the answers of other children from your area and other parts of Scotland. If you say 'No', your answers will be deleted and not used by the research team.

If there are any questions you don't want to answer, you don't have to. You can miss out a question by simply clicking the "Next" button without answering the question. If you want to go back to look at a question again, click the button with "previous" on it.

Remember you can just stop answering questions at any point if you don't want to continue.

Click the 'next' button to start.

About You

Gender {All}

Q1. Are you male or female?

Please select one answer.

1. Male
2. Female
3. Prefer not to answer

SchYr {All}

Q2. What school year are you in?

Please select one answer.

1. Secondary 1
2. Secondary 2
3. Secondary 3
4. Secondary 4
5. Prefer not to answer

ChAge {All}

Q3 How old are you (in years)?

Please select one answer.

1. 11
2. 12
3. 13'
4. 14
5. 15
6. 16
7. Prefer not to answer

Smoking

The next few questions are about smoking tobacco.

Smk1 {All}

Q4. Do you smoke cigarettes at all nowadays?

Please select one answer.

1. Yes
2. No
3. Prefer not to answer

Smk2 {All}

Q5. Now read the following statements carefully and select the one which best describes you.

Please select one answer.

1. I have never smoked
2. I have only tried smoking once
3. I used to smoke sometimes but I never smoke a cigarette now
4. I sometimes smoke cigarettes now but I don't smoke as many as one a week
5. I usually smoke between one and six cigarettes a week
6. I usually smoke more than six cigarettes a week
7. Prefer not to answer

Smk3 {All}

Q6. What about your friends – how many of them smoke?

Please select one answer.

1. All or almost all
2. More than half
3. Half
4. Less than half
5. Almost none
6. None
7. Prefer not to answer

Smk5 {All}

Q7. Does anyone smoke inside your home? Please include times when someone smokes out of a window or at/just outside an open door.

Please select one answer.

1. Yes – every day/most days
2. Yes – sometimes
3. No – never
4. Prefer not to answer

Smk6 {All}

Q8. An electronic cigarette (sometimes called an 'e-cigarette') is a tube that can look like a normal cigarette, can have a glowing tip and puffs a vapour that looks like smoke but unlike normal cigarettes, they don't burn tobacco. Now read the following statements carefully and select the ONE which best describes you.

1. I have never used an e-cigarette
2. I used to use e-cigarettes but don't use them anymore
3. I have tried an e-cigarette once
4. I have tried an e-cigarette a few times

5. I use e-cigarettes sometimes, but no more than once a month
6. I use e-cigarettes once a week or more
7. Prefer not to answer

Your health and how you feel

Health1 {All}

Q9. How is your health in general? Would you say it was...?

Please select one answer.

1. Very good
2. Good
3. Fair
4. Bad
5. Very bad
6. Prefer not to answer

Health2 {All}

Q10 Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

Please select one answer.

1. Yes
2. No
3. Prefer not to answer

Health3 {If Health2 = 1}

Q11. Does your condition or illness reduce your ability to carry out day-to-day activities?

Please select one answer.

1. Yes – a lot
2. Yes – a little
3. Not at all
4. Prefer not to answer

Q12. Below are some statements about feelings and thoughts. Please select one answer that best describes your experience of each over the last 2 weeks. Please select one answer for each question.

	1. None of the time	2. Rarely	3. Some of the time	4. Often	5. All of the time	6. Prefer not to answer
MHealth1 {All} I’ve been feeling optimistic about the future						
MHealth2 {All} I’ve been feeling useful						
MHealth3 {All} I’ve been feeling relaxed						
MHealth4 {All} I’ve been feeling interested in other people						
MHealth5 {All} I’ve had energy to spare						
MHealth6 {All} I’ve been dealing with problems well						
MHealth7 {All} I’ve been thinking clearly						
MHealth8 {All} I’ve been feeling good about myself						
MHealth9 {All} I’ve been feeling close to other people						
MHealth10 {All} I’ve been feeling confident						
MHealth11 {All} I’ve been able to make up my own mind about things						
MHealth12 {All} I’ve been feeling loved						
MHealth13 {All} I’ve been interested in new things						
MHealth14 {All} I’ve been feeling cheerful						

Carer {All}

Q13. Do you care for or look after someone in your home because, for example, they have a long-term illness or disability? In other words, are you a young carer?

Please select one answer.

1. Yes
2. No
3. Prefer not to answer

Q14. The next few questions are about your life as a whole. We would like to know what thoughts about life you have had during the past several weeks. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Select the words next to each statement that indicate the extent to which you agree or disagree with each statement. Please select one answer for each question.

	1. Strongly disagree	2. Moderately disagree	3. Mildly disagree	4. Mildly agree	5. Moderately agree	6. Strongly agree
LifeSat1{All} My life is going well						
LifeSat2{All} My life is just right						
LifeSat3{All} I would like to change things in my life						
LifeSat4{All} I wish I had a different kind of life						
LifeSat5{All} I have a good life						
LifeSat6{All} I have what I want in life						
LifeSat7{All} My life is better than most kids						

Q15. Some people tend to worry about things, whilst other people don’t worry so much. How much, if at all, do you worry about these things? Please select one answer for each question.

	1.A lot	2.Quite a lot	3.Not very much	4.Not at all
Worry1 {All} How much do you worry about not doing well at school?				
Worry2 {All} How much do you worry about the health of someone in your family?				
Worry3{ All} How much do you worry about adults drinking too much alcohol at home?				

The next questions are about alcohol

Drink1 {All}

Q16. Have you ever had a proper alcoholic drink – a whole drink, not just a sip?

Please don’t count drinks labelled as low alcohol.

Please select one answer.

1. Yes

2. No
3. Prefer not to answer

Drink2 {IF Drink1 = 1}

Q17. How often do you USUALLY have an alcoholic drink?

Please select one answer.

1. Almost every day
2. About twice a week
3. About once a week
4. About once a fortnight
5. About once a month
6. Only a few times a year
7. I never drink alcohol now
8. Prefer not to answer

Drink3 {IF Drink1 = 1}

Q18. When did you last have an alcoholic drink?

Please select one answer.

1. Today
2. Yesterday
3. Some other time during the last seven days
4. 1 week, but less than 2 weeks ago
5. 2 weeks, but less than 4 weeks ago
6. 1 month, but less than 6 months ago
7. 6 months ago or more
8. Prefer not to answer

Drink4 {IF Drink1 = 1}

Q19. Have you ever been drunk?

Please select one answer.

1. No – never
2. Yes – once
3. Yes – 2-3 times
4. Yes – 4-10 times
5. Yes – more than 10 times
6. Prefer not to answer

Q20. In the past year, as a result of drinking alcohol have you...?

Please select one answer in each question.

	1. No	2. Once	3. Twice or more	4. Prefer not to answer
DrinkDo1 {IF Drink1 = 1} Had an argument				
DrinkDo2 {IF Drink1 = 1} Had a fight				
DrinkDo3 {IF Drink1 = 1} Ended up in a situation where you felt threatened/unsafe				
DrinkDo4 {IF Drink1 = 1} Been to hospital				
DrinkDo5 {IF Drink1 = 1} Had to be seen by a doctor				
DrinkDo6 {IF Drink1 = 1} Stayed off school				
DrinkDo7 {IF Drink1 = 1} Been sick (vomited)				
DrinkDo8 {IF Drink1 = 1} Tried any drugs				

DrinkDo9 {IF Drink1 = 1} Been in trouble with the police			
DrinkDo10 {IF Drink1 = 1} Done school work badly			
DrinkDo11 {IF Drink1 = 1} Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't			
DrinkDo12 {IF Drink1 = 1} Sent a text/email that you wished you hadn't			
DrinkDo13 {IF Drink1 = 1} Done something you later regretted			

Your family and you

Fam1 {All}

Q21a. Who lives with you at home?

Sometimes people live in two different homes. This may be because their parents live in different places, and they spend time at both of their homes. If this applies to you please answer for the home you live in most of the time.

Please select all that apply to you.

1. Mother
2. Father
3. Father's partner
4. Mother's partner
5. Grandmother
6. Grandfather
7. Foster mother
8. Foster father
9. Brother (include half/step/foster)
10. Sister (include half/step/foster)
11. I live in a care home
12. With someone else
13. Prefer not to answer

Q21b. Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please type in the number (e.g. 2). If there are none please type in 0. **(ON SAME SCREEN)**

1. **Fam2Bro {IF Fam1 = 9}** Number of **brothers** (Please enter your answer in the box)
2. **Fam2Sis {IF Fam1 = 10}** Number of **sisters** (Please enter your answer in the box)
3. **Fam2No** Prefer not to answer

Ethnic {All}

Q22. What is your ethnic group?

Please select the one that best describes your ethnic group or background.

Please select one answer.

1. White – Scottish
2. White – Other British
3. White – Irish
4. White – Gypsy/Traveller
5. White – Polish
6. White – Other
7. Mixed or multiple ethnic group
8. Pakistani
9. Indian
10. Bangladeshi
11. Chinese

12. African
13. Caribbean or Black
14. Arab
15. Other
16. Prefer not to answer

Fam3 {If Fam1 = 1-4 or 7-8}

Q23. Do either of your parents have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Please select one answer.

1. Yes
2. No
3. Prefer not to answer

Fam4 {If Fam3 = 1}

Q24. And, does this condition or illness reduce your parent’s ability to carry out day-to-day activities?

Please select one answer.

1. Yes, a lot
2. Yes, a little
3. Not at all
4. Prefer not to answer

FamWorr {ALL}

Q25. If you were really worried about something, how likely would you be to talk to a family member about it?

1. Very likely
2. Fairly likely
3. Not very likely
4. Not at all likely
5. Don’t know
6. Don’t have or don’t see any family members
7. Prefer not to answer

About drugs

The next questions are about drugs.

Q26. Have you ever been offered any of the following drugs?

Please select one answer for each question.

	1. Yes	2. No	3. Prefer not to answer
Drug1A {All} Cannabis (hash, joints, weed, green, grass, pollen, resin, bud, smoke)			
Drug1B {All} Gas, Glue or other solvents (Tipp-Ex, lighter fuel, aerosols, NO, laughing gas) – To inhale or sniff			
Drug1C {All} Amphetamine (speed, base, whizz, sulph)			
Drug1D {All} Methamphetamine (crystal meth, tina, glass, ice)			
Drug1E {All} LSD (acid, tabs, trips)			
Drug1F{All} Ecstasy (E, eccies, XTC, pills, MDMA, sweeties)			
Drug1G{All} Semeron (sems, semmies)			

Drug1H {All} Poppers (Amyl Nitrite, Liquid Gold, Rush)
Drug1I {All} Tranquilisers (downers, benzos, valium, vallies, blues, Temazepam)
Drug1J {All} Heroin (smack, skag, gear, H, kit)
Drug1K{All} Magic mushrooms (shrooms, mushies)
Drug1L{All} Methadone (linctus, physeptone, meth)
Drug1M {All} Cocaine (coke, charlie, c)
Drug1N {All} Crack cocaine (crack, rock, stone)
Drug1O {All} Anabolic Steroids (roids)
Drug1P {All} Mephedrone (bubbles, drone, M-CAT, meow meow)
Drug1Q {All} GHB/GBL (G, liquid ecstasy)
Drug1R {All} Ketamine (K, ket, special k, horsey)
Drug1S{All} Synthetic cannabis – e.g. Damnation, Black Mamba, Clockwork Orange, Pandora's Box
Drug1T{All} Salvia
Drug1U {All} MDMA powder (mandy, molly, madman)
Drug1V {All} MDAI, 6-APB (Benzo Fury), methylone (or other synthetic empathogen)
Drug1W{All} MXE, MXP (or other synthetic dissociative)
Drug1X {All} Ethylphenidate, MPA or branded packets such as Ching, Snow White, Blue stuff, Pink Panthers (or other synthetic stimulant)
Drug1Y {All} AMT, NBOMe, 2Cs (or other synthetic psychedelic)

DrugChk1 {IF ALL Drug1A-1Y = 2 or 3}

Q27 Have you ever used or taken any of the drugs previously mentioned (even if only once)?

Please select one answer

1. Yes
2. No
3. Prefer not to answer

Q28. When was the last time you ever used or took any of the following? Please select one answer for each question. **{IF DrugChk1 = 1 OR IF DrugChk2 = 1}**

	1. In the last month	2. In the last year	3. More than a year ago	4. Never	5. Prefer not to answer
Drug2A {All} Cannabis (hash, joints, weed, green, grass, pollen, resin, bud, smoke)					
Drug2B {All} Gas, Glue or other solvents (Tipp-Ex, lighter fuel, aerosols, NO, laughing gas) – To inhale or sniff					
Drug2C {All} Amphetamine (speed, base, whizz, sulph)					
Drug2D {All} Methamphetamine (crystal meth, tina, glass, ice)					
Drug2E {All} LSD (acid, tabs, trips)					
Drug2F{All} Ecstasy (E, eccies, XTC, pills, MDMA, sweeties)					
Drug2G{All} Semeron (sems, semmies)					
Drug2H {All} Poppers (Amyl Nitrite, Liquid Gold, Rush)					
Drug2I {All} Tranquilisers (downers, benzos, valium, vallies, blues, Temazepam)					
Drug2J {All} Heroin (smack, skag, gear, H, kit)					
Drug2K{All} Magic mushrooms (shrooms, mushies)					
Drug2L{All} Methadone (linctus, physeptone, meth)					
Drug2M {All} Cocaine (coke, charlie, c)					
Drug2N {All} Crack cocaine (crack, rock, stone)					
Drug2O {All} Anabolic Steroids (roids)					
Drug2P {All} Mephedrone (bubbles, drone, M-CAT, meow meow)					

Drug2Q {All} GHB/GBL (G, liquid ecstasy)
Drug2R {All} Ketamine (K, ket, special k, horsey)
Drug2S{All} Synthetic cannabis – e.g. Damnation, Black Mamba, Clockwork Orange, Pandora's Box
Drug2T{All} Salvia
Drug2U {All} MDMA powder (mandy, molly, madman)
Drug2V {All} MDAI, 6-APB (Benzo Fury), methylone (or other synthetic empathogen)
Drug2W{All} MXE, MXP (or other synthetic dissociative)
Drug2X {All} Ethylphenidate, MPA or branded packets such as Ching, Snow White, Blue stuff, Pink Panthers (or other synthetic stimulant)
Drug2Y {All} AMT, NBOMe, 2Cs (or other synthetic psychedelic)

Drug4 {IF DrugChk1 = 1}

Q29. The last time you used drugs, were you also drinking alcohol?

Please select one answer.

1. Yes
2. No
3. Prefer not to answer

Q30. How old were you when you first did the following things?

In each line there is the option to click the 'Never' box for something you have not done at all.

	1. Never	2. I was ... years old (Please enter your answer in the box below)	3. Prefer not to answer
DrugAge1 {All} Drank alcohol (more than a small amount)			
DrugAge2 {All} Got drunk			
DrugAge3 {All} Smoked a cigarette (more than a puff)			
DrugAge4 {All} Used drugs			

Activities and relationships with friends

Q31. Here is a list of things that young people sometimes do in their free time, when they aren't at school. What about you?

Please select one answer for each question.

When I'm not at school I...

	1. Every day	2. Most days	3. Weekly	4. Less often	5. Never	6. Prefer not to answer
Active1 {All} See my friends						
Active2 {All} Listen to music						
Active3 {All} Watch films/DVDs						
Active4 {All} Play computer games						
Active5 {All} Go on social networking sites (such as Facebook, Twitter, Tumblr or Instagram)						
Active6 {All} Look around the shops						
Active7 {All} Read comics or magazines						
Active8 {All} Read books						
Active9 {All} Go to watch sports matches						

Active10 {All} Do a sport (e.g. football, swimming)						
Active11 {All} Go to the cinema						
Active12 {All} Hang around the street						
Active13 {All} Do a hobby, art or play a musical instrument						
Active14 {All} Go to concerts or gigs						
Active15 {All} Go to the public library, museums, galleries theatres or concert halls						
Active16 {All} Go to the church, mosque or temple						
Active17 {All} Help other people/voluntary work						
Active18 {All} Do nothing						

Friend1 {All}

Q32. How many close friends would you say you have?

Please select one answer.

1. None
2. One
3. Two
4. Three or more
5. Prefer not to answer

Friend2 {IF Friend1 = 2-4}

Q33. How many of your close friends work hard at school?

Please select one answer.

1. All of them
2. Most of them
3. Some of them
4. None of them

Friend3 {IF Friend1 = 2-4}

Q34. How many of your close friends get into a lot of trouble at school?

Please select one answer.

1. All of them
2. Most of them
3. Some of them
4. None of them

Friend4 {IF Friend1 = 2-4}

Q35. How many of your close friends get into a lot of trouble outside of school?

Please select one answer.

1. All of them
2. Most of them
3. Some of them
4. None of them

Friend5 {IF Friend1 = 2-4}

Q36. How much do you agree or disagree with this statement: 'I have a close friend that I can speak to about things that really bother me'

Please select one answer.

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know
7. Prefer not to answer

How pressured do you feel by your friends or people you know to do the following things...

PerFr1 {All}

Q37. Act tough or hard?

Please select one answer.

1. A lot
2. Quite a lot
3. A little
4. Not at all

PerFr2 {All}

Q38. Look or dress a certain way?

Please select one answer.

1. A lot
2. Quite a lot
3. A little
4. Not at all

PerFr3 {All}

Q39. To break the rules at school?

Please select one answer.

1. A lot
2. Quite a lot
3. A little
4. Not at all

PerFr4 {IF ChAge = 3, 4 or 5}

Q40. (Pressured) to have sex?

Please select one answer.

1. A lot
2. Quite a lot
3. A little
4. Not at all

PerFr5 {All}

Q41. (Pressured) to cause trouble or get into fights?

Please select one answer.

1. A lot
2. Quite a lot
3. A little
4. Not at all

PerFr6 {All}

Q42. (Pressured) to take drugs?

Please select one answer.

1. A lot
2. Quite a lot
3. A little
4. Not at all

Well Done! You are making good progress.

Use {All} (Halfway 1)

A quick check before continuing are you happy to send the answers you've given so far to the researchers?

1. Yes
2. No

UseConfirm1 (Halfway 2)

{IF Use=2}

Just to check, you said you do not want to send the answers you've given so far to the researchers - is that right?

1. *Yes, that's right - I don't want you to send my answers*
2. *No, I clicked the wrong button - I am happy for the answers I've given so far to be sent*

Cont {All} (Halfway 3)

Are you happy to continue with the survey?

1. Yes
2. No

ContConfirm (Halfway 4)

{IF Cont=2}

Just to check, you said 'you do not want to continue, is that correct? Click either:

1. *Yes, please stop the survey*
2. *No, I clicked the wrong button, please let me continue*

{IF ContConfirm=1 and Use=1 go to END SCREEN 2 or IF ContConfirm=1 and UseConfirm1=1 go to END SCREEN 3}

About school

Sch1 {All}

Q43. How much do you like school at the moment?

Please select one answer.

1. I like it a lot
2. I like it a bit
3. I don't like it very much
4. I don't like it at all
5. Prefer not to answer

Sch2 {All}

Q44. How often do you feel strained or pressured by the schoolwork you have to do?

Please select one answer.

1. Never
2. Sometimes

3. A lot of the time
4. Prefer not to answer

Sch3 {All}

Q45. In the past year, how many times did you skip or skive school?

Please select one answer.

1. Not at all
2. Once
3. Twice
4. 3 times
5. 4 times
6. 5 times
7. Between 6 and 10 times
8. More than 10 times
9. Prefer not to answer

Sch4 {All}

Q46. Since you started secondary school, have you been excluded?

Please select one answer.

1. Yes
2. No
3. Prefer not to answer

Q47. Below are some more questions about how you feel about school. Please select one answer for each question.

	1.All of the time	2.Most of the time	3.Some of the time	4. Never	5.Prefer not to answer
School1 {All} How often do you find it difficult to keep your mind on your work at school?					
School2 {All} How often do you feel unhappy at school?					
School3 {All} How often do you get tired at school?					
School4 {All} How often do you try your best at school?					
School5 {All} How often do you feel school is a waste of time?					
School6 {All} How often do you find school interesting?					
School7 {All} How often do you misbehave or cause trouble in lessons?					
School8 {All} How often do other pupils misbehave or cause trouble in your lessons?					

Q48. For each item, please select either ‘Not true’, ‘Somewhat true’, or ‘Certainly true’. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months. Please select one answer for each question.

	1.Not true	2.Somewhat true	3.Certainly true	4.Prefer not to

				answer
SDQ1 {All} I try to be nice to other people. I care about their feelings				
SDQ2 {All} I am restless; I cannot stay still for very long				
SDQ3 {All} I get a lot of headaches, stomach-aches or sickness				
SDQ4 {All} I usually share with others (food, games, pens etc.)				
SDQ5 {All} I get very angry and often lose my temper				
SDQ6 {All} I am usually on my own. I generally play alone or keep to myself				
SDQ7 {All} I usually do as I am told				
SDQ8 {All} I worry a lot				
SDQ9 {All} I am helpful if someone is hurt, upset or feeling ill				
SDQ10 {All} I am constantly fidgety or squirming				
SDQ11 {All} I have one good friend or more				
SDQ12 {All} I fight a lot. I can make other people do what I want				
SDQ13 {All} I am often unhappy, down-hearted or tearful				
SDQ14 {All} Other people my age generally like me				
SDQ15 {All} I am easily distracted; I find it difficult to concentrate				
SDQ16 {All} I am nervous in new situations. I easily lose confidence				
SDQ17 {All} I am kind to younger children				
SDQ18 {All} I am often accused of lying or cheating				
SDQ19 {All} Other children or young people pick on me or bully me				
SDQ20 {All} I often volunteer to help others (parents, teachers, children)				
SDQ21 {All} I think before I do things				
SDQ22 {All} I take things that are not mine from home, school or elsewhere				
SDQ23 {All} I get on better with adults than people my own age				
SDQ24 {All} I have many fears; I am easily scared				
SDQ25 {All} I finish the work I am doing. My attention is good				

“The next few questions are about situations in which other children or young people may have left you feeling hurt, threatened, frightened or left out.”

Q49. In **the last month**, have other children or young people, either online/by phone or offline, done any of the following things...?

Please select one answer for each question.

	1. Yes – online/by phone	2. Yes – offline	3. No – not at all	4. Prefer not to answer
Hurt1 {All} Hit, kicked or punched you, taken your belongings or hurt or threatened you physically in some other way {Option 1 not included for this}				
Hurt2 {All} Teased you in a mean way or called you hurtful names				
Hurt3 {All} Spread mean rumours or told lies about you, deliberately ignored you or excluded you from a group				

Healthy Living and Physical Activity

The next question is about physical activity. 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, walking quickly, cycling, dancing, skateboarding, swimming, football and gymnastics.

For the next question, add up all the time you spend in physical activity each day.

PhysAct1 {All}

Q50. Over the **past 7 days**, on how many days were you physically active for a total of at least **60 minutes** per day?

Please select one answer.

1. 0 days
2. 1 day
3. 2 days
4. 3 days
5. 4 days
6. 5 days
7. 6 days
8. 7 days
9. Don’t know
10. Prefer not to answer

Q51. How many times a week do you normally eat the following things?

Please select one answer for each question.

1. Never	2. Less than once a week	3. Once a week	4. 2-4 days a week	5. 5-6 days a week	6. Once a day, every day	7. Every day, more than once	8. Prefer not to answer
Fruit {All} Fruit							
Veg {all} Vegetables							
Sweets{All} Sweets or chocolate							
Crisp {All} Crisps or fried potatoes							
SugarDrnk {All} Sugary drinks (still or fizzy)							
DietDrnk {All} Diet drinks (still or fizzy)							
FJuice {All} Fruit juice or smoothies							

Diet1 {All}

Q52. On how many days a week would you usually sit down to eat a main meal (at lunchtime or in the evening) with one or both of your parents or carers?

Please select one answer.

1. Every day
2. 4-6 days a week
3. 2-3 days a week
4. Once a week

5. Hardly ever or never
6. Prefer not to answer

Diet2 {All}

Q53. How many days a week do you eat breakfast?

Please select one answer.

1. None / never
2. Some days, but not all days
3. Every day

Diet3 {All}

Q54. How often, if at all, do you eat fast food such as McDonalds, Burger King, KFC or other fast food like that?

Please select one answer.

1. More than once a day
2. Once a day
3. 3-6 days a week
4. 1-2 days a week
5. Less often but at least once a month
6. Less than once a month
7. Never

Sleep1 {All}

Q55. About what time do you usually go to sleep on a school night?

Please select one answer.

1. Before 9 pm
2. 9-9:59 pm
3. 10-10:59 pm
4. 11-midnight
5. After midnight

Sleep2 {All}

Q56. What time do you usually wake up in the morning on a school day?

Please select one answer.

1. Before 6 am
2. 6-6:59 am
3. 7-7:59 am
4. 8-8:59 am
5. After 9 am

How well you get on with other people

Q57. How much do you agree or disagree with the following statements about family relationships?

For each of these select one answer.

1. Strongly agree	2. Tend to agree	3. Neither agree nor disagree	4. Tend to disagree	5. Strongly disagree	6. Don't know	7. Prefer not to answer
FamTime1{If Fam1 = 1-4 or 7-8} My parents/carers treat me fairly						
FamTime2{If Fam1 = 1-4 or 7-8} I enjoy spending time with my family						
FamTime3{All} Members of my family shout at each other						

a lot				
FamTime4{All} I get to decide on how I spend most of my spare time				

Q58. How much do you agree or disagree with the following statements about school, teachers and the pupils in your class(es)?

Please select one answer for each question.

	1.Strongly agree	2.Tend to agree	3.Neither agree nor disagree	4.Tend to disagree	5.Strongly disagree	6.Don't know	7.Prefer not to answer
Teach1 {All} Other pupils accept me as I am							
Teach2 {All} My teachers listen to me							
Teach3 {All} I feel like teachers in my school treat me fairly							
Teach4 {All} The pupils in my class(es) treat each other with respect							
Teach5 {All} I am happy with what I get to do and study at school							
Teach6 {All} My teachers make me want to do well in school							
Teach7 {All} My teachers care about me as a person							

Q59. How much do you agree or disagree with the following statements about the area you live in?

Please select one answer for each question.

1. Strongly agree	2. Tend to agree	3. Neither agree nor disagree	4. Tend to disagree	5. Strongly disagree	6. Don't know	7.Prefer not to answer
Area1 {All} People say 'hello' and often stop to talk to each other in the street						
Area2 {All} It's a really good place to live						
Area3 {All} I could ask for help or a favour from neighbours						
Area4 {All} You can trust people round here						
Area5 {All} There is nothing for young people to do in this area						
Area6 {All} I feel safe being outside with my friends in this area						

Q60. Have you felt that someone has treated you badly because of any of the following things about you? (MULTI CODE)

	1.Other children and young people have treated me badly because of:	2.Adults have treated me badly because of:
BadExp1 {All} My accent		
BadExp2 {All} My gender		
BadExp3 {All} My age		
BadExp4 {IF SchYr = 2-4} My sexual orientation		
BadExp5 {All} A disability		
BadExp6 {All} My skin colour		
BadExp7 {All} The clothes I wear/the way I look		
BadExp8 {All} The language I speak at home		
BadExp9 {All} My family background		
BadExp10 {All} My nationality		
BadExp11 {All} My religion/faith/belief		

BadExp12 {All} Other		
BadExp13 {All} None of these		
BadExp14{All} Don't know		
BadExp15 {All} Prefer not to answer		

The next question is about information and advice on sexual matters

InfoSex 1{All}

Q61. Where do you get most of your information about sexual matters?

Please select one answer.

1. Parents
2. Brother(s) or sister(s)
3. Friends
4. School
5. Magazines
6. TV or radio
7. Books
8. GP or Doctor
9. Brook Advisory or Family Planning or other such clinics or centres
10. The internet or web
11. Other
12. Nowhere / no one

You and your experiences

Risk1 {All}

Q62. How much do you agree or disagree with the following statement:

Sometimes I find it exciting to do things that might get me into trouble

Please select one answer.

1. Agree a lot
2. Agree a bit
3. Disagree a bit
4. Disagree a lot
5. Don't know

Q63. During the last year did any of these things happen to you? Please select yes or no for each question below:

	1. Yes	2. No
PerExp1 {If Fam1=1-10 or 12-13} My family moved house		
PerExp2 {If Fam1=1-10 or 12-13} A close member of my family was seriously ill		
PerExp3 {If Fam1=1-10 or 12-13} A close member of my family died		
PerExp4 {If Fam1=1-10 or 12-13} My parents split up or divorced		
PerExp5 {If Fam1=1-10 or 12-13} My mum stopped living with me		
PerExp6 {If Fam1=1-10 or 12-13} My dad stopped living with me		

PerExp7 {All} I went to live with someone else		
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Appear {All}

Q64. How do you feel about the way you look?

Please select one answer.

1. Very happy
2. Fairly happy
3. Not very happy
4. Not at all happy
5. I don't care/looks aren't important to me

Your Local Area and Activities

Area7 {All}

Q65. How much do you think there is for young people to do in your local area?

Please select one answer.

1. Lots of things to do
2. Quite a lot to do
3. Not very much to do
4. Nothing at all to do
5. Not sure

Area8 {All}

Q66. Some people feel like they belong to their local area, while others don't. To what extent do you feel like you belong to your local area?

Please select one answer.

1. A great deal
2. Quite a lot
3. Some
4. Not very much
5. Not at all
6. Don't know

Area9 {All}

Q67. How often do you usually spend time in any of the following places in your local area? Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space.

Please select one answer.

1. Less than once a month
2. About once a month
3. 2 to 3 times a month
4. 1 to 2 times a week
5. 3 to 4 times a week
6. 5 to 6 times a week
7. Every day

Area10 {All}

Q68. And, how much time overall in a week do you usually spend in the following places in your local area? Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space.

Please select one answer.

1. None
2. Half an hour or less per week
3. Between half to one hour per week
4. Between 1 to 2 hours per week
5. Between 2 to 4 hours per week
6. Between 4 to 6 hours per week
- 7 or more hours per week

END SCREEN 1

Well done! You have finished the questionnaire.

Use2 {All}

Are you happy to send **all** the answers you've given to the researchers?

1. Yes
2. No

UseConfirm2

{IF Use2=2}

Just to check, you said you do not want to send all your answers, is that correct?

1. *Yes, that's right – I don't want you to send my answers*
2. *No, I clicked the wrong button - I am happy for the answers I've given so far to be sent*

END SCREEN 2

{IF Use2 = 1 or UseConfirm2=2}

Now your answers will be sent away and no one will know what you have said. We really hope you've enjoyed answering the questions but if you have been upset by anything please talk to your parents, teacher or another adult you trust.

Thanks for your help.

END SCREEN 3

{IF UseConfirm2=1}

We really hope you've enjoyed answering the questions but if you have been upset by anything please talk to your parents, teacher or another adult you trust.

Thanks for your help.