

# Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2015

Thank you for helping us with this survey. We hope you enjoy filling in the questionnaire.

## Who will see my answers?

Only the survey team at Ipsos MORI (the company running the survey) will see the completed questionnaires. No-one else will see your answers. Once you have filled in the questionnaire, put it in the envelope provided and seal it. It will then be passed on to the survey team.

## How to fill in the questionnaire

- Please fill in the questionnaire using a **black or blue pen**.
- Most questions can be answered by putting a **cross** in the box next to the answer that applies to you.
- **Please only cross one box for each question, unless asked to cross more than one box.** If it is difficult to choose, then cross the answer that is true for most of the time.
- Sometimes you are asked to write in your answer in your own words – please write this in the space provided.
- Sometimes you'll be asked to write in a number e.g. the number of times you have done something. If you are unsure, please use your best guess, instead of missing out the answer.
- When writing in a number, please write in figures not words e.g. 23.
- When you are writing a number, please write it clearly and avoid writing over any borders.
- Some questions will not apply to you. At each question you will be given instructions on what question to move on to next.
- If you cross a box and want to change this, please score over your first answer and then cross your new answer in the box that applies. An example of correcting a mistake is shown below: someone put a cross against 'Father' by mistake so they have filled in that box and put a cross in the correct box ('Mother') instead.

An example of correcting a mistake:

Mother	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Father	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please now move on to the next page to begin the survey.

Thank you for your help.

## FIRST A FEW DETAILS ABOUT YOURSELF

### 1. Are you male or female?

- GO TO Q2 {  Male  
 Female

### 2. What school year are you in?

- GO TO Q3 {  Secondary 2  
 Secondary 4

### 3. What month were you born?

- GO TO Q4 {  January  
 February  
 March  
 April  
 May  
 June  
 July  
 August  
 September  
 October  
 November  
 December

### 4. What year were you born?

- GO TO Q5 {  1998  
 1999  
 2000  
 2001  
 2002  
 2003

### 5. Which one of these do you think you are most likely to be doing when you leave school?

PLEASE CROSS ONE BOX ONLY

- GO TO Q6 {  University  
 Further Education College  
 Apprenticeship/trade  
 Youth Training  
 Working  
 Unemployed  
 Don't know  
 Other (PLEASE CROSS AND WRITE IN)

**THESE NEXT QUESTIONS ARE ABOUT SMOKING TOBACCO**

**6. Do you smoke cigarettes at all nowadays?**

- GO  
TO  
Q7 {  Yes  
 No

**7. Now read the following statements carefully and cross the box next to the one which best describes you**

- GO  
TO  
Q17 {  I have never smoked  
 I have only ever tried smoking once  
 I used to smoke sometimes but I never smoke a cigarette now
- GO  
TO  
Q8 {  I sometimes smoke cigarettes now but I don't smoke as many as one a week  
 I usually smoke between one and six cigarettes a week  
 I usually smoke more than six cigarettes a week

IF YOU SMOKE AT ALL PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YOU DO NOT SMOKE AT ALL GO TO QUESTION 17.

**8. How do your family/the people you live with feel about you smoking?**

- GO  
TO  
Q9 {  They stop me  
 They try to persuade me not to smoke  
 They do nothing  
 They encourage me to smoke  
 I don't know  
 They don't know I smoke

**9. Are you allowed to smoke at home if you want to?**

- GO  
TO  
Q10 {  Yes  
 Yes, but I am only allowed to smoke outside  
 No  
 I don't know

**10. How do you usually get your cigarettes/tobacco?**

PLEASE CROSS MORE THAN ONE BOX IF YOU OFTEN GET CIGARETTES/TOBACCO FROM DIFFERENT PEOPLE OR PLACES

GO TO Q11

- I buy them from a supermarket
- I buy them from a newsagent, tobacconist or a sweet shop
- I buy them from a garage shop
- I buy them from a van, such as an ice cream van or burger van
- I buy them from some other type of shop
- I buy them from a street market
- I buy them from the internet
- I buy cigarettes/tobacco from friends or relatives
- I buy cigarettes/tobacco from someone else
- I ask someone else under the age of 18 to buy me cigarettes/tobacco
- I ask an adult I know to buy me cigarettes/tobacco
- I ask an adult I don't know to buy me cigarettes/tobacco
- Friends give me cigarettes/tobacco
- My brother or sister gives me cigarettes/tobacco
- My mother, father or carer gives me cigarettes/tobacco
- I take cigarettes/tobacco without asking
- I get cigarettes/tobacco in some other way (PLEASE CROSS AND THEN WRITE BELOW WHERE AND HOW YOU GET THEM)

**11. In the last 4 weeks, have you bought or tried to buy cigarettes/tobacco from any kind of shop, supermarket or van?**

GO TO Q12

- Yes – I bought cigarettes/tobacco from a shop, supermarket or van
- Yes – I tried to buy cigarettes/tobacco from a shop, supermarket or van but was refused
- No – I did not buy or try to buy cigarettes/tobacco from a shop, supermarket or van
- No – I have never tried to buy cigarettes/tobacco from a shop, supermarket or van

**12. How many cigarettes did you smoke on each day in the last 7 days, ending yesterday?**

IF YOU DID NOT SMOKE ON A DAY WRITE 0

- Last Monday I smoked  cigarettes
- Last Tuesday I smoked  cigarettes
- Last Wednesday I smoked  cigarettes
- Last Thursday I smoked  cigarettes
- Last Friday I smoked  cigarettes
- Last Saturday I smoked  cigarettes
- Last Sunday I smoked  cigarettes

IF YOU SMOKE **LESS THAN ONE** CIGARETTE A WEEK → GO TO Q17

IF YOU SMOKE **ONE OR MORE** CIGARETTES A WEEK → GO TO Q13

13. How long is it since you started smoking at least one cigarette a week?

- GO TO Q14 {
- Less than 3 months
  - 3-6 months
  - 6 months to 1 year
  - More than 1 year

14. How easy or difficult would you find it to give up smoking altogether if you wanted to?

- GO TO Q15 {
- Very difficult
  - Fairly difficult
  - Fairly easy
  - Very easy

15. Would you like to give up smoking?

- GO TO Q16 {
- Yes
  - No
  - Don't know

16. Have you ever tried to give up smoking?

- GO TO Q17 {
- Yes
  - No

THESE NEXT QUESTIONS ARE FOR **EVERYONE** TO ANSWER

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

- GO TO Q18 {
- All or almost all
  - More than half
  - Half
  - Less than half
  - Almost none
  - None

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

- GO TO Q19 {
- Yes – every day/most days
  - Yes – sometimes
  - No – never

19. When you are travelling by car, does anyone smoke inside the car? Please include times when someone smokes in the car with the windows open

- GO TO Q20 {
- Yes – all/most journeys
  - Yes – sometimes
  - No – never
  - Don't regularly travel in a car

20. 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 cross the box next to the ONE which best describes you

- GO TO Q21
- I have never used an e-cigarette
  - I used to use e-cigarettes but don't use them anymore
  - I have tried an e-cigarette once
  - I have tried e-cigarettes a few times
  - I use e-cigarettes sometimes, but no more than once a month
  - I use e-cigarettes once a week or more

21. About how much does a packet of twenty cigarettes cost? If you don't know, please just give your best guess.

£  :  p

→ GO TO Q22

22. Please write in the space below the names of as many makes or brands of cigarettes that you have either seen or heard of.

→ ALL GO TO NEXT QUESTION, Q23

23. How often do each of the following people smoke?

PLEASE CROSS ONE BOX ON EACH LINE. IF YOU DON'T HAVE OR DON'T SEE A PERSON, CROSS THE BOX AT THE END OF THE LINE

	Does not smoke	Smokes occasionally	Smokes daily	Don't know	Don't have or don't see this person
Your mother/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your father/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your brother – if you have more than one, answer about the eldest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sister – if you have more than one, answer about the eldest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your girlfriend/boyfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ ALL GO TO NEXT QUESTION, Q24

**24. Please read the following statements about smoking and say if you agree or disagree with each one.**

PLEASE CROSS ONE BOX ON EACH LINE

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
Smoking gives people confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking makes people worse at sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokers stay slimmer than non-smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a woman smokes when she is pregnant, it can harm her unborn baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking helps people relax if they feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can cause heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking is not really dangerous, it only harms people who smoke a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokers get more coughs and colds than non-smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people's smoking can harm the health of non-smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking helps people cope better with life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking makes your clothes smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokers have more fun than non-smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can cause lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking affects your skin and teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can protect non-smokers from second-hand smoke by opening a window in your home or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's easy to stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ ALL GO TO NEXT QUESTION, Q25

**THE NEXT FEW QUESTIONS ARE ABOUT YOUR HEALTH AND HOW YOU FEEL**

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

- GO TO Q26 {
- Very good
  - Good
  - Fair
  - Bad
  - Very bad

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

- Yes → GO TO Q27
- No → GO TO Q28

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

- GO TO Q28 {
- Yes, a lot
  - Yes, a little
  - Not at all

**28. Below are some statements about feelings and thoughts.**

PLEASE CROSS THE BOX THAT BEST DESCRIBES YOUR EXPERIENCE OF EACH OVER THE LAST 2 WEEKS

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q29

©WEMWBS



29. 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?

- GO TO Q30 {  Yes  
 No

**THESE NEXT QUESTIONS ARE ABOUT ALCOHOL**

30. Have you ever had a proper alcoholic drink – a whole drink, not just a sip?  
PLEASE DON'T COUNT DRINKS LABELLED LOW ALCOHOL

- Yes → GO TO Q31  
 No → GO TO Q43

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

- GO TO Q32 {  Almost every day  
 About twice a week  
 About once a week  
 About once a fortnight  
 About once a month  
 Only a few times a year  
 I never drink alcohol now

32. When did you last have an alcoholic drink?

- GO TO Q33 {  Today  
 Yesterday  
 Some other time during the last seven days
- GO TO Q34 {  1 week, but less than 2 weeks ago  
 2 weeks, but less than 4 weeks ago  
 1 month, but less than 6 months ago  
 6 months ago or more

33. Have you been drunk in the last 7 days?

- GO TO Q34 {  Yes  
 No

EVERYONE WHO HAS EVER HAD AN ALCOHOLIC DRINK ANSWER NOW

**34. Have you ever been drunk?**

- GO TO Q35 {
- No, never
  - Yes, once
  - Yes, 2-3 times
  - Yes, 4-10 times
  - Yes, more than 10 times

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

PLEASE CROSS ONE BOX ON EACH LINE

	No	Once	Twice or more
Had an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ended up in a situation where you felt threatened/unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to be seen by a Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stayed off school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been sick (vomited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried any drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done school work badly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent a text/email that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done something you later regretted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

—————> GO TO Q36

**36. When you drink alcohol, where are you USUALLY?**

YOU CAN CROSS MORE THAN ONE BOX IF THIS APPLIES TO YOU

- GO TO Q37 {
- In a pub or bar
  - In a club or disco
  - At a party with friends
  - At my home
  - At someone else's home
  - Out on the street, in a park or other outdoor area
  - Somewhere else

37. Where do you USUALLY get your alcohol from?

GO TO Q38

- I buy it in a pub or bar
- I buy it in a club or disco
- I buy it from an off-licence
- I buy it from a shop
- I buy it from a supermarket
- I buy it from a website/online/internet
- I get it from a friend
- I get it from a relative
- From home (either with permission or without)
- I steal it from an off-licence/shop/supermarket
- From someone else (PLEASE CROSS AND WRITE IN)

- From somewhere else (PLEASE CROSS AND WRITE IN)

38. In the last 4 weeks, have you bought or tried to buy alcohol from a shop, supermarket, or off-licence?

GO TO Q39

- Yes – I bought some alcohol
- Yes – I tried to buy alcohol but was refused
- No – I did not buy or try to buy alcohol from a shop, supermarket or off-licence
- No – I have never tried to buy alcohol from a shop, supermarket or off-licence

39. In the last 4 weeks, have you bought or tried to buy alcohol in a pub, bar or club?

GO TO Q40

- Yes – I bought some alcohol
- Yes – I tried to buy alcohol but was refused
- No – I did not buy or try to buy alcohol from a pub, bar or club
- No – I have never tried to buy alcohol from a pub, bar or club

40. Have you got anyone else to buy any alcohol for you in the last 4 weeks?

- Yes —————> GO TO Q41
- No —————> GO TO Q42

**41. The last time someone bought you alcohol, who was it?**

- GO TO Q42 {
- My brother or sister
  - A friend of my own age
  - A friend older than me
  - A friend younger than me
  - My boyfriend/girlfriend
  - My mother, father or carer
  - My father's partner or mother's partner
  - Someone I knew of, but didn't know personally
  - A stranger
  - Someone else

**42. Do your parents/guardians allow you to drink alcohol at home?**

- GO TO Q43 {
- Yes, always
  - Yes, sometimes
  - No, never

EVERYONE ANSWER NOW

**FAMILY AND WHERE YOU LIVE**

Now we'd like to ask you about who you live with.

**43. 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.

- Mother
- Father
- Father's partner
- Mother's partner
- Grandmother
- Grandfather
- Foster mother
- Foster father
- Brother (include half/step/foster)
- Sister (include half/step/foster)
- I live in a care home
- Someone or somewhere else (PLEASE CROSS AND WRITE IN)

Please say how many brothers and sisters live with you (including half, step or foster brothers and sisters). Don't include brothers or sisters who live somewhere else. Please write in the number (e.g. 2). If there are none please write 0.

Number of **brothers who live with you**

Number of **sisters who live with you**

—————→ GO TO Q44

**44. What is your ethnic group?**

PLEASE CROSS THE BOX THAT **BEST DESCRIBES** YOUR ETHNIC GROUP OR BACKGROUND. PLEASE CROSS **ONE BOX ONLY**.

- White – Scottish
- White – Other British
- White – Irish
- White – Gypsy/Traveller
- White – Polish
- White – Other (PLEASE CROSS AND WRITE IN)

- Mixed or multiple ethnic group (PLEASE CROSS AND WRITE IN)

- Pakistani
- Indian
- Bangladeshi
- Chinese
- African
- Caribbean or Black
- Arab
- Other (PLEASE CROSS AND WRITE IN)

—————→ GO TO Q45

**45. How much do you think your mother/carer really knows about...?**

PLEASE CROSS ONE BOX ON EACH LINE

Don't have or don't see mother/carer → GO TO Q46

	I think she knows a lot	I think she knows a little	I don't think she knows anything
Who your friends are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you spend your money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you are after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q46

**46. How much do you think your father/carer really knows about...?**

PLEASE CROSS ONE BOX ON EACH LINE

Don't have or don't see father/carer → GO TO Q47

	I think he knows a lot	I think he knows a little	I don't think he knows anything
Who your friends are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you spend your money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you are after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q47

**47. If you were really worried about something, how likely would you be to talk to the following people about it?**

PLEASE CROSS ONE BOX ON EACH LINE. IF YOU DON'T HAVE OR DON'T SEE THE PERSON, CROSS THE BOX AT THE END OF THE LINE

	Very likely	Fairly likely	Not very likely	Not at all likely	Don't know	Don't have or don't see this person
Your mother/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your father/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else in your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q48

48. How much money of your own do you have most weeks to spend as you like?

- GO TO Q49
- Nothing
  - less than £5 a week
  - £5 or more, but less than £10 a week
  - £10 or more, but less than £20 a week
  - £20 or more, but less than £30 a week
  - £30 or more a week

**THE NEXT QUESTIONS ARE ABOUT DRUGS**

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

PLEASE MAKE SURE THAT YOU CROSS ONE BOX ON EACH LINE

	Yes	No
Cannabis (hash, joints, weed, green, grass, pollen, resin, bud, smoke)	<input type="checkbox"/>	<input type="checkbox"/>
Gas, Glue or other solvents (Tipp-Ex, lighter fuel, aerosols, NO, laughing gas) – to inhale or sniff	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine (speed, base, whizz, sulph)	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (crystal meth, tina, glass, ice)	<input type="checkbox"/>	<input type="checkbox"/>
LSD (acid, tabs, trips)	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (E, eccies, XTC, pills, MDMA, sweeties)	<input type="checkbox"/>	<input type="checkbox"/>
Semeron (sems, semmies)	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrite, Liquid Gold, Rush)	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilisers (downers, benzos, valium, vallies, blues, Temazepam)	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack, skag, gear, H, kit)	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms (shrooms, mushies)	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (linctus, physeptone, meth)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (coke, charlie, c)	<input type="checkbox"/>	<input type="checkbox"/>
Crack cocaine (crack, rock, stone)	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic Steroids (roids)	<input type="checkbox"/>	<input type="checkbox"/>
Mephedrone (bubbles, drone, M-CAT, meow meow)	<input type="checkbox"/>	<input type="checkbox"/>
GHB/GBL (G, liquid ecstasy)	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (K, ket, special k, horsey)	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic cannabis – e.g. Damnation, Black Mamba, Clockwork Orange, Pandora's Box	<input type="checkbox"/>	<input type="checkbox"/>
Salvia	<input type="checkbox"/>	<input type="checkbox"/>
MDMA powder (mandy, molly, madman)	<input type="checkbox"/>	<input type="checkbox"/>
MDAI, 6-APB (Benzo Fury), methylone (or other synthetic empathogen)	<input type="checkbox"/>	<input type="checkbox"/>
MXE, MXP (or other synthetic dissociative)	<input type="checkbox"/>	<input type="checkbox"/>
Ethylphenidate, MPA or branded packets such as Ching, Snow White, Blue stuff, Pink Panthers (or other synthetic stimulant)	<input type="checkbox"/>	<input type="checkbox"/>
AMT, NBOMe, 2Cs (or other synthetic psychedelic)	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q50

50. Have you ever been offered powders or pills that are sold as legal highs?

Yes → GO TO Q51

No → GO TO Q52

51. If you know the name of the legal high that you were offered, write it in the box below. If you don't know the name, cross the 'Don't know' box.

Don't know

→ GO TO Q52

52. Apart from things asked about at Q49, Q50 and Q51, have you ever been offered any other drugs?

Yes → GO TO Q53

No → GO TO Q54

53. If you know the name of drug that you were offered, write it in the box below. If you don't know the name, cross the 'Don't know' box.

Don't know

→ GO TO Q54

54. Have you ever used or taken any of the drugs listed at Q49, Q51 and Q53 (even if only once)?

Yes → GO TO Q55

No → GO TO Q69



**55. When was the last time you ever used or took any of the following?**

PLEASE MAKE SURE THAT YOU CROSS ONE BOX ON EACH LINE

	In the last month	In the last year	More than a year ago	Never
Cannabis (hash, joints, weed, green, grass, pollen, resin, bud, smoke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas, Glue or other solvents (Tipp-Ex, lighter fuel, aerosols, NO, laughing gas) – to inhale or sniff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine (speed, base, whizz, sulph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (crystal meth, tina, glass, ice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (acid, tabs, trips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (E, eccies, XTC, pills, MDMA, sweeties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semeron (sems, semmies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrite, Liquid Gold, Rush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilisers (downers, benzos, valium, vallies, blues, Temazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack, skag, gear, H, kit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms (shrooms, mushies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (linctus, physeptone, meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (coke, charlie, c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack cocaine (crack, rock, stone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic Steroids (roids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mephedrone (bubbles, drone, M-CAT, meow meow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB/GBL (G, liquid ecstasy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (K, ket, special k, horsey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic cannabis – e.g. Damnation, Black Mamba, Clockwork Orange, Pandora's Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA powder (mandy, molly, madman)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDAI, 6-APB (Benzo Fury), methylone (or other synthetic empathogen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MXE, MXP (or other synthetic dissociative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethylphenidate, MPA or branded packets such as Ching, Snow White, Blue stuff, Pink Panthers (or other synthetic stimulant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMT, NBOMe, 2Cs (or other synthetic psychedelic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q56

56. **When was the last time you ever used or took powders or pills that are sold as legal highs?**

- In the last month                    → GO TO Q57
- In the last year                    → GO TO Q57
- More than a year ago           → GO TO Q57
- Never                                    → GO TO Q58

57. **If you know the name of the legal high that you took, write it in the box below. If you don't know the name, cross the 'Don't know' box.**

Don't know

→ GO TO Q58

58. **Apart from things asked about above at Q55, Q56 and Q57, when was the last time you ever took any other drugs?**

- In the last month                    → GO TO Q59
- In the last year                    → GO TO Q59
- More than a year ago           → GO TO Q59
- Never                                    → GO TO Q60

59. **If you know the name of the other drug that you took, write it in the box below. If you don't know the name, cross the 'Don't know' box.**

Don't know

→ GO TO Q60

60. **How often do you usually use drugs?**

- GO TO Q61 {
- I have only taken drugs once
  - I used to take drugs sometimes but I don't take them anymore
  - I take drugs a few times a year
  - I take drugs once or twice a month
  - I take drugs at least once a week
  - I take drugs most days

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

- GO TO Q62 {
- Yes
  - No

**62. The last time you used drugs, did you use more than one type of drug?**

- GO TO Q63 {  Yes  
 No

**63. The last time you used drugs, how did you get them?**

- GO TO Q64 {  From my brother or sister  
 From a friend of my own age  
 From a friend older than me  
 From a friend younger than me  
 From my boyfriend/girlfriend  
 From my mother, father or carer  
 From my father's partner or mother's partner  
 From someone I knew of, but didn't know personally  
 From a stranger  
 From a website/online/internet  
 From a shop  
 From home (without permission)  
 From someone or somewhere else

**64. The last time you used drugs, did you use them all yourself or did you sell or give some to someone else?**

- GO TO Q65 {  I used it all myself  
 I sold some of it  
 I gave some of it away

**65. In the past year, as a result of taking drugs have you...?**

PLEASE CROSS ONE BOX ON EACH LINE

	No	Once	Twice or more
Had an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ended up in a situation where you felt threatened/unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to be seen by a Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stayed off school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been sick (vomited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried any other drugs you had not tried before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done school work badly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent a text/email that you wished you hadn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done something you later regretted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q66

66. **Where were you the last time you used drugs?**

- GO TO Q67 {
- At home
  - In someone else's home
  - At a party
  - In a pub
  - At a club, disco or gig/festival
  - At school
  - Out on the street, in a park or other outdoor area
  - Other place (PLEASE CROSS THE BOX AND WRITE IN BELOW WHERE YOU WERE)

67. **Have you ever felt that you needed to get help because you were using drugs?**

- GO TO Q68 {
- Yes
  - No

68. **Do you want to stop taking drugs?**

- GO TO Q69 {
- Yes
  - No

**EVERYONE ANSWER NOW**

69. **If you wanted information about drugs, who/where would you go to?**

PLEASE CROSS AS MANY BOXES AS APPLY

- GO TO Q70 {
- Teacher
  - Parent
  - Friend
  - Drug service
  - Know the Score* website
  - Know the Score* helpline
  - Talk to Frank* website
  - Talk to Frank* helpline
  - Choices for Life* website
  - An internet site, but not one of the ones listed above
  - I don't know where I'd go
  - I'd go to someone/somewhere else (PLEASE CROSS THE BOX AND WRITE IN BELOW)

**70. How easy would it be for you to get illegal drugs if you wanted to?**

- GO TO Q71 {
- Very easy
  - Fairly easy
  - Fairly difficult
  - Very difficult
  - Impossible
  - Don't know

**71. Please read the following statements about drugs and say if you think they are true or false.**  
PLEASE CROSS ONE BOX FOR EACH STATEMENT

	True	False	Don't know
Heroin is addictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin is more dangerous than cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drugs can lead to HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drugs can lead to Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhaling or sniffing solvents can cause brain damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking cocaine is dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking cannabis is dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

—————> GO TO Q72

**72. Please read the following statements about drugs and say if you agree or disagree.**  
PLEASE CROSS ONE BOX FOR EACH STATEMENT

	Agree	Disagree	Don't know
Taking drugs is exciting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People my age who take drugs need help and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who take drugs are stupid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All people who sell drugs should be punished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK for people to take legal highs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

—————> GO TO Q73

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

IN EACH LINE THERE IS THE OPTION TO CROSS THE 'NEVER' BOX FOR SOMETHING YOU HAVE NOT DONE AT ALL

Drank alcohol (more than a small amount)	<input type="checkbox"/> Never	I was <input type="text"/> years old WRITE IN THE BOX HOW OLD YOU WERE
Got drunk	<input type="checkbox"/> Never	I was <input type="text"/> years old WRITE IN THE BOX HOW OLD YOU WERE
Smoked a cigarette (more than a puff)	<input type="checkbox"/> Never	I was <input type="text"/> years old WRITE IN THE BOX HOW OLD YOU WERE
Used drugs	<input type="checkbox"/> Never	I was <input type="text"/> years old WRITE IN THE BOX HOW OLD YOU WERE

→ GO TO Q74

**74. Do you think it is ok for someone your age to do the following?**

PLEASE CROSS ONE BOX ON EACH LINE

	It's ok	It's not ok	Don't know
Try smoking a cigarette to see what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try drinking alcohol to see what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try getting drunk to see what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try sniffing glue to see what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try taking cannabis to see what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try taking cocaine to see what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q75

**75. In the last twelve months have you had any lessons, videos/DVDs or discussion in class on the following topics? PLEASE CROSS ONE BOX ON EACH LINE**

	Yes	No	Don't know
The blood borne infection HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The blood borne infection Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The blood borne infection Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q76

## NOW WE'D LIKE TO ASK ABOUT SOME LEISURE ACTIVITIES

**76. Have you actively taken part in any of these groups, clubs or organisations during the last 12 months?**

- GO TO Q77
- Youth groups (e.g. scouts, guides, youth clubs)
  - Drama, arts, music or singing groups (including evening classes)
  - Sports clubs, gyms, exercise or dance groups
  - Computer clubs/groups
  - None of these
  - Don't know

**77. 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 CROSS ONE BOX ON EACH LINE

When I'm not at school I...	Every day	Most days	Weekly	Less often	Never
See my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch films/DVDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play computer games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go online and use social networking sites (e.g. Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look around the shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read comics or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to watch sports matches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do a sport e.g. football, swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hang around the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do a hobby, art or play a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a friend's house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to concerts or gigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the public library (not the school library)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to museums or galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to theatres or concert halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the church, mosque or temple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help other people/do voluntary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ GO TO Q78

78. Do you know the postcode for your home address?

We ask for your postcode so we can compare results from different types of area. For example, we can compare rural areas with cities, and richer areas with poorer areas.

Only the survey team at Ipsos MORI will see your postcode, and we have no way of using your postcode to identify you.

IF YOU DO KNOW YOUR POSTCODE, CROSS 'YES' AND WRITE IT DOWN, IF NOT CROSS 'NO'.

Yes

--	--	--	--	--	--	--	--

No

→ GO TO Q79

**THESE NEXT QUESTIONS ARE ABOUT RELATIONSHIPS WITH FRIENDS**

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

- GO TO Q80 {
- None
  - One
  - Two
  - Three or more

80. Are your friends older, younger, or about the same age as you?

PLEASE CROSS ONE BOX ONLY

- GO TO Q81 {
- Older than me
  - Younger than me
  - About the same age as me
  - Mixed ages
  - Don't know

81. Thinking about a typical week, how many evenings do you spend with friends?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	Evenings

→ GO TO Q82



**NOW HERE ARE SOME QUESTIONS ABOUT SCHOOL**

**82. In the last twelve months have you had any lessons, videos/DVDs or discussion in class on the following topics? PLEASE CROSS ONE BOX ON EACH LINE**

	Yes	No	Don't know
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

—————→ GO TO Q83

**83. In school, how much have you learned about the following?**

	A lot	A little	Not much	Nothing at all	Don't know
The risks to your health from cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The risks to your health from alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The risks to your health from drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The effects that drinking alcohol can have on other areas of your life (e.g. your safety, your behaviour, your relationships, how you feel about yourself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The effects that taking drugs can have on other areas of your life (e.g. your safety, your behaviour, your relationships, how you feel about yourself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That your ability to make decisions can be affected by drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That your ability to make decisions can be affected by taking drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That people's views about smoking, drinking and drug use can be affected by the things their friends say or do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

—————→ GO TO Q84

**84. To what extent do you agree or disagree with the following statements? 'My school provides me with enough advice and support about...'**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leading a healthy and active life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

—————→ GO TO Q85

**85. Thinking about the future, how confident do you feel about...?**

	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
Having the information you need to make the right choices about your health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saying no to doing something that you don't want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing where to go for information and support about substance related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding getting into risky situations due to alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding getting into risky situations due to drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

————→ GO TO Q86

**86. How much do you like school at the moment?**

- GO TO Q87 {
- I like it a lot
  - I like it a bit
  - I don't like it very much
  - I don't like it at all

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

- GO TO Q88 {
- Never
  - Sometimes
  - A lot of the time

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

- GO TO Q89 {
- Not at all
  - Once
  - Twice
  - 3 times
  - 4 times
  - 5 times
  - Between 6 and 10 times
  - More than 10 times

**89. Since you started secondary school, have you been excluded?**

- Yes
- No

————→ GO TO Q90

# Strengths and Difficulties Questionnaire

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

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted. I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I am doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

© Robert Goodman 1999

Thank you very much for your help

