

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018

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

Why is this survey being done?

SALSUS is an important survey which has been running since 1982. The questions cover your health and lifestyle, including smoking, drinking and drug use. The results of the research will help provide information and advice for young people on smoking, drinking and drug use. This year the Scottish Government have asked Ipsos MORI, an independent research agency to run the survey.

Who will see my answers?

Only the survey team at Ipsos MORI (the company running the survey) will see the data collected in the survey. No-one else will see your answers. The survey will be carried out in accordance with the MRS Code of Conduct. For more information on how the information you give us will be used please see the Scottish Government privacy notice for this project: <https://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS>.

How to complete the survey.

- The survey should take around 40 minutes to complete.
- Follow any instructions given to you at each question.
- Most questions can be answered by putting a cross in the box next to the answer that applies to you.
- Please answer as accurately as possible so that you are asked the questions which apply to you most.
- If it is difficult for you to choose an answer, select the answer that is true for most of the time.
- If you feel that you would rather not answer a specific question, leave it blank or tick the 'Prefer not to answer' box if there is one.

Taking part in the survey is completely up to you. You do not have to take part if you do not want to.

I agree to participate in the survey and understand that participation is voluntary and I can change my mind at any time.

- Yes, I agree
 No, I don't agree

Thank you very much for your help.

FIRST A FEW DETAILS ABOUT YOURSELF

1. How would you describe your gender identity?

- GO TO Q2
- Boy
 - Girl
 - In another way (IF YOU WOULD LIKE TO, PLEASE WRITE IN WHAT OTHER WORDS YOU USE)
 - Prefer not to say

2. What school year are you in?

- GO TO Q3
- S2
 - S4

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
- 2001
 - 2002
 - 2003
 - 2004
 - 2005
 - 2006
 - 2007

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

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

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

- GO TO Q48b {
- 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

48b. How well off would you say your family/the people you live with are?

- GO TO Q49
- Very well off
 - Quite well off
 - Average
 - Not well off
 - Not at all well off

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, nitrous oxide, noitrous or noz) – 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 nitrate, Liquid Gold, Rush) | <input type="checkbox"/> | <input type="checkbox"/> |
| Tranquilisers (downers, benzos, valium, vallies, blues, Temazepam, Xanax, Xans) | <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, nitrous oxide, nitrous or noz) – 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 nitrate, Liquid Gold, Rush) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tranquilisers (downers, benzos, valium, vallies, blues, Temazepam, Xanax, Xans) | <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...?

PLEASE CROSS ONE BOX ON EACH LINE

| | 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 THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE ON THE NEXT PAGE

Strengths and Difficulties Questionnaire

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"/> |

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Thank you very much for your help

