

School code

School status

ID number

ID status

RDR

Edinburgh Study of Young People

Sweep 2 Questionnaire
1999

This questionnaire is confidential

What do I have to do?

This questionnaire is just like the one you did last year.

Every section has boxes like this which give you important information and every question has an instruction that tells you what to do.

All the questions involve either ticking boxes or writing something down.

If you get stuck on any questions just put up your hand and ask.

It is not a test - the researchers are there to help you!

What are the questions about?

All the questions are about you and your life.

There are questions about...

... what you do in your spare time

... what your friends and family are like

... what you think about school

... things you have done

... things that have happened to you

... what you think about different things

'During the last year' means since the start of first year (S1) at secondary school up to the end of the summer holidays. Don't include the time since you started school this year (S2).

'During the last school year' means during first year (S1) at secondary school only. Don't include the time since you started school this year (S2).

'Your parents' means the adults who look after you, even if they are not your mum and dad.

All of the answers you give to these questions are confidential!!

Nobody gets to see the answers that you give - that includes your teachers, your parents and the police.

You must not let the person sitting next to you see your answers either.

Here are some easy questions to get started.

1 When were you born? (please write in the day, month and year)

I was born on the _____ (day) of _____ (month) in _____ (year)

2 Do you live in Edinburgh? (tick YES or NO)

Yes

No (please say where you live) _____

3 Which of these groups would you say you belong to? (tick ONE box only)

White

Indian

Black Caribbean

Pakistani

Black African

Bangladeshi

Black (other)

Chinese

Another group (please say what) _____



4 What is your name? (please write in below)

(first names)

(surname)

We will cut off the bottom of this page after putting your number on the front cover

1. ABOUT YOU

Lets start with a few questions about what you do in your spare time.

1.1 How many evenings a week do you normally just stay at home (without going out anywhere)? (tick ONE box only)

- One Two Three Four
 Five Six Seven Less than once a week

1.2 Do you go out in the evening to any clubs, groups or sports centres? (tick YES or NO)

- Yes – **Answer questions in box** No – **Go to question 1.3**

i. How many evenings a week do you usually go out to clubs or groups? (tick ONE box only)

- One Two Three Four
 Five Six Seven I don't go every week

ii. What kind of club or group do you go to? (tick as many boxes as you need to)

- A youth club or group
 A sports club or sports centre (e.g. football, swimming, boxing, etc)
 Scouts, Guides or Boy's Brigade
 Keep fit, aerobics or dancing classes
 Another kind of club or group _____

iii. Are adults in charge of the clubs that you go to? (tick ONE box only)

- Yes – always Yes – sometimes No

1.3 How many evenings a week do you usually go out with your friends?
(tick ONE box only)

- | | | | |
|-------------------------------|------------------------------|--------------------------------|--|
| <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Three | <input type="checkbox"/> Four |
| <input type="checkbox"/> Five | <input type="checkbox"/> Six | <input type="checkbox"/> Seven | <input type="checkbox"/> Less than once a week |

1.4 How often do you just hang around these areas in the evening?
(tick ONE box on each line)

- | | Most evenings | At least once a week | Less than once a week | Hardly ever or never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Hang around the area where I live..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hang around other areas (away from where I live)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.5 Where do you usually hang around in the evening?
(tick as many boxes as you need to)

- | | |
|--|--|
| <input type="checkbox"/> Around my house | <input type="checkbox"/> Around a friend's house |
| <input type="checkbox"/> In the street | <input type="checkbox"/> Around shops or a shopping centre |
| <input type="checkbox"/> In a park or playing field | <input type="checkbox"/> Near my school |
| <input type="checkbox"/> Other places (please say where) _____ | |

1.6 How often do you go to these places in your spare time?
(tick ONE box on each line)

- | | At least once a week | At least once a month | Never or hardly ever |
|---|--------------------------|--------------------------|--------------------------|
| Go shopping or out for something to eat..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to the cinema, theatre or concerts..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to an amusement arcade..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to church or another place of worship..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to discos, nightclubs or raves..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.7 How much do you think there is for you to do in the area where you live?
(tick ONE box only)

- Lots of things to do
- Quite a lot to do
- Not very much to do
- Nothing at all to do
- I'm not sure

1.8 Who do you do things with in your spare time?
(tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Hardly ever or never
Myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A brother or sister.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A parent or guardian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another adult.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A boyfriend or girlfriend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask about the last year -
that means since the **start of S1** to the **end of the summer holidays**.

1.9 When you went out during the last year, how often did your parents know...?
(tick ONE box on each line)

	Always	Usually	Sometimes	Never
... where you were going.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... who you were going out with.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... what time you would be home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.10 And during the last year, did you do any of the following things?
(tick ONE box on each line)

	No, never	Yes, once or a few times	Yes, lots of times
Come home more than an hour late against your parent's wishes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay out overnight without your parents knowing where you were.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run away from home for more than one night.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next question is about how much money you get.

1.11 Do you regularly get money to spend on yourself? (tick ONE box only)

- No, I don't get any money to spend on myself – **Go to question 1.12**
- No, I just get money when I need it – **Go to question 1.12**
- Yes, I regularly get money to spend on myself – **Answer questions in box**
- ↓

i. How much money do you usually get each week? (tick ONE box only)
(If you don't get money weekly, try to guess how much you have to spend most weeks)

- £5 or less
- Between £5.01 and £10
- Between £10.01 and £15
- Between £15.01 and £20
- Between £20.01 and £25
- More than £25

ii. Where do you usually get money from? (tick all the boxes that you need to)

- My parents
- A part time job (e.g. paper round, babysitting, etc)
- My grandparents or other relatives
- Somewhere else _____

Now for a question about how you would describe yourself as a person.

1.12 How much do you agree or disagree with these statements?

(tick ONE box on each line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
I like myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often wish I was someone else.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't think much of myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are some good things about me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of things about myself I would like to change.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. WHO YOU LIVE WITH

This section asks a few questions about the people you live with.

2.1 How many families do you live with? (Don't include people you just stay with on holiday) (tick ONE box only)

- I live with one family all the time I live with two families at different times

2.2 Who lives with you in your family? (If you live with two families, tick boxes for the people you live with in each but DON'T include the same person twice)

FAMILY 1 (the family you live with most)

- Mother Step-mother or dad's girlfriend Foster mother
 Father Step-father or mum's boyfriend Foster father
 Brother → How many? _____ Step-brother → How many? _____
 Sister → How many? _____ Step-sister → How many? _____
 Anybody else? (like grandparents or other relatives, friends, etc) Please write in below
-

FAMILY 2 (only fill this bit in if you live with 2 families)

- Mother Step-mother or dad's girlfriend Foster mother
 Father Step-father or mum's boyfriend Foster father
 Brother → How many? _____ Step-brother → How many? _____
 Sister → How many? _____ Step-sister → How many? _____
 Anybody else? (like grandparents or other relatives, friends, etc) Please write in below
-

2.3 During the last year, has anybody new started living with you?
(tick as many boxes as you need to)

- No
- Yes – a new brother or sister
- Yes – mum’s new boyfriend or husband
- Yes – dad’s new girlfriend or wife
- Yes – someone else (please say who) _____

2.4 During the last year, has anybody moved out of home (for any reason)?
(tick as many boxes as you need to)

- No
- Yes – my mum
- Yes – my dad
- Yes – my step-mum or step-dad
- Yes – my brother or sister (including step-brothers or step-sisters)
- Yes - someone else (please say who) _____

2.5 During the last year, did you live with a foster family or in a home for young people? (tick as many boxes as you need to)

- Yes, with a foster family → Please tick if you live there now
- Yes, in a home for young people → Please tick if you live there now
- No

The next few questions are about how you and your parents get on.
(If you live with 2 families, think about the parents you live with most).

2.6 How would you describe your parents? (tick ONE box on each line)

	Always	Usually	Sometimes	Never
They let me do things I like doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They trust me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They treat me like a baby.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They try to control everything I do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They let me make my own decisions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 How often do your parents punish you in these ways? (tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never or hardly ever
Tell me off or give me a row	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Ground' me or stop me going out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop me from seeing my friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop my pocket money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punish me some other way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.8 When your parents say they are going to punish you, what usually happens?
(tick ONE box only)

- They usually punish me the way they say they will
- They usually end up punishing me some other way
- They usually forget to punish me or don't do it
- I can usually talk them out of punishing me
- They never punish me

2.9 How often do you disagree or argue with your parents about each of these things? (tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never or hardly ever
Argue about homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about my friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about how tidy my room is.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about what time I get in.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about what I do when I go out.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.10 When you disagree or argue about things, how often do your parents let you explain your point of view? (tick ONE box only)

Always Usually Sometimes Never

2.11 When you and your parents disagree or argue about things, how do things **usually** work out? (tick ONE box only)

I usually end up doing what they want me to do

I usually get my own way in the end

We usually decide together on something that suits us both

We usually go on arguing

2.12 Overall, how often do you get on well with your parents? (tick ONE box only)

Always Usually Sometimes Never

Now for some questions about how you get on with your brothers and sisters (that includes step-brothers and step-sisters too)!

2.13 Remind us again, do you live with any brothers or sisters (including step-brothers and step-sisters)? (tick YES or NO)

Yes – Go to question 2.14 now No – Go to section 3 now

2.14 How often do you argue with your brothers or sisters?
(tick ONE box only)

Most days At least once a week Less than once a week Never or hardly ever

2.15 How often does your brother or sister do these things to you?
(tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never or hardly ever
They threaten to hurt me in some way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They hurt me by hitting or kicking or punching me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They hurt me by hitting me with a weapon of some kind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.16 And how often do YOU DO these things to your brother or sister?
(tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never or hardly ever
I threaten to hurt them in some way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hurt them by hitting or kicking or punching them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hurt them by hitting them with a weapon of some kind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.17 Do you mostly argue or fight with a brother or a sister? (tick ONE box only)

I mostly argue or fight with my brother

I mostly argue or fight with my sister

2.18 How old is the brother or sister that you argue or fight with most often?
(please write in)

He/she is _____ years old

2.19 Overall, how often do you get on with well with your brothers and sisters?
(tick ONE box only)

Always

Usually

Sometimes

Never

3. THINGS PEOPLE DO

These questions are about whether you and your friends have smoked cigarettes during the last year.

- 3.1 How many of your friends smoked cigarettes during the last year?
(tick ONE box only)

None Some Most or all I'm not sure

- 3.2 Did you smoke a whole cigarette during the last year? (tick YES or NO)

Yes – **Answer questions in box** No – **Go to question 3.3**

- i. How often do you smoke now? (tick ONE box only)

Every day
 At least once a week
 At least once a month
 Hardly ever

- ii. Where do you usually get your cigarettes from?
(tick as many boxes as you need to)

<input type="checkbox"/> I buy them from shops or vans	<input type="checkbox"/> I buy them from other people
<input type="checkbox"/> My friends give me them	<input type="checkbox"/> My brother or sister gives me them
<input type="checkbox"/> My boyfriend or girlfriend gives me them	<input type="checkbox"/> My parents or other relatives give me them
<input type="checkbox"/> I steal them from home	<input type="checkbox"/> I steal them from other places

- iii. Do your parents know that you smoke? (tick ONE box only)

Yes No I'm not sure

Now for some questions about drinking alcohol.

3.3 How many of your friends drunk alcohol during the last year?

(tick ONE box only)

None

Some

Most or all

I'm not sure

3.4 During the last year, did you drink a whole alcoholic drink (for example, a whole can of beer or glass of wine)? (tick YES or NO)

Yes – **Answer questions in box**

No – **Go to question 3.5**

i. How often do you drink alcohol now? (tick ONE box only)

At least once a week

At least once a month

Only on special occasions

Hardly ever

ii. Where do you usually get alcohol from? (tick as many boxes as you need to)

I buy it from shops or pubs

Other people buy it for me

My friends give me it

My brother or sister gives me it

My boyfriend or girlfriend gives me it

My parents or other relatives give me it

I steal it from home

I steal it from other places

iii. Who do you drink alcohol with? (tick as many boxes as you need to)

With my parents

With other relatives

With friends (without my parents knowing)

With my boyfriend or girlfriend (without my parents knowing)

iv. How many times have you been so drunk that you felt sick or dizzy or fell over in the last year? (tick ONE box only)

Never

1 or 2 times

3 or 4 times

5 times or more

Now some questions about illegal drugs
(that doesn't include drugs given to you by a doctor or a chemist).

3.5 During the last year, how many of your friends took these kinds of drugs?
(tick ONE box on each line)

	None	Some	Most or all	I'm not sure
Hash or another drug to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pills to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue or gas to sniff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powder to sniff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs to inject with a needle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.6 During the last year, did any of your friends sell a drug to you or someone else? (tick ONE box only)

Yes
 No
 I'm not sure

3.7 During the last year, did anyone offer to give or sell you any of these drugs?
(tick ONE box on each line)

	Yes	No	I'm not sure
Hash or another drug to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pills to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue or gas to sniff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powder to sniff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs to inject with a needle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.8 During the last year, did you take or try any illegal drugs (that includes sniffing gas or glue)? (tick YES or NO)

Yes - **Go to question 3.9**
 No - **Miss out the next page and go to Section 4**

3.9 Where do you get your drugs from? (tick as many boxes as you need to)

- My friends give or sell me drugs
- My boyfriend or girlfriend gives or sells me drugs
- Other young people give or sell me drugs
- Older people give me or sell me drugs
- I steal drugs from home
- I steal drugs from other people

3.10 How often have you tried each of these drugs in the last year?
(tick ONE box on each line)

	Never	Once	2 or 3 times	4 times or more
Cannabis (dope, hash, marijuana, blow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue or gas (tippex, lighter fuel, aerosols)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (E, ekkys)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Coke, crack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed (whizz, sulph, amphetamines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Smack, skag, H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (Acid, trips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms (Mushies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downers (temazepam..... jellies, valium, eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (amyl nitrate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something else*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If something else, please say what _____

4. THINGS YOU HAVE DONE

This section asks questions about things you might have done during the last year.

Remember - that means since the start of S1 to the end of the summer holidays.

And so, during the last year...

4.1 Did you travel on a bus or train without paying, without paying enough money or using somebody else's bus pass?

Yes - **Answer questions in box** No - **Go to question 4.2**

↓

i. How many times did you do this during the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from a bus conductor

Yes – from the police

Yes – from another adult

No

4.2 During the last year, did you take something from a shop or a store without paying for it?

Yes - **Answer questions in box** No - **Go to question 4.3**



- i. How many times did you do this in the last year?
(tick ONE box only)
- Once 2 times 3 times 4 times 5 times
- Between 6 and 10 times More than 10 times

- ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

- Yes – from the police or a security guard
- Yes – from another adult
- No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

- iii. What did you take from the shop? (please write in)

- iv. How many friends were you with at the time?
(tick ONE box only)

- None 1 2 or 3 4 or 5 6 or more

4.3 During the last year, were you noisy or cheeky in a public place so that people complained or you got into trouble? (DON'T include things you did at school)

Yes - **Answer questions in box** No - **Go to question 4.4**



i. How many times did you do this in the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from the police or a security guard

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. Where were you? (tick ONE box only)

Just outside school Shops or shopping centre

A street in my area A park or playing field

Somewhere else _____

iv. How many friends were you with at the time?
(tick ONE box only)

None 1 2 or 3 4 or 5 6 or more

4.4 During the last year, did you ride in a stolen car or van or on a stolen motorbike?

Yes - **Answer questions in box** No - **Go to question 4.5**



i. How many times did you do this in the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from the police

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What kind of stolen vehicle did you ride in?
(tick ONE box only)

A car A van A motorbike

iv. Were you the driver or a passenger?
(tick ONE box only)

Driver Passenger

4.5 During the last year, did you steal money or something else from school?

Yes - **Answer questions in box** No - **Go to question 4.6**



i. How many times did you do this in the last year?

(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?

(tick as many boxes as you need to)

Yes – from a teacher or a janitor

Yes – from the police

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What did you steal from school? (please write in)

4.6 During the last year, did you carry a knife or other weapon with you for protection or in case it was needed in a fight?

Yes - **Answer questions in box**

No - **Go to question 4.7**



i. How many times did you do this in the last year?

(tick ONE box only)

Once

2 times

3 times

4 times

5 times

Between 6 and 10 times

More than 10 times

ii. Did you get into trouble for doing this?

(tick as many boxes as you need to)

Yes – from the police

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What kind of weapon did you carry? (tick ONE box only)

Small knife or penknife

Large knife or flick knife

Pole, stick or bat

BB gun or air rifle

Hammer or other metal weapon

Something else _____

iv. Did you use the weapon against anybody? (tick YES or NO)

Yes

No

4.7 During the last year, did you write or spray paint on property that did not belong to you (for example, a phone box, car, building or bus shelter)?

Yes - **Answer questions in box**

No - **Go to question 4.8**

i. How many times did you do this in the last year?
(tick ONE box only)

Once

2 times

3 times

4 times

5 times

Between 6 and 10 times

More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from the police or a security guard

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What did you write? (please write in)

iv. What property did you write or paint on? (please write in)

v. How many friends were you with at the time?
(tick ONE box only)

None

1

2 or 3

4 or 5

6 or more

4.8 During the last year, did you damage or destroy property that did not belong to you on purpose (for example, windows, cars or street lights)?

Yes - **Answer questions in box** No - **Go to question 4.9**

i. How many times did you do this in the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from the police or a security guard

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What did you damage or destroy? (please write in)

iv. How many friends were you with at the time?
(tick ONE box only)

None 1 2 or 3 4 or 5 6 or more

4.9 During the last year, did you go into or break into a house or building to try and steal something?

Yes - **Answer questions in box**

No - **Go to question 4.10**

i. How many times did you do this in the last year?

(tick ONE box only)

Once

2 times

3 times

4 times

5 times

Between 6 and 10 times

More than 10 times

ii. Did you get into trouble for doing this?

(tick as many boxes as you need to)

Yes – from the police or a security guard

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What kind of building did you break into? (tick one box only)

Somebody's house

A school

A shop

An empty building or house

Another building _____

iv. What did you steal or try to steal? (please write in)

v. How many friends were you with at the time?

(tick ONE box only)

None

1

2 or 3

4 or 5

6 or more

4.10 During the last year, did you use force, threats or a weapon to steal money or something else from somebody?

Yes - **Answer questions in box** No - **Go to question 4.11**



i. How many times did you do this in the last year?

(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?

(tick as many boxes as you need to)

Yes – from the police

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What did you steal or try to steal? (please write in)

4.11 During the last year, did you steal money or something else from home?

Yes - **Answer questions in box** No - **Go to question 4.12**



i. How many times did you do this in the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from a parent

Yes – from the police

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What did you steal from home? (please write in)

4.12 During the last year, did you set fire or try to set fire to something on purpose (for example, a school, bus shelter, house, etc)?

Yes - **Answer questions in box**

No - **Go to question 4.13**

i. How many times did you do this in the last year?

(tick ONE box only)

Once

2 times

3 times

4 times

5 times

Between 6 and 10 times

More than 10 times

ii. Did you get into trouble for doing this?

(tick as many boxes as you need to)

Yes – from the police or a security guard

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What did you set fire to? (please write in)

iv. How many friends were you with at the time?

(tick ONE box only)

None

1

2 or 3

4 or 5

6 or more

4.13 During the last year, did you hit, kick or punch someone on purpose (fight with them)? (DON'T include your brothers or sisters)

Yes - Answer questions in box

No - Go to question 4.14

i. How many times did you do this in the last year?

(tick ONE box only)

Once

2 times

3 times

4 times

5 times

Between 6 and 10 times

More than 10 times

ii. Did you get into trouble for doing this?

(tick as many boxes as you need to)

Yes – from the police

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. Who did you hit, kick or punch? (tick as many boxes as you need to)

A friend

Another young person I know

An adult I know

Somebody else (a stranger)

iv. How badly did you hurt them?

(tick as many boxes as you need to)

No injuries

Bruises or black eye

Scratches or cuts

Broken bones

Something else _____

v. How many people (including you) were involved in the fight?

(tick ONE box only)

2

3

4

5

6 or more

4.14 During the last year, did you break into a **car or van** to steal something out of it?

Yes - **Answer questions in box** No - **Go to question 4.15**



i. How many times did you do this in the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from the police

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What did you take from the car or van? (please write in)

iv. How many friends were you with at the time?
(tick ONE box only)

None 1 2 or 3 4 or 5 6 or more

4.15 During the last year, did you hurt or injure any animals or birds on purpose?

Yes - **Answer questions in box**

No - **Go to question 4.16**

i. How many times did you do this in the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from the police

Yes – from another adult

No

NOW THINK ABOUT THE LAST TIME YOU DID THIS.

iii. What kind of animal or bird did you hurt or injure?
(please write in)

iv. Was it a pet or a wild animal or bird? (tick ONE box only)

It was my pet

It was someone else's pet

It was a wild animal or bird

v. How many friends were you with at the time?
(tick ONE box only)

None 1 2 or 3 4 or 5 6 or more

4.16 During the last year, did you do any of these things to someone you know?
(DON'T include a brother or sister) (tick YES or NO on each line)

	Yes	No
Hit, punch, spit at or throw stones at them.....	<input type="checkbox"/>	<input type="checkbox"/>
Say nasty things, slag them or call them names.....	<input type="checkbox"/>	<input type="checkbox"/>
Threaten to hurt them.....	<input type="checkbox"/>	<input type="checkbox"/>
Ignore them on purpose or leave them out of things.....	<input type="checkbox"/>	<input type="checkbox"/>
Get other people to do any of these things.....	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked **'Yes'** for any of the things at question 4.16
answer the questions in the box below.
If you ticked **'No'** to everything at question 4.16 go to section 5 now.

i. How many times did you do these things in the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from a teacher

Yes – from the police

Yes – from another adult

No

iii. Where did you do this? (as many boxes as you need to)

At school On the way to or from school Somewhere else

5. ABOUT SCHOOL

This section is all about school. Some questions ask about **the last school year** - remember that means **only during first year (S1)**.

5.1 How much do you agree or disagree with these sentences about school?
(tick ONE box on each line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
School is a waste of time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working hard at school is important.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School will help me get a good job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.2 During the last school year, did you join a school sports club or team?
(tick ONE box on each line)

Yes - **Answer question in box** No - **Go to question 5.3**



i. How often did you take part in this sports club or team?
(tick ONE box only)

Most days At least once a week Less than once a week

5.3 During the last school year, did you join another kind of school club or group? (tick ONE box on each line)

Yes - **Answer question in box** No - **Go to question 5.4**



i. How often did you take part in this club or group?
(tick ONE box only)

Most days At least once a week Less than once a week

5.4 During the last school year, how many of your teachers.....?

(tick ONE box on each line)

	None of them	Some of them	Most or all of them
...did you get on well with.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...helped you to learn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...treated you fairly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.5 And during the last school year, how many of your teachers.....?

(tick ONE box on each line)

	None of them	Some of them	Most or all of them
...could you ask for help if you had a problem with schoolwork.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...could you ask for help if you had a personal problem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...treated you like a troublemaker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about your parents and school.

5.6 How often do your parents do the following things?

(tick ONE box on each line)

	Always	Usually	Sometimes	Never	I'm not sure
Check that you have done your homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to parents evenings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help you if you have a problem at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reply to school letters when they are asked to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7 How often do your parents ask you about things that happen at school?
(tick ONE box only)

- Most days At least once a week Less than once a week Never or hardly ever

5.8 During the last school year, did your parents have to sign a punishment exercise for you? (tick YES or NO)

- Yes - **Answer questions in box** No - **Go to question 5.9**

i. How many times did this happen in the last year? (tick ONE box only)

- once twice 3 times 4 times 5 times or more

ii. The last time this happened, how did your parents feel about it most? (tick ONE box only)

- worried about me angry at me angry at school not bothered about it
- something else (please write in) _____

5.9 And during the last school year, did the school get in touch with your parents because of something you had done wrong? (tick YES or NO)

- Yes - **Answer questions in box** No - **Go to question 5.10**

i. How many times did this happen in the last year? (tick ONE box only)

- once twice 3 times 4 times 5 times or more

ii. The last time this happened, how did your parents feel about it most? (tick ONE box only)

- worried about me angry at me angry at school not bothered about it
- something else (please write in) _____

Here are some questions about how you behaved during the last school year.

5.10 During the last school year, did you get an award, prize or merit for any of these things? (tick ONE box on each line)

	Yes	No
Doing good schoolwork.....	<input type="checkbox"/>	<input type="checkbox"/>
Behaving well in school.....	<input type="checkbox"/>	<input type="checkbox"/>
Doing well at any other things.....	<input type="checkbox"/>	<input type="checkbox"/>

5.11 During the last school year, did you skip or skive school? (tick YES or NO)

Yes – **Answer questions in box** No - **Go to question 5.12**

↓

i. How many times did you do this during the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this?
(tick as many boxes as you need to)

Yes – from a teacher Yes – from another adult No

Now think about the LAST TIME that you did this.

iii. Where did you go? (tick as many boxes as you need to)

My house Hung around streets or shops

A friend's house Hung around a park or playing field

Hung around school Somewhere else

iv. How many friends did you skive with? (tick ONE box only)

None 1 2 or 3 4 or 5 6 or more

5.12 During the last school year, how often did you do these things at school?
(tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Hardly ever or never
Be cheeky to a teacher.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause trouble in the classroom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause trouble outside the classroom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about how other pupils behaved
at your school over the last school year.

5.13 During the last school year, how often did other pupils mess around so much that the teacher had to shout at them or send them out of the room?
(tick ONE box only)

Most days At least once a week Less than once a week Never or hardly ever

5.14 When other pupils mess about in the class, what do you usually think about them? (tick ONE box only)

They are funny They are silly They are annoying I am not bothered

5.15 Are there any pupils or groups of pupils at school that you stay away from because you are afraid of them? (tick ONE box only)

No Yes – a few Yes – lots of them

5.16 Are there any areas of the school that you avoid because you are afraid something might happen to you? (tick ONE box only)

No Yes – a few Yes – lots of them

6. ABOUT YOUR FRIENDS

This section is about who your friends are
and what they are like.

6.1 How many **friends** do you have altogether (including a girlfriend or boyfriend)? (tick ONE box only)

- None
- One or two
- Between 3 and 5
- Between 6 and 10
- More than 10

If you ticked 'None' for question 6.1, go to section 7 now.
If you ticked any other boxes for question 6.1, go on to question 6.2.

Now think about the friends you mostly
go about with in your spare time...

6.2 How many of the friends you went about with last year do you still go about with now? (tick ONE box only)

- None Some Most or all

6.3 How old are the friends you usually go about with? (tick ONE box on each line)

- | | None | Some | Most
or all |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| A year or more younger than me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About the same age as me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A year or more older than me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6.4 How many of the friends you usually go about with are girls and boys?

(tick ONE box on each line)

	None	Some	Most or all
Boys.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.5 How many friends do you usually go about with at once?

(tick ONE box only)

- One or two - **Go to question 6.7 now**
- A group of between 3 and 5 – **Go to question 6.6 now**
- A group of six or more – **Go to question 6.6 now**

6.6 Would you call the group of friends you usually go about with a 'gang'?

(tick YES or NO)

- Yes – **Answer questions in box** No – **Go to question 6.7**



i. Does your gang have a name? (tick YES or NO)

- No
- Yes (please say what) _____

ii. Does your gang have any special sayings or signs? (tick YES or NO)

- No
- Yes (please say what) _____

6.7 How many of your friends do your parents know?

(tick ONE box only)

- None of them Some of them Most or all of them

6.8 During the last year, did you have a girlfriend or boyfriend?
(tick YES or NO)

Yes – **Answer questions in box**

No – **Go to question 6.9**



i. How many have you had during the last year?
(tick YES or NO)

One Two Three Four or more

IF YOU DON'T HAVE ONE JUST NOW, ANSWER THE NEXT TWO QUESTIONS ABOUT YOUR LAST ONE.

ii. How old is your girlfriend or boyfriend? (tick ONE box only)

He/she is a year or more younger than me

He/she is about the same age as me

He/she is a year or more older than me

iii. Do your parents know that you have a girlfriend or boyfriend?
(tick YES or NO)

Yes

No

The next few questions are about how important
the things your friends do are to you.

6.9 How likely is it that you would still hang around with your friends if they were...? (tick ONE on each line)

	Very likely	Fairly likely	Not very likely	Not at all likely
...getting you in trouble at home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...getting you in trouble at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...getting you in trouble with the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.10 How likely is it that you would do what your friends said if they...?

(tick ONE box on each line)

	Very likely	Fairly likely	Not very likely	Not at all likely
...told you to do something that you thought was wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...told you to do something that you thought was against the law.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about things your friends might have done in the last year.
Remember - that's since the start of S1 to the end of the summer holidays.

6.11 During the last year, did **any of your friends** take something that didn't belong to them in any of these ways? (tick ONE box on each line)

	Yes	No	I'm not sure
Take something from a <u>shop</u> without paying for it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steal money or something else from <u>school</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steal money or something else from <u>their own home</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break into a <u>house or building</u> to steal something.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break into a <u>car or van</u> to steal something out of it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.12 During the last year, did **any of your friends** do any of these things to other people's property? (tick ONE box on each line)

	Yes	No	I'm not sure
Write things or spray paint on someone's property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage someone else's property on purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set fire or try to set fire to something on purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. THINGS THAT HAPPENED TO YOU

This section asks questions about things that might have happened to you during the last year.

It is important that you DON'T include things that happened between you and your brothers and sisters.

7.1 During the last year, how often did somebody or a group of people bully you in the following ways? (tick ONE box on each line)

	Most days	At least once a week	Less than once a week	Never
Bullied by somebody hitting, punching, spitting or throwing stones at you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullied by somebody saying nasty things, slagging you or calling you names.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullied by somebody threatening to hurt you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullied by somebody ignoring you on purpose or leaving you out of things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS IS VERY IMPORTANT

If you ticked 'never' to all of the boxes above, go to question 7.6 now.

If you said you were bullied in any way, go to question 7.2 now.

7.2 Who usually bullies you? (tick ONE box only)

- A girl A group of girls A group of boys and girls
- A boy A group of boys Lots of different people

7.3 Where do you get bullied? (tick as many boxes as you need to)

- At school On the way to or from school Other places

7.4 During the last year, how many times have you skived school or pretended you were ill because you were afraid of being bullied? (tick ONE box only)

- Never Once 2 times 3 times 4 times 5 times or more

7.5 During the last year, did you tell an adult that you were being bullied?
(tick YES or NO)

- Yes - **Answer questions in box** No - **Go to question 7.6**

- i. Who did you tell? (tick all that apply)
- A teacher A parent Another adult
- ii. What happened after you told them? (tick ONE box only)
- I got bullied less
- I got bullied about the same
- I got bullied more

These questions are about other things that may have happened to you.

- 7.6 During the last year, did anyone threaten to hurt you? (tick YES or NO)
(DON'T include brothers and sisters or times when you were being bullied)

Yes - **Answer question in box** No - **Go to question 7.7**



- i. How many times did this happen during the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times
 Between 6 and 10 times More than 10 times

- 7.7 During the last year, did anyone actually hurt you by hitting, kicking or punching you (fighting with you)? (tick YES or NO)
(DON'T include brothers and sisters or times when you were being bullied)

Yes - **Answer question in box** No - **Go to question 7.8**



- i. How many times did this happen during the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times
 Between 6 and 10 times More than 10 times

- 7.8 During the last year, did anyone actually hurt you with a weapon?
(tick YES or NO) (DON'T include brothers and sisters)

Yes - **Answer question in box** No - **Go to question 7.9**



- i. How many times did this happen during the last year?
(tick ONE box only)

Once 2 times 3 times 4 times 5 times
 Between 6 and 10 times More than 10 times

7.9 During the last year, did anyone **steal something of yours** that you left somewhere (for example, from school or a changing room)? (tick YES or NO)

Yes - Answer question in box No - Go to question 7.10

i. How many times did this happen during the last year?

(tick ONE box only)

- Once 2 times 3 times 4 times 5 times
- Between 6 and 10 times More than 10 times

7.10 During the last year, did anyone use **threats or force to steal**, or try to steal, something from you? (tick YES or NO)

Yes - Answer question in box No - Go to question 7.11

i. How many times did this happen during the last year?

(tick ONE box only)

- Once 2 times 3 times 4 times 5 times
- Between 6 and 10 times More than 10 times

7.11 During the last year, how many times have you been **bothered by an adult** doing the following things? (tick ONE box on each line)

	Never	1 or 2 times	3 or 4 times	5 times or more
An adult staring at you so that you felt uneasy or uncomfortable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adult following you on foot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adult following you by car.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adult trying to get you to go somewhere with them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adult indecently exposing themselves to you (flashing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. MORE ABOUT YOU

Here are a few questions about the police and some other people you might have had contact with over the last year.

8.1 During the last year, did you have contact with the police for any of these reasons? (tick YES or NO on each line)

	Yes	No
A police officer came to school to give a talk	<input type="checkbox"/>	<input type="checkbox"/>
The police asked me questions about a <u>crime that happened to me</u>	<input type="checkbox"/>	<input type="checkbox"/>
The police asked me questions about a <u>crime that I saw happening</u>	<input type="checkbox"/>	<input type="checkbox"/>
I was <u>told off or told to move on</u> by a police officer.....	<input type="checkbox"/>	<input type="checkbox"/>
I was stopped by the police and <u>asked to empty my pockets or bag</u>	<input type="checkbox"/>	<input type="checkbox"/>
I was stopped by the police and <u>asked questions about something that I did</u>	<input type="checkbox"/>	<input type="checkbox"/>

8.2 And during the last year, did you have contact with the police for any of these reasons? (tick YES or NO on each line)

	Yes	No
I was picked up by the police and <u>taken home to my parents</u>	<input type="checkbox"/>	<input type="checkbox"/>
I was picked up by the police and <u>taken to a police station</u>	<input type="checkbox"/>	<input type="checkbox"/>
I was given a <u>formal warning</u> at a police station in front of my parents.....	<input type="checkbox"/>	<input type="checkbox"/>
I was <u>charged</u> by the police <u>for committing a crime</u>	<input type="checkbox"/>	<input type="checkbox"/>
I had contact with the police for <u>another reason</u> (please say what below).....	<input type="checkbox"/>	<input type="checkbox"/>

8.3 Here are some sentences about the police. How much do you agree or disagree with each of these things? (tick ONE box on each line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
The police are less fair to young people than other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police are generally helpful and friendly towards young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police often break rules when dealing with people who they think have broken the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.4 During the last year, did you have contact with a social worker for any reason? (tick ONE box only)

Yes – **Answer question in box** No – **Go to question 8.5**
 I'm not sure – **Go to question 8.5**

i. Do you think the social worker made things better or worse for you? (tick ONE box only)

Better No difference Worse

8.5 During the last year, did you have to go to a children's panel (or a children's hearing)? (tick ONE box only)

Yes – **Answer question in box** No – **Go to question 8.6**
 I'm not sure – **Go to question 8.6**

i. Do you think the children's panel made things better or worse for you? (tick ONE box only)

Better No difference Worse

Let's finish with two questions about
what you think you will be doing in the future.

8.6 When do you think you will leave school?
(tick ONE box only)

- After I finish my Standard Grades
- After I finish my Higher Grades
- After I finish my sixth-year studies (or A levels)
- As soon as I can
- I don't know yet

8.7 What do you think you will do when you leave school?
(tick ONE box only)

- Go to college or university
- Get training for a job
- Find a job
- Get married or start a family
- Do nothing at all
- I don't know yet

WELL DONE! YOU ARE FINISHED THE QUESTIONNAIRE.
NOW PLEASE TELL A RESEARCHER YOU HAVE FINISHED AND
THEY WILL CHECK THROUGH IT WITH YOU.