

School Code

School status -

ID number -

ID status

F ID 1

Part. status

F ID 2

RDR

F ID 3

EDINBURGH STUDY OF YOUNG PEOPLE

Sweep 3 Questionnaire 2000

This questionnaire is confidential

INSTRUCTIONS

**This questionnaire is similar to the ones you did in first and second year.
These are the important things to remember when filling in the questionnaire.**

- 🕒 All of the answers you give to these questions are confidential – nobody gets to see them, including your parents, your teachers and the police.
- 🕒 Make sure the people sitting near you don't see your answers either.
- 🕒 Read the questions carefully and follow the instructions at each question (these tell you how many boxes to tick and when to write something in).
- 🕒 It is not a test – if you get stuck or need help just ask a researcher.
- 🕒 Questions that ask about 'the last year' mean from the start of second year (S2) to the end of the last summer holidays.
- 🕒 Questions that ask about 'your parents' mean the adults that look after you, even if it is not your mum or dad.

**This year, we want to find out how similar people are to their friends.
So, as well as writing in your name, we would be grateful if you could give us the names of 3 people in third year at your school who are your best friends.
As always, we will cut off the bottom of this page after putting the relevant numbers on the front page, so no names will be stored in this book.**



What is your name? _____
(first name) (surname)

Who are your 3 best friends in third year at your school?

1. _____
(first name) (surname)
2. _____
(first name) (surname)
3. _____
(first names) (surname)

1. ABOUT YOU

The first few questions are about how you spend your free time.

1.1 How often do you stay at home in the evening or at weekends (without going out anywhere)? (tick ONE box only)

- Most evenings At least once a week Less than once a week Hardly ever or never

1.2 How often do you go to friends' houses in the evening or at weekends? (tick ONE box only)

- Most evenings At least once a week Less than once a week Hardly ever or never

1.3 How often do you go out with friends in the evening or at weekends? (tick ONE box only)

- Most evenings At least once a week Less than once a week Hardly ever or never

1.4 And how often do you go to these places in your spare time? (tick ONE box on EVERY line)

At least At least Hardly ever
once a week once a month or never

Go shopping or out for something to eat.....

Go to the cinema, theatre or concerts.....

Go to an amusement arcade.....

Go to watch football or other sports.....

Go to discos, nightclubs or raves.....

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

Yes – answer questions in box No – go to question 1.6

i. How often do you usually go out to clubs or groups?
(tick ONE box only)

Most evenings At least once a week Less than once a week Hardly ever or never

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)
- 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

1.6 Do you have a part-time job (e.g. a paper round)? (tick YES or NO)

Yes – answer questions in box No – go to question 1.7

i. On average, how many hours do you work per week?
(tick ONE box only)

- Up to 5 hours
- Between 5½ and 10 hours
- Between 10½ and 15 hours
- More than 15 hours

ii. What is your part time job? (please write in below)

1.7 On average how much money do you get to spend on yourself each week?
(tick ONE box only)

- I don't get any money
- £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

Please read the next question carefully and ask for help if you need to.

1.8 How much do you agree or disagree with these statements?
(tick ONE box on EVERY line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
Having to plan things makes them them less fun to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get into trouble because I do things without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put down the first answer that comes into my head on a test and often forget to check it later.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get involved in things that I later wish I could get out of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes break rules because I do things without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get so excited about doing new things that I don't think about problems that might happen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. WHO YOU LIVE WITH

This section asks about the people you live with.

2.1 Who do you live with most of the time? (tick ONE box only)

- I live with my parent or parents
- I live with foster parents
- I live in a children's home or a young person's unit
- I live with someone else (please say where) _____

2.2 Do you sometimes live with someone else? (Don't include people you just stay with for holidays) (tick as many boxes as you need to)

- No
- Yes, with my mum or dad
- Yes, with foster parents
- Yes, in a children's home or young person's unit
- Yes, somewhere else (please say where) _____

2.3 Which people do you live with most of the time? (please just tick boxes for the people you live with in the house where you live most often)

- Mother Stepmother or dad's partner Foster mother
- Father Stepfather or mum's partner Foster father
- Brother → how many? _____ Stepbrother → how many? _____
- Sister → how many? _____ Stepsister → how many? _____
- Somebody else (grandparents, other relatives, friends etc) **Please write in below.**
- _____

These next few questions ask about your 'parents' - if you don't live with your mum or dad, answer about the adults who look after you.

2.4 During the last year, did any of these things happen to you?

(tick YES or NO on EVERY line)

	Yes	No
My family moved house.....	<input type="checkbox"/>	<input type="checkbox"/>
A close member of my family was seriously ill.....	<input type="checkbox"/>	<input type="checkbox"/>
A close member of my family died.....	<input type="checkbox"/>	<input type="checkbox"/>
My parents split up or divorced.....	<input type="checkbox"/>	<input type="checkbox"/>
My mum stopped living with me.....	<input type="checkbox"/>	<input type="checkbox"/>
My dad stopped living with me.....	<input type="checkbox"/>	<input type="checkbox"/>
I went to live with someone else.....	<input type="checkbox"/>	<input type="checkbox"/>

2.5 When you went out during the last year, how often did your parents know...? (tick ONE box on EVERY 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"/>

2.6 During the last year, did you do any of the following things?

(tick ONE box on EVERY line)

	No, never	Yes, once or a few times	Yes, lots of times
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"/>

2.7 How often do your parents do each of these things?

(tick ONE box on EVERY line)

	Always	Usually	Sometimes	Never
Blame you if things go wrong?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Praise you if you've done well?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not listen to you when you want to talk?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support you if things go wrong?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shout at you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust you or give you responsibility?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make you feel bad about yourself?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show affection to you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.8 When you do something wrong, how often do your parents treat you fairly? (tick ONE box only)

Always Usually Sometimes Never

2.9 How often do you argue with your parents? (tick ONE box only)

Most days At least once a week Less than once a week Hardly ever or never

2.10 Do your parents ever argue with each other? (if this doesn't apply to you, just tick no) (tick YES or NO)

Yes – answer questions in box No – go to question 2.11

i. How often do your parents argue?

(tick ONE box only)

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

ii. How often do you get upset when your parents argue?

(tick ONE box only)

Always Usually Sometimes Never

2.11 How often do you...? (tick ONE box on EVERY line)

	Often	Sometimes	Hardly ever or never
...talk to your parents about private or personal things?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...ask your parents for advice about things?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...talk to your parents about problems with your friends?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...talk to your parents about problems at school?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...trust your parents with things that you tell them?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.12 Imagine you did the following things and your parents found out.
How disappointed in you would they be?** (tick ONE box on EVERY line)

	Very disappointed	Fairly disappointed	Not very disappointed	Not at all disappointed
If you were excluded from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you got charged by the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you came home drunk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you stole money from home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.13 How bothered would you be if your parents found out that you had done
these things?** (tick ONE box on EVERY line)

	Very bothered	Fairly bothered	Not very bothered	Not at all bothered
If you were excluded from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you got charged by the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you came home drunk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you stole money from home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. YOUR HEALTH

The first questions in this section are about food and dieting.

3.1 How many times have you gone on a diet to try and lose weight?

(tick ONE box only)

- Never 1 or 2 times 3 or 4 times 5 times or more

3.2 After eating, do you ever make yourself sick because you feel too full?

(tick YES or NO)

- Yes No

3.3 Do you ever worry that you have lost control over how much you eat?

(tick YES or NO)

- Yes No

3.4 Have you recently lost more than a stone in weight over a short period of time (say about 3 months)? (tick YES or NO)

- Yes No

3.5 Do you think that you are fat even when other people say you are too thin? (tick YES or NO)

- Yes No

3.6 Would you say that food dominates your life? (tick YES or NO)

- Yes No

Now for questions on other health problems that teenagers might have.

3.7 How often have you felt like this during the last month?

(tick ONE box on EVERY line)

	Most Days	At least once a week	Less than once a week	Never
I've felt too tired to do things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had trouble going to sleep or staying asleep.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've felt unhappy, sad or depressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've felt hopeless about the future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've felt nervous or tense.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've worried too much about things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.8 Have you ever hurt yourself on purpose? (tick NO or YES)

No Yes (please say how) _____

Here are some questions about smoking and drinking.

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

Yes – answer questions in box No – go to question 3.10

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

<input type="checkbox"/> Every day	<input type="checkbox"/> At least once a month
<input type="checkbox"/> At least once a week	<input type="checkbox"/> Hardly ever or never

ii. How bothered are your parents about you smoking? (tick ONE box only)

<input type="checkbox"/> Bothered a lot	<input type="checkbox"/> Bothered a bit	<input type="checkbox"/> Not bothered	<input type="checkbox"/> They don't know
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3.10 During the last year, did you drink an alcoholic drink? (tick YES or NO)

Yes – answer questions in box No – go to question 3.11

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

At least once a week Only on special occasions
 At least once a month Hardly ever or never

ii. How often do you drink alcohol without your parents knowing?
(tick ONE box only)

Always Usually Sometimes Never

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

At home At friends houses In discos or night-clubs
 In pubs At parties Outside in public places

**Finally, here are some questions about illegal drugs –
that doesn't include drugs given to you by a doctor or a chemist.**

3.11 During the last year, how many of your friends took drugs?
(tick ONE box only)

None One or Some Most or all I'm not sure

3.12 Have you ever asked for advice about drugs from the following people
or places? (tick YES or NO on EVERY line)

	Yes	No
A member of your family.....	<input type="checkbox"/>	<input type="checkbox"/>
A teacher.....	<input type="checkbox"/>	<input type="checkbox"/>
The National Drug Helpline.....	<input type="checkbox"/>	<input type="checkbox"/>
Childline.....	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere else*.....	<input type="checkbox"/>	<input type="checkbox"/>

* (please say where) _____

3.13 During the last year, did anyone offer to give or sell you illegal drugs?
(tick YES or NO)

Yes

No

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

Yes – answer questions in box
↓

No – go to section 4

i. How often have you tried these drugs during 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"/>
Semeron (Sems)	<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 nitrite)	<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 _____

ii. How often have you used any illegal drug during the last month?
(tick ONE box only)

Never

Once

2 or 3 times

4 times or more

4. THINGS YOU MIGHT HAVE DONE

This section is about things you might have done during the last year
– from the start of S2 to the end of the last summer holidays.

4.1 **During the last year, did you travel on a bus or train without paying enough money or using someone else's 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 Twice 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 an inspector or another adult
 Yes, from my parents No

4.2 **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 4.3



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

(tick ONE box only)

- Once Twice 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
 Yes, from my parents No

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 during the last year?

(tick ONE box only)

- Once Twice 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 a teacher or another adult
 Yes, from my parents No

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 during the last year?

(tick ONE box only)

- Once Twice 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
 Yes, from my parents No

iii. The last time you did this, 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 Another kind of weapon

4.7 During the last year, did you write or spray paint on property that did not belong to you (e.g. 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 during the last year?

(tick ONE box only)

Once Twice 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

Yes, from my parents No

4.8 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 4.9



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

(tick ONE box only)

Once Twice 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

Yes, from my parents No

iii. The last time you did this, what did you steal from the person?

I stole _____

4.9 During the last year, did you damage or destroy property that did not belong to you on purpose (e.g. windows, cars or street lights)?

Yes – answer questions in box No – go to question 4.10

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

(tick ONE box only)

Once Twice 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

Yes, from my parents No

4.10 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 4.11

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

(tick ONE box only)

Once Twice 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

Yes, from my parents No

iii. The last time you did this, what did you steal from the building?

I stole _____

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 during the last year?
(tick ONE box only)

Once Twice 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

Yes, from my parents No

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

Yes – answer questions in box No – go to question 4.13



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

Once Twice 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

Yes, from my parents No

iii. The last time you did this, what did you steal from the car or van?

I stole _____

4.13 During the last year, did you set fire or try to set fire to something on purpose (e.g. a school, bus shelter, house etc)?

Yes – answer questions in box No – go to question 4.14

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

(tick ONE box only)

Once Twice 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

Yes, from my parents

No

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

Yes – answer questions in box No – go to question 4.15

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

(tick ONE box only)

Once Twice 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 the SSPCA or another adult

Yes, from my parents

No

iii. The last time you did this, what kind of animal or bird did you hurt or injure?

I hurt a _____

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

Yes – answer questions in box No – go to question 4.16

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

(tick ONE box only)

- Once Twice 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
 Yes, from my parents No

iii. The last time you did this, how badly did you hurt the other person?

(tick as many boxes as you need to)

- No injuries Bruises or black eye
 Scratches or cuts Broken bones
 Something else (please say what) _____

4.16 During the last year, how often did you do each of these things to someone you know? (DON'T include brothers or sisters) (tick ONE box on EVERY line)

Most days At least once a week Less than once a week Never

Ignore them on purpose or leave them out of things.....

Say nasty things, slag them or call them names.....

Threaten to hurt them.....

Hit, spit or throw stones at them.....

Get other people to do these things.....

4.17 During the last year, did you hit or pick on someone because of their race or skin colour?

Yes – answer questions in box

No – go to question 4.18

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

(tick ONE box only)

Once Twice 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

Yes, from my parents

No

4.18 During the last year, did you sell an illegal drug to someone?

Yes – answer questions in box

No – go to question 4.19

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

(tick ONE box only)

Once Twice 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

Yes, from my parents

No

iii. The last time you did this, what kind of drug did you sell?

I sold _____

4.19 During the last year, did you skip or skive school?

Yes – answer questions in box

No – go to section 5



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

(tick ONE box only)

Once Twice 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 a teacher or another adult

Yes, from my parents No

iii. How do your parents feel most about you skiving school?

(tick ONE box only)

Worried Angry Not bothered They don't know

Something else _____

5. WHERE YOU LIVE

This section is about your neighbourhood – that means the area where you live.

5.1 How long have you lived in your neighbourhood? (tick ONE box only)

- Less than one year Between one and three years More than three years All my life

5.2 How much do you think there is for you to do in your neighbourhood? (tick ONE box only)

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

5.3 Think about your adult neighbours. How many of them...? (tick ONE box on EVERY line)

- | | None | One or some | Most or all |
|--|--------------------------|--------------------------|--------------------------|
| ...do you talk to at least once a month..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...do you know by name..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...could you ask for help if you had a problem.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5.4 How many of the adults and young people who live in your neighbourhood are friendly? (tick ONE box on EVERY line)

- | | None | One or some | Most or all |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Adults are friendly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Young people are friendly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5.5 If young people were hanging around the streets in your neighbourhood, how likely is it that these things would happen? (tick ONE box on EVERY line)

	Very likely	Fairly likely	Not sure	Not very likely	Not at all likely
An adult would try to move them on.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone would call the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.6 If young people were writing or spraying paint on a building in your neighbourhood, how likely is it that these things would happen? (tick ONE box on EVERY line)

	Very likely	Fairly likely	Not sure	Not very likely	Not at all likely
An adult would try to move them on.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone would call the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7 If young people were shouting or swearing at adults in your neighbourhood, how likely is it that these things would happen? (tick ONE box on EVERY line)

	Very likely	Fairly likely	Not sure	Not very likely	Not at all likely
An adult would try to move them on.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone would call the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.8 If young people were fighting in the streets in your neighbourhood, how likely is it that these things would happen? (tick ONE box on EVERY line)

	Very likely	Fairly likely	Not sure	Not very likely	Not at all likely
An adult would try to move them on.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone would call the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.9 How often do you see police officers on patrol in your neighbourhood?

(tick ONE box only)

- Most days At least once a week Less than once a week Hardly ever or never Not sure

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

(tick ONE box on EVERY line)

Agree a lot Agree a bit Not sure Disagree a bit Disagree a lot

I would rather live in another area than my own neighbourhood.....

My neighbourhood has more crime than most other areas.....

My neighbourhood has a good reputation.....

5.11 How safe do you feel when you are out on your own in your neighbourhood? (tick ONE box on EVERY line)

Very safe Fairly safe Not very safe Not at all safe Don't go out on my own

Out on my own during the day

Out on my own after dark.....

5.12 How safe do you feel when you are out with your friends in your neighbourhood? (tick ONE box on EVERY line)

Very safe Fairly safe Not very safe Not at all safe Don't go out with friends

Out with friends during the day

Out with friends after dark.....

5.13 How much of a problem do you think these things are in your neighbourhood? (tick ONE box on EVERY line)

	Not a problem	A bit of a problem	A big problem	I'm not sure
People who are drunk in the street.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People selling drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gangs of young people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy neighbours.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours fighting in the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish in the street.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken windows in shops or houses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.14 Are there places in your neighbourhood that you don't go to for these reasons? (tick YES or NO on EVERY line)

	Yes	No
Because the police would complain or tell us to move on.....	<input type="checkbox"/>	<input type="checkbox"/>
Because other adults would complain or tell us to move on.....	<input type="checkbox"/>	<input type="checkbox"/>
Because other young people hang around there.....	<input type="checkbox"/>	<input type="checkbox"/>
Because older teenagers hang around there.....	<input type="checkbox"/>	<input type="checkbox"/>
Because of something else (please say what below).....	<input type="checkbox"/>	<input type="checkbox"/>

5.15 How much of a problem do you think these things are in your neighbourhood? (tick ONE box on EVERY line)

	Not a problem	A bit of a problem	A big problem	I'm not sure
Stray dogs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarded up or burnt out houses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough street lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti on walls or buildings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalized buildings, bus shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug needles (syringes) lying around.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalized or burnt out cars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

. YOUR FRIENDS

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

6.1 How many friends do you have altogether (include girlfriends and boyfriends)? (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**

6.2 Thinking about the friends you spend most time with, how often do you...?
(tick ONE box on EVERY line)

	Often	Sometimes	Hardly ever or never
...talk to friends about private or personal things?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...ask friends for advice about things?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...borrow money or other things from friends?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...talk to friends about problems at home?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...talk to friends about problems with other friends?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...trust friends with things that you tell them?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3 How pressured do you feel by your friends to do the following things? (tick ONE box on EVERY line)

	A lot	A bit	Not at all
Pressured to try or take drugs?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to act tough or hard?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to have sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to look or dress older than you are?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to cause trouble or get into fights?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to go to pubs or nightclubs?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.4 How many of your friends do your parents know? (tick ONE box only)

None of them One or some of them Most or all of them

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

Yes – Answer questions in box No – Go to question 6.6



i. How many have you had during the last year? (tick ONE box only)

One Two Three Four or more

ii. How old is your current girlfriend or boyfriend? (If you don't have one just now, think about the last one) (tick ONE box only)

A year or more younger than me About the same age as me A year or more older than me

iii. How serious is your current relationship? (If you don't have one just now, think about the last one) (tick ONE box only)

Very serious Fairly serious Not very serious Not at all serious

**These questions are about things your friends might have done in the last year.
(Since the start of S2 to the end of the last summer holidays)**

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

None One or some Most or all I'm not sure

6.7 How many of your friends drank alcohol during the last year?
(tick one box only)

None One or some Most or all I'm not sure

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

	Yes	No	I'm not sure
A friend wrote things or sprayed paint on someone's property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend damaged someone's property on purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend set fire or tried to set fire to something on purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.9 During the last year, did any of your friends do any of these things to other people? (tick ONE box on EVERY line)

	Yes	No	I'm not sure
A friend was <u>noisy or cheeky</u> in a public place so that people complained or they got into trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend hit, kicked or punched someone on purpose (had a fight with someone).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend used <u>force, threats or a weapon</u> to get money or something else from someone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend hit or picked on someone because of their <u>race or skin colour</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.10 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 EVERY line)

	Yes	No	I'm not sure
A friend stole something from a <u>shop</u> or store.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend stole money or something else from <u>school</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend stole money or something else from <u>their home</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend broke into a <u>house or building</u> to steal something.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend broke into a <u>car or van</u> to steal something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.11 And during the last year, did any of your friends do any of these things? (tick ONE box on EVERY line)

	Yes	No	I'm not sure
A friend skipped or skived school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend travelled on a bus or train without paying enough money or using someone else's pass.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend rode in a stolen car, van or motorbike.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend carried a knife or other weapon for protection or in case it was needed in a fight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend hurt or injured an animal or bird on purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend sold an illegal drug to someone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HANGING AROUND

This section is about hanging around in the evening or at weekends.

7.1 How often do you hang around these areas in the evening or at weekends?
(tick ONE box on EVERY line)

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

7.2 Do you usually hang around on your own or with other people?
(tick ONE box only)

- I usually hang around with other people – **Now go to question 7.3**
- I usually hang around on my own – **Now go to section 8**
- I never hang around – **Now go to section 8**

7.3 How many people do you usually hang around with? (tick ONE box only)

- One or two Between 3 and 5 Between 6 and 10 More than 10

7.4 How many of the people you usually hang around with would you say are your friends? (tick ONE box only)

- All of them Most of them Some of them None of them

7.5 How old are the people you usually hang around with?
(tick ONE box on EVERY line)

	None	One or 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"/>

7.6 How many of the people you usually hang around with are girls or boys?
(tick ONE box only)

All or mostly boys Half boys and half girls All or mostly girls

7.7 How often do you hang around with the same people? (tick ONE box only)

Always Usually Sometimes

7.8 How often do you see young people doing these things when you are hanging around? (tick ONE box on EVERY line)

	Always	Usually	Sometimes	Never
Young people shouting and swearing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young people drinking alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young people taking drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young people causing trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.9 And how often do you do these things when you are hanging around?
(tick ONE box on EVERY line)

	Always	Usually	Sometimes	Never
I shout and swear.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cause trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.10 When you are hanging around, how often do the others go along with what you want to do? (tick ONE box only)

Always Usually Sometimes Never

7.11 And when you are hanging around, how often do you go along with what the others want to do? (tick ONE box only)

Always Usually Sometimes Never

THINGS THAT HAVE HAPPENED

This section asks about things that might have happened to you during the last year (from the start of S2 to the end of the last summer holidays).

8.1 During the last year, how often did someone bully you in the following ways?
(tick ONE box on EVERY line)

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

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

Yes – answer questions in box No – go to question 8.3

i. How many times did this happen to you in your neighbourhood?

(tick ONE box only)

- Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

ii. How many times did this happen to you in other places?

(tick ONE box only)

- Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

8.3 During the last year, did anyone hurt you by hitting, kicking or punching you?
(DON'T include brothers, sisters or times you were being bullied) (tick YES or NO)

Yes – answer questions in box No – go to question 8.4

i. How many times did this happen to you in your neighbourhood?
(tick ONE box only)

Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

ii. How many times did this happen to you in other places?
(tick ONE box only)

Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

8.4 During the last year, did anyone hurt you or try to hurt you with a weapon?
(DON'T include brothers or sisters) (tick YES or NO)

Yes – answer questions in box No – go to question 8.5

i. How many times did this happen to you in your neighbourhood?
(tick ONE box only)

Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

ii. How many times did this happen to you in other places?
(tick ONE box only)

Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

8.5 **During the last year, did anyone steal something of yours that you left somewhere?** (tick YES or NO)

Yes – answer questions in box No – go to question 8.6



i. How many times did this happen to you in your neighbourhood?
(tick ONE box only)

Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

ii. How many times did this happen to you in other places?
(tick ONE box only)

Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

8.6 **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 questions in box No – go to question 8.7



i. How many times did this happen to you in your neighbourhood?
(tick ONE box only)

Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

ii. How many times did this happen to you in other places?
(tick ONE box only)

Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

8.7 During the last year, did anyone pick on you because of your race or skin colour? (tick YES or NO)

Yes – answer questions in box

No – go to question 8.8

i. How many times did this happen to you in your neighbourhood?

(tick ONE box only)

Never Once Twice 3 times 4 times

5 times Between 6 and 10 times More than 10 times

ii. How many times did this happen to you in other places?

(tick ONE box only)

Never Once Twice 3 times 4 times

5 times Between 6 and 10 times More than 10 times

8.8 How much do you agree or disagree with these statements about you?

(tick ONE box on EVERY line)

Agree a lot Agree a bit Not sure Disagree a bit Disagree a lot

Lots of people try to push me around.....

Some people are against me for no good reason.....

My friends often say or do things behind my back.....

I would be more successful if people didn't make things hard for me.....

I know that people have spread lies about me on purpose.....

Some people would like to take away what success I have.....

MORE ABOUT YOU

The next questions are about your contact with the police during the last year.

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

	Yes	No
A police officer came to school to give a talk	<input type="checkbox"/>	<input type="checkbox"/>
A police officer came to my youth club or group to give a talk	<input type="checkbox"/>	<input type="checkbox"/>
Police asked me questions about a <u>crime that happened to me</u>	<input type="checkbox"/>	<input type="checkbox"/>
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 I had done</u>	<input type="checkbox"/>	<input type="checkbox"/>

9.2 And during the last year, did you have contact with the police for any of these reasons? (tick YES or NO on EVERY 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"/>

9.3 During the last year, how many times did you get in trouble with the police?
(tick ONE box only)

- Never Once Twice 3 times 4 times
 5 times Between 6 and 10 times More than 10 times

9.4 And how many of your friends got in trouble with the police during the last year? (tick ONE box only)

- None One or some Most or all I'm not sure

This question is about your attitude to life.

9.5 How much do you agree or disagree with these statements?
(tick ONE box on EVERY line)

- | | Agree
a lot | Agree
a bit | Not
sure | Disagree
a bit | Disagree
a lot |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I like to test myself every now and then by doing something a bit risky | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sometimes I will take a risk just for the fun of it..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I sometimes find it exciting to do things that might get me into trouble | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excitement and adventure are more important to me than feeling safe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1. YOU S N INDIVIDU L

The questions in this section are mostly about style and image.

10.1 How pressured do you feel by the media (TV, film, magazines, etc) to do the following things? (tick ONE box on EVERY line)

	A lot	A bit	Not at all
Pressured to <u>look or dress</u> a certain way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to <u>behave</u> in a certain way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to <u>be interested</u> in certain things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.2 How pressured do you feel by your parents to do the following things? (tick ONE box on EVERY line)

	A lot	A bit	Not at all
Pressured to <u>look or dress</u> a certain way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to <u>behave</u> in a certain way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to <u>be interested</u> in certain things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.3 How pressured do you feel by people your age to do the following things? (tick ONE box on EVERY line)

	A lot	A bit	Not at all
Pressured to <u>look or dress</u> a certain way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to <u>behave</u> in a certain way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured to <u>be interested</u> in certain things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.4 Do you think of yourself as a troublemaker? (tick ONE box only)

- Yes No I'm not sure

10.5 Do you think other people see you as a troublemaker?

(tick as many boxes as you need to)

- No
- Yes, my friends do
- Yes, other people my age do
- Yes, my parents do
- Yes, my teachers do
- Yes, other adults do

10.6 How important is it to you to have the right names, labels or logos on your clothes? (tick ONE box only)

- Very important Fairly important Not very important Not at all important I'm not sure

10.7 How important is it to you to wear the right style of shoes or trainers?

(tick ONE box only)

- Very important Fairly important Not very important Not at all important I'm not sure

10.8 What would your friends do if you wore clothes that were a different style from theirs? (tick as many boxes as you need to)

- They would tease me
- They wouldn't want to be friends with me any more
- They would think I was my own person
- They would think I was interesting
- They wouldn't be bothered

10.9 How likely is it that other young people would pick on you if you didn't wear the right clothes? (tick ONE box only)

- Very likely Fairly likely Not very likely Not at all likely I'm not sure

10.10 Are any parts of your body pierced or permanently tattooed? (tick YES or NO)

- Yes – answer question in box No –go to question 10.11



i. What do you have pierced or tattooed? (tick as many boxes as you need to)

- | | |
|--|--|
| <input type="checkbox"/> One or both of my ears pierced | <input type="checkbox"/> My arm or shoulder tattooed |
| <input type="checkbox"/> My nose pierced | <input type="checkbox"/> My ankle or chest tattooed |
| <input type="checkbox"/> Somewhere else on my body pierced | <input type="checkbox"/> Somewhere else tattooed |

10.11 Which of these things do you have in your bedroom?
(tick as many boxes as you need to)

- | | |
|---|--|
| <input type="checkbox"/> A CD player or Hi-Fi system | <input type="checkbox"/> A video |
| <input type="checkbox"/> A video game system (Playstation, etc) | <input type="checkbox"/> A computer |
| <input type="checkbox"/> A TV | <input type="checkbox"/> Internet access |

10.12 Do you have your own mobile phone? (tick YES or NO)

- Yes No

Thank you very much for completing this questionnaire.

Please tell a researcher you have finished now.