

School Code

CF check

ID number -

PF check

School status -

CF status

ID status

PF status

Part. status

RDR

EDINBURGH STUDY OF YOUNG PEOPLE

Sweep 4 Questionnaire 2001

This questionnaire is confidential

INSTRUCTIONS

- 🕒 All of the answers you give to these questions are confidential – nobody gets to see them, including your parents, your teachers and the police.
- 🕒 Some of the questions are personal and all of them are private to you, so 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, when to write something in and what question to answer next).
- 🕒 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 third year (S3) to the end of the last summer holidays.
- 🕒 Questions that ask about 'your parents' mean the adults that look after you most of the time, even if it is not your mum or dad.

CONTACT IN THE FUTURE

- 🕒 As you know, in this study we contact the same people every year to find out what has happened to them over the last year.
- 🕒 At the moment, we mostly contact people at school, but we would like to carry on with the study after you leave school. This means we need to have accurate information about you so that we can be in touch with you in future years.
- 🕒 The purpose of the contact form on the next page is to make sure the information we have about you is correct and to allow us to make contact with you in the most convenient way in future years. We also ask you to tell us about someone else we can contact, so that if you move we can ask them where you have gone.
- 🕒 We guarantee that any information you give us will be treated as **completely confidential** and will not be passed on to any other person or organisation.
- 🕒 At the very least, we need your name so that we can put your personal ID number on the front cover of the questionnaire. The contact form will then be torn out so that no-one can identify the questionnaire as yours.

CONTACT FORM

Please fill in as much of this form as you can. If there is anything you don't understand, please ask a researcher.

First name(s):	
Middle name(s):	
Surname:	
Are you known by another surname?:	
Date of birth: (e.g. 25 / 6 / 86)	Date ____ / Month ____ / Year ____
Your address: (including postcode if you know it)	
Your telephone number(s):	Home: Mobile:
Home email address:	
Details of a contact person (not a parent): (e.g. grandparent, aunt or uncle)	Name: Relationship:
Address of contact person: (including postcode if you know it)	
Contact person's home telephone number(s):	
How would you prefer to take part in future years (after leaving school): (please tick ONE only)	<input type="checkbox"/> Telephone interview <input type="checkbox"/> Interview at home <input type="checkbox"/> Interview or self-complete at Edinburgh University <input type="checkbox"/> Other _____

This page will be removed after your personal ID number has been written on the front of the questionnaire.

1. ABOUT YOU

The questions in this section are all about what you do in your spare time.

1.1 How often do you do the following things 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
Stay at home (without going out anywhere).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to friends' houses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go out with friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Do you go to any sports centres, youth clubs or groups in the evening or at weekends? (DON'T include nightclubs) (tick YES or NO)

Yes – answer questions in box No – go to QUESTION 1.3

↓

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 (please say what below)

1.3 How often do you go to these places in your spare time?

(tick ONE box on EVERY line)

	At least once a week	At least once a month	Hardly ever or never
Go shopping or out for something to eat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema or theatre.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to music concerts or gigs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to watch football or other sports.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4 How often do you access the Internet in your spare time?

(tick ONE box only)

Most days At least once a week At least once a month Hardly ever Never

1.5 And how often do you go to these places in your spare time?

(tick ONE box on EVERY line)

	At least once a week	At least once a month	Hardly ever or never
Go to an amusement arcade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to pubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to discos, nightclubs or raves for <u>under-18</u> year-olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to discos, nightclubs or raves for <u>over-18</u> year-olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Between £20.01 and £25 |
| <input type="checkbox"/> £5 or less | <input type="checkbox"/> Between £25.01 and £50 |
| <input type="checkbox"/> Between £5.01 and £10 | <input type="checkbox"/> Between £50.01 and £100 |
| <input type="checkbox"/> Between £10.01 and £15 | <input type="checkbox"/> More than £100 |
| <input type="checkbox"/> Between £15.01 and £20 | |

The next few questions are about **paid jobs** you may have had in the last year.

1.7 Have you had a paid job in the last year? (DON'T include school work experience)
(tick YES or NO)

- Yes – go to **QUESTION 1.8** No – go to **QUESTION 1.11**
(NEXT PAGE)

If you don't have a job just now, answer about your last one.
If you had more than one job in the last year, tell us about the most recent one.

1.8 What is your job? (please write in below)

1.9 When do you usually work? (tick as many boxes as you need to)

- Before school During school hours After school Weekends Holidays

1.10 In the last year, how many times did you miss or skive off school because of your job? (tick ONE box only)

- Never 1 or 2 times 3 to 5 times 6 to 10 times More than 10 times

The next questions are about what you think about yourself.

1.11 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 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"/>

1.12 How much do you agree with these sentences about how you would like other people to see you? (tick ONE box on EVERY line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
I want people to see me as tough or hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want people to see me as kind and caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want people to think I look sexy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want people to see that I can show my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want people to think I am a troublemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want people to think I am intelligent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. WHO YOU LIVE WITH

This section is all 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/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 who) _____

2.2 Which of these 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? _____
- Children's home or Young People's Unit staff
- Somebody else (grandparents, other relatives, friends etc) Please write in below.

2.3 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) _____

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 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 you were doing?.....	<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"/>

2.5 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"/>

2.6 How much time do you usually spend each day doing things with your parents (e.g. talking, playing sports or going out)...? (tick ONE box only)

	None	Up to 1 hour	Up to 2 hours	Up to 4 hours	More than 4 hours
...on weekdays (Monday to Friday)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...at weekends (Saturday and Sunday)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 How often do you tell your parents about ...?

(tick ONE box on EVERY line)

	Often	Sometimes	Hardly ever or never
... things that happen at school?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... what you have been doing when you are out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.8 And how often do you keep secrets from your parents about ...?

(tick ONE box on EVERY line)

	Often	Sometimes	Hardly ever or never
... who you have been spending time with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... where you have been when you are out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.9 How often do you argue with your parents about each of these things?

(tick ONE box on EVERY line)

	Most days	At least once a week	Less than once a week	Never or hardly ever
Argue about how tidy your room is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about what you do when you go out?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about what time you come home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about who you hang about with?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about your clothes or appearance?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argue about other things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.10 How often do your parents let you get away with things you have done wrong?

(tick ONE box only)

Always Usually Sometimes Never

2.11 How often do you know what your parents will do when you have done something wrong? (tick ONE box only)

Always Usually Sometimes Never

2.12 How often do your parents give up when they ask you to do something and you don't do it? (tick ONE box only)

Always Usually Sometimes Never

2.13 When your parents decide to punish you a certain way, how often do you go on arguing about it? (tick ONE box only)

Always Usually Sometimes Never

2.14 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 you off or give you a row?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Ground' you or stop you going out?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop your pocket money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop you from seeing your friends?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punish you some other way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.15 When you disagree about things with your parents, how often...?

(tick ONE box on EVERY line)

	Always	Usually	Sometimes	Never
...do you and your parents discuss it calmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...do <u>you listen</u> to your parents' point of view?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...do <u>your parents listen</u> to your point of view?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...do your parents just tell you to accept what they say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(tick ONE box on EVERY line)

	Always	Usually	Sometimes	Never
Tell you that you shouldn't argue with adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let you make your own decisions about what films and TV programmes you watch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust you to do what you say you will do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let you decide what clothes to buy and wear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. YOUR HEALTH

Some general questions on your health and wellbeing.

3.1 In general, how good would you say your health has been over the last year?
(tick ONE box only)

Very good Fairly good Fairly poor Very poor

3.2 During the last year, how many times have you gone on a diet to try and lose weight? (tick ONE box only)

None 1 or 2 times 3 or 4 times 5 times or more

3.3 During the last year, did you do any of the following things relating to food and dieting? (tick ONE box on EVERY line)

	Yes	No
After eating, I made myself sick	<input type="checkbox"/>	<input type="checkbox"/>
I worried that I had lost control over how much I ate.....	<input type="checkbox"/>	<input type="checkbox"/>
I lost more than a stone in weight over a short period of time (say about 3 months)	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I was fat even when other people said I was too thin.....	<input type="checkbox"/>	<input type="checkbox"/>
I felt that food dominated my life.....	<input type="checkbox"/>	<input type="checkbox"/>

What do you worry about and how do you deal with it?

3.4 During the last year, how much have you worried about these things?

(tick ONE box on EVERY line)

	A lot	A bit	Not at all
Worried about school or exams.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about not being popular with your friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about money problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about problems at home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about leaving school or finding a job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about getting into trouble from the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about not having a girlfriend/boyfriend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5 How do you deal with it when you are worried about things?

(tick ONE box on EVERY line)

	Usually	Sometimes	Never
I keep it to myself or bottle things up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take my mind off it by doing sports or hobbies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take it out on other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I smash things up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things to relax, like listen to music.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to my friends about it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take my mind off it by drinking or taking drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to my parents about it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.6 During the last year, have you hurt yourself on purpose in any of the following ways? (tick ONE box on EVERY line)

	Yes	No
Cut or stabbed yourself	<input type="checkbox"/>	<input type="checkbox"/>
Burned yourself.....	<input type="checkbox"/>	<input type="checkbox"/>
Bruised or pinched yourself.....	<input type="checkbox"/>	<input type="checkbox"/>
Taken an overdose of tablets.....	<input type="checkbox"/>	<input type="checkbox"/>
Pulled out your hair	<input type="checkbox"/>	<input type="checkbox"/>
Hurt yourself some other way (please write in how below)	<input type="checkbox"/>	<input type="checkbox"/>

Now for a few questions about smoking and drinking.

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

Yes – answer questions in box No – go to QUESTION 3.8

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

3.8 Did you drink an alcoholic drink during the last year? (tick YES or NO)

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

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

<input type="checkbox"/> At least once a week	<input type="checkbox"/> Only on special occasions
<input type="checkbox"/> At least once a month	<input type="checkbox"/> Hardly ever or never

3.9 In the last year, how many times have these things happened to you while you were drinking alcohol or because you had been drinking alcohol?

(tick ONE box on EVERY line)

	Never	Once or twice	3 or 4 times	5 times or more
I got into fights or caused trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spent too much money on alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I missed a day (or part of a day) of school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried to cut down or stop drinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't remember some of the things I did.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend or family member told me to stop or cut down on my drinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was so drunk I felt sick or dizzy or fell over.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about illegal drugs – that doesn't include drugs given to you by a doctor or a chemist.

3.10 During the last year, did anyone offer to give or sell you illegal drugs?

(tick YES or NO)

Yes

No

3.11 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 each of 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 HAVE DONE

This section is about things you might have done during the last year – from the start of THIRD YEAR 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 in 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 the police find out that you had done this in the last year?**

(tick YES or NO)

Yes

No

4.2 **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 4.3

i. **How many times did you do this in 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 the police find out that you had done this in the last year?**

(tick YES or NO)

Yes

No

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

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 Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did the police find out that you had done this in the last year?

(tick YES or NO)

Yes No

4.4 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 4.5

i. How many times did you do this in 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 the police find out that you had done this in the last year?

(tick YES or NO)

Yes No

iii. Which of these things did you use in the last year?

(tick as many boxes as you need to)

Force Threats A weapon

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

I stole _____

4.5 During the last year, did you steal something from a shop or store?

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 Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did the police find out that you had done this in the last year?

(tick YES or NO)

Yes No

iii. The last time you did this, what did you take from the shop or store?

I took _____

4.6 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 4.7

i. How many times did you do this in 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 the police find out that you had done this in the last year?

(tick YES or NO)

Yes No

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

I stole _____

4.7 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 4.8

i. How many times did you do this in 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 the police find out that you had done this in the last year?

(tick YES or NO)

Yes

No

4.8 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 4.9

i. How many times did you do this in 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 the police find out that you had done this in the last year?

(tick YES or NO)

Yes

No

iii. Did you actually drive a stolen vehicle in the last year?

(tick YES or NO)

Yes

No

iv. What kind of stolen vehicle did you ride in during the last year?

(tick as many boxes as you need to)

A car or van

A motorbike

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

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 Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did the police find out that you had done this in the last year?

(tick YES or NO)

Yes No

4.10 During the last year, did you break into a house or building to steal something?

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 Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did the police find out that you had done this in the last year?

(tick YES or NO)

Yes No

iii. What kind of building did you break into in the last year?

(tick as many boxes as you need to)

Somebody's house An empty house

Somebody's garage or shed An office or shop

A warehouse or factory A school

Somewhere else _____

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

I stole _____

4.11 **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 4.12

↓

i. How many times did you do this in 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 the police find out that you had done this in the last year?
(tick YES or NO)

Yes No

4.12 **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 4.13

↓

i. How many times did you do this in 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 the police find out that you had done this in the last year?
(tick YES or NO)

Yes No

iii. The last time you did this, what did you set fire to? (please write in)

4.13 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 4.14

i. How many times did you do this in 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 the police find out that you had done this in the last year?

(tick YES or NO)

Yes

No

iii. Did you actually use a weapon against somebody in the last year?

(tick YES or NO)

Yes

No

iv. The last time you carried a weapon, what kind of weapon was it?

(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

v. The last time this happened, what injuries did you cause with the weapon? (tick as many boxes as you need to)

I didn't use the weapon last time

No injuries

Bruises or black eye

Scratches or minor cuts

Deep or serious cuts

Head or facial injuries

Broken bones

Something else (please say what) _____

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 in 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 the police find out that you had done this in the last year?

(tick YES or NO)

Yes

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 sell an illegal drug to someone?

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 Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did the police find out that you had done this in the last year?

(tick YES or NO)

Yes

No

iii. What kind of drugs did you sell in the last year?

(please write in)

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Say nasty things, slag them or call them names.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten to hurt them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit, spit or throw stones at them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get other people to do these things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 in the last year?
(tick ONE box only)

Once Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

4.18 During the last year, hit, kick or punch a brother or sister on purpose?
(DON'T include play fighting)

Yes – answer questions in box No – go to QUESTION 4.19

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

Once Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

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

Yes – answer questions in box

No – go to SECTION 5

i. How many times did you do this in 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 the police find out that you had done this in the last year?

(tick YES or NO)

- Yes No

iii. How many of the fights you had in the last year would you say were serious? (tick ONE box only)

- None 1 2 3 4 or more

iv. In the most serious fight you had in the last year, how badly did you hurt the other person? (tick as many boxes as you need to)

- No injuries Bruises or black eye
- Scratches or minor cuts Deep or serious cuts
- Head or facial injuries Broken bones
- Something else (please say what) _____

v. How many people (including you) were involved in the most serious fight you had in the last year? (tick ONE box only)

- 2 3 4 5 6 or more

vi. Who were you fighting with in the most serious fight?

(tick as many boxes as you need to)

- A boy or a group of boys A girl or a group of girls
- A mixed group of boys and girls An adult or adults

5. ABOUT SCHOOL

These questions are about how you get on at school.

5.1 During the last school year, how often did you go to school?

(tick ONE box only)

- Almost every day More than half of the time Less than half of the time Hardly ever or never

5.2 How much do you agree or disagree with these sentences about school...?

(tick ONE box on EVERY 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"/>
School teaches me things that will help me in later life.....	<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"/>
School will help me get a good job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(tick ONE box on EVERY line)

	None of them	One or some of them	Most of them
...did you get on well with.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...treated you like a troublemaker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...did you feel you could trust.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...did not listen to you or respect you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...praised you if you had done well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.4 How well do you think you did at school during the last school year?

(tick ONE box only)

- Much better than expected
- A bit better than expected
- About as well as expected
- Not as well as expected
- Much worse than expected

5.5 How much do you agree or disagree with the following sentences?

(tick ONE box on EVERY line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
My school has a good atmosphere.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel that I fit in at school.....	<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 makes me feel I'm no good at things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.6 How often do your parents do the following things...?

(tick ONE box on EVERY line)

	Always	Usually	Sometimes	Never	Not sure
Check if you've 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 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 asked.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage you to do well at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask you about your day at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7 During the last school year how often did these things happen to you because of something you had done wrong...? (tick ONE box on EVERY line)

	Never	1 or 2 times	3 or 4 times	5 times or more
My parents had to sign a punishment exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school got in touch with my parents by letter or telephone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given detention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was sent to the head of department or the head teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was put on a conduct/behaviour sheet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given extra homework to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.8 Have you been excluded since you started secondary school? (tick YES or NO)

Yes – answer questions in box

No – go to QUESTION 5.9

i. How many times were you excluded...? (tick ONE box on EVERY line)

	Never	Once or twice	3 or 4 times	5 times or more
...in first year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...in second year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...in third year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ii. What is the longest single period you have been excluded for?

1 or 2 days
 Up to 1 week
 Up to 2 weeks
 More than 2 weeks

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

Yes – answer questions in box

No – go to **QUESTION 5.10**

↓

i. How many times did you do this in 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. What is the longest single period you skived for in the last year?

Part of a day 1 or 2 days 3 to 5 days More than one week

5.10 During the last school year how often did you do these things at school...?
(tick ONE box on EVERY line)

	Most days	At least once a week	Less than once a week	Hardly ever or never
Arrive late for classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fight in or outside the class.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse to do homework or class work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be cheeky to a teacher.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.11 And, during the last year, how often did you do these things at school...?
(tick ONE box on EVERY line)

	Most days	At least once a week	Less than once a week	Hardly ever or never
Use bad or offensive language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wander around school during class time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit or kick a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. YOUR FRIENDS

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

6.1 How many friends do you have altogether (include girlfriends or 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, go on to QUESTION 6.2**

6.2 How often do your friends do the following things?
(tick ONE box on EVERY line)

	Most days	At least once a week	Less than once a week	Hardly ever or never
...fall out with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...support you when you need them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...put you down in front of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make you feel confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... put pressure on you to do things you don't want to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes – answer questions in box

No – go to QUESTION 6.4



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

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. Have you felt pressured to have sex with your girlfriend or boyfriend? (tick ONE box only)

Yes, a lot Yes, a bit No

Some questions about what your friends did during the last year.

6.4 **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

6.5 **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

6.6 How many of your friends took illegal drugs during the last year?

(tick ONE box only)

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

6.7 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	Not sure
A friend was noisy or cheeky 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 force, threats or a weapon 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 race or skin colour.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.8 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	Not sure
A friend stole something from a shop or store.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend stole money or something else from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend stole money or something else from home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend broke into a house or building to steal something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend broke into a car or van to steal something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.9 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	Not sure
A friend wrote 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"/>
A friend rode in a stolen car, van or motorbike.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	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 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"/>

7. HANGING AROUND

This section is about where you go and what you do when you hang around with your friends.

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.....

I hang around other areas of Edinburgh (away from where I live)

I hang around Edinburgh city centre.....

I hang around areas outside Edinburgh

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 – go to QUESTION 7.3

I usually hang around on my own – go to SECTION 8

I don't hang around – go to SECTION 8

7.3 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

About the same age as me

A year or more older than me.....

7.4 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

7.5 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

7.6 How often do you do these things when you are hanging around?
(tick ONE box on EVERY line)

	Always	Usually	Sometimes	Never
Play sports or games.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flirt with or snog girls/boys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Always	Usually	Sometimes	Never
Stare at people or give them evils.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shout and swear.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. THINGS THAT HAPPEN

Things that might have happened to you during the last year.

8.1 **During the last year, how often were you bullied 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 you on purpose or leaving you out of things.....	<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 hitting, kicking punching or throwing stones at you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.2 **During the last year, did anyone threaten to hurt you?**
(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 the last year?
(tick ONE box only)

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)

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

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

(tick ONE box only)

- 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)

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

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

(tick ONE box only)

- 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 pick on you because of your race or skin colour? (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 the last year?

(tick ONE box only)

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

8.6 During the last year, how many times have you been bothered by an adult doing the following things? (tick ONE box on EVERY 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"/>

8.7 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 8.8

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

Once Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

8.8 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 8.9

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

Once Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

8.9 **During the last year, how much have you worried about the following things?** (tick ONE box on EVERY line)

A lot A bit Not at all

Worried about having something of yours stolen

Worried about being slagged or called names.....

Worried about being bullied or threatened.....

Worried about being attacked by a girl or a group of girls.....

Worried about being attacked by a boy or a group of boys.....

Worried about being sexually attacked.....

9. ABOUT THE POLICE

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 your youth club or group to give a talk	<input type="checkbox"/>	<input type="checkbox"/>
Police asked you questions about a <u>crime that happened to you</u>	<input type="checkbox"/>	<input type="checkbox"/>
Police asked you questions about a <u>crime that you saw happening</u>	<input type="checkbox"/>	<input type="checkbox"/>
You were <u>told off or told to move on</u> by a police officer.....	<input type="checkbox"/>	<input type="checkbox"/>
You were stopped by the police and <u>asked to empty your pockets or bag</u>	<input type="checkbox"/>	<input type="checkbox"/>
You were stopped by the police and <u>asked questions about something you 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
You were picked up by the police and <u>taken home</u>	<input type="checkbox"/>	<input type="checkbox"/>
You were picked up by the police and <u>taken to a police station</u>	<input type="checkbox"/>	<input type="checkbox"/>
You were given a <u>formal warning</u> at a police station	<input type="checkbox"/>	<input type="checkbox"/>
You were <u>charged</u> by the police <u>for committing a crime</u>	<input type="checkbox"/>	<input type="checkbox"/>
You 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

10. YOUR VIEWS AND OPINIONS

The last few questions are about your own views on a range of issues that are relevant to young people.

10.1 How much do you agree with these sentences about differences between boys and girls? (tick ONE box on EVERY line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
It is more important for boys to be tough and hard than it is for girls.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is more important for girls to be kind and caring than it is for boys.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boys are more likely to cause trouble than girls.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boys are more likely to be intelligent than girls.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is more acceptable for girls to show their feelings than it is for boys.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.2 When do you think it is OK to fight with somebody? (tick ONE box on EVERY line)

	Yes	No	Not sure
It's OK to fight with someone if they hit you first.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to fight with someone if they insult your friends or family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to fight when it's the only way to settle an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to fight because everyone my age does it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK for a man to hit a woman if she nags or annoys him.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.3 When do you think it is OK to tell a lie? (tick ONE box on EVERY line)

	Yes	No	Not sure
It's OK to tell a lie if it doesn't hurt anybody.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to lie to keep <u>your friends</u> from getting into trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to lie to stop <u>you</u> from getting into trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to lie if nobody finds out you did it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.4 When do you think it is OK to take or steal something from somebody?

(tick ONE box on EVERY line)

	Yes	No	Not sure
It's OK to take something from somebody who is rich and can afford to replace it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to take little things from a shop without paying for them because shops make a lot of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to take someone's bike without asking if you intend to give it back.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK to steal if nobody finds out you did it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.5 How much do you agree with these sentences about having a baby when you are a teenager? (tick ONE box on EVERY line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
It is bad for your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It makes it more likely that you will get benefits and extra support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It makes it more difficult to keep in touch with your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It makes it more likely that you and your boyfriend/girlfriend will stay together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It makes it more likely that you will be poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, some questions about your future.

10.6 How much control do you think you have over what you will do in the future? (tick ONE box only)

A lot A bit None at all I'm not sure

10.7 How likely do you think it is that you will do the following things?
(tick ONE box on EVERY line)

	Very likely	Fairly likely	Not very likely	Not at all likely	Not sure
Sit standard grades in 4 th year.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit higher grades in 5 th or 6 th year.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go on to college or university.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go on to a training course or apprenticeship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for completing this year's questionnaire.

Now, please decide whether you wish to sign the police record form on the following page.

Then make sure you have filled in the contact sheet at the front of the questionnaire, and inform a researcher you have finished.

11. EXTRA QUESTION

11.1 During the last year, did you buy alcohol yourself from any of these places?
(tick ONE box on EVERY line)

	Yes	No
In a pub or bar	<input type="checkbox"/>	<input type="checkbox"/>
At a disco or nightclub	<input type="checkbox"/>	<input type="checkbox"/>
From a supermarket (e.g. Aldi, Asda, Co-op, Iceland, Kwiksave, Lidl, Safeway, Sainsburys, Scotmid, Somerfield or Tesco)	<input type="checkbox"/>	<input type="checkbox"/>
From an off-licence (e.g. Bottoms Up, Haddows, Oddbins, Threshers, Victoria Wine or other specialist alcohol shop)	<input type="checkbox"/>	<input type="checkbox"/>
From another shop (e.g. a small grocers like Alldays, Costcutter or Spar, a petrol station or a corner shop)	<input type="checkbox"/>	<input type="checkbox"/>
From someone selling alcohol from their home, a vehicle, a shed/garage or on the street	<input type="checkbox"/>	<input type="checkbox"/>

POLICE RECORD CONSENT FORM

To: Lothian and Borders Chief Constable

I give my permission for the Edinburgh Study research team to look at the information held about me in the Lothian and Borders Police Juvenile Liaison Officer files, until I reach the age of 18.

I understand that this information will be treated confidentially and will only be used for research purposes, and not passed on to any other person or agency.

I also understand that no information about me will be passed on by the research team to Lothian and Borders Police.

Signature _____ Date signed _____

Name (in capitals) _____ Date of birth _____

This page will be removed and used only if you have signed it.