

INSTRUCTIONS

- 🕒 **Confidentiality** - 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 nobody else sees your answers either.
- 🕒 **Instructions** - Read each question carefully and follow the instructions about how many boxes to tick, when to write something in and what question to answer next. The shaded boxes also contain important information. Ask for help if you need it.
- 🕒 **During the 'last year'** - Questions that ask about 'the last year' mean from the start of fourth year (or equivalent) up to the end of the last summer holidays. If you find it difficult to think about the school year, the time period we want to know about is from the start of September 2001 to the end of August 2002.
- 🕒 **Parents** – Some questions ask about 'your parents'. This mean the adults that look after you most of the time, even if it is not your mum or dad. If you no longer live with any adults, please answer the questions you can and leave the rest blank.
- 🕒 **Contact forms** – You do not need to fill out a new contact form – we will give you one with your information printed on it. All you need to do is update it if the information we have is not correct. We guarantee that none of this information will be passed on to any other person or organisation.
- 🕒 **Your name** – As usual we need your name so that we can put your personal ID number on the front cover of the questionnaire. This part of the questionnaire will be torn out and destroyed after we have put the appropriate numbers on the front of the questionnaire.
- 🕒 **Your friends' names** - This year we are also asking for the names of three of your closest friends who also take part in the study, so that we can compare how similar people are to their friends. If you're not sure whether a particular friend is part of the study, one of the researchers should be able to help you.



Your full name : _____

Full names of 3 friends who also take part in the study:

1. _____

2. _____

3. _____

1. ABOUT YOU

This section is 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

↓

9 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

10 What kind of club or group do you go to?

(tick all that apply)

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

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



**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.**

i. What was your job? (please write in below)

ii. When did you work during the last year? (tick all that apply)

Before school

Weekends

During school hours

School holidays

After school

iii. 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

1.7 On average, how much money do you get to spend on yourself each week?
(include pocket money, earnings and any other regular money you get) (tick ONE box only)

None

Between £20.01 and £25

£5 or less

Between £25.01 and £50

Between £5.01 and £10

Between £50.01 and £100

Between £10.01 and £15

More than £100

Between £15.01 and £20

**The next questions are about how you do things
and what you might do in the future.**

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"/>

1.9 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 higher grades (or equivalent) 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"/>

2. WHO YOU LIVE WITH

These questions are about the people you live with.

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

- I live on my own
- 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) _____

9.2 Which of these people do you live with most of the time?

(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 e.g. grandparents, other relatives, friends, children etc.
(please describe everybody else who lives with you below)
-

9.1 Do you sometimes live with someone else? (tick all that apply)

(Don't include people you just stay with for holidays or sleepovers)

- No
- Yes, with my mum or dad
- Yes, with foster parents
- Yes, in a children's home or young person's unit
-

Yes, with someone else (please say who) _____

2.4 During the last year, has anyone that you live with...?

(tick ONE box on EVERY line)

	Yes	No	Not sure
... been a victim of a mugging or a physical attack.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had their car or other property that belonged to them deliberately damaged or stolen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... been seriously threatened.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... been arrested and taken to a police station.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If you don't live with any adults, answer the questions you can and leave the rest blank.

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 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"/>

2.6 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"/>
Leave home with no intention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

of returning at the time?.....

2.7 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"/>

2.8 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"/>

2.9 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"/>

2.10 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?

2.11 How often do your parents let you get away with things you have done wrong? (tick ONE box only)

Always Usually Sometimes Never

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

Always Usually Sometimes Never

2.13 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

2.14 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

2.15 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"/>

2.16 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"/>

2.17 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

First, some questions about your general health and well being.

9.1 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"/>
I took supplements, slimming pills or something else to change my body shape.....	<input type="checkbox"/>	<input type="checkbox"/>

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, the usual questions about smoking and drinking.

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

Yes – answer question 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 question in box No – go to **QUESTION 3.10**

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

- | | |
|--|--|
| <input type="checkbox"/> A few times a week | <input type="checkbox"/> Only on special occasions |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> Hardly ever or never |
| <input type="checkbox"/> At least once a month | |

Yes – go to **QUESTION 3.13**

No – go to **SECTION 4**

Only answer the next 5 questions if you said 'YES' at Question 3.12

3.13 How often have you tried each of these drugs during the last year?

(tick ONE box on EVERY line)

	Never	Once	2 or 3 times	4 to 10 times	More than 10 times
Cannabis (dope, hash, marijuana, blow, weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue, gas or other solvents (e.g. Tippex, lighter fuel, aerosols)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Semeron (Sems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Coke, crack cocaine)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Heroin (smack, skag, H)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Magic mushrooms (mushies)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Poppers (amyl nitrite)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

*If something else, please say what _____

3.14 How often have you used any illegal drug during the last month?

(tick ONE box only)

Never Once 2-3 times 4-10 times More than
10 times

3.15 Which of these people have given or sold you illegal drugs?

(tick all that apply)

A friend

A relative

Someone else I know

Someone else I don't know

3.16 Approximately how old are the people that have given or sold you illegal drugs? (tick all that apply)

They are younger than me

They are about the same age as me

They are one or two years older than me

They are more than two years older than me

3.17 In which of these places have you been given or sold illegal drugs?

(tick all that apply)

At home

At someone else's home

At a party

At a nightclub, disco or rave

At school or college

At my place of work

Out on the street, in a park or some other outdoor area

Somewhere else (please write in)

4. THINGS YOU HAVE DONE

This section is about things you did during the last year.

Remember - that means from the start of 4TH YEAR at school
to the end of the last SUMMER HOLIDAYS
(or from the start of SEPTEMBER 2001 to the end of AUGUST 2002).

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 something from a shop or store?

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

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

I took _____

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

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. What kinds of drug did you sell in the last year?

I sold _____

4.5 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 4.6

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. 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 all that apply)

- A car or van A motorbike

v. During the last year, did any of these things happen to any of the stolen vehicles that you rode in?

(tick all that apply)

- The vehicle was abandoned or dumped
 The vehicle was burned out or torched
 The vehicle was sold in one piece
 The vehicle was broken up and sold in parts
 I don't know what happened
 Something else happened (please write in)

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, 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"/>

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

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. What kind of building did you break into in the last year?
(tick all that apply)

A shed or warehouse An office or shop

Somebody's house An empty house

Somewhere else _____

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

I stole _____

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

Yes – answer question 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

4.10 During the last year, did you hit, kick, punch or attack someone with the intention of really hurting them? (DON'T include brothers, sisters or play fighting)

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

PLEASE THINK ABOUT THE MOST SERIOUS FIGHT YOU HAD IN THE LAST YEAR AND THEN ANSWER THE FOLLOWING QUESTIONS.

iii. Did you start the fight? (tick YES or NO)

Yes

No

iv. How many people (including you) were involved? (tick ONE box only)

2 3 4 5 6 or more

v. Who were you fighting with? (tick all that apply)

A boy or a group of boys

A girl or a group of girls

A mixture of boys and girls

An adult or adults

vi. Had you been drinking alcohol or taking drugs before you started fighting? (tick all that apply)

Yes - drinking alcohol

Yes - taking drugs

No

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 sell something that didn't belong to you or that you knew was stolen?

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

i. 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 sell?

I sold _____

4.13 During the last year, did you steal any money or property that someone was holding, carrying or wearing at the time?

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. On how many of these occasions did you use threats or actual force or violence against the other person?

Never Once Twice 3 times 4 times

5 times Between 6 and 10 times More than 10 times

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

I stole _____

v. The last time this happened, had you been drinking alcohol or taking drugs at the time? (tick all that apply)

Yes - drinking alcohol Yes - taking drugs No

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

Yes – answer question 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

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

Yes – answer questions in box

No – go to QUESTION 4.16

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

(tick ONE box only)

Once

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 _____

4.16 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 4.17

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?

I set fire to _____

4.17 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 4.18

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

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

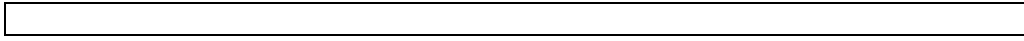
iv. What kind(s) of weapon did you carry in the last year?

(tick all that apply)

- 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
 Something else (please say what) _____

v. The last time this happened, what injuries did you cause with the weapon? (tick all that apply)

- 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) _____



4.18 During the last year, were you loud, rowdy or unruly 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 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. The last time you did this, did you intend to disturb or annoy people? (tick YES or NO)

Yes

No

iv. The last time this happened, had you been drinking alcohol or taking drugs at the time? (tick all that apply)

Yes - drinking alcohol

Yes - taking drugs

No

5. ABOUT SCHOOL

These questions are about your experiences at and your views on school during the last school year – i.e. during 4TH YEAR (or equivalent).

5.1 Are you currently attending school? (tick NO or YES)

No – answer questions in box

Yes – go to question 5.2



i. When exactly did you stop attending school? (tick ONE box only)

Before the end of 3rd year

During 4th year before Christmas

During 4th year between Christmas and Easter

During 4th year between Easter and Summer

During 5th year

ii. What have you done since leaving school? (tick all that apply)

I have studied full-time at college

I have studied part-time at college

I have worked full-time

I have worked part-time

I have been on a Government Training Scheme

I have been unemployed and looking for work

I haven't done anything in particular

I have done something else (please write in)

5.2 Did you sit standard grades (or equivalent) in fourth year? (tick YES or NO)

Yes

No

5.3 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"/>

5.4 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
- I didn't go to school at all last year

**If you said you didn't go to school at all last year, go to SECTION 6 now.
If you ticked any other boxes at question 5.4, go to QUESTION 5.5 now.**

5.5 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

...did not listen to you or respect you.....

...praised you if you had done well.....

5.6 During the last school year, how often did your parents do the following things...?

Always Usually Sometimes Never Not sure

Check if you had done your homework.....

Go to parents' evenings.....

Help if you had a problem at school.....

Reply to school letters when asked.....

Encourage you to do well at school.....

Ask about your day at school.....

5.7 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

5.8 Were you excluded during the last school year? (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 only)

Once or twice

3 or 4 times

5 times or more

ii. What was the longest single period you were excluded for?

(tick ONE box only)

1 or 2 days

Up to 1 week

Up to 2 weeks

More than
2 weeks

5.9 How much do you agree or disagree with the following sentences about your experience at school last year? (tick ONE box on EVERY line)

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
My school had a good atmosphere.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I didn't fit in at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School made me feel I was no good at things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.10 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 another form of punishment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes – answer questions in box No – go to **QUESTION 5.12**



i. How many times did you do this 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

5.12 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"/>

5.13 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.

9.1 How many friends do you have altogether (including 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

9.1 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 did you have 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

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

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

	Yes	No	Not sure
A friend was loud, rowdy or unruly 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, punched or attacked someone with the intention of really hurting them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend stole money or property that someone was holding, carrying or wearing at the time.....	<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 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 sold something that didn't belong to them or they knew was stolen.....	<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 sold an illegal drug to someone.....	<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"/>

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 – Go to QUESTION 7.6
- Between 3 and 5 – Go to QUESTION 7.5
- Between 6 and 10 – Go to QUESTION 7.5
- More than 10 – Go to QUESTION 7.5

7.5 Would you call the group of friends you usually hang about with a 'gang'?
(tick YES or NO)

- Yes – answer questions in box No – go to QUESTION 7.6



<p>i. Does your gang have a name?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please say what) _____</p> <p>ii. Does your gang have any special sayings or signs?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please say what) _____</p>
--

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 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Flirt with or snog girls/boys

7.8 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

These questions are about things that have happened to you or things you might have worried about during the last year.

9.1 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 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, how much have you worried about these things?
(tick ONE box on EVERY line)

	A lot	A bit	Not at all
Worried about having something of yours stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about being slagged or called names.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about being bullied or threatened.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about being attacked by a girl or a group of girls.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about being attacked by a boy or a group of boys.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about being sexually attacked.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.3 During the last year, have you been bothered by an adult staring at you so that you felt uneasy or uncomfortable? (tick YES or NO)

↓

Yes – answer questions in box

No – go to QUESTION 8.4

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

1 or 2 times

3 or 4 times

5 times or more

ii. The last time this happened, who were you with at the time?
(tick ONE box only)

I was alone

With boys only

With boys and girls

With girls only

iii. The last time, why do you think you were being stared at?
(tick all that apply)

I was being loud and disruptive

I was doing something wrong or illegal

They thought I was going to do something wrong or illegal

They intended to harm me physically

They intended to harm me sexually

They wanted to intimidate me or make me feel threatened

I don't know why they were staring

They were staring for some other reason (please say what)

8.4 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 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"/>

8.5 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 question in box No – go to **QUESTION 8.6**

i. How many times did this happen to you? (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, did anyone hit, kick, punch or attack you with the intention of really hurting you? (tick YES or NO)
(DON'T include brothers, sisters or times you were being bullied)

Yes – answer question in box No – go to **QUESTION 8.7**

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

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 hurt you or try to hurt you with a weapon?
(DON'T include brothers or sisters) (tick YES or NO)

Yes – answer question in box No – go to QUESTION 8.8

↓

i. How many times did this happen to you? (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 pick on you because of your race or skin colour? (tick YES or NO)

Yes – answer question in box No – go to QUESTION 8.9

↓

i. How many times did this happen to you? (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, did anyone steal something of yours that you left somewhere? (tick YES or NO)

Yes – answer question in box No – go to QUESTION 8.10

↓

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

Once Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

8.10 During the last year, did anyone steal something of yours that you were holding, carrying or wearing at the time? (tick YES or NO)

Yes – answer questions in box No – go to QUESTION 8.11



<p>i. How many times did this happen to you? (tick ONE box only)</p> <p><input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 times</p> <p><input type="checkbox"/> Between 6 and 10 times <input type="checkbox"/> More than 10 times</p> <p>ii. On how many of these occasions were you <u>threatened</u> with force, or was actual <u>force or violence</u> used against you? (tick ONE box only)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times</p> <p><input type="checkbox"/> 5 times <input type="checkbox"/> Between 6 and 10 times <input type="checkbox"/> More than 10 times</p>
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8.11 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out on my own after dark.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.12 How safe do you feel when you are out with 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out with friends after dark.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. ABOUT THE POLICE

A few questions 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 by the police</u>	<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. AND FINALLY...

...two last questions about you.

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

(tick YES or NO on EVERY line)

	Yes	No
My parents had a new baby, or adopted or fostered a child.....	<input type="checkbox"/>	<input type="checkbox"/>
My parents split up or divorced.....	<input type="checkbox"/>	<input type="checkbox"/>
My family moved house.....	<input type="checkbox"/>	<input type="checkbox"/>
A close member of my family had a serious accident or illness.....	<input type="checkbox"/>	<input type="checkbox"/>
A close member of my family died.....	<input type="checkbox"/>	<input type="checkbox"/>
My mum or dad lost their job.....	<input type="checkbox"/>	<input type="checkbox"/>
My house was broken into.....	<input type="checkbox"/>	<input type="checkbox"/>

10.2 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people are against me for no good reason.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends often say or do things behind my back.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be more successful if people didn't make things hard for me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that people have spread lies about me on purpose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people would like to take away what success I have.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU very much for taking part in the Edinburgh Study again.
Now, make sure the details on your contact form are correct
and inform a researcher that you have finished.