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# The Edinburgh Study of Young People

Sweep 6 Questionnaire  
2003

# INSTRUCTIONS

- ☉ **Confidentiality** - All of the answers you give to these questions are confidential. Nobody gets to see them, including your parents 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. You do not need to put your name on the questionnaire.
  
- ☉ **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.
  
- ☉ **During the 'last year'** - Questions that ask about 'the last year' mean from the start from the start of September 2002 to the end of August 2003.
  
- ☉ **'Ever' questions** – Some of the new questions we have included this year ask if you have 'ever' done something. Remember that this means 'ever in your entire life' and not just in the last year.
  
- ☉ **Don't be alarmed!!** – We know the questionnaire looks quite long but really it's much shorter than previous years - remember you won't have to answer all of the questions. Also, we try to space out our questions as much as possible which makes the questionnaire look much longer than it actually is.
  
- ☉ **When you have finished** – Once you have completed the questionnaire, please check that you haven't missed anything and send it back in the large Freepost envelope. You do not need a stamp. As soon as we have received and checked your questionnaire we will send you a £5 voucher.
  
- ☉ **Contact forms** – We have also sent you a contact form with the details you gave us last year. If the information is correct, just tick the box to show this. If any of the information is wrong or has changed, just score out the wrong information and write in the correct details. It is important that you return the contact form in a separate envelope to the questionnaire. That way, no-one else can link your name and address to the questionnaire.

# 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 How often do you go to sports centres, youth clubs or groups in the evening or at weekends?**  
(DON'T include nightclubs) (tick ONE box only)

<input type="checkbox"/> Most Evenings	<input type="checkbox"/> At least once a week	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Hardly ever or never
----------------------------------------	-----------------------------------------------	------------------------------------------------	-----------------------------------------------

**1.3 How often do you access the Internet in your spare time?**  
(tick ONE box only)

<input type="checkbox"/> Most days
<input type="checkbox"/> At least once a week
<input type="checkbox"/> At least once a month
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Never

**1.4 Do you do any other indoor activities or hobbies in your spare time?**  
(tick YES or NO)

Yes – answer questions in box

No – go to **QUESTION 1.5**

**i. How often do you usually do these activities?**

(tick ONE box only)

Most evenings

At least once a week

Less than once a week

Hardly ever or never

**ii. What kind of indoor activities or hobbies do you do?** (please write in)

\_\_\_\_\_

**1.5 How often do you do these things 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.....            

Go to the cinema or theatre.....            

Go to music concerts or gigs.....            

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

Do sponsored events or voluntary work.....            

**1.6 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 .....

**1.7 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"/>

**1.8 Do you do any other outdoor activities (such as skateboarding or cycling) in your spare time?** (tick YES or NO)

Yes – answer questions in box

No – go to QUESTION 1.9



**i. How often do you usually do these activities?**

(tick ONE box only)

<input type="checkbox"/> Most evenings	<input type="checkbox"/> At least once a week	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Hardly ever or never
-------------------------------------------	--------------------------------------------------	---------------------------------------------------	--------------------------------------------------

**ii. What kind of outdoor activities or hobbies do you do?** (please write in)

\_\_\_\_\_

**1.9 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)

<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	

**1.10 How likely do you think it is that you will do the following things before the age of 20?** (tick ONE box on EVERY line)

	Very likely	Fairly likely	Not very likely	Not at all likely	Not sure
Go to college or university.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do a training course or apprenticeship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get a full-time job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get a part-time job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start a family .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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"/>

## 2. Family and Relationships

These questions are about your family, relationships and the people you live with.

### 2.1 How would you describe yourself?

(tick ONE box only)

Single

Married

Engaged

Something else (please write in)

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### 2.2 During the last year, have you had a girlfriend or boyfriend?

(tick YES or NO)

Yes – answer questions in box

No – go to QUESTION 2.3

#### i. How many girlfriends/boyfriends have you had during the last year?

(tick ONE box only)

One

Two

Three

Four or more

#### ii. Did you have a 'serious' relationship in the last year?

(tick YES or NO)

Yes – go to next question

No – go to QUESTION 2.3

**IF YOU ARE NOT IN A SERIOUS RELATIONSHIP JUST NOW, ANSWER THE NEXT TWO QUESTIONS ABOUT YOUR LAST ONE**

#### iii. How long has this serious relationship lasted (or did it last)?

(tick ONE box only)

Less than  
1 month

1 to 6  
months

7 to 12  
months

Between  
1 and 2 years

More than  
2 years

#### iv. And how old is (or was) your serious girlfriend or boyfriend?

(tick ONE box only)

He/she is two years or more younger than me

He/she is about the same age as me (within 2 years of your age)

He/she is two years or more older than me

**2.3 Do you have any children of your own?** (tick YES or NO)  
(Include any children who are not living with you)

Yes – **answer questions in box**       No – **go to QUESTION 2.4**

**i. How many children do you have?** (tick ONE box only)

One       Two       Three       Four or more

**ii. How old were you when your first child was born?**  
(please write in)

I was \_\_\_\_\_ years and \_\_\_\_\_ months old

**2.4 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)

I live on my own

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? \_\_\_\_\_

Husband       Wife       Boyfriend       Girlfriend

Son → how many? \_\_\_\_\_       Stepson → how many? \_\_\_\_\_

Daughter → how many? \_\_\_\_\_       Stepdaughter → how many? \_\_\_\_\_

Friends/Flatmates/Housemates → how many? \_\_\_\_\_

Children's Home, Young People's Unit or Young Offender's Institution staff

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

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**2.5 Do you sometimes live with someone else?** (tick ONE box only)

- No
- Yes, with my mum and/or dad
- Yes, with foster parents
- Yes, with my boyfriend/girlfriend
- Yes, with friends/flatmates/housemates
- Yes, with someone else (please say who) \_\_\_\_\_

**The next two questions are about relationships between members of your household. If you live on your own, please tick 'doesn't apply' for each of these questions**

**2.6 How often are there arguments in your household?** (tick ONE box only)

- Most days
- At least once a week
- Less than once a week
- Hardly ever or never
- Doesn't apply

**2.7 When you disagree about things with other household members, how often...?** (tick ONE box on EVERY line)

	Always	Usually	Sometimes	Never	Doesn't apply
...do you discuss it calmly? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...do you <u>listen</u> to the other persons' point of view? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...does <u>the other person listen</u> to your point of view? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... is shouting involved?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is physical violence involved?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.8 Have you moved out of your parents home?**

(tick ONE box only)

No – go to **QUESTION 2.9**

I've never lived with my parents – go to **QUESTION 2.9**

Yes – answer question in box

**i. What are the main reasons you moved out?** (tick all that apply)

To start a job or training

To go to college or university

To get married

To live with boyfriend/girlfriend

To share with friends

Parents' home was overcrowded

I wanted to live on my own

I fell out with my parents

I had a child/became pregnant

I was forced to leave

I fell out with other household members (not my parents)

Some other reason (please write in)

\_\_\_\_\_

**2.9 Have you ever considered yourself to be homeless?**

(tick ONE box only)

Yes – answer questions in box

No – go to **QUESTION 2.10**

**i. At what age were you first homeless?** (tick ONE box only)

8 or under

9 or 10

11 or 12

13

14

15

16

17

**ii. Have you been homeless within the last year?** (tick YES or NO)

Yes – answer next question

No - go to **QUESTION 2.10**

**iii. How long were you homeless for altogether in the last year?**

(tick ONE box only)

Less than  
one week

1 – 2  
weeks

3 – 8  
weeks

More than  
2 months

More than  
6 months

**2.10 Have you lived 'in care' at any point during the last year?**

(tick as many boxes as you need to)

- Yes, with a foster family
- Yes, in a Children's Home
- Yes, in a Young Person's Unit (YPU)
- Yes, somewhere else (please say where) \_\_\_\_\_
- No

**2.11 Is the house or flat you live in most of the time...?**

(tick ONE box only)

- Owned/being bought by a mortgage
- Rented from a private landlord
- Rented from the council
- Rented from a housing association
- Supported accommodation
- I don't know
- Something else (please write in)
- 

**2.12 Have you ever received Housing Benefit? (tick YES or NO)**

- Yes       No

# 3. Your Health

This section has some questions about your general health and well being.

**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 deliberately 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 (not prescribed by a doctor) to change my body shape.....	<input type="checkbox"/>	<input type="checkbox"/>

**3.4** 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"/>

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**3.5** Have you ever hurt yourself on purpose in an attempt to end your life? (tick YES or NO)

Yes       No

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

Yes – answer question in box       No – go to **QUESTION 3.7**

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

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

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

Yes – answer question in box       No – go to **QUESTION 3.9**

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

Every day       At least once a month  
 A few times a week       Only on special occasions  
 At least once a week       Hardly ever or never

**3.8** During the last year, how many times did these things happen 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"/>

**3.9** During the last year, how often did you buy alcohol yourself (e.g. from a supermarket, shop, pub or nightclub)? (tick ONE box only)

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

**A quick question about what you think about yourself.**

**3.10** How often do the following statements apply to you?  
(tick ONE box on EVERY line)

	Most of the time	Sometimes	Not very often	Never
I feel cheerful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look forward with enjoyment to things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can laugh and see the funny side of things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying thoughts go through my mind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get sudden feelings of panic .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can sit at ease and feel relaxed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The following questions are about drugs – this year we are interested in illegal drugs  
and prescription drugs**

**3.12 How often have you used each of these drugs during the last year?**

(tick ONE box on EVERY line)

	Every day	At least once a week	At least once a month	Less than once a month	Never
<b>Cannabis</b> ..... (dope, hash, marijuana, blow, weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Glue, gas or other solvents</b> ..... (e.g. Tippex, lighter fuel, aerosols)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ecstasy (E, ekkys)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Semeron (Sems)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cocaine (Coke, crack cocaine)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speed</b> ..... (whizz, sulph, amphetamines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heroin (smack, skag, H)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LSD (acid, trips)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Magic mushrooms (mushies)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Downers</b> ..... (temazepam, jellies, valium, eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Poppers (amyl nitrite)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Something else*</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*If something else, please say what \_\_\_\_\_

The next question is about misuse of prescribed drugs – we are ONLY interested in the times when you used drugs prescribed to someone else OR when you used your own prescribed drugs in a way that wasn't intended by your doctor

**3.13 How often have you abused each of these prescription drugs during the last year?** (whether they were prescribed to you or someone else) (tick ONE box on each line)

	Every day	At least once a week	At least once a month	Less than once a month	Never
Temazepam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valium.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ritalin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DF 118s (DFs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physeptone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.14 How often have you used any illegal drug or abused any prescription drug during the last month?**

(tick ONE box only)

Never     
  Once     
  2 or 3 times     
  4 – 10 times     
  More than 10 times



## 4. Things You Have Done

This section is about things you did during the last year.  
Remember - that means from start of SEPTEMBER 2002 to the end of AUGUST 2003.

4.1 **During the last year**, did you buy something that you knew or suspected was stolen?

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. **What was the most valuable item you bought?**

I bought \_\_\_\_\_

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

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. **What was the most valuable item you took from a shop or store?**

I took \_\_\_\_\_

4.3 **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 question 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

4.4 **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 4.5

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

4.5 **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 4.6

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. **What was the most valuable item you stole from a car or van?**

I stole \_\_\_\_\_

**4.6** During the last year, did you take or drive a vehicle without the owner's permission?

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. What kind of stolen vehicle did you take and/or drive during the last year?** (tick all that apply)

A car or van       A motorbike       Something else

**PLEASE THINK ABOUT LAST TIME YOU DID THIS AND ANSWER THE FOLLOWING QUESTIONS.**

**iii. Who did the vehicle belong to?** (tick ONE box only)

My parents       Someone else I knew

My brother/sister       A stranger

Another relative       The company I worked for

A neighbour       Another company or business

**iv. Why did you take the vehicle?** (tick all that apply)

For fun       To get home

To sell it or parts of it       To keep it

My friends encouraged me to       I didn't think I'd get caught

Someone asked me to steal it       I didn't think I'd be punished

Other (please write in)

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

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

I sold \_\_\_\_\_

**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. 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 \_\_\_\_\_

**iii. What was the most valuable item you stole from a building?**

I stole \_\_\_\_\_

4.9

**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 4.10

**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

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

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

Yes

No

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

2       3       4       5       6 or more

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

A male or a group of males

A female or a group of females

A mixture of males and females

An adult or adults

**v. What injuries did you cause?** (tick all that apply)

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) \_\_\_\_\_

**4.10** 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 4.11

↓

**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. What was the most valuable item you sold?**

I sold \_\_\_\_\_

**4.11** 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 4.12

↓

**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. 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

**iii. What was the most valuable item you stole from someone?**

I stole \_\_\_\_\_

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

Yes – answer question 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

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

Yes – answer questions in box

No – go to QUESTION 4.14

**i. How many times did you do this 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. The last time you did this, what did you set fire to?**

I set fire to \_\_\_\_\_

**4.14 During the last year, have you claimed social security benefits or housing benefits that you knew you weren't entitled to?**

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 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 4.16

**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 you actually use a weapon against somebody in the last year?**

(tick YES or NO)

- Yes       No

**iii. 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) \_\_\_\_\_

**iv. 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) \_\_\_\_\_



**4.16** 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 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. The last time you did this, did you intend to disturb or annoy people?** (tick YES or NO)

Yes

No

**4.17** During the last year, did you use a cheque book, credit card or cash point card which you knew or suspected to be stolen to get money out of a bank account or to purchase something?

Yes – answer question 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

# 5. Education and Employment

These questions are about your education and employment in the last year

**5.1 When exactly did you stop attending school?** (tick ONE box only)

- At or before the end of 4th year
- During 5<sup>th</sup> year before Christmas
- During 5<sup>th</sup> year between Christmas and Easter
- During 5<sup>th</sup> year between Easter and Summer
- During 6<sup>th</sup> year
- I'm still attending school

**5.2 Did you attend school at all in the last year?**

- Yes – go to the next question       No – go to **QUESTION 5.9**

**5.3 Did you sit higher grades (or equivalent exams) in the last year?** (tick YES or NO)

- Yes       No

**5.4 How well do you think you did at school during the last school year?**  
(tick ONE box only)

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

**5.5 Which of the following reasons would you give for staying on at school last year?** (tick ONE box on EVERY line)

	Was a reason	Wasn't a reason
I wasn't old enough to leave school.....	<input type="checkbox"/>	<input type="checkbox"/>
I wanted more qualifications.....	<input type="checkbox"/>	<input type="checkbox"/>
There were no jobs around that I wanted and/or no <i>Skillseekers</i> places available.....	<input type="checkbox"/>	<input type="checkbox"/>
I enjoyed school life.....	<input type="checkbox"/>	<input type="checkbox"/>
I wanted more time to think about my future education and/or career.....	<input type="checkbox"/>	<input type="checkbox"/>
I was too young to claim social security benefit.....	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) and/or teachers encouraged me to stay on .....	<input type="checkbox"/>	<input type="checkbox"/>

**5.6 Were you excluded during the last school year?** (tick YES or NO)

Yes – answer questions in box

No – go to QUESTION 5.7

**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

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

(DON'T include free periods or study leave) (tick YES or NO)

Yes – answer questions in box       No – go to QUESTION 5.8



**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. 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

**5.8** During the last school year, did you sit any of your subjects at college?

Yes – answer questions in box       No – go to QUESTION 5.9



**i. Which college were you attending?**

(tick all that apply)

- Telford       Jewel & Esk       Stevenson       Other (please write in)

\_\_\_\_\_

**ii. Which subjects did you study?**

(Please write in)

\_\_\_\_\_

**iii. What qualifications were you studying for? (tick all that apply)**

- Intermediate 2       Highers       NC  
 HNC       HND       SVQ/GSVQ  
 Something else (please write in) \_\_\_\_\_

**We would like to get a clear picture of what you were doing between the beginning of September 2002 and the end of August 2003**

**5.9 Starting with September 2002, please tick one box only for each month to show your main activity for all (or most of) that month. If in any month you were on holiday or off sick please tick what you would normally have been doing.**

	2002				2003							
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Looking for work/unemployed												
Employed full-time (over 30hrs per week)												
Employed part-time (under 30hrs per week)												
In 'Get Ready for Work' programme												
In full-time education at school												
Attending college												
Taking a break from study or work												
Looking after home/family/children												
Doing voluntary work												
Doing something else												

**5.10 Did you say you were on a 'Get Ready for Work' programme at all in the last year?**

(tick YES or NO)

Yes – answer question in box

No – go to QUESTION 5.11

**i. Which type of Get Ready for Work training did you receive?**

(tick all that apply)

Life skills

Core skills

Personal skills

Vocational skills

**5.11 Did you say you were employed full-time at all in the last year?** (tick YES or NO)

Yes – answer questions in box

No – go to QUESTION 5.12

**i. Which of the following employment areas best describes the type of job you were in?** (tick one box only)

- |                                                               |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Construction                         | <input type="checkbox"/> Engineering, Maintenance (e.g. mechanic)    |
| <input type="checkbox"/> Administrative, Clerical, IT         | <input type="checkbox"/> Community or Health Care, Education         |
| <input type="checkbox"/> Hotel, Catering                      | <input type="checkbox"/> Technical, Scientific, Utilities            |
| <input type="checkbox"/> Processing, Manufacturing            | <input type="checkbox"/> Agriculture, Horticulture, Forestry         |
| <input type="checkbox"/> Craft, Design                        | <input type="checkbox"/> Retail, Personal Service (e.g. Hairdresser) |
| <input type="checkbox"/> Distribution, Warehousing, Transport |                                                                      |

**ii. What did you actually do?** (Please write in)

\_\_\_\_\_

**iii. On average, what was your weekly salary?** (Please write in)  
(If your salary varied each week, please give an average weekly total)

My weekly salary was £ \_\_\_\_\_

**5.12 Did you say you were attending college at all in the last year?** (tick YES or NO)

Yes – answer questions in box

No – go to QUESTION 5.13

**i. Which college were you attending?** (tick all that apply)

- Telford     Jewel & Esk     Stevenson     Other (please write in)

**ii. What qualifications were you studying for?** (tick all that apply)

- Intermediate 2     Highers     NC
- HNC     HND     SVQ/GSVQ
- Something else (please write in) \_\_\_\_\_

**iii. Were you attending college full-time or part-time?** (tick ONE box)

- Full-time     Part-time

**5.13 Did you say you were employed part-time at all in the last year?** (tick YES or NO)

Yes – answer questions in box

No – go to QUESTION 5.14

**i. Which of the following employment areas best describes the type of job you were in?** (tick one box only)

- |                                                               |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Construction                         | <input type="checkbox"/> Engineering, Maintenance (e.g. mechanic)    |
| <input type="checkbox"/> Administrative, Clerical, IT         | <input type="checkbox"/> Community or Health Care, Education         |
| <input type="checkbox"/> Hotel, Catering                      | <input type="checkbox"/> Technical, Scientific, Utilities            |
| <input type="checkbox"/> Processing, Manufacturing            | <input type="checkbox"/> Agriculture, Horticulture, Forestry         |
| <input type="checkbox"/> Craft, Design                        | <input type="checkbox"/> Retail, Personal Service (e.g. Hairdresser) |
| <input type="checkbox"/> Distribution, Warehousing, Transport |                                                                      |

**ii. What did you actually do?** (Please write in)

\_\_\_\_\_

**iii. On average, what was your weekly salary?**

(If your salary varied each week, please give an average weekly total) (Please write in)

My weekly salary was £ \_\_\_\_\_

**5.14 During the last year, did you receive any of the following benefits?**

(tick all that apply)

- |                                                |                                                  |
|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Job Seekers Allowance | <input type="checkbox"/> Bridging Allowance      |
| <input type="checkbox"/> Income Support        | <input type="checkbox"/> Other (Please write in) |
| <input type="checkbox"/> No                    | _____                                            |

# 6. Your Friends

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

**6.1 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

**6.2 How many close friends do you have?** (tick ONE box only)

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

**6.3 How many of the friends you spend most time with are two or more years younger than you?** (tick ONE box only)

- None     One or some     Most or all

**6.4 How many of the friends you spend most time with are about the same age as you (within two years)?** (tick ONE box only)

- None     One or some     Most or all

**6.5 And how many of the friends you spend most time with are two or more years older than you?** (tick ONE box only)

- None     One or some     Most or all



**6.6 How many of the friends you spend most time with are girls or boys?**

(tick ONE box only)

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

**6.7 Have you ever been a member of a gang or young team?** (tick YES or NO)

- Yes – answer questions in box     No – go to QUESTION 6.8



**i. Does (or did) your gang have a name?**

- No     Yes (please say what) \_\_\_\_\_

**ii. Does (or did) your gang have any special sayings or signs?**

- No     Yes (please say what) \_\_\_\_\_

**iii. How many people are (or were) in your gang?** (tick ONE box only)

- 2 – 5 people     6 – 10 people     11 – 20 people  
 More than 20 people

**iv. How old are (or were) the members of your gang?** (tick all that apply)

- 10 or under     11 – 12     13 – 14     15 – 16  
 17 – 18     19 – 20     Older than 20

**v. Have you been a member of this gang in the last year?**

(tick one box only)

- Yes     No

**6.8 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

**6.9 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

**6.10 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

**6.11 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"/>

**6.12 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"/>
A friend took or drove a vehicle without the owner's permission.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(tick ONE box on each line)

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

**6.14 How likely is it that you would still stay with your friends if they were...?**

(tick ONE box on each line)

	Very likely	Fairly likely	Not very likely	Not at all likely
...getting you in trouble with your family?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...getting you in trouble at work/college?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...getting you in trouble with the police?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.15 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 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 sold something that didn't belong to them or they knew or suspected was stolen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.16 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 bought something that they knew or suspected 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"/>
A friend used a stolen cheque book, credit card or cash point card to get money out of a bank account.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend claimed social security or housing benefits which they knew they weren't entitled to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 7. Where You Live

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

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

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

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

- |                                                                    | Agree a lot              | Agree a bit              | Not sure                 | Disagree a bit           | Disagree a lot           |
|--------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I would rather live in another area than my own neighbourhood..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My neighbourhood has more crime than most other areas.....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My neighbourhood has a good reputation.....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

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

	Agree a lot	Agree a bit	Not sure	Disagree a bit	Disagree a lot
In my neighbourhood people do things together and try to help each other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my neighbourhood can be trusted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I had to borrow £20 in an emergency I could borrow it from a neighbour.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

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

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

# 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.

**8.1** 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"/>

**8.2** 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 8.3



**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

**ii. On how many of these occasions were you threatened with force, or was actual force or violence used against you?** (tick ONE box only)

Never       Once       Twice       3 times       4 times

5 times       Between 6 and 10 times       More than 10 times

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

Yes – answer question in box

No – go to **QUESTION 8.4**

**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

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

Yes – answer question in box

No – go to **QUESTION 8.5**

**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

**8.5** 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 or sisters)

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 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 8.7

**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 pick on you because of your race or skin colour? (tick YES or NO)

Yes – answer question in box

No – go to SECTION 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

# 9. The Criminal Justice System

A few questions about your contact with the police and the criminal justice system 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/college/work 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 <u>given a fixed penalty notice</u> by the police.....	<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"/>

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**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

**9.5** During the last year, did you go to court for any of these reasons?  
(tick YES or NO on EVERY line)

- |                                                                              | Yes                      | No                       |
|------------------------------------------------------------------------------|--------------------------|--------------------------|
| I went to court as a witness to something that happened to me.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| I went to court as a witness to something that happened to someone else..... | <input type="checkbox"/> | <input type="checkbox"/> |
| I was on trial in court for something I had done.....                        | <input type="checkbox"/> | <input type="checkbox"/> |

**9.6** And during the last year, did any of these things happen to you?  
(tick YES or NO on EVERY line)

- |                                                                      | Yes                      | No                       |
|----------------------------------------------------------------------|--------------------------|--------------------------|
| I received a warning letter from the Procurator Fiscal.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| I received a fine from the Procurator Fiscal.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| I was given a Community Service Order.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| I spent some time in a Secure Unit.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| I spent some time in a Young Offenders Institution or in prison..... | <input type="checkbox"/> | <input type="checkbox"/> |

**9.7** During the last year, did you take part in a mediation process (such as SACRO) for any of these reasons?  
(tick YES or NO on each line)

- |                                                        | Yes                      | No                       |
|--------------------------------------------------------|--------------------------|--------------------------|
| I took part in a mediation process as a victim.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| I took part in a mediation process as an offender..... | <input type="checkbox"/> | <input type="checkbox"/> |

# 10. And Finally...

The following questions relate to your physical maturation and sexual experience. Remember that all answers are strictly confidential.

## 10.1 MALES ONLY - Please write in how old you were in years, or which school year you were in, when the following things happened for the first time?

	Age	School Year (i.e. P7, 1 <sup>st</sup> , 2 <sup>nd</sup> etc )
i. Deepening of voice	_____ Years	_____
ii. Rapid growth in height	_____ Years	_____
iii. Growth of pubic hair	_____ Years	_____

## 10.2 FEMALES ONLY - Please write in how old you were, in years, or which school year you were in, when the following things happened for the first time?

	Age	School Year (i.e. P7, 1 <sup>st</sup> , 2 <sup>nd</sup> , etc)
i. Your first period	_____ Years	_____
ii. Breast development	_____ Years	_____
iii. Growth of pubic hair	_____ Years	_____

## 10.3 Have you ever had any sexual experience?

Yes – answer questions in box

No – please read the box at the bottom of the page

### i. What age were you when you had your first sexual experience?

(tick ONE box only)

8 or under     9 or 10     11 or 12     13  
 14     15     16     17

### ii. Have you ever had sexual intercourse? (tick YES or NO)

Yes – answer next question     No – please read the box at the bottom of the page

### iii. How old were you when you first had sexual intercourse?

(tick ONE box only)

8 or under     9 or 10     11 or 12     13  
 14     15     16     17

**THANK YOU** very much for taking part in the Edinburgh Study again.  
Now, please complete your **CONTACT FORM** and return it in a **SEPARATE** envelope to the questionnaire