

Your  
questionnaire

## Self-completion questionnaire (10-15 yrs)

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**INTERVIEWER: WRITE IN FROM CAPI SCREEN**

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Serial

Person number

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First name

Interviewer number

Month

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The General Data Protection Regulation (GDPR) sets out the rules under which we process and use your personal details, such as your name, address, and date of birth.

Your personal details are only used so we can:

- contact you each year to invite you to help us with another round of the survey
- send you information about some of the results of the study

Your personal details are never made available to any other companies or individuals outside the Understanding Society team at the Institute for Social and Economic Research, Verian and NatCen Social Research.

For more information about Understanding Society and data security please visit our website:


*<https://www.understandingsociety.ac.uk/participants/data-confidentiality>*

By completing and returning this questionnaire, you are indicating that you are happy for us to use your answers in this way.



## COMPLETING THE QUESTIONNAIRE

The questions inside cover a wide range of subjects, but each one can be answered by marking an “x” in the box next to the answer you want to give, as in the example below.

Please complete the questionnaire in black or blue ink, keeping your answers within the boxes. This questionnaire will be read by a scanner so if you change your mind, please completely fill the box next to the mistake  and then put an “x” in the box next to the correct answer.

Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

### Example question

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**16** Did you have breakfast today?

Yes

No  → **18**

When you have finished the questionnaire, please seal it in the envelope provided. You and your parent can then post this back to us, free of charge. If you have any questions or need help, please ask your parent to contact us using the details below:

Participant helpline: **0800 252 853**

Email: **contact@understandingsociety.ac.uk**



1

Please write in your date of birth.

Day  
YPDOBDMonth  
YPDOBM

2

Are you male or female?

YPSSEX

Male

Female

First we have some questions about technology use and screen time.

3

Do you have any of the following devices, either of your own or that you can borrow?

smartphone

YPDEVICE1

Mobile phone other than smartphone

YPDEVICE2

A tablet

YPDEVICE3

Television

YPDEVICE4

A gaming console like an Xbox, PlayStation or Switch

YPDEVICE5

A laptop or desktop computer

YPDEVICE6

4

On a normal school day, how many hours do you spend using a tablet, TV, smartphone, games console or computer?

YPTVVIDHRS

None

Less than an hour

1 - 3 hours

4 - 6 hours

7 or more hours

5

On a weekend, that is on a Saturday or Sunday, how many hours do you spend using a tablet, TV, smartphone, games console or computer?

YPTVVIDHRW

None

Less than an hour

1 - 3 hours

4 - 6 hours

7 or more hours

6

How often do you use any of these devices for...

|         |   | Every day                | At least once a week     | At least once a month    | Less often than once a month | Never                    |
|---------|---|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|
| YPDVPVM | Watching programmes, videos, or movies    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| YPDVVC  | Video calling                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| YPDVPG  | Playing games                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| YPDVHM  | School work or studying                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| YPDVCRT | Posting pictures, videos, or other things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |

7

Are there other activities you use these devices for?

YPDVACTO



The next questions are about friendships and socialising.

8

How many close friends would you say you have?

YPNPAL

Write in the number

9

These days, it is possible to make new friends via the internet. Do you have any close friends that you have never met in person?

Yes

YPVIRFND

No

10

In a typical week, how often do you get together with friends in person (outside of school or work)?

YPFNDMEET

Every day or almost every day

Several times a week

About once a week

Less often

Never

11

In a typical week, how often do you get together with friends online (including on your mobile phone, on social media, or through online gaming)?

YPFNDONL

Every day or almost every day

Several times a week

About once a week

Less often

Never

12

Do you have a social media profile or account on any sites or apps?

YPSOCWEB

Yes



13

No



15

13

On a normal school day, how many hours do you spend chatting or interacting with friends through social media, gaming websites or apps?

YPNETCHT

None

Less than an hour

1 - 3 hours

4 - 6 hours

7 or more hours

14

On a weekend, that is on a Saturday or Sunday, how many hours do you spend chatting or interacting with friends through social media, gaming websites or apps?

YPNETCHTW

None

Less than an hour

1 - 3 hours

4 - 6 hours

7 or more hours

15

How often do you feel lonely?

YPLONELY

Hardly ever or never

Some of the time

All of the time



The next few questions are about you and your family.

16

In the past 7 days how many times have you eaten an evening meal together with the rest of your family who live with you?

YPEATLIVU

None 1 - 2 times 3 - 5 times 6 - 7 times 

17

About how many hours do you spend doing or helping with housework in an average week, such as time spent tidying your bedroom, cooking, cleaning or doing laundry?

YPHRSHSWK

Don't do any housework Less than one hour 1 - 3 hours 4 - 6 hours 7 hours or more 

18

In the past month, how many times have you stayed out after 9.00pm at night without your parents knowing where you were?

YPLATE

Never 1 - 2 times 3 - 9 times 10 or more times



19

If you have done something that you shouldn't have done, do your parents do any of the following things? Please select all that apply.

- Tell you off or shout at you  YPPUN1
- Ground you, stop you going out or stop you from seeing your friends  YPPUN2
- Take away pocket money  YPPUN3
- Punish you in some other way  YPPUN97
- None of the above  YPPUN96

20

Do you have a steady boyfriend or girlfriend?

YPSBFGF

Yes No 

21

Please say whether you strongly agree, agree, disagree, or strongly disagree, that the following statements apply to yourself.

|        |   | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        |
|--------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| YPESTA | I feel I have a number of good qualities            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPESTI | I feel that I do not have much to be proud of       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPESTB | I certainly feel useless at times                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPESTJ | I am able to do things as well as most other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPESTC | I am a likeable person                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPESTK | I can usually solve my own problems                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPESTE | All in all, I am inclined to feel I am a failure    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPESTF | At times I feel I am no good at all                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



22

Now some questions about how you spend your free time. How often do you...

|   | Most days                | At least once a week     | At least once a month    | Several times a year     | Once a year or less      | Never/ almost never      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| YFPARTY Go to a party, dance, disco or nightclub                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YFPCINEMA Go to the cinema  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YFPPAINT Do painting, drawing, printmaking or sculpture               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPFTHATRE Go to the theatre (for example play, pantomime or opera)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YFPFCART Use a computer to create original artworks or animation      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPFVLESPT Go to watch live sport                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPFQ2PUB Go to a pub or bar   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPFHNGHM Just hang around near your home                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPFHNGTN Just hang around in the high street or the town/ city centre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23

And how often do you...

|  | Most days                | At least once a week     | At least once a month    | Several times a year     | Once a year or less      | Never/ almost never      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| YPFYTHCLUB<br>Go to youth clubs, scouts, girl guides or other organised activities   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPFLIBRARY<br>Go to a library (not your school library)                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPFMUSEUM<br>Go to museums or galleries  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPFHISTPLC<br>Go to visit an historic place or stately home                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPFVOLUNT<br>Do voluntary or community work (including doing this as part of school) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YFPOLITM<br>Go to a political meeting/march, rally or demonstration                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24

Over the past month how many books have you read for pleasure? Please do not include comics or magazines. If you have not read any books please enter zero.

YPNBUKS

Write in the number of books


25

Please read each of the following statements and put an “x” in the box that best applies to you.

Often      Sometimes      Rarely      Never

YDISBUK

We discuss books at home

YDISTV

We discuss TV programmes  
we have watched at home

YGETBUK

My parents/other adults at  
home buy me books as gifts

YFADMUS

My parents/other adults  
take me to museums or art  
galleries

YFADSPT My parents/other adults  
take me to watch sporting  
events

My parents/other adults  
take me to theatre or to see  
a dance performance or  
classical music

YFADTTR

26

Do you play a musical instrument?

YPMUSINST

Yes

No

27

Which of the following regular classes do you do outside school, if any?

Please put an "x" in the boxes next to all the things you do.

Music

YPOSCLAS1

Art

YPOSCLAS2

Dance

YPOSCLAS3

Sport

YPOSCLAS4

Tutorials for school subjects

YPOSCLAS5

Religious classes

YPOSCLAS6

None of these

YPOSCLAS7

Something else  
(WRITE IN)

YPOSCLAS8










The next few questions are about how you feel about different aspects of your life.

28








The faces express various types of feelings. Below each face is a number where '1' is completely happy and '7' is not at all happy.

Please put an "x" in the box which comes closest to expressing how you feel about each of the following things.








**A** Your school work? YPHSW

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
| 1   | 2   | 3   | 4   | 5   | 6   | 7   |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |








**B** Your appearance? YPHAP

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
| 1   | 2   | 3   | 4   | 5   | 6   | 7   |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |








**C** Your family? YPHFM

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
| 1   | 2   | 3   | 4   | 5   | 6   | 7   |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

**D** Your friends? YPHFR

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
| 1   | 2   | 3   | 4   | 5   | 6   | 7   |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

**E** The school you go to? YPHSC

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
| 1   | 2   | 3   | 4   | 5   | 6   | 7   |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

YPHLF **F** Which best describes how you feel about your life as a whole?



1



2



3



4



5



6



7

The next questions are about school and what you want to happen in the future.

29

How important do you think it is for you to do well in your GCSE exams, or National Qualifications (*if you live in Scotland*)?

YPACVWELL

Very important

Important

Not very important

Not at all important

30

The age young people must stay in education or training differs somewhat across the UK. What would you most like to do when you have completed your final GCSE/National Qualification year at around age 16?

YPLVSCDO

Get a full-time job

Stay at school or college to do A levels/Highers

Get an apprenticeship

Do some other form of training

Do something else

Don't know



31

Would you like to go on to do further full-time education at a college or University after you finish school?

YP2UNI

Yes

No

Don't know

32

In the last 12 months, have you ever played truant, that is missed school without permission, even if it was only for a half day or single lesson?

YPTRUANT

Yes

No

Here are a few questions about health, nutrition and exercise.

33

In general, would you say your health is...

YPSRHLTH

Excellent

Very good

Good

Fair

Poor

34

Do you have a long-term health problem or disability that limits your day-to-day activities? By long term we mean anything that has lasted, or is expected to last, at least 3 months.

YPLTDIS

Yes, limited a lot

Yes, limited a little

No



35

How many days a week do you usually eat breakfast?

YPBREAKFST

Everyday

4 - 6 times

1 - 3 times

Never or hardly ever

36

On how many days in a usual week do you eat fast food such as McDonalds, Burger King, Kentucky Fried Chicken or other take-aways like that?

YPPFDWK

Every day or nearly every day

About once a week

Every now and then

Never or hardly ever

37

How many days in a usual week do you eat sugary foods, like biscuits, cakes, sweets and chocolates?

YPSUGFD

Every day or nearly every day

About once a week

Every now and then

Never or hardly ever

38

How many days in a usual week do you drink sugary drinks, such as fizzy drinks or fruit drinks? Do not include Diet or 'no added sugar' drinks.

YPSUGDR

Every day or nearly every day

About once a week

Every now and then

Never or hardly ever



39

How many days in a usual week do you eat crisps, crackers, or other salty snacks like that?

YPSLTFD

Every day or nearly every day

About once a week

Every now and then

Never or hardly ever

40

How many portions of fresh fruit or vegetables do you eat on a typical day? One portion is one piece of fruit or one serving of a vegetable or salad item.

YPRUTPPD

5 or more portions

3 - 4 portions

1 - 2 portions

None

41

Do you think that you are....

YPHLWTR

About the right weight

Underweight

Slightly overweight

Very overweight

Don't know

42

Do you ever diet or try to lose weight?

YPTRYDIET

Yes, all the time

Yes, sometimes

No, never

43

What type of exercise do you do, including things like cycling or walking to school, or what sports do you play? Please tick the box for each one you do.

Walking (including walking the dog)  YPEXTYPE1

Swimming or diving  YPEXTYPE2

Cycling  YPEXTYPE3

Jogging or running  YPEXTYPE4

Tennis, squash or badminton  YPEXTYPE5

Go to the gym  YPEXTYPE6

Football  YPEXTYPE7

Rugby  YPEXTYPE8

Netball, Basketball or Hockey  YPEXTYPE9

Cricket  YPEXTYPE10

Athletics  YPEXTYPE11

Martial arts  YPEXTYPE12

Horse riding  YPEXTYPE13

Gymnastics  YPEXTYPE14

Dance  YPEXTYPE15

Other type of sport or activity  YPEXTYPE16



44

How many days in a usual week do you play sports or do some other physical activity?

YPPSPRT

Every day 5 - 6 days 3 - 4 days 1 - 2 days Less often than once a week Never or hardly ever 

45

What is the main way you usually travel to school?

YPTRVL2SCH

Walk all the way Ride a bike By bus or tube By car By train Some other way/combination 

46

About what time do you usually go to sleep on a school night?

YPSLEEP1

Before 9 pm 9 - 9:59 pm 10 - 10:59 pm 11 - midnight After midnight

47

About what time do you usually wake up in the morning on a school day?

YPSLEEP2

Before 6 am

6 - 6:59 am

7 - 7:59 am

8 - 8:59 am

After 9 am

48

About what time do you usually go to sleep on the nights when you do not have school the next day?

YPSLEEP3

Before 9 pm

9 - 9:59 pm

10 - 10:59 pm

11 - midnight

After midnight

49

About what time do you wake up in the morning on the days when you do not have school?

YPSLEEP4

Before 8 am

8 - 8:59 am

9 - 9:59 am

10 - 10:59 am

11 - 11:59 am

After Midday



50

During the last four weeks, how long did it usually take for you to fall asleep?

YPSLEEP5

0 - 15 minutes 16 - 30 minutes 31 - 45 minutes 46 - 60 minutes More than 60 minutes 

51

During the last four weeks, how often did you awaken during your sleep time and have trouble falling back to sleep again?

YPSLEEP6

All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time 

52

Do you ever smoke cigarettes at all? *Please do not include electronic cigarettes (e-cigarettes/vaping).*

YPEVRSMO

Yes No

53

Please read the statements below and cross the box beside the statement that describes you best.

YPSMOFRQ

I have smoked only once or twice

I used to smoke but I don't now

I sometimes smoke, but not every week

I usually smoke between one and six cigarettes a week

I usually smoke more than six cigarettes a week

54

Have you ever used e-cigarettes/vaping?

YPEVRESMO

I have never used e-cigarettes

I have only tried using e-cigarettes once or twice

I used e-cigarettes in the past, but never use them now

I sometimes use e-cigarettes but less than once a month

I use e-cigarettes at least once a month but less than once a week

I use e-cigarettes at least once a week

Just to remind you, all your answers are confidential and will not be seen by anyone in your household.

55

Have you ever had an alcoholic drink? That is a whole drink, not just a sip.

YPEVRALC

Yes

No



56

How many times in the last four weeks have you had an alcoholic drink?

YDPKLM

Most days Once or twice a week 2 or 3 times Once only Never 

57

Thinking back over the last four weeks, how many times (if any) have you had five or more drinks on one occasion? (A 'drink' is one pint/bottle/can of beer or cider, 2 alcopops, one small glass of wine, a single measure of spirits).

YP5ALCDR

None Once Twice Three to five times Six to nine times Ten times or more 

58

On how many occasions (if any) have you been intoxicated or drunk from drinking alcohol, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?

|           |                               | 0                        | 1-2                      | 3-5                      | 6-9                      | 10-19                    | 20-39                    | 40 or more               |
|-----------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| YDPDRNKLT | In your lifetime              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YDPDRNKYR | During the last twelve months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YDPDRNK4W | During the last four weeks    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



59

Have you ever tried any of the following...?

|          |   | Yes                      | No                       |
|----------|---|--------------------------|--------------------------|
| YPDRGSOL | Glue/solvent sniffing   | <input type="checkbox"/> | <input type="checkbox"/> |
| YPDRGMJ  | Cannabis (also known as weed, marijuana, dope, hash or skunk) | <input type="checkbox"/> | <input type="checkbox"/> |
| YPDRGOTH | Any other illegal drug (including ecstasy, cocaine, speed)    | <input type="checkbox"/> | <input type="checkbox"/> |

60

How many times have you ever used or taken any illegal drugs?

|         |                     |                          |
|---------|---------------------|--------------------------|
| YPFRDRG | Never               | <input type="checkbox"/> |
|         | Once or twice       | <input type="checkbox"/> |
|         | Three or four times | <input type="checkbox"/> |
|         | Five to ten times   | <input type="checkbox"/> |
|         | More than ten times | <input type="checkbox"/> |

61

How difficult do you think it would be for you to get cannabis (weed, marijuana or hash) if you wanted?

|         |                  |                          |
|---------|------------------|--------------------------|
| YPEASMJ | Impossible       | <input type="checkbox"/> |
|         | Very difficult   | <input type="checkbox"/> |
|         | Fairly difficult | <input type="checkbox"/> |
|         | Fairly easy      | <input type="checkbox"/> |
|         | Very easy        | <input type="checkbox"/> |
|         | Don't know       | <input type="checkbox"/> |



62

How much do you think people risk harming themselves, physically and in other ways, if they...

Put an "x" in one box for each line.

|   | No risk                  | Slight risk              | Moderate risk            | Great risk               | Don't know               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| YPSMRSK1<br>Smoke cigarettes occasionally                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPSMRSK2<br>Smoke one or more packs of cigarettes per day               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPALCRSK1<br>Have one or two alcoholic drinks nearly every day          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPALCRSK2<br>Have four or five alcoholic drinks nearly every day        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPALCRSK3<br>Have five or more alcoholic drinks each weekend            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPMJRSK1<br>Try cannabis (weed, marijuana or hash) once or twice        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPMJRSK2<br>Smoke cannabis (weed, marijuana or hash) occasionally       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPMJRSK3<br>Smoke cannabis (weed, marijuana or hash) regularly          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPERSK1<br>Try ecstasy once or twice                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPERSK2<br>Take ecstasy regularly                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPAMRSK1<br>Try an amphetamine (uppers, pep pills, speed) once or twice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YPAMRSK2<br>Take amphetamines regularly                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

63

How often in the past month have you had a fight with someone that involved physical violence, such as hitting, punching, or kicking?

YPPGHT

None

Once

2 - 5 times

6 - 9 times

10 or more times

64

In the past year, have you deliberately broken or damaged property that didn't belong to you?

YPVAND

None

Once or Twice

Several Times

Often

65

In the past year, have you taken something from a shop, supermarket, or department store without paying?

YPSHOP

None

Once or Twice

Several Times

Often

Please pick one answer by adding an 'x' on the list for each of the following questions.

66

Which of the following groups do you think you belong to?

YPRACE

### White

British

English

Scottish

Welsh

Northern Irish

Irish

Gypsy or Irish Traveller

Roma

Any other White background

### Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background

### Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

### Black/African/ Caribbean/Black British

Caribbean

African

Any other Black background

### Other

Arab

Any other ethnic group

67

What is your religion? If you have no religion put an "x" in the box  
"No religion".

- |  |                            |                          |
|--|----------------------------|--------------------------|
| YPRELIGGB  | No Religion                | <input type="checkbox"/> |
|  | Church of England/Anglican | <input type="checkbox"/> |
|  | Roman Catholic             | <input type="checkbox"/> |
|  | Church of Scotland         | <input type="checkbox"/> |
| Free Church or Free Presbyterian Church Of<br>Scotland |                            | <input type="checkbox"/> |
|  | Episcopalian               | <input type="checkbox"/> |
|  | Methodist                  | <input type="checkbox"/> |
|  | Baptist                    | <input type="checkbox"/> |
| Congregational/United Reform/URC                       |                            | <input type="checkbox"/> |
|  | Church in Wales            | <input type="checkbox"/> |
|  | Other Christian            | <input type="checkbox"/> |
| Christian (no denomination specified)                  |                            | <input type="checkbox"/> |
|  | Muslim/Islam               | <input type="checkbox"/> |
|  | Hindu                      | <input type="checkbox"/> |
|  | Jewish                     | <input type="checkbox"/> |
|  | Sikh                       | <input type="checkbox"/> |
|  | Buddhist                   | <input type="checkbox"/> |
|  | Other                      | <input type="checkbox"/> |
|  | I don't know               | <input type="checkbox"/> |



The next questions are about what you want to do in the future.

68

At what age do you want to get married? YPAMAR  
If you don't want to get married then write in zero.

Please write in age

69

At what age would you like to start a family? YPAPAR  
If you don't want any children, write in zero.

Please write in age

70

Thinking of your own future, what would you like to be doing with your life in about ten year's time from now? YPFUTATXT  
Write in as much as you like in the space provided.

71

At what age would you like to leave home? YPLVHM

Please write in age



72

What job would you like to do once you leave school or finish your full-time education?

ypsoc\_txt

# Thank you for your help

**Please place the questionnaire in the envelope provided and return it to the address below, free of charge:**

Verian  
PO Box 1071  
High Wycombe  
HP12 3WY



