

BiB AGE
OF
WONDER

Questionnaire
2024-25

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Item No.	Items	Response format		
1	Participant Study ID	Text		
2	Year Group	8	9	10

SECTION 1 – DEMOGRAPHICS

In this section we ask about things like your ethnicity, language, and religion. This helps us understand young people's answers from different backgrounds. Remember, if you do not want to answer a question, you can skip it.

Item No.	Items	Response format
3	What is the first letter of your surname?	Drop down A-Z
4	What day of the month is your birthday?	Drop down 1-31
5	What is your country of birth?	Drop down 1-200
6	IF NON-UK COUNTRY SELECTED FOR Q6 How many years have you lived in the UK?	Drop down 1-15

Ethnicity

Ethnicity is the racial and/or cultural background you associate with (e.g., White-English, Asian-Pakistani) Choose one option then choose one box below to best describe your ethnic group or background.

Item No.	Items	Response format
7	What is your ethnicity?	White Mixed or Multiple Ethnic Groups Asian or Asian British Black, Black British, Caribbean or African Arab Other Ethnic Groups

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8	<p>IF SELECTED WHITE TO Q7 Tick one box to best describe your ethnic group or background.</p>	<p>English, Welsh, Scottish, Northern Irish, British Irish Gypsy or Irish Traveller Roma Polish Slovakian Romanian Czech Any other White background (please specify)</p>
9	<p>IF SELECTED ANY OTHER WHITE BACKGROUND TO Q8 Please specify.</p>	Text box
10	<p>IF SELECTED MIXED OR MULTIPLE ETHNIC GROUPS TO Q7 Tick one box to best describe your ethnic group or background.</p>	<p>White and Black Carribean White and Black African White and Asian Any other mixed or multiple ethnic background (please specify)</p>
11	<p>IF SELECTED ANY OTHER MIXED OR MULTIPLE ETHNIC BACKGROUND TO Q10 Please specify.</p>	Text box
12	<p>IF SELECTED ASIAN OR ASIAN BRITISH TO Q7 Tick one box to best describe your ethnic group or background.</p>	<p>Indian Pakistani Bangladeshi Chinese Any other Asian background (please specify)</p>
13	<p>IF SELECTED ANY OTHER ASIAN BACKGROUND TO Q12 Please specify.</p>	Text box
14	<p>IF SELECTED BLACK, BLACK BRITISH, CARRIBEAN OR AFRICAN TO Q5 Tick one box to best describe your ethnic group or background.</p>	<p>Carribean African background (please specify) Any other Black, Black British or Carribean background (please specify)</p>
15	<p>IF SELECTED AFRICAN BACKGROUND TO Q14 Please specify.</p>	Text box

16	IF SELECTED ANY OTHER BLACK, BLACK BRITISH OR CARRIBEAN BACKGROUND TO Q14 Please specify.	Text box
17	IF SELECTED ARAB TO Q7 Tick one box to best describe your ethnic group or background.	African Arab Middle-Eastern Arab
18	IF SELECTED ANY OTHER ETHNIC GROUP TO Q7 Please specify.	Text box

Languages

Item No.	Items	Response format
19	Which of these languages is usually spoken at home? Select all that apply.	English Urdu Punjabi Gujarati Bengali Hindko Polish Pashto Other (please specify)
20	IF OTHER SELECTED FOR Q19 Please specify	Text box

Religion

Item No.	Items	Response format	
21	Do you consider yourself to have a religion?	YES	NO

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22	What is your religion?	Christianity (including Church of England, Catholic, Protestant, and all other Christian denominations) Buddhism Hinduism Judaism Islam Sikhism Any other Religion (please specify)
23	IF SELECTED ANY OTHER RELIGION FOR Q22 Please specify	Text box
24	IF SELECTED ISLAM FOR Q22 If you are of Islamic faith, how many times do you usually attend the following? Mosque Madrasa (In person) Mosque or Madrasa (Online) Women's Group Islamic faith youth club (e.g. a youth club or sports club)	<ol style="list-style-type: none"> 1. Most days of the week (4-7 days per week) 2. Some days of the week (1-3 days per week) 3. Once or twice a month 4. Never

Sex and Gender identity

The next questions are about sex and gender identity. In order for our research to be compared with other studies we have used standard measures similar to the National Census. This information is used to monitor equality between groups of people of different genders and sexes. Equality monitoring helps make sure that everyone is treated fairly and helps identify what services are needed. You can choose not to answer any of the questions. If you feel that there is not an answer that applies to you, there will be a space for you to enter your own response.

Item No.	Items	Response format
25	What is your sex? (The biological sex on your birth certificate. A question on gender identity will follow in the survey.)	Female Male Do not wish to answer Wish to enter own response
26	IF WISH TO ENTER OWN RESPONSE WAS SELECTED TO Q25 Space to self-describe	Text box
27	What is your gender? (How you would describe yourself.)	Female Male Non-binary Wish to enter own response Do not wish to answer

28	<p>IF WISH TO ENTER OWN RESPONSE SELECTED TO Q27</p> <p>Space to self-describe</p>	Text box
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Disability

In this section of the survey, you will be asked questions about any disabilities you may have. Remember, if you do not want to answer a question you can skip it.

Item No.	Items	Response format	
29	Do you have any physical or mental health conditions or illnesses?	YES	NO
30	<p>ONLY IF SELECTED YES TO Q29</p> <p>Has this lasted, or is it expected to last, for 12 months or more?</p>	YES	NO
31	<p>ONLY IF SELECTED YES TO Q29</p> <p>Do any of your illnesses or conditions reduce your ability to carry out day-to-day activities?</p>	<ol style="list-style-type: none"> 1. Yes, a lot 2. Yes, a little 3. Not at all 	

Below is a list of statements relating to various personality traits, behaviours and characteristics. Using the five response options select the option that best describes you. For items of a social nature, think about situations that do not involve very close friends or family members. Try not to spend too much time thinking about each choice.

Item No.	Items	Response format
32	Social Interaction is easy for me	<ol style="list-style-type: none"> 1. Definitely agree 2. Somewhat agree 3. Neither agree nor disagree 4. Somewhat agree 5. Definitely agree
33	Reading non-verbal cues (e.g. facial expressions, body language) is difficult for me	<ol style="list-style-type: none"> 1. Definitely agree 2. Somewhat agree 3. Neither agree nor disagree 4. Somewhat agree

		5. Definitely agree
34	I look for strategies and ways to appear more sociable	1. Definitely agree 2. Somewhat agree 3. Neither agree nor disagree 4. Somewhat agree 5. Definitely agree
35	I often find myself fiddling or playing repetitively with objects (e.g. clicking pens)	1. Definitely agree 2. Somewhat agree 3. Neither agree nor disagree 4. Somewhat agree 5. Definitely agree
36	I like to stick to certain routines for every-day tasks	1. Definitely agree 2. Somewhat agree 3. Neither agree nor disagree 4. Somewhat agree 5. Definitely agree
37	There are times when I feel that my senses are overwhelmed	1. Definitely agree 2. Somewhat agree 3. Neither agree nor disagree 4. Somewhat agree 5. Definitely agree

SECTION 2 - SOCIOECONOMICS

Material Possessions

In this part of the survey, you will be asked questions about the things you have. Remember, if you do not want to answer a question, you can skip it.

Item No.	Items	Response format	
	Which of these things do you have?		
38	Your own mobile phone	YES	NO
39	A computer, laptop or tablet with internet at home	YES	NO
40	At least one family holiday away from home in a typical year	YES	NO
41	A family car, van or truck	YES	NO
42	A bedroom for yourself	YES	NO

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43	Compared to your friends, would you say your family is richer, about the same, poorer, or don't know?	<ol style="list-style-type: none"> 1. Richer 2. Poorer 3. About the same 4. Don't know 	
44	How often do you worry about how much money your family has?	<ol style="list-style-type: none"> 1. Never 2. Some of the time 3. All of the time 	
45	When you are at home on a typical day in Winter, are you (and everyone in your household) warm enough?	<ol style="list-style-type: none"> 1. Yes – always 2. Yes – sometimes 3. No – rarely 4. No – never 	
46	My parents/guardians have talked about the need to cut back on certain things to save money.	YES	NO
47	<p>ONLY IF SELECTED YES TO Q46</p> <p>Which areas do your parents/guardians try to be careful with and/or save money?</p>	<ol style="list-style-type: none"> 1. Using too much energy (e.g., gas or electric) 2. Luxuries (e.g., takeaways, eating out, new cars, new clothes, etc...) 3. Holidays and leisure activities (e.g., hobbies outside of school, trips etc...) 4. Food shopping 5. Car journeys to save fuel 	

Household Structure

In this part of the survey, you will be asked questions about who you live with. All of your responses are completely confidential. Remember, if you do not want to answer a question you can skip it.

Item No.	Items	Response format
48	Where do you live most of the time?	<ol style="list-style-type: none"> 1. I live with my parent(s)/carer(s) 2. I live at both of my parents houses, some of the time at each 3. I live with other family members 4. I live somewhere else

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49	Who else lives in your home? If you live at both your parents' houses, some of the time each, just think about the house where you spend most of your time.	<ol style="list-style-type: none"> 1. Mother 2. Father 3. Guardian 4. Foster carer 5. Step mother 6. Step father 7. Mother's partner 8. Father's partner 9. Siblings 10. Auntie 11. Uncle 12. Grandmother 13. Grandfather 14. Cousins 15. Other
50	ONLY IF SELECTED 15 TO Q49 Please specify	Text box
51	ONLY IF SELECTED 1 TO Q49 Does your mother have a job?	<ol style="list-style-type: none"> 0. No 1. Yes 2. Don't know
52	ONLY IF SELECTED 1 TO Q51 Please say in what place your mother works (for example, hospital, bank, restaurant)	Text box
53	ONLY IF SELECTED 0 TO Q51 Why does your mother not have a job? Please tick the box that best describes the situation	<ol style="list-style-type: none"> 1. They are sick, retired or a student 2. They are looking for a job 3. They take care of others or are full-time at home 4. I don't know
54	ONLY IF SELECTED 2 TO Q49 Does your father have a job?	<ol style="list-style-type: none"> 0. No 1. Yes 2. Don't know
55	ONLY IF SELECTED 1 TO Q54 Please say in what place your father works (for example, hospital, bank, restaurant)	Text box
56	ONLY IF SELECTED 0 TO Q54 Why does your father not have a job? Please tick the box that best describes the situation	<ol style="list-style-type: none"> 1. They are sick, retired or a student 2. They are looking for a job 3. They take care of others or are full-time at home 4. I don't know
57	ONLY IF SELECTED 3 TO Q49 Does your guardian have a job?	<ol style="list-style-type: none"> 0. No 1. Yes 2. Don't know
58	ONLY IF SELETCED 1 TO Q57 Please say in what place your guardian works (for example, hospital, bank, restaurant)	Text Box

59	ONLY IF SELECTED 0 TO Q57 Why does your guardian not have a job? Please tick the box that best describes the situation	<ol style="list-style-type: none"> 1. They are sick, retired or a student 2. They are looking for a job 3. They take care of others or are full-time at home 4. I don't know
60	ONLY IF SELECTED 4 TO Q49 Does your foster carer have a job?	<ol style="list-style-type: none"> 0. No 1. Yes 2. Don't know
61	ONLY IF SELECTED 1 TO Q60 Please say in what place your foster carer works (for example, hospital, bank, restaurant)	Text Box
62	ONLY IF SELECTED 0 TO Q60 Why does your foster carer not have a job? Please tick the box that best describes the situation	<ol style="list-style-type: none"> 1. They are sick, retired or a student 2. They are looking for a job 3. They take care of others or are full-time at home 4. I don't know
63	ONLY IF SELECTED 5 TO Q49 Does your step mother have a job?	<ol style="list-style-type: none"> 0. No 1. Yes 2. Don't know
64	ONLY IF SELECTED 1 TO Q63 Please say in what place your step mother works (for example, hospital, bank, restaurant)	Text Box
65	ONLY IF SELECTED 0 TO Q63 Why does your step mother not have a job? Please tick the box that best describes the situation	<ol style="list-style-type: none"> 1. They are sick, retired or a student 2. They are looking for a job 3. They take care of others or are full-time at home 4. I don't know
66	ONLY IF SELECTED 6 TO Q49 Does your step father have a job?	<ol style="list-style-type: none"> 0. No 1. Yes 2. Don't know
67	ONLY IF SELECTED 1 TO Q66 Please say in what place your step father works (for example, hospital, bank, restaurant)	Text Box
68	ONLY IF SELECTED 0 TO Q66 Why does your step father not have a job? Please tick the box that best describes the situation	<ol style="list-style-type: none"> 1. They are sick, retired or a student 2. They are looking for a job 3. They take care of others or are full-time at home 4. I don't know
69	ONLY IF SELECTED 7 TO Q49 Does your mother's partner have a job?	<ol style="list-style-type: none"> 0. No 1. Yes 2. Don't know
70	ONLY IF SELECTED 1 TO Q69 Please say in what place your mother's partner works (for example, hospital, bank, restaurant)	Text Box
71	ONLY IF SELECTED 0 TO Q69 Why does your mother's partner not have a job? Please tick the box that best describes the situation	<ol style="list-style-type: none"> 1. They are sick, retired or a student 2. They are looking for a job 3. They take care of others or are full-time at home 4. I don't know

72	ONLY IF SELECTED 8 TO Q49 Does your father's partner have a job?	0. No 1. Yes 2. Don't know
73	ONLY IF SELECTED 1 TO Q72 Please say in what place your father's partner works (for example, hospital, bank, restaurant)	Text Box
74	ONLY IF SELECTED 0 TO Q72 Why does your father's partner now have a job? Please tick the box that best describes the situation	1. They are sick, retired or a student 2. They are looking for a job 3. They take care of others or are full-time at home 4. I don't know

Family

Item No.	Items	Response format
75	Select your birth order. I am...	Drop down 1 st -10 th :
76	How often does your family get along together?	1. Never 2. Some of the time 3. Always
77	How often do you get along with your brothers, sisters, and other young people you live with?	1. Never 2. Some of the time 3. Always 4. I don't live with any siblings

Your Financial Resources

In this part of the survey, you will be asked questions about your own money. Remember, all of your responses are completely confidential. If you do not want to answer a question, you can skip it

Item No.	Items	Response format	
	Do you get money to spend on yourself from any of the following sources?		
78	Regular pocket money or allowance	YES	NO
79	Money from doing chores or babysitting for family or relatives	YES	NO
80	Money from working in the family business	YES	NO
81	Money from a paid job	YES	NO

82	Given money by parents when I need it	YES	NO
83	To what extent would you say the following statements apply to you personally		
84	I often buy things on impulse	0 (Doesn't sound like me at all) – 10 (Sounds a lot like me), 11 (Don't know), 12 (not applicable to me)	
85	I feel under pressure to spend like my friends even when I can't afford it	0 (Doesn't sound like me at all) – 10 (Sounds a lot like me), 11 (Don't know), 12 (not applicable to me)	
86	I run short on money because I overspend	0 (Doesn't sound like me at all) – 10 (Sounds a lot like me), 11 (Don't know), 12 (not applicable to me)	
87	I tend to buy things even when I can't really afford them	0 (Doesn't sound like me at all) – 10 (Sounds a lot like me), 11 (Don't know), 12 (not applicable to me)	
88	I find it more satisfying to spend money than to save it	0 (Doesn't sound like me at all) – 10 (Sounds a lot like me), 11 (Don't know), 12 (not applicable to me)	
89	How confident do you feel...		
90	Managing your money	0 (Not at all) – 10 (Very confident)	
91	Making decisions about financial products and services	0 (Not at all) – 10 (Very confident)	
92	Working with numbers when you need to in everyday life	0 (Not at all) – 10 (Very confident)	
93	Planning for your financial future	0 (Not at all) – 10 (Very confident)	
94	Do you own a bank account?	0. No 1. Yes 2. Yes, but I don't operate it	
95	Which of the following do you do with your bank account (s)? Please select all that apply	1. Put money in 2. Take money out 3. Check my balance (what I have in there) 4. Use a debit card (to pay for things) 5. Use mobile payments from the account on my phone 6. Look at the account online via a mobile app on my phone (internet or mobile banking) 7. None of the above	

Food Availability

In this part of the survey, you will be asked questions about the availability of food to you. Your answers will help local organisations support peoples' access to food in your community and across Bradford. Remember, all of your responses are completely confidential. If you do not want to answer a question you can skip it.

Item No.	Items	Response format	
96	We can't get the food we want because there is not enough money	YES	NO
97	I worry about not having enough to eat	YES	NO
98	I worry about how hard it is for my parents to get enough food for us	YES	NO
99	I feel hungry because there is not enough food to eat	YES	NO
100	I try not to eat a lot so that our food will last	YES	NO

Social Comparison

In this part of the survey, you will be asked questions about how you feel about comparisons people make between each other. Remember, all of your responses are completely confidential, if you do not want to answer a question you can skip it.

Item No.	Items	Response format
101	How often do you think that people compare you to others to see if you match up?	1. Never 2. Rarely 3. Sometimes 4. Mostly 5. Always

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Neighbourhood

This part of the survey will ask you questions about your neighbourhood. Remember, if you do not want to answer a question you can skip it.

Item No.	Items	Response format
How do you rate the following where you live?		
102	Your safety when going out after dark	1. Very poor 2. Poor 3. Ok 4. Good 5. Very good
103	Your safety when going out during the day	1. Very poor 2. Poor 3. Ok 4. Good 5. Very good
104	Your safety when going to and from school	1. Very poor 2. Poor 3. Ok 4. Good 5. Very good
105	In the last 12 months, have you been the victim of violence or aggression in the area where you live?	1. No 2. Not sure 3. Yes

SECTION 3 – ARTS AND CULTURE

Activities

In this section we'll be asking all about your involvement in arts and culture activities. Your answers will help local organisations identify which arts and culture activities are most relevant to young people to engage in these activities.

Item No.	Items	Response format
	Did you do any of the following activities in the last month?	
106	Sing, play an instrument, or make music (either on your own or as part of a choir/band/orchestra)	1. No 2. Yes – once 3. Yes – more than once
107	Creative writing (outside of school or work)	1. No 2. Yes – once 3. Yes – more than once
108	Voluntary, charity or community work	1. No 2. Yes – once 3. Yes – more than once
109	Make your own drawing, painting, sculpture, or other artwork (things that are made by hand)	1. No 2. Yes – once 3. Yes – more than once
110	Make your own graphic designs, photographs, or films/videos (things that are made using digital technology, including content for social media like Instagram and TikTok)	1. No 2. Yes – once 3. Yes – more than once
111	Read for enjoyment	1. No 2. Yes – once 3. Yes – more than once
112	Participate in a poetry/spoken word session	1. No 2. Yes – once 3. Yes – more than once
113	Take part in theatre, dance, circus, or other performance activities	1. No 2. Yes – once 3. Yes – more than once

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Item No.	Items	Response format
	Did you attend any of the following events in the last month?	
114	A party, dance, house party or nightclub.	1. No 2. Yes – once 3. Yes – more than once
115	Live sport (for example at a stadium).	1. No 2. Yes – once 3. Yes – more than once
116	A live music concert or gig.	1. No 2. Yes – once 3. Yes – more than once
117	Some other type of performance, such as a play, pantomime, opera, dance, or circus.	1. No 2. Yes – once 3. Yes – more than once
118	Youth clubs.	1. No 2. Yes – once 3. Yes – more than once
119	Scouts/ Guides/ Explorer scouts/ Rangers.	1. No 2. Yes – once 3. Yes – more than once
120	A library.	1. No 2. Yes – once 3. Yes – more than once
121	Museums or galleries, a historical place, or stately home.	1. No 2. Yes – once 3. Yes – more than once
122	A political meeting, march, rally or demonstration.	1. No 2. Yes – once 3. Yes – more than once

123	A religious service or event.	<ol style="list-style-type: none"> 1. No 2. Yes – once 3. Yes – more than once
124	Video gaming event or festival.	<ol style="list-style-type: none"> 1. No 2. Yes – once 3. Yes – more than once

Pride in Place

In this section we'll be asking how you feel about your local area. By local area we mean your neighbourhood and surrounding areas. For example, the area(s) of Bradford in which you live and attend school.

Item No.	Items	Response format
How much do you agree or disagree with the following?		
125	I am proud to live in my local area	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree 6. Don't know
126	Arts and cultural events and activities available in my local area make me feel proud of my local area	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree 6. Don't know
127	Arts and cultural events and activities available in my local area are of interest to me	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree 6. Don't know

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SECTION 4 – MENTAL HEALTH AND WELLBEING

Mental Ill Health **YEAR 8 AND 10 ONLY**

In this part of the survey, you will be asked questions about your mental ill health. Some of these questions may be difficult to answer. Remember, all of your responses are completely confidential and if you do not want to answer a question, you can skip it. If anything upsets you, please talk to your teacher or access the information provided at the end of the survey. Please select how often each of these things happen to you. There are no right or wrong answers.

Item No.	Items	Response format
Please select how often these things happen to you. There are no right or wrong answers.		
128	I feel sad or empty	1. Never 2. Sometimes 3. Often 4. Always
129	I worry when I think that I have done poorly at something	1. Never 2. Sometimes 3. Often 4. Always
130	I would feel afraid of being on my own at home.	1. Never 2. Sometimes 3. Often 4. Always

131	Nothing is much fun anymore	1. Never 2. Sometimes 3. Often 4. Always
132	I worry that something awful will happen to someone in my family	1. Never 2. Sometimes 3. Often 4. Always
133	I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)	1. Never 2. Sometimes 3. Often 4. Always

134	I worry what other people think of me	1. Never 2. Sometimes 3. Often 4. Always
135	I have trouble sleeping	1. Never 2. Sometimes 3. Often 4. Always
136	I feel scared if I have to sleep on my own	1. Never 2. Sometimes 3. Often 4. Always
137	I have problems with my appetite	1. Never 2. Sometimes 3. Often 4. Always
138	I suddenly become dizzy or faint when there is no reason for this	1. Never 2. Sometimes 3. Often 4. Always
139	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	1. Never 2. Sometimes 3. Often 4. Always

140	I have no energy for things	1. Never 2. Sometimes 3. Often 4. Always
141	I suddenly start to tremble or shake when there is no reason for this	1. Never 2. Sometimes 3. Often 4. Always
142	I cannot think clearly	1. Never 2. Sometimes 3. Often 4. Always
143	I feel worthless	1. Never 2. Sometimes 3. Often

		4. Always
144	I have to think special thoughts (like numbers or words) to stop bad things happening	1. Never 2. Sometimes 3. Often 4. Always
145	I think about death	1. Never 2. Sometimes 3. Often 4. Always
146	I feel like I don't want to move	1. Never 2. Sometimes 3. Often 4. Always
147	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	1. Never 2. Sometimes 3. Often 4. Always
148	I am tired a lot	1. Never 2. Sometimes 3. Often 4. Always

149	I feel afraid that I will make a fool of myself in front of people	1. Never 2. Sometimes 3. Often 4. Always
150	I have to do some things in just the right way to stop bad things from happening	1. Never 2. Sometimes 3. Often 4. Always
151	I feel restless	1. Never 2. Sometimes 3. Often 4. Always
152	I worry that something bad will happen to me	1. Never 2. Sometimes 3. Often 4. Always

Strengths and Difficulties YEAR 9 ONLY

In this part of the survey, you will be asked questions about your emotional strengths and difficulties. Some of these questions may be difficult to answer. For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain, or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Item No.	Items	Response format
Please give your answers on the basis of how things have been for you over the last six months.		
153	I try to be nice to other people. I care about their feelings	1. Not true 2. Somewhat true 3. Certainly true
154	I am restless, I cannot stay still for long	1. Not true 2. Somewhat true 3. Certainly true

155	I get a lot of headaches, stomachs or sickness	1. Not true 2. Somewhat true 3. Certainly true
156	I usually share with others (food, games, pens etc)	1. Not true 2. Somewhat true 3. Certainly true
157	I get very angry and often loose my temper	1. Not true 2. Somewhat true 3. Certainly true
158	I am usually on my own. I generally play alone or keep to myself	1. Not true 2. Somewhat true 3. Certainly true
159	I usually do as I am told	1. Not true 2. Somewhat true 3. Certainly true
160	I worry a lot	1. Not true 2. Somewhat true 3. Certainly true
161	I am helpful if someone is hurt, upset or feeling ill	1. Not true 2. Somewhat true

		3. Certainly true
162	I am constantly fidgeting or squirming	1. Not true 2. Somewhat true 3. Certainly true
163	I have one good friend or more	1. Not true 2. Somewhat true 3. Certainly true
164	I fight a lot. I can make other people do what I want	1. Not true 2. Somewhat true 3. Certainly true
165	I am often unhappy, down-hearted or tearful	1. Not true 2. Somewhat true 3. Certainly true

166	Other people my age generally like me	1. Not true 2. Somewhat true 3. Certainly true
167	I am easily distracted I find it difficult to concentrate	1. Not true 2. Somewhat true 3. Certainly true
168	I am nervous in new situations. I easily loose confidence	1. Not true 2. Somewhat true 3. Certainly true
169	I am kind to younger children	1. Not true 2. Somewhat true 3. Certainly true
170	I am often accused of lying or cheating	1. Not true 2. Somewhat true 3. Certainly true
171	Other children or young people pick on me or bully me	1. Not true 2. Somewhat true 3. Certainly true
172	I often volunteer to help other (parents, teachers, children)	1. Not true 2. Somewhat true 3. Certainly true
173	I think before I do things	1. Not true 2. Somewhat true

		3. Certainly true
174	I take things that are not mine from home, school or elsewhere	1. Not true 2. Somewhat true 3. Certainly true
175	I get on better with adults than with people my own age	1. Not true 2. Somewhat true 3. Certainly true
176	I have many fears, I am easily scared	1. Not true 2. Somewhat true 3. Certainly true

177	I finish the work I am doing. My attention is good.	1. Not true 2. Somewhat true 3. Certainly true
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Wellbeing

In this part of the survey, you will be asked questions about your wellbeing. Remember, if you do not want to answer a question, you can skip it.

Item No.	Items	Response format
	Below are statements about feelings and thoughts. Please tick the box that best describes your experience of each over the past 2 weeks	
178	I've been feeling optimistic about the future	1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
179	I've been feeling useful	1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
180	I've been feeling relaxed	1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time

181	I've been dealing with problems well	<ol style="list-style-type: none"> 1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time

182	I've been thinking clearly	<ol style="list-style-type: none"> 1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
183	I've been feeling close to other people	<ol style="list-style-type: none"> 1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
184	I've been able to make up my own mind about things	<ol style="list-style-type: none"> 1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
185	When I find something really hard, I can work out what to do	<ol style="list-style-type: none"> 1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time

Relationships

This part of the survey will ask you questions about your relationships. This includes questions about your social circle and your peers. Remember, if you do not want to answer a question, you can skip it.

Item No.	Items	Response format
	How often do you feel...	
186	...that you lack friendships?	<ol style="list-style-type: none"> 1. Hardly ever 2. Some of the time 3. Often

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187	...left out?	<ol style="list-style-type: none"> 1. Hardly ever 2. Some of the time 3. Often
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188	...isolated from others?	<ol style="list-style-type: none"> 1. Hardly ever 2. Some of the time 3. Often
-----	--------------------------	---

189	...alone?	<ol style="list-style-type: none"> 1. Hardly ever 2. Some of the time 3. Often
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Social Isolation

Item No.	Items	Response format
190	How many close friends would you say you have? People you can trust and can talk to about personal things	<ol style="list-style-type: none"> 1. None 2. 1 3. 2-4 4. 5-9 5. 10 or more
191	How many causal friends would you say you have? People you enjoy interacting with but don't feel particularly close to	<ol style="list-style-type: none"> 1. None 2. 1 3. 2-4 4. 5-9 5. 10 or more
192	How often do you meet up in-person (outside of school) with any of your friends?	<ol style="list-style-type: none"> 1. Never 2. Less than once a month 3. Once or twice a month 4. Once a week 5. 2-4 times a week 6. Most days 7. Every day
193	How often would you prefer to meet up in-person with friends?	<ol style="list-style-type: none"> 1. Never 2. Less than once a month 3. Once or twice a month 4. Once a week 5. 2-4 times a week 6. Most days 7. Every day
194	How much do you feel you belong with the people around you?	<ol style="list-style-type: none"> 1. Not at all 2. A little 3. Somewhat 4. Mostly 5. Very much

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Trust

Item No.	Items	Response format
195	Generally speaking, would you say that most people can be trusted, or you can't be too careful in dealing with other people?	<ol style="list-style-type: none"> 1. Most people can be trusted 2. Can't be too careful

Help Seeking

All responses are completely confidential. Your answers will not be shared with any of your friends, parents, teachers etc. Remember, if you do not want to answer a question, you can skip it.

Item No.	Items	Response format
	If you had a personal or emotional problems, how likely is it you would seek help from the following?	
196	Girlfriend/boyfriend or partner	<ol style="list-style-type: none"> 1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely) 8. I don't have a girlfriend, boyfriend or partner
197	Friend (not related to you)	<ol style="list-style-type: none"> 1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)

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198	Parent/carer	<ol style="list-style-type: none"> 1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
199	Other relative or family member	<ol style="list-style-type: none"> 1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
200	Mental health professional (e.g. psychologist, social worker, counsellor)	<ol style="list-style-type: none"> 1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
201	Phone helpline (e.g. lifeline/samaritans/NSPCC)	<ol style="list-style-type: none"> 1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
202	Doctor/GP	<ol style="list-style-type: none"> 1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
203	Religious Leader	<ol style="list-style-type: none"> 1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)

204	Teacher or other school staff member	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)	
205	Mental health website or app (e.g., Childline, Kooth)	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely unlikely)	
206	Online community (e.g. Reddit)	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)	
207	I would not seek help from anyone	8. 1 (Extremely unlikely) 9. 2 10. 3 (Unlikely) 11. 4 12. 5 (Likely) 13. 6 14. 7 (Extremely likely)	
208	Would you seek help from another not listed above?	YES	NO
209	ONLY IF ANSWERED YES TO Q208 Please list in the space provided:	Text box	

TW: Self-Harm

Please remember all of your responses are completely confidential and will not be shared with your teachers, friends, or parents. If you do not want to answer a question you can skip it.

Item No.	Items	Response format	
210	In the past year, have you hurt yourself on purpose in any way?	YES	NO

Resilience YEAR 8 ONLY

Item No.	Items	Response format
Please indicate how much you agree or disagree with the following statements:		
211	I tend to bounce back quickly after hard times	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
212	I have a hard time making it through stressful events	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
213	It does not take me long to recover from a stressful event	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
214	It is hard for me to snap back when something bad happens	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
215	I usually come through difficult times with little trouble	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

216	I tend to take a long time to get over set-backs in my life	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
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Unusual Experiences **YEAR 10 ONLY**

Here we ask some questions about some unusual experiences you may have had. It can be quite normal to hear things that other people don't. Sometimes people may have strange beliefs or feel a bit out of touch with reality, this can feel upsetting sometimes, but it is quite common. You can find some services in the BiB resources booklet that might be able to help if any of these questions are upsetting.

Item No.	Items	Response format
217	Have you ever heard voices that other people couldn't hear?	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
218	ONLY IF ANSWERED 1 OR 2 TO Q217 At its worst, how upsetting did you find this?	<ol style="list-style-type: none"> 1. Not at all upset 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
219	ONLY IF ANSWERED 1 OR 2 TO Q217 How often have you heard voices that other people couldn't hear in the last year?	<ol style="list-style-type: none"> 1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all
220	Have you ever seen something or someone that other people could not see?	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
221	ONLY IF ANSWERED 1 OR 2 TO Q220 At its worst, how upsetting did you find this?	<ol style="list-style-type: none"> 1. Not at all upset 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
222	ONLY IF ANSWERED 1 OR 2 TO Q220 How often have you seen something or someone that other people couldn't in the past year?	<ol style="list-style-type: none"> 1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all
223	Have you ever thought you were being followed or spied on?	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
224	ONLY IF ANSWERED 1 OR 2 TO Q223 At its worst, how upsetting did you find this?	<ol style="list-style-type: none"> 1. Not at all upset 2. A bit upsetting 3. Quite upsetting

		4. Very upsetting
225	ONLY IF ANSWERED 1 OR 2 TO Q223 How often have you thought you were being followed or spied on in the past year?	<ol style="list-style-type: none"> 1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all

226	ONLY IF ANSWERED 1 OR 2 TO Q223 Have you ever believed that people were following you or spying on you as part of a plot to harm you in some way, and which your family or friends did not believe existed?	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
227	Some people believe that other people can read their thoughts. Have other people ever read your thoughts?	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
228	ONLY IF ANSWERED 1 OR 2 TO Q227 At its worst, how upsetting did you find this?	<ol style="list-style-type: none"> 1. Not at all upset 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
229	ONLY IF ANSWERED 1 OR 2 TO Q227 How often have you believed that other people can read your thoughts in the past year?	<ol style="list-style-type: none"> 1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all
230	Do you think people have sometimes used special powers to read your thoughts?	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
231	Have you ever believed that you were being sent special messages through the television or the radio, or that a programme had been arranged just for you alone?	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
232	ONLY IF ANSWERED 1 OR 2 TO Q231 At its worst, how upsetting did you find this?	<ol style="list-style-type: none"> 1. Not at all upset 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
234	ONLY IF ANSWERED 1 OR 2 TO Q231 How often have you been sent special messages in the past year?	<ol style="list-style-type: none"> 1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all

235	Have you ever felt that you were under the control of some special power?	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
236	<p>ONLY IF ANSWERED 1 OR 2 TO Q235</p> <p>At its worst, how upsetting did you find this?</p>	<ol style="list-style-type: none"> 1. Not at all upsetting 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
237	<p>ONLY IF ANSWERED 1 OR 2 TO Q235</p> <p>How often have you thought you were under the control of a special power in the past year?</p>	<ol style="list-style-type: none"> 1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly everyday 5. Not at all
238	<p>ONLY IF ANSWERED 1 OR 2 TO Q235</p> <p>Who do you think was controlling you (at any time in the past?)</p>	<ol style="list-style-type: none"> 1. God 2. A computer/other machine 3. Someone/something else
239	<p>ONLY IF ANSWERED 1 OR 2 TO Q235</p> <p>Did it control what you were doing or thinking, such that you had no will of your own?</p>	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
240	Have you ever felt that you are somebody really very special, or that you have special powers like reading people's mind, or that you have been chosen to perform great and special tasks? (This does not mean that you are just clever or you come from an important family)	<ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, maybe 3. No, never
241	<p>ONLY IF ANSWERED 1 OR 2 TO Q240</p> <p>How often have you thought you are somebody really special, or that you have special powers in the past year?</p>	<ol style="list-style-type: none"> 1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly everyday 5. Not at all

SECTION 5: ENVIRONMENT

Green Space

In this part of the survey, you will be asked questions about the green spaces in your area and your usage of them.

Item No.	Items	Response format
242	How often do you visit parks and green spaces? During the winter months (September - March)	<ol style="list-style-type: none"> 1. 5 times a week or more 2. 2-4 times a week 3. Once a week 4. 1-3 times a month 5. Less than once a month
243	How often do you visit parks and green spaces? During the spring and summer months (April-August)	<ol style="list-style-type: none"> 1. 5 times a week or more 2. 2-4 times a week 3. Once a week 4. 1-3 times a month 5. Less than once a month

Pollution

In this part of the survey, you will be asked questions about air pollution and air quality.

Item No.	Items	Response format
244	What do you think about the air quality in Bradford generally? Air quality is the term we use to describe how polluted the air we breathe is.	<ol style="list-style-type: none"> 1. Very poor 2. Poor 3. Fair 4. Good 5. Excellent 6. Don't know

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Climate change

In this part of the survey, you will be asked questions about climate change and your feelings about how it affects you

Item No.	Items	Response format
245	How positive do you currently feel when you think about the future of the environment?	1. Very positive 2. Fairly positive 3. Neither positive nor negative 4. Fairly negative 5. Very negative

Section 6 – PHYSICAL HEALTH I

General Health

This part of the survey will ask you questions about your health (e.g., your sleep, what you eat, your physical activity). Your answers in this section will help doctors, nurses and local charities understand how best to support good general health across Bradford. Remember, if you do not want to answer a question, you can skip it.

Item No.	Items	Response format
246	How good is your health in general?	1. Very good 2. Good 3. Fair 4. Bad 5. Very bad

Hearing and Sight

Item No.	Items	Response format	
247	Have you been told to, or do you need to wear glasses in order to see clearly?	YES	NO
248	ONLY IF NO SELECTED FOR Q247 Do you struggle to see distant items (e.g. the board in class), or near items (e.g. when reading a book) clearly?	1. No 2. Yes – Distant 3. Yes – Near	
249	ONLY IF YES FOR Q247 What is the reason you need to wear glasses or contact lenses?	1. I struggle to see things in the distance or far away clearly without glasses or contact lenses 2. I struggle to see things close to me clearly without glasses or contact lenses	

		3. A 'turn in an eye' or a 'lazy eye' since childhood 4. Other reason 5. Don't know		
250	ONLY IF YES SELECTED FOR Q247 At what age did you first wear glasses or contact lenses?	Text Box		
251	Do you have any difficulty hearing or use a hearing aid, including if you cannot hear at all?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO			

Food and Diet

Item No.	Items	Response format
252	How often do you eat breakfast over a week?	1. Every day 2. Most days 3. About once a week 4. Less often 5. Never
253	How often do you eat at least 2 portions of fruit per day?	1. Every day 2. Most days 3. About once a week 4. Less often 5. Never
254	How often do you eat at least 2 portions of vegetables per day?	1. Every day 2. Most days 3. About once a week 4. Less often 5. Never
255	How often do you drink diet drinks or sugar free drinks like diet cola, pepsi max, or sugar-free squash?	1. Every day 2. Most days 3. About once a week 4. Less often 5. Never
256	How often do you drink sugary drinks like regular cola or squash?	1. Every day 2. Most days 3. About once a week 4. Less often 5. Never
257	How often do you drink energy drinks or high caffeine drinks (e.g., Red Bull, Prime Energy, Monster Energy)	1. Every day 2. Most days 3. About once a week

		4. Less often 5. Never
258	How often do you eat fast food such as McDonalds, Burger King, KFC or other fast food like that?	1. Every day 2. Most days 3. About once a week 4. Less often 5. Never

Eating Habits

The next questions will ask you about food and whether you are happy with your size and the way you look. Some people can get quite worried about these things, but may find it difficult to speak about them, whereas others will not worry about them at all. It is incredibly valuable to us if you can answer these questions even if this is something that does not give you any concern. It will help us understand what type of support is needed for teenagers, and help local services and organisations to improve things for young people.

Please remember, all of your responses are completely confidential and if you really do not want to answer a question, you can skip it. If anything upsets you, please talk to your teacher or access the information provided at the end of the survey.

Item No.	Items	Response format
	On how many of the past 7 days...	
259	Have you been deliberately trying to limit the amount of food you eat to influence your weight or shape (whether or not you succeeded)?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
260	Have you gone for long periods of time (e.g., 8 or more waking hours) without eating anything at all in order to influence your weight or shape?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
261	Has thinking about food, eating or calories made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
262	Has thinking about your weight or shape made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
263	Have you had a definite fear that you might gain weight?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days

264	Have you had a strong desire to lose weight?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
265	Have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
266	Have you exercised in a driven or compulsive way to control your weight, shape or body fat, or to burn off calories?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
267	Have you felt like you lost control over your eating (at the time you were eating)?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
268	<p>ONLY IF 1-2 DAYS, 3-5 DAYS OR 6-7 DAYS SELECTED FOR Q267</p> <p>On how many of these days (i.e. days on which you had a sense of having lost control over your eating) did you eat what other people would regard as an unusually large amount of food in one go?</p>	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
269	Has your weight or shape influenced how you think about (judge) yourself as a person?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
270	How dissatisfied have you been with your weight or shape?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days

Oral Health

In this part of the survey, you will be asked questions about your oral health. Remember, if you do not want to answer a question, you can skip it.

Item No.	Items	Response format
271	How often do you brush your teeth?	<ol style="list-style-type: none"> 1. More than once a day 2. Once a day 3. At least once a week but not daily 4. Less than once a week 5. Never
272	Do you have a dentist that you see every six months or so?	<ol style="list-style-type: none"> 1. No 2. Not sure 3. Yes

Puberty

In this part of the survey, you will be asked questions about your experience of going through puberty and some of the changes your body may go through. Remember, all of your responses are completely confidential, and if you do not want to answer a question, you can skip it.

Item No.	Items	Response format		
273	Puberty can involve lots of changes to your body such as a growth spurt, new body hair, changes to your body, skin or voice. These changes happen for different people at different ages. Has your body started changing?	<ol style="list-style-type: none"> 1. I have not started puberty 2. I have only just started puberty 3. I have definitely started puberty 4. I have completed puberty 		
274	ONLY IF FEMALE SELECTED FOR Q25 Have you started your periods?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO			
275	ONLY IF YES SELECTED FOR Q274 How old were you when you had your first period? Please enter your age in years	Text box		

SECTION 7 – HEALTH BEHAVIOURS

Smoking and Vaping

Remember, all of your responses are completely confidential. If you do not want to answer a question, you can skip it.

Item No.	Items	Response format	
276	Have you ever smoked cigarettes? (not including vape/e-cigarettes)	YES	NO
277	ONLY IF YES SELECTED FOR Q276 If yes, how often do you smoke cigarettes?	1. I have only ever tried smoking once or twice 2. I used to smoke but don't any more 3. I smoke one day a week or less 4. I smoke a few days a week 5. I smoke every day or nearly every day	
278	Have you ever vaped/used an e-cigarette?	YES	NO
279	ONLY IF YES SELECTED FOR Q278 Please read the following statements carefully and decide which ONE best describes you.	1. I have only ever tried vaping once or twice 2. I used to vape but don't any more 3. I vape one day a week or less 4. I vape a few days a week 5. I vape every day or nearly every day	
280	Have you ever used any other nicotine containing productions such as pouches, Heat Not Burn Tobacco products or Shisha?	YES	NO
281	IF SELECTED YES FOR Q280 Please read the following statements and decide which ONE best describes you	1. I only ever tried these products once or twice 2. I used to use these products but don't anymore 3. I use these products one day a week or less 4. I use these products a few days a week 5. I use these products every day or nearly ever day	

Alcohol

Remember, all of your responses are completely confidential. If you do not want to answer a question, you can skip it.

Item No.	Items	Response format	
282	Have you ever had an alcoholic drink that is more than a few sips? A drink is half a pint of lager, one alcopop, a small glass of wine, or a measure of spirits.	YES	NO
283	ONLY IF YES SELECTED FOR Q282 How old were you when you first had an alcoholic drink?	Answer age in years	
284	ONLY IF YES SELECTED FOR Q282 How many times have you had an alcoholic drink in the last 12 months? If you have had more than one alcoholic drink at a time, count this as one time.	<ol style="list-style-type: none"> 1. Never 2. 1-2 times 3. A few times 4. Monthly 5. Weekly 6. More than once a week 	
285	ONLY IF YES SELECTED FOR Q282 Have you ever had 5 or more alcoholic drinks at a time? A drink is a half pint of lager, beer or cide, one alcopop, a small glass of wine, or a measure of spirits.	YES	NO
286	ONLY IF YES SELECTED FOR Q285 How old were you when you first had 5 or more alcoholic drinks at a time?	Answer age in years	
287	ONLY IF YES SELECTED FOR Q285 How many times have you had 5 or more alcoholic drinks at a time n the last 12 months?	<ol style="list-style-type: none"> 1. Never 2. 1-2 times 3. A few times 4. Monthly 5. Weekly 6. More than once a week 	
288	ONLY IF SELECTED YES FOR Q285 Why do you/did you drink alcohol? Tick all that apply	<ol style="list-style-type: none"> 1. Boredom 2. Curiosity 3. To relieve pressure and stress 4. To fit in with friends and peer group 5. To have fun 6. To feel more confident 7. Influenced by TV/Film 8. Influenced by social media 9. None of the above/something else 	

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Drugs

The next few questions are about drugs. This means drugs taken for fun (NOT including cigarettes, vapes, and alcohol, or medication prescribed to you). Remember, all of your answers are completely confidential and if you do not want to answer a question, you can skip it.

Item No.	Items	Response format	
289	Have you ever taken drugs?	YES	NO
290	ONLY IF SELECTED YES TO Q289 Have you ever taken any of the following? Cannabis (also called weed, marijuana, spliff, bud, zoot, whacky, baccy, hash or edibles)?	YES	NO
291	ONLY IF SELECTED YES TO Q290 In the past year how many times have you taken cannabis?	1. Once or twice 2. Three or four times 3. Five to ten times 4. More than ten times 5. Not taken in last year	
292	ONLY IF SELECTED YES TO Q289 Have you ever taken any of the following? Cocaine powder (also called coke, cowie or sniff)	YES	NO

293	ONLY IF SELECTED YES TO Q292 In the past year how many times have you taken cocaine?	1. Once or twice 2. Three or four times 3. Five to ten times 4. More than ten times 5. Not taken in last year	
294	ONLY IF SELECTED YES TO Q289 Have you every taken any of the following? Ecstasy (also called 'E', MDMA or pills)	YES	NO
295	ONLY IF SELECTED YES TO Q294 In the past year how many times have you taken ecstasy?	1. Once or twice 2. Three or four times 3. Five to ten times 4. More than ten times 5. Not taken in last year	
296	ONLY IF SELECTED YES TO Q289 Have you every taken any of the following? Ketamine (also called ket)	YES	NO

297	ONLY IF SELECTED YES TO Q296 In the past year how many times have you taken ketamine?	<ol style="list-style-type: none"> 1. Once or twice 2. Three or four times 3. Five to ten times 4. More than ten times 5. Not taken in last year 	
298	ONLY IF SELECTED YES TO Q289 Have you every taken any of the following? Spice	YES	NO
299	ONLY IF SELECTED YES TO Q298 In the past year how many times have you taken Spice?	<ol style="list-style-type: none"> 1. Once or twice 2. Three or four times 3. Five to ten times 4. More than ten times 5. Not taken in last year 	
300	ONLY IF SELECTED YES TO Q289 Have you every taken any of the following? Nitrous Oxide (also called nos/noz, laughing gas, balloons, nitty)	YES	NO

301	ONLY IF SELECTED YES TO Q300 In the past year how many times have you taken Nitrous Oxide?	<ol style="list-style-type: none"> 1. Once or twice 2. Three or four times 3. Five to ten times 4. More than ten times 5. Not taken in last year 	
302	ONLY IF SELECTED YES TO Q289 Have you every taken any of the following? Prescription drugs not prescribed to you (for example codeine, tramadol, morphine, benzos)	YES	NO
303	ONLY IF SELECTED YES TO Q302 In the past year how many times have you taken prescription drugs for recreational use?	<ol style="list-style-type: none"> 1. Once or twice 2. Three or four times 3. Five to ten times 4. More than ten times 5. Not taken in last year 	
304	ONLY IF SELECTED YES TO Q289 Have you every taken any of the following? Any other drug not listed above.	YES	NO
305	ONLY IF SELECTED YES TO Q304 Any other drug (please specify):	Text box	
306	ONLY IF SELECTED YES TO Q304 In the past year how many times have you taken this other drug?	<ol style="list-style-type: none"> 1. Once or twice 2. Three or four times 3. Five to ten times 4. More than ten times 	

5. Not taken in last year

Gambling

The next few questions are about gambling activities you might have taken part in. Gambling includes gaming, betting and lotteries. Remember, everything you tell us is confidential no one at school will see your answers and if you do not want to answer a question, you can skip it.

Item No.	Items	Response format
307	Have you ever spend money on any of the following activities? Please tick all that apply.	<ol style="list-style-type: none"> 1. National lottery scratchcards which you bought in a shop, any National lottery games (e.g., Lotto, Euromillions, Thunderball), or any other Lottery (e.g. the health lottery, People's postcode lottery) 2. Fruit or slot machines (e.g. at an arcade, pub or social club). 3. Placing a private bet for money (e.g. with friends or family) 4. Playing cards for money (e.g. with friends or family). 5. Bingo at a bingo club. 6. Bingo at somewhere other than a bingo club (e.g. social club, holiday park, etc.) 7. Personally visiting a betting shop to play gaming machines. 8. Personally placing a bet at a betting shop (e.g. on football, dog racing or horse racing). 9. Personally visiting a casino to play casino games (by this we mean a proper casino with roulette tables) can win real money (e.g. poker, casinos, bingo, betting on sport or racing). 10. Gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing). 11. I have not spent money on any of the activities above

308	<p>ONLY IF SELECTED NUMBER 1 TO Q307</p> <p>When did you last spend money on National lottery scratchcards which you bought in a shop, any National lottery games (e.g., Lotto, Euromillions, Thunderball), or any other Lottery (e.g. the health lottery, People's postcode lottery)</p>	<ol style="list-style-type: none"> 1. In the last 7 days 2. In the last month 3. In the last year 4. More than a year ago
309	<p>ONLY IF SELECTED NUMBER 2 TO Q307</p> <p>When did you last spend money on fruit or slot machines (e.g. at an arcade, pub or social club)?</p>	<ol style="list-style-type: none"> 1. In the last 7 days 2. In the last month 3. In the last year 4. More than a year ago
310	<p>ONLY IF SELECTED NUMBER 3 TO Q307</p> <p>When did you last spend money placing a private bet for money (e.g. with friends or family)?</p>	<ol style="list-style-type: none"> 1. In the last 7 days 2. In the last month 3. In the last year 4. More than a year ago
311	<p>ONLY IF SELECTED NUMBER 4 TO Q307</p> <p>When did you last spend money playing cards for money (e.g. with friends or family)?</p>	<ol style="list-style-type: none"> 1. In the last 7 days 2. In the last month 3. In the last year 4. More than a year ago
312	<p>ONLY IF SELECTED NUMBER 5 TO Q307</p> <p>When did you last spend money on bingo at a bingo club?</p>	<ol style="list-style-type: none"> 1. In the last 7 days 2. In the last month 3. In the last year 4. More than a year ago
313	<p>ONLY IF SELECTED NUMBER 6 TO Q307</p> <p>When did you last spend money on Bingo at somewhere other than a bingo club (e.g. social club, holiday park, etc.)</p>	<ol style="list-style-type: none"> 1. In the last 7 days 2. In the last month 3. In the last year 4. More than a year ago
314	<p>ONLY IF SELECTED NUMBER 7 TO Q307</p> <p>When did you last spend money personally visiting a betting shop to play gaming machines?</p>	<ol style="list-style-type: none"> 1. In the last 7 days 2. In the last month 3. In the last year 5. More than a year ago
315	<p>ONLY IF SELECTED NUMBER 8 TO Q307</p> <p>When did you last spend money personally placing a bet at a betting shop (e.g. on football, dog racing or horse racing)?</p>	<ol style="list-style-type: none"> 1. In the last 7 days 2. In the last month 3. In the last year 4. More than a year ago

316	<p>ONLY IF SELECTED NUMBER 9 TO Q307</p> <p>When did you last spend money personally visiting a casino to play casino games (by this we mean a proper casion with roulette tables)?</p>	<ol style="list-style-type: none"> 1. In the last 7 days 2. In the last month 3. In the last year 4. More than a year ago
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317	ONLY IF SELECTED NUMBER 10 TO Q307 When did you last spend money on gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing)?	<ol style="list-style-type: none"> In the last 7 days In the last month In the last year More than a year ago
318	As far as you know, has anyone in your immediate family (parent, siblings, other relatives you live with, or someone else who is responsible for looking after you) spent money on gambling?	<ol style="list-style-type: none"> Never – as far as you know Yes – in the last 12 months Yes – more than 12 months ago Don't know Prefer not to say

Online Games

When playing video games on a computer, console, streaming or mobile app (e.g. Fortnite, FIFA, Roblox, Candy Crush) it is sometimes possible to collect in-game items (e.g. skins, clothes, weapons, accessories, players).

Item No.	Items	Response format
319	In which, if any, of the following ways have you personally ever used in-game items or currency? Tick all that apply	<ol style="list-style-type: none"> Paid money (or used virtual currency you have bought) to buy specific in-game items (e.g. skins, clothes, weapons, players). Paid money (or used virtual currency you have bought) to open loot boxes/packs/chests to get other in-game items (e.g. skins, clothes, weapons, players). Bet with in-game items on websites outside of the game you are playing. None of these

Knives

In this part of the survey, you will be asked questions about knives. Remember, your response is confidential and you won't get into trouble for any of your answers. If you do not want to answer a question, you may skip it.

Item No.	Items	Response format	
320	In the last 12 months have you carried a knife or other weapon? For your own protection, because someone else asked you to or in case you get into a fight.	YES	NO

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Police Contact and Crime

In this part of the survey, you will be asked questions about your experiences with the police. Remember, your response is confidential, and nobody will know how you have answered. If you do not want to answer a question, you can skip it.

Item No.	Items	Response format	
321	Have you ever been stopped and questioned by the police?	YES	NO
322	Have you ever been given a formal warning or caution by a police officer?	YES	NO
Please tell us how often the following issues affect you...			
323	Bullying	1. Daily 2. Regularly (a few times a week) 3. Sometimes (a few times a month) 4. Rarely (a few times a year) 5. Never	
324	Cyberbullying/Trolling	1. Daily 2. Regularly (a few times a week) 3. Sometimes (a few times a month) 4. Rarely (a few times a year) 5. Never	
325	Kinfe and Gun Crime	1. Daily 2. Regularly (a few times a week) 3. Sometimes (a few times a month) 4. Rarely (a few times a year) 5. Never	
326	Racial Abuse	1. Daily 2. Regularly (a few times a week) 3. Sometimes (a few times a month) 4. Rarely (a few times a year) 5. Never	
327	Hate crime (being targeted because of your faith, religion, sexuality or disability)	1. Daily 2. Regularly (a few times a week) 3. Sometimes (a few times a month) 4. Rarely (a few times a year) 5. Never	
328	Sexual Harassment	1. Daily 2. Regularly (a few times a week) 3. Sometimes (a few times a month) 4. Rarely (a few times a year) 5. Never	

329	People stealing	<ol style="list-style-type: none"> 1. Daily 2. Regularly (a few times a week) 3. Sometimes (a few times a month) 4. Rarely (a few times a year) 5. Never
330	Violence/Fights	<ol style="list-style-type: none"> 1. Daily 2. Regularly (a few times a week) 3. Sometimes (a few times a month) 4. Rarely (a few times a year) 5. Never
331	Gang-related criminal activity	<ol style="list-style-type: none"> 1. Daily 2. Regularly (a few times a week) 3. Sometimes (a few times a month) 4. Rarely (a few times a year) 5. Never

Section 8 – PHYSICAL HEALTH II

Physical Activity

We are asking about your level of physical activity from the last 7 days (in the last week). This includes sport or dance that makes you sweat, makes your legs feel tired, or makes you breathe hard. For example, running, football, cycling etc.

Item No.	Items	Response format
332	In the last 7 days, on how many mornings did you actively travel to school? For example walking, cycling, scootering, and skateboarding.	<ol style="list-style-type: none"> 1. None 2. 1 time last week 3. 2 or 3 times last week 4. 4 times last week 5. 5 times last week
333	In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)?	<ol style="list-style-type: none"> 1. I don't do PE 2. Hardly ever 3. Sometimes 4. Quite often 5. Always
334	In the last 7 days, what did you normally do at lunch (besides eating lunch)?	<ol style="list-style-type: none"> 1. Sat down (talking, reading, doing school work) 2. Stood around or walked around 3. Ran or played a little bit 4. Ran and played hard most of the time
335	In the last 7 days, what did you normally do at break time?	<ol style="list-style-type: none"> 1. Sat down (talking, reading, doing schoolwork) 2. Stood around or walked around 3. Ran or played a little bit 4. Ran around and played quite a bit

		5. Ran and played hard most of the time
336	In the last 7 days, on how many afternoons did you actively travel (for example, walking, cycling, scootering and skateboarding) from school?	<ol style="list-style-type: none"> 1. None 2. 1 time last week 3. 2 or 3 times last week 4. 4 times last week 5. 5 times last week
337	In the last 7 days, on how many days right after school, did you do sports, dance, or play games in which you were very active?	<ol style="list-style-type: none"> 1. None 2. 1 time last week 3. 2 or 3 times last week 4. 4 times last week 5. 5 times last week
338	In the last 7 days, on how many evenings did you do sports, dance, or play games in which you were very active?	<ol style="list-style-type: none"> 1. None 2. 1 time last week 3. 2 or 3 times last week 4. 4 or 5 times last week 5. 6 or 7 times last week

339	On the last weekend, how many times did you do sports, dance, or play games in which you were very active?	<ol style="list-style-type: none"> 1. None 2. 1 time 3. 2-3 times 4. 4-5 times 5. 6 or more times 		
340	Were you sick last week, or did anything prevent you from doing your normal physical activities?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO			
341	ONLY IF YES SELECTED FOR Q340 What prevented you?	Text box		
<p>We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work/ in education, as part of your house and yard work, to get from place to place and in your spare time for recreation, exercise or sport</p>				
342	Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting (including weight training), running fast or sprinting, swimming continuously (swimming lengths), playing a football/ rugby match or fast bicycling?	<ol style="list-style-type: none"> 0. 0 1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7 		
343	ONLY IF SELECTED 1-7 FOR Q342 How much time did you usually spend doing vigorous physical activities on one of those days?	Text box		

	Please enter in minutes. If you don't know or are unsure, please enter '0'	
344	Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads (including body weight exercises), bicycling at a regular pace, or jogging (steady pace)? Do not include walking.	0. 0 1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7
345	ONLY IF SELECTED 1-7 FOR Q344 How much time did you usually spend doing moderate physical activities on one of those days? Please enter in minutes. If you don't know or are unsure, please enter '0'	Text box
346	Think about the time you spent walking in the last 7 days. This includes at work/ in education and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure. During the last 7 days, on how many days did you walk?	0. 0 1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7
347	ONLY IF SELECTED 1-7 FOR Q346 How much time did you usually spend walking on one of those days? Please enter in minutes. If you don't know or are unsure, please enter '0'	Text box
348	This question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work/ in education, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television. Do not include sleeping. During the last 7 days, how much time did you spend sitting on a week day?	1. 0 hr 15 min 2. 0 hr 30 min 3. 0 hr 45 min 4. 1hr 00 min 5. 1hr 15 min 6. 1hr 30 min 7. 1hr 45 min 8. 2hr 00min 9. 2hr 15 min 10. 2hr 30 min 11. 2hr 45min 12. 3hr 00 min 13. 3hr 15 min 14. 3hr 30 min 15. 3hr 45 min 16. 4hr 00 min 17. 4hr 15 min 18. 4hr 30 min 19. 4hr 45 min 20. 5hr 00 min 21. 5hr 15 min 22. 5hr 30min

		23. 5hr 45min 24. 6hr 00min 25. 6hr 15 min 26. 6hr 30 min 27. 6hr 45 min 28. 7hr 00 min 29. 7hr 15 min 30. 7hr 30 min 31. 7hr 45 min 32. 8hr 00 min 33. 8hr 15 min 34. 8hr 30 min 35. 8hr 45 min 36. 9hr 00min 37. 9hr 15 min 38. 9hr 30 min 39. 9hr 45 min 40. 10hr 00 min 41. 10hr 15 min 42. 10hr 30 min 43. 10hr 45 min 44. 11hr 00 min 45. 11hr 15 min 46. 11hr 30 min 47. 11hr 45 min 48. 12hr 00 min 49. More than 12 hours 50. Don't know/not sure
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Sedentary Activity

These questions are about sedentary activity out of school. Sedentary activity means activity sitting or lying down, including things like watching TV, playing video games, and using a mobile phone.

Item No.	Items	Response format
	Please select how long you usually spend doing the following activities:	
349	Watching TV outside of school time. This includes time spent watching TV programmes, movies or sports but NOT time spent playing video games.	1. Did not do 2. Less than 1 hour per day 3. 1 to 2 hours per day 4. 2 to 3 hours per day 5. 3 hours per day or more
349	Playing video games outside of school time. This includes games on things like Nintendo DS, wii, Xbox, PlayStation, iPod Touch, iPad, or games on your PC and phone.	1. Did not do 2. Less than 1 hour per day 3. 1 to 2 hours per day 4. 2 to 3 hours per day 5. 3 hours per day or more

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350	Using computers or tablets outside of school time. This doesn't include homework time and playing online video games or computer games, but does not include time on things like Instagram and Facebook, as well as time spent on the internet, and messaging like Whatsapp.	<ol style="list-style-type: none"> 1. Did not do 2. Less than 1 hour per day 3. 1 to 2 hours per day 4. 2 to 3 hours per day 5. 3 hours per day or more
351	Using a mobile phone after school. This includes time spent talking, texting, or using things like social media but does not include playing games.	<ol style="list-style-type: none"> 1. Did not do 2. Less than 1 hour per day 3. 1 to 2 hours per day 4. 2 to 3 hours per day 5. 3 hours per day or more
352	Which of the following best describes your typical sedentary habits at home? Try to think about a typical week and not just last week.	<ol style="list-style-type: none"> 1. I spend almost none of my free time sitting 2. I spend little time sitting during my free time 3. I spend about half of my free time sitting 4. I spend a lot of time sitting during my free time 5. I spend almost all of my free time sitting 6.

Sleep

We would like to know about the time you go to sleep and wake up.

Item No.	Items	Response format
	Please think about the last 7 days when answering these questions:	
356	On school nights, what time do you typically fall asleep at?	Drop down: Time
357	On school days, what time do you typically wake up for the day at?	Drop down: Time
358	On non-school nights, what time do you typically fall asleep at?	Drop down: Time
359	On non-school days, what time do you typically wake up for the day at?	Drop down: Time
360	Do you sleep well at night?	<ol style="list-style-type: none"> 1. No 2. Sometimes 3. Yes, always
361	How likely are you to feel sleepy during the day?	<ol style="list-style-type: none"> 1. Rarely 2. Sometimes 3. Often

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SECTION 9 – SCHOOL

In this part of the survey you will be asked questions about your school. Remember, your answers are completely confidential so please be as honest as you can. If you do not want to answer a question, you can skip it.

Item No.	Items	Response format
362	I enjoy school	<ol style="list-style-type: none"> 1. All the time 2. Most of the time 3. Some of the time 4. Almost never 5. Never
363	There is an adult at school I can talk to if something is worrying me	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree

Behaviour

In this part of the survey, you will be asked questions about how people behave at school. Remember, nobody will know how you've responded, and if you do not want to answer a question, you can skip it.

Item No.	Items	Response format
364	Is bullying a problem at your school?	<ol style="list-style-type: none"> 1. It doesn't happen 2. It happens and teachers are really good at resolving it 3. It happens and teachers are good at resolving it 4. It happens and teachers are not good at resolving it 5. It happens and teachers do nothing about it
365	I feel safe when I'm at school	<ol style="list-style-type: none"> 1. All the time 2. Most of the time 3. Some of the time 4. Almost never 5. Never

School pressure

Item No.	Items	Response format
	How much do you agree or disagree with the following statements...	
366	Competition with other people for grades is intense	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
367	If I don't do well in school, my family will be dissaponted.	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
368	My teachers put too much pressure on me to do well in school.	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
369	I'm worried about progressing in the future	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
370	If I don't do well in school, I'll be a failure	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree

371	I often feel stressed because of the pressure to do well in school	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
372	I worry about doing well in tests, exams and assessments	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree

Friends

Item No.	Items	Response format	
373	How many in-person friends do you have? By in-person we mean friends you've met in real life	<ol style="list-style-type: none"> 1. None 2. Not many 3. Some 4. Lots 	
374	How many online friends do you have? By online we mean friends you only know online	<ol style="list-style-type: none"> 1. None 2. Not many 3. Some 4. Lots 	
375	Do you have any close friends? By close friends we mean other young people you feel at ease with or who you can talk to about things that are private	YES	NO

SECTION 10: IDENTITY AND DISCRIMINATION

Attitudes and Values

In this part of the survey, you will be asked questions about your attitudes and values. Remember, if you do not want to answer a question, you can skip it.

Item No.	Items	Response format
	How many people your age would....	
376	Start a fight with someone?	1. None of them 2. Some of them 3. Most of them 4. All of them
377	Write things or spray paint a building, fence or train?	1. None of them 2. Some of them 3. Most of them 4. All of them
378	Take something from a shop without paying?	1. None of them 2. Some of them 3. Most of them 4. All of them
379	Copy or download music, games, or films without paying for them, when they should have done?	1. None of them 2. Some of them 3. Most of them 4. All of them

Bullying

In this part of the survey, you will be asked questions about bullying. We say a person is being bullied when another person or a group of people, repeatedly say or do unwanted nasty and unpleasant things to them. It also is bullying when a person is teased in a way they do not like or when they are left out of things on purpose. The person that bullies has more power than the person being bullied and wants to cause harm to them. Your answers will help to identify where bullying is occurring and inform the design of supports and services for those being bullied. Remember, your answers are completely confidential and will not be shared with your school, your friends, or family members. If you do not want to answer a question, you can skip it.

Item No.	Items	Response format
380	How often have you taken part in bullying another person(s) at school in the past couple months?	<ol style="list-style-type: none"> 1. I have not bullied another person(s) in the past couple of months. 2. It has happened once or twice 3. 2 or 3 times a month 4. About once a week 5. Several times a week (3-5 times) 6. Everyday
381	How often have you been bullied at school in the past couple of months?	<ol style="list-style-type: none"> 1. I have not been bullied at school in the past couple of months 2. It has happened once or twice 3. 2 or 3 times a month 4. About once a week 5. Several times a week (3-5 times) 6. Everyday
382	In the past couple of months, how often have you taken part in online bullying? (Using a phone, device or computer to bully someone through messages, gaming or a social media platform)	<ol style="list-style-type: none"> 1. I have not bullied another person(s) online in the past couple of months. 2. It has happened once or twice 3. 2 or 3 times a month 4. About once a week 5. Several times a week (3-5 times) 6. Everyday
383	In the past couple of months, how often have you been bullied online? (Been bullied by someone using a phone, device or computer to bully you through messages, gaming or a social media platform)	<ol style="list-style-type: none"> 1. I have not been bullied online in the past couple of months. 2. It has happened once or twice 3. 2 or 3 times a month 4. About once a week 5. Several times a week (3-5 times) 6. Everyday

Discrimination

In this part of the survey, you will be asked questions about discrimination. We would like to know about any experiences you have had where you have experienced discrimination because of your ethnicity, your sex/gender identity, disability, religion, class, neurodiversity or other reasons. We are interested in if and how people treat you differently because of these reasons. Remember, all of your responses are confidential, so please answer the questions you feel comfortable with.

Item No.	Items	Response format	
Have you experienced any of the following:			
384	You were discouraged from joining a club or group.	YES	NO
385	Others your age did not include you in their activities	YES	NO
386	People expected less of you than they expected of others your age.	YES	NO
387	People assumed your English was poor.	YES	NO
388	You were hassled by police.	YES	NO
389	You were hassled by staff in a shop.	YES	NO
390	You were called insulting names.	YES	NO
391	You received poor service in a shop, restaurant, or similar place.	YES	NO
392	People acted as though you were not intelligent.	YES	NO
393	People acted as if they were afraid of you.	YES	NO
394	You were threatened	YES	NO

395	<p>ANSWER ONLY IF YES TO Q384-394</p> <p>If you had this experience, was it because of your:</p>	<p>Tick all that apply:</p> <ol style="list-style-type: none"> 1. Ethnicity 2. Sex/ gender identity 3. Disability 4. Religion 5. Class 6. Neurodiversity (e.g. conditions such as 7. Autism, Asperger's, Dyslexia) 8. Sexuality 9. Other
396	<p>ANSWER ONLY IF TICKED OTHER TO Q395</p> <p>Please describe</p>	Text box

SECTION 11: DIGITAL AND SOCIAL MEDIA

Social Media

In this part of the survey, you will be asked questions about social media and your positive and negative experiences with it. Your answers will help researchers and local organisations understand teenagers' social media habits and support positive experiences online. Remember, your responses are completely confidential and will not be shared with any teachers, friends, or family members. If you do not want to answer a question, you can skip it.

Item No.	Items	Response format	
397	Which social media platforms do you use? Tick all that apply.	<ol style="list-style-type: none"> 1. Facebook 2. Instagram 3. X (formerly Twitter) 4. TikTok 5. Snapchat 6. Other 	
398	<p>ANSWER ONLY IF TICKED OTHER TO Q397</p> <p>Please describe</p>	Text box	
399	On a normal week day (Monday-Friday) during term time, roughly how many hours do you spend using social media?	Drop down: hours	
400	On a normal weekend (Saturday and Sunday) during term time, roughly how many hours do you spend using social media?	Drop down: hours	
401	Do you think you're spending too much time on social media?	YES	NO
402	Has your experience of using social media been mostly positive or negative?	<ol style="list-style-type: none"> 1. All positive 2. Mostly positive 3. An even mix of positive and negative 4. Mostly negative 5. All negative 	

403	Do you have your own smartphone?	YES	NO
404	ONLY IF SELECTED YES TO Q403 At what age did you get your own smartphone? Please answer in years	Text box	
405	At what age did you start using social media? Please answer in years	Text box	
406	Which social media platform do you use the most? Please only select one	<ol style="list-style-type: none"> 1. Facebook 2. Instagram 3. X (formerly Twitter) 4. TikTok 5. Snapchat 6. Other 	
407	On the social media site you use the most, is your account public or private?	<ol style="list-style-type: none"> 1. Public 2. Private 3. I don't know 	
408	On the social media site you use the most, how many followers do you have?	Text box	
409	On the social media site you use the most, how many people or groups are you following?	Text box	
410	Do you have a social media account that you keep secret from your parents?	YES	NO
411	Is there a TV set or an internet connected electronic device (computer, iPad, phone) in your bedroom?	YES	NO
412	ONLY IF YES SELECTED ON Q403 What do you usually do with your phone when you are ready to go to sleep?	<ol style="list-style-type: none"> 1. Turn the phone off 2. Put the ringer on silent or vibrate 3. Leave the ringer on 4. Put it outside of the room when I sleep 	
413	I find that my time spent on social media reduces the time I have for other important activities (e.g., studying, exercising, hobbies)	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree 	
414	When you use social media sites or apps, how much time do you spend using them on a typical school day (weekday)?	<ol style="list-style-type: none"> 1. Less than 30 minutes 2. More than 30 minutes but less than an hour 3. 1-2 hours 4. 2-3 hours 5. 3-4 hours 6. 4-5 hours 7. 5-6 hours 8. 6-7 hours 9. More than 7 hours 	
415	When you use social media sites or apps how much time do you spend using them on a typical weekend or holiday day?	<ol style="list-style-type: none"> 1. Less than 30 minutes 2. More than 30 minutes but less than an hour 3. 1-2 hours 4. 2-3 hours 5. 3-4 hours 6. 4-5 hours 7. 5-6 hours 	

		8. 6-7 hours 9. More than 7 hours
	We would like to ask you some questions about your experience on social media and mobile phone use. Please indicate how much you agree or disagree with the following statements...	
416	My social media accounts are a true reflection of myself	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know
417	I compare myself to others on social media sites and apps	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know
418	I can be honest with people on social media sites and apps about how I am feeling	1. Disagree a lot 2. Disagree a little 3. Neither agree not disagree 4. Agree a little 5. Agree a lot 6. Don't know
419	I am happy with the number of friends I have on social media	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know
420	I monitor the amount of views, likes, comments or shares I get on social media	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know
421	The number of views, likes, comments or shares I get on social media has an impact on my mood	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know
422	In general, I spend more time on social media than I mean to	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know
423	I interrupt whatever else I am doing when I am contacted on my phone	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little

		5. Agree a lot 6. Don't know	
424	I often use my phone for no particular reason	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know	
425	I feel connected to others when I am using my phone	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know	
426	Arguments have arisen with others because of my phone use	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know	
427	I lose track of how much I am using my phone	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know	
428	I often think about my phone when I am not using it	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know	
429	I have been unable to reduce my phone use	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know	
430	The thought of being without my phone makes me feel distressed	1. Disagree a lot 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree a lot 6. Don't know	
431	Kooth is an anonymous website where Bradford teenagers can privately access mental health support and advice. Have you ever used Kooth?	YES	NO
432	ONLY IF SELECTED YES FOR Q431 Which school years have you been an active user of Kooth?	1. Sep 2020 – July 2021 2. Sep 2021 – July 2022 3. Sep 2022 – July 2023	

		4. Sep 2023 – July 2024 5. Sep 2024 – July 2025
	How often do you use generative AI tools (e.g. ChatGPT) for the following? Generative artificial intelligence is capable of generating text, images, videos or other data using generative models, often in response to prompts and include popular chatbots such as ChatGPT and Snapchat AI	
433	To get information	1. Daily 2. Once or twice per week 3. Once or twice per month 4. Once or twice per year 5. Never
434	To check my work	1. Daily 2. Once or twice per week 3. Once or twice per month 4. Once or twice per year 5. Never
435	To generate new ideas	1. Daily 2. Once or twice per week 3. Once or twice per month 4. Once or twice per year 5. Never
436	To create images, sounds or music	1. Daily 2. Once or twice per week 3. Once or twice per month 4. Once or twice per year 5. Never
437	To write code	1. Daily 2. Once or twice per week 3. Once or twice per month 4. Once or twice per year 5. Never
438	To ask for advice	1. Daily 2. Once or twice per week 3. Once or twice per month 4. Once or twice per year 5. Never
439	For school work	1. Daily 2. Once or twice per week 3. Once or twice per month 4. Once or twice per year 5. Never
440	For social reasons (e.g. emotional support or to help draft replies to messages)	1. Daily 2. Once or twice per week 3. Once or twice per month 4. Once or twice per year 5. Never
441	How much do you trust generative AI (e.g. ChatGPT)?	1. Entirely 2. Somewhat 3. Undecided 4. Not Really 5. Not at all

442	When using generative AI (e.g. ChatGPT), how often do you verify the answers it provides you?	<ol style="list-style-type: none"> 1. Almost always 2. Sometimes 3. Every once in a while 4. Rarely 5. Never
	How useful do you find generative AI tools in the following subjects?	
443	Writing subjects (e.g. English, Languages)	<ol style="list-style-type: none"> 0. 0 – Very much 1. 1 2. 2 3. 3 4. 4 5. 5 – Not at all
444	Problem Solving Subjects (e.g. Maths)	<ol style="list-style-type: none"> 0. 0 – Very much 1. 1 2. 2 3. 3 4. 4 5. 5 – Not at all
445	Knowledge based subjects (e.g. Science, Geography, History)	<ol style="list-style-type: none"> 0. 0 – Very much 1. 1 2. 2 3. 3 4. 4 5. 5 – Not at all
446	Creative Subjects	<ol style="list-style-type: none"> 0. 0 – Very much 1. 1 2. 2 3. 3 4. 4 5. 5 – Not at all

Internet

In this section we talk about the internet. This means content you can only access online such as, social media, websites, and online games.

Item No.	Items	Response format	
154	Do you have access to the internet at home?	YES	NO
155	ONLY IF YES TO Q154 How good is your internet at home?	<ol style="list-style-type: none"> 1. Very bad 2. Bad 3. Okay 4. Good 5. Very good 	

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