

BiB AGE
OF
WONDER

MODULE THREE

PHYSICAL HEALTH



RISK BEHAVIOURS



01274 274474

ageofwonder@bthft.nhs.uk

www.borninbradford.nhs.uk

CONTENT

Physical health I

Hearing and sight
food and diet
eating habits
oral health
puberty

Health behaviours

Smoking and vaping
alcohol
drugs
gambling
online gambling
online games
knives + gangs
police contact

Physical health II

Physical activity
Sedentary activity
Sleep

RISK BEHAVIOURS



PHYSICAL HEALTH



Item no	Items	Response format		
1	Participant Study ID			
2	Year group	Year 8	Year 9	Year 10

Section 1: General health I

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				
3	How good is your health in general?	Very good	good	fair	bad	Very bad

Hearing and Sight

Item no	Items	Response format				
4	Do you wear glasses or contact lenses?	Yes	No			
5	Do you have any difficulty seeing?	Yes	No			
6	Do you have any difficulty hearing or use a hearing aid, including if you cannot hear at all?	Yes	No			
7	Have you ever had your eyes tested outside of school?	No	Not sure	Yes		

Food and Diet

Item no	items	Response format				
8	How often do you and your family usually have meals together?	Every day	Most days	About once a week	Less often	Never
9	How often do you eat breakfast over a week?	Every day	Most days	About once a week	Less often	Never
10	How often do you eat at least 2 portions of fruit per day?	Every day	Most days	About once a week	Less often	Never

11	How often do you eat at least 2 portions of vegetables per day?	Every day	Most days	About once a week	Less often	Never
12	How often do you drink diet drinks or sugar free drinks like diet cola or sugar-free squash?	Every day	Most days	About once a week	Less often	Never
13	How often do you drink sugary drinks like regular cola or squash?	Every day	Most days	About once a week	Less often	Never
14	How often do you eat fast food such as McDonalds, Burger King, KFC or other fast food like that?	Every day	Most days	About once a week	Less often	Never
19	How would you describe your diet?	Very unhealthy	Unhealthy	Neither healthy nor unhealthy	Healthy	Very healthy
21	Where do you normally eat your meals?	At a table	In front of the television	Somewhere else (please describe)		
22	IF ANSWERED 'SOMEWHERE ELSE' TO Q21 Please describe:	text				

Eating Habits

The next questions will ask you about food and whether you are happy with your size or 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. If anything upsets you, please talk to your teacher or access the information provided at the end of the survey.

Item no	Item	Response format				
On how many of the past 7 days...						
23	Have you been deliberately trying to limit the amount of food you eat to influence your weight or shape (whether or not you have succeeded)?	0 days	1-2 days	3-5 days	6-7 days	
24	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?	0 days	1-2 days	3-5 days	6-7 days	
25	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)?	0 days	1-2 days	3-5 days	6-7 days	
26	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)?	0 days	1-2 days	3-5 days	6-7 days	
27	Have you had a definite fear that	0 days	1-2 days	3-5 days	6-7 days	

	you might gain weight?					
28	Have you had a strong desire to lose weight?	0 days	1-2 days	3-5 days	6-7 days	
29	Have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives?	0 days	1-2 days	3-5 days	6-7 days	
30	Have you exercised in a driven or compulsive way to control your weight, shape or body fat, or to burn off calories?	0 days	1-2 days	3-5 days	6-7 days	
31	Have you felt like you had lost control over your eating (at the time that you were eating)?	0 days	1-2 days	3-5 days	6-7 days	
32	IF SELECTED MORE THAN ONE DAY TO Q31 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?	0 days	1-2 days	3-5 days	6-7 days	

34	Over the past 7 days....Has your weight or shape influenced how you think about (judge) yourself as a person?	Not at all	Slightly	Moderately	Markedly	
35	Over the past 7 days....How dissatisfied have you been with your weight or shape?	Not at all	Slightly	Moderately	Markedly	

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 item				
36	How often do you brush your teeth?	More than once a day	Once a day	At least once a week but not daily	Less than once a week	Never
37	How many times did you clean your teeth yesterday?	None	Once	Twice	Three times or more	
38	Do you have a dentist that you see every six months or so?	No	Not sure	Yes		
39	Why did you go to the dentist last time?	I have never been	I was having trouble with my teeth	I went for a check up	Other reason (please describe)	
40	IF OTHER TO Q39 Please describe:	TEXT				

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	Item	Response format
---------	------	-----------------

41	What is your sex? The biological sex on your birth certificate	Female	Male	Do not wish to answer	Wish to enter own response	
42	Space to self-describe					
43	During puberty you may experience a growth spurt. How would you describe your growth spurt? A growth spurt	My growth spurt has not yet begun	My growth spurt has barely started	My growth spurt has definitely started	My growth spurt seems completed	
44	During puberty you may begin to grow body hair. How would you describe the growth of your body hair? By "Body hair" we mean hair any place other than your head or face, such as under your arms.	My body hair has not yet begun to grow	My body hair has barely started to grow	My body hair has definitely started to grow	My body hair growth seems completed	
45	During puberty you may notice changes to your skin such as spots. How would you describe the changes to your skin?	My skin has not yet started changing	My skin has barely started changing	My skin has definitely started changing	My skin changes seem completed	
46	IF MALE TO Q41 During puberty you may notice your voice getting deeper. How would you describe your voice?	My voice has not yet started getting deeper	My voice has barely started getting deeper	My voice has definitely started getting deeper	My voice change seems completed	
47	IF MALE TO Q41 During puberty you may begin to grow facial hair. How would you describe the growth of your facial hair? By facial hair we mean hair on	My facial hair has not yet started to grow	My facial hair has barely started to grow	My facial hair has definitely started to grow	My facial hair growth seems completed	

	your face, such as on your top lip or chin.					
48	IF FEMALE TO Q41 During puberty you may notice your breasts begin to grow. How would you describe the growth of your breasts?	My breasts have not yet started to grow	My breasts have barely started to grow	My breasts have definitely started to grow	My breast growth seems completed	
49	IF FEMALE Q41 Have you started your periods?	Yes		No		
50	IF YES TO Q49 How old were you when you had your first period? Please enter your age in years	number				
51	If you could ask every teenager in Bradford any question about their physical health, what would it be?	text				

RISK BEHAVIOURS

Section 2: 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.

52	Have you ever smoked cigarettes? (not including vape/e-cigarettes)	Yes		No		
53	IF YES TO Q52 If yes, how often do you smoke Cigarettes?	have only ever tried smoking cigarettes once	used to smoke sometimes but I never smoke now	sometimes smoke cigarettes, but less than 1 a week	usually smoke between 1 and 6 cigarettes a week	I usually smoke more than 6 cigarettes a week

54	How old were you when you first tried smoking a cigarette, even if it was only a drag or two? Age in years:	Text	
55	Have you ever vaped/used an e-cigarette?	Yes	No
56	Please read the following statements carefully and decide which ONE best describes you.	I have never tried an e-cigarette or vaping device, I have only ever tried an e-cigarette or vaping device once, I used to use an e-cigarette/vaping device sometimes but I don't now, I sometimes use an e-cigarette or vaping device now but less than once a week, I usually use an e-cigarette or vaping device between one and six times a week, I usually use an e-cigarette or vaping device more than six times a week	
57	Thinking about smoking/vaping at home: Do your parents/carers smoke/vape at all?	Yes	No
58	Does anyone smoke/vape indoors at home in rooms that you use?	Yes	No

Alcohol

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

59	Have you ever had an alcoholic drink that is more than a few sips? A drink is half a pint of lager, beer or cider, one alcopop, a small glass of wine, or a measure of spirits	Yes	No
60	IF YES TO Q59 How old were you when you first had an alcoholic drink? Age in years:	Number	
61	IF YES TO Q59 How many times have you had an alcoholic drink in the last 12months? If you have had more than one alcoholic drink at a time, count this as one time.	Never, 1-2 times, A few times, Monthly, Weekly, More than once a week	

62	IF YES TO Q59 Have you ever had five or more alcoholic drinks at a time? A drink is half a pint of lager, beer or cider, one alcopop, a small glass of wine, or a measure of spirits.	Yes	No
63	IF YES TO Q62 How old were you when you first had five or more alcoholic drinks at a time? Age in years:	NUMBER	
64	IF YES TO Q62 How many times have you had five or more alcoholic drinks at a time in the last 12 months?	Never, 1-2 times, A few times, Monthly, Weekly, More than once a week	
65	IF YES TO Q59 Have YOU got or bought alcoholic drinks at any of these places during the last 7 days? You may tick more than one answer	I got my alcohol from my parents to drink with them, I got my alcohol from my parents to drink with my friends, I took/stole my alcohol from home, I bought my alcohol from a supermarket, I bought my alcohol from an off licence or other shop, I got a stranger to buy alcohol for me from a supermarket, I got a stranger to buy alcohol for me from an off licence or other shop, I got a friend/sibling to buy alcohol for me, I bought alcohol in a pub or club, I got alcohol some other way (please describe)	
66	IF OTHER TO Q65 I got alcohol some other way, please describe:	Text	
67	IF YES TO Q59 Which of the following drinks have you had in the last 7 days?	None, Pre-mixed spirits ('alcopops'), Beer or lager, Spirits (vodka,whisky,rum,Baileys), Cider or perry, Fortified wines (Martini,port,sherry), Wine, Other (please describe)	
68	IF OTHER TO Q67 Other, please describe:	Text	
69	IF YES TO Q59 If you ever drink alcohol, do your parents/carers know?	I never drink alcohol, My parents/carers always know, My parents/carers usually know, My parents/carers sometimes know, My parents/carers never know	

Drugs
The next few questions are about drugs. This means drugs taken for fun (NOT including cigarettes, vape, 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	Item	Response format				
70	Have you ever taken drugs?	Yes	No			
	IF YES TO Q 70 Have you ever taken any of the following?					
71	Cannabis (also called weed, marijuana, spliff , bud, zoot, whacky baccy, hash or edibles)	Yes	No			
72	Cocaine powder (also called coke, cowie or sniff)					
	Acid or LSD (also called tabs)					
73	Ecstasy (also called 'E', MDMA or pills)					
74	Heroin (also called gear or smack)					
75	Crack (also called rocks or stones)					
76	Speed or Amphetamines, (also called whizz or phet)					
77	Methamphetamine (also called crystal meth or meth)					
	Semeron (also called sem)					
78	Ketamine (also called ket)					
	Mephedrone (also called M-cat)					
79	Spice					
80	Magic mushrooms (also called shrooms)					
81	Salvia					
82	Nitrous oxide (also called nos/noz, laughing gas, balloons, nitty)					
83	Poppers (also called Liquid Gold or TNT)					
84	Prescription drugs not prescribed to you (for example codeine, tramadol, morphine, benzos)					
86						
87						
88	IF YES TO ANY OF Q71-87 In the past year how many times have you taken [DRUG]?	Once or twice	Three of four times	Five to ten times	More than ten times	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	item	Response format				
	<u>Have you spent any of YOUR money on any of the following activities?</u>					
89 90 91 92 93 94 95 96 97 98 99 100 101 102	<p>Lotto (the main National Lottery draw)</p> <p>National Lottery Scratchcards which you bought in a shop (not free Scratchcards)</p> <p>Any other National Lottery games (e.g. EuroMillions, Thunderball, HotPicks, Set For Life)</p> <p>Other Lotteries (e.g. The Health Lottery, People's Postcode Lottery, or other smaller lotteries)</p> <p>Fruit or slot machines (e.g. at an arcade, pub or social club)</p> <p>Placing a private bet for money (e.g. with friends or family)</p> <p>Playing cards for money (e.g. with friends or family)</p> <p>Bingo at a bingo club</p> <p>Bingo at somewhere other than a bingo club (e.g. social club, holiday park, etc.)</p> <p>Personally visiting a betting shop to play gaming machines</p> <p>Personally placing a bet at a betting shop (e.g. on football, dog racing or horse racing)</p> <p>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)</p> <p>Gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing)</p>	Yes, in the last 7 days	Yes, in the last 4 weeks	Yes, in the last 12 months	Yes, more than 12 months ago	No, never
	IF YES TO 89-102 <u>In the past 12 months has your</u>	My gambling has never led	Once or	Sometimes	Often	Prefer not

103	gabling ever led to arguments with family/friends or others?		to this	twice			to say
104	ever led to telling lies to family/friends or others?						
105	ever led to missing school?						
106	IF YES TO 89-102 In the past 12 months have you ever taken money from any of the following without permission to spend on gambling?		I have never taken money without permission to spend on gambling, Dinner money or fare money, Money from family, Money from things you have sold, Money from outside the family, Somewhere else, Prefer not to say				
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 any of these activities in the last 12 months?							
107	Lotto (the main National Lottery draw) or any other National Lottery scratchcards or games						
108	Fruit or slot machines (e.g. at an arcade, pub or social club)						
109	Visiting a betting shop to play gaming machines						
110	Placing a bet at a betting shop (e.g. on football, dog racing or horse racing)	Yes, in the last 12 months	No, more than 12 months ago	Never, as far as you know	Don't know	Prefer not to say	
111	Bingo at a bingo club						
112	Bingo at somewhere other than a bingo club (e.g. social club, holiday park, etc.)						
113							

114	Visiting a casino to play casino games (by this we mean a proper casino with roulette tables)					
115	Gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing)					
	Any other gambling for money or things worth money	Yes, in the last 12 months	No, more than 12 months ago	Never, as far as you know	Don't know	Prefer not to say

Online Gambling

The next question is about online gambling-style games. Online gambling-style games look and play like normal gambling games - for example roulette, poker, slot machines, and bingo - but you cannot win real money (e.g. Zynga Poker, Slots Farm, Bingo Blitz).

116	When, if ever, did you last play an online gambling-style game?	In the past 7 days, In the past 4 weeks, In the past 12 months, Longer than 12 months ago, I have never played online gambling-style games, Don't know
117	IF YES TO ONLINE GAMBLING If you ticked yes to playing an online gambling-style game, how did you play these? Remember these are games where you cannot win real money.	Using Facebook or other social networking website, Using Facebook or other social networking apps, Free demo games on gambling websites, Free demo games on gambling apps, Using another type of app on a smartphone or tablet, On another website, Another way, Don't know/can't remember

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	Item	Response format				
118	In which, if any, of the following ways have you personally ever used in-game items or currency?	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 and Gangs

In this part of the survey, you will be asked questions about gang activities. 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	Item	Response format			
119	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		
120	Are you a member of a gang? A street gang is a group of young people who hang around together and: have a specific area or territory; have a name, a colour or something else to identify the group; possibly have rules or a leader; who may commit crimes together.	Yes	No	I used to be a member but not any more	

Police Contact

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	Item	Response format	
121	Have you ever been stopped and questioned by the police?	Yes	No
122	Have you ever been given a formal warning or caution by a police officer?	Yes	No
123	Have you ever been arrested by a police officer and taken to a police station?	Yes	No
124	Have you appeared in court because you were accused of a crime?	Yes	No
125	IF YES TO Q124 Were you found guilty or not guilty?	Guilty	Not guilty

PHYSICAL HEALTH

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	item	Response format				
126	In the last 7 days, on how many mornings did you actively travel to school? For example walking, cycling, scootering, and skateboarding	None	1 time last week	2 or 3 times last week	4 times last week	5 times last week
127	In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)?	I don't do PE	Hardly ever	Sometimes	Quite often	Always
128	In the last 7 days, what did you normally do at lunch (besides eating lunch)?	Sat down (talking, reading, doing schoolwork)	Stood around or walked around	Ran or played a little bit	Ran around and played quite a bit	Ran and played hard most of the time

01274 274474

ageofwonder@bthft.nhs.uk

www.borninbradford.nhs.uk

		k)				
129	In the last 7 days, what did you normally do at break time?	Sat down (talking, reading, doing schoolwork)	Stood around or walked around	Ran or played a little bit	Ran around and played quite a bit	Ran and played hard most of the time
130	In the last 7 days, on how many afternoons did you actively travel (for example, walking, cycling, scootering, and skateboarding) from school?	None	1 time last week	2 or 3 times last week	4 times last week	5 times last week
131	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?	None	1 time last week	2 or 3 times last week	4 times last week	5 times last week
132	In the last 7 days, on how many evenings did you do sports, dance, or play games in which you were very active?	None	1 time last week	2 or 3 times last week	4 or 5 times last week	6 or 7 times last week
133	On the last weekend, how many times did you do sports, dance, or play games in which you were very active?	None	1 time	2 - 3 times	4 - 5 times	6 or more times
134	Were you sick last week, or did anything prevent you from doing your normal physical activities?	Yes		No		
135	IF YES TO Q134 What prevented you?	TEXT				

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. Please select how long you usually spend doing the following activities:

Item no	Item	Response format
---------	------	-----------------

136	Watching TV outside of school time This includes time spent watching TV programmes, movies or sports but NOT time spent playing video games	Did not do	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 hours per day or more
137	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	Did not do	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 hours per day or more
138	Using Computers or tablets outside of school time This doesn't include homework time and playing online video games or computer games, but does include time on things like Instagram and Facebook, as well as time spent on the internet, and messaging like whatsapp	Did not do	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 hours per day or more
139	Using a mobile phone after school This includes time spent talking, texting, or using things like social media but does not include playing games	Did not do	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 hours per day or more
140	Which of the following best describes your typical sedentary habits at home? Try to think about a typical week and not just last week	I spend almost none of my free time sitting	I spend little time sitting during my free time	I spend about half of my free time sitting	I spend a lot of time sitting during my free time	I spend almost all of my free time sitting

Sleep

We would like to know about the time you go to sleep and wake up. Please think about the last 7 days when answering these questions.

141	On school nights, what time do you typically fall asleep at?	Drop down time
142	On school nights, what time do you typically wake up for the day at?	Drop down time
143	On non-school nights, what time do you typically fall asleep	Drop down time

	at?					
144	On non-school nights, what time do you typically wake up for the day at?	Drop down time				
145	Do you ever take naps during the day?	Never	Rarely	Sometimes	Often	
146	Some people feel more active and alert at certain times of the day. Please indicate which best describes you:	Much more active and alert in the morning	A little bit more active and alert in the morning	About the same in the morning and evening	A little bit more active and alert in the evening	Much more active and alert in the evening
147	When you're in bed and the lights are turned off ...	You fall asleep quickly	You stay awake for a while	It takes you a long time to fall asleep		
148	Do you wake up during the night?	Rarely	Sometimes	Often		
149	When you wake up during the night...	You fall asleep quickly	You stay awake for a while	It takes you a long time to fall asleep		
150	Do you sleep well at night?	No	Sometimes	Yes, always		
151	How likely are you to feel sleepy during the day?	Rarely	Sometimes	Often		

Form Status

152	Complete?	Incomplete	Unverified	Complete		
-----	-----------	------------	------------	----------	--	--