

BiB AGE
OF
WONDER

Questionnaire
2025-26

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

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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"> Most days of the week (4-7 days per week) Some days of the week (1-3 days per week) Once or twice a month 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	IF WISH TO ENTER OWN RESPONSE SELECTED TO Q27 Space to self-describe	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	ONLY IF SELECTED YES TO Q29 Has this lasted, or is it expected to last, for 12 months or more?	YES	NO
31	ONLY IF SELECTED YES TO Q29 Do any of your illnesses or conditions reduce your ability to carry out day-to-day activities?	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	1. Definitely disagree 2. Somewhat disagree 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	1. Definitely disagree 2. Somewhat disagree 3. Neither agree nor disagree 4. Somewhat agree 5. Definitely agree
34	I look for strategies and ways to appear more sociable	1. Definitely disagree 2. Somewhat disagree 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 disagree 2. Somewhat disagree 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 disagree 2. Somewhat disagree 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 disagree 2. Somewhat disagree 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	A computer, laptop or tablet with internet at home	YES	NO
39	At least one family holiday away from home in a typical year	YES	NO
40	A family car, van or truck	YES	NO
41	A bedroom for yourself	YES	NO

42	Compared to your friends, would you say your family is richer, about the same, poorer, or don't know?	1. Richer 2. Poorer 3. About the same 4. Don't know
43	How often do you worry about how much money your family has?	1. Never 2. Some of the time 3. All of the time
44	When you are at home on a typical day in Winter, are you (and everyone in your household) warm enough?	1. Yes – always 2. Yes – sometimes 3. No – rarely 4. No – never

45	My parents/guardians talk about needing to be careful or struggling to pay bills or to make ends meet	YES	NO
46	ONLY IF SELECTED YES TO Q45 Which areas do your parents/guardians try to be careful with and/or save money?	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
47	Where do you live most of the time?	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

48	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.	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
49	ONLY IF SELECTED 15 TO Q48 Please specify	Text box
50	ONLY IF SELECTED 1 TO Q48 Does your mother have a job?	0. No 1. Yes 2. Don't know
51	ONLY IF SELECTED 1 TO Q50	Text box

	Please say in what place your mother works (for example, hospital, bank, restaurant)	
52	ONLY IF SELECTED 0 TO Q50 Why does your mother not 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
53	ONLY IF SELECTED 2 TO Q48 Does your father have a job?	0. No 1. Yes 2. Don't know
54	ONLY IF SELECTED 1 TO Q53 Please say in what place your father works (for example, hospital, bank, restaurant)	Text box
55	ONLY IF SELECTED 0 TO Q53 Why does your father not 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
56	ONLY IF SELECTED 3 TO Q48 Does your guardian have a job?	0. No 1. Yes 2. Don't know
57	ONLY IF SELECTED 1 TO Q56 Please say in what place your guardian works (for example, hospital, bank, restaurant)	Text Box
58	ONLY IF SELECTED 0 TO Q56 Why does your guardian not 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
59	ONLY IF SELECTED 4 TO Q48 Does your foster carer have a job?	0. No 1. Yes 2. Don't know
60	ONLY IF SELECTED 1 TO Q59 Please say in what place your foster carer works (for example, hospital, bank, restaurant)	Text Box
61	ONLY IF SELECTED 0 TO Q59 Why does your foster carer not 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
62	ONLY IF SELECTED 5 TO Q48 Does your step mother have a job?	0. No 1. Yes 2. Don't know
63	ONLY IF SELECTED 1 TO Q62 Please say in what place your step mother works (for example, hospital, bank, restaurant)	Text Box
64	ONLY IF SELECTED 0 TO Q62 Why does your step mother not 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
65	ONLY IF SELECTED 6 TO Q48 Does your step father have a job?	0. No 1. Yes 2. Don't know
66	ONLY IF SELECTED 1 TO Q65 Please say in what place your step father works (for example, hospital, bank, restaurant)	Text Box
67	ONLY IF SELECTED 0 TO Q65 Why does your step father not 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
68	ONLY IF SELECTED 7 TO Q48 Does your mother's partner have a job?	0. No 1. Yes 2. Don't know
69	ONLY IF SELECTED 1 TO Q68 Please say in what place your mother's partner works (for example, hospital, bank, restaurant)	Text Box
70	ONLY IF SELECTED 0 TO Q68 Why does your mother's partner not 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
71	ONLY IF SELECTED 8 TO Q48 Does your father's partner have a job?	0. No 1. Yes 2. Don't know
72	ONLY IF SELECTED 1 TO Q71 Please say in what place your father's partner works (for example, hospital, bank, restaurant)	Text Box
73	ONLY IF SELECTED 0 TO Q71 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
74	Select your birth order. I am... This is the order you've been born in. For example, if you have 1 older sibling, you are the 2 nd born.	Drop down 1 st -10 th :
75	How often does your family get along together?	1. Never 2. Some of the time 3. Always

76	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
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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?		
77	Regular pocket money or allowance	YES	NO
78	Money from doing chores or babysitting for family or relatives	YES	NO
79	Money from working in the family business	YES	NO
80	Money from a paid job	YES	NO
81	Given money by parents when I need it	YES	NO
	To what extend would you say the following statements apply to you perosnally		
82	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)	
83	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)	
84	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)	
85	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)	
86	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)	
	How confident do you feel...		
87	Managing your money	0 (Not at all) – 10 (Very confident)	
88	Making decisions about financial products and services This can include opening a bank account, saving money, credit cards and loans.	0 (Not at all) – 10 (Very confident)	
89	Working with numbers when you need to in everyday life For exmaple, when shopping and working out how much everything will cost.	0 (Not at all) – 10 (Very confident)	

90	Planning for your financial future	0 (Not at all) – 10 (Very confident)
91	Do you own a bank account?	0. No 1. Yes 2. Yes, but I don't operate it
92	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 form 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	
93	We can't get the food we want because there is not enough money	YES	NO
94	I worry about not having enough to eat	YES	NO
95	I worry about how hard it is for my parents to get enough food for us	YES	NO
96	I feel hungry because there is not enough food to eat	YES	NO
97	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
98	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

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?	
99	Your safety when going out after dark	1. Very poor 2. Poor 3. Ok 4. Good 5. Very good
100	Your safety when going out during the day	1. Very poor 2. Poor 3. Ok 4. Good 5. Very good
101	Your safety when going to and from school	1. Very poor 2. Poor 3. Ok 4. Good 5. Very good
102	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?	
103	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
104	Creative writing (outside of school or work)	1. No 2. Yes – once 3. Yes – more than once

105	Voluntary, charity or community work	1. No 2. Yes – once 3. Yes – more than once
106	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
107	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
108	Read for enjoyment	1. No 2. Yes – once 3. Yes – more than once
109	Participate in a poetry/spoken word session	1. No 2. Yes – once 3. Yes – more than once
110	Take part in theatre, dance, circus, or other performance activities	1. No 2. Yes – once 3. Yes – more than once

Item No.	Items	Response format
	Did you attend any of the following events in the last month?	
111	A party, dance, house party or nightclub.	1. No 2. Yes – once 3. Yes – more than once
112	Live sport (for example at a stadium).	1. No 2. Yes – once 3. Yes – more than once
113	A live music concert or gig.	1. No 2. Yes – once 3. Yes – more than once
114	Some other type of performance, such as a play, pantomime, opera, dance, or circus.	1. No 2. Yes – once 3. Yes – more than once
115	Youth clubs.	1. No 2. Yes – once 3. Yes – more than once

116	Scouts/ Guides/ Explorer scouts/ Rangers.	1. No 2. Yes – once 3. Yes – more than once
117	A library.	1. No 2. Yes – once 3. Yes – more than once
118	Museums or galleries, a historical place, or stately home.	1. No 2. Yes – once 3. Yes – more than once
119	A political meeting, march, rally or demonstration.	1. No 2. Yes – once 3. Yes – more than once
120	A religious service or event.	1. No 2. Yes – once 3. Yes – more than once 4.
121	Video gaming event or festival.	1. No 2. Yes – once 3. Yes – more than once 5.

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?	
122	I am proud to live in my local area	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree 6. Don't know
123	Arts and cultural events and activities available in my local area make me feel proud of my local area	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree 6. Don't know

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124	Arts and cultural events and activities available in my local area are of interest to me	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.	
125	I feel sad or empty	1. Never 2. Sometimes 3. Often 4. Always
126	I worry when I think that I have done poorly at something	1. Never 2. Sometimes 3. Often 4. Always
127	I would feel afraid of being on my own at home.	1. Never 2. Sometimes 3. Often 4. Always

128	Nothing is much fun anymore	1. Never 2. Sometimes 3. Often 4. Always
129	I worry that something awful will happen to someone in my family	1. Never 2. Sometimes 3. Often 4. Always

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130	I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)	1. Never 2. Sometimes 3. Often 4. Always
131	I worry what other people think of me	1. Never 2. Sometimes 3. Often 4. Always
132	I have trouble sleeping	1. Never 2. Sometimes 3. Often 4. Always
133	I feel scared if I have to sleep on my own	1. Never 2. Sometimes 3. Often 4. Always
134	I have problems with my appetite	1. Never 2. Sometimes 3. Often 4. Always
135	I suddenly become dizzy or faint when there is no reason for this	1. Never 2. Sometimes 3. Often 4. Always
136	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

137	I have no energy for things	1. Never 2. Sometimes 3. Often 4. Always
138	I suddenly start to tremble or shake when there is no reason for this	1. Never 2. Sometimes 3. Often 4. Always
139	I cannot think clearly	1. Never 2. Sometimes 3. Often

		4. Always
140	I feel worthless	1. Never 2. Sometimes 3. Often 4. Always
141	I have to think special thoughts (like numbers or words) to stop bad things happening	1. Never 2. Sometimes 3. Often 4. Always
142	I think about death	1. Never 2. Sometimes 3. Often 4. Always
143	I feel like I don't want to move	1. Never 2. Sometimes 3. Often 4. Always
144	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
145	I am tired a lot	1. Never 2. Sometimes 3. Often 4. Always

146	I feel afraid that I will make a fool of myself in front of people	1. Never 2. Sometimes 3. Often 4. Always
147	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
148	I feel restless	1. Never 2. Sometimes 3. Often 4. Always

149	I worry that something bad will happen to me	1. Never 2. Sometimes 3. Often 4. Always
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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.		
150	I try to be nice to other people. I care about their feelings	1. Not true 2. Somewhat true 3. Certainly true
151	I am restless, I cannot stay still for long	1. Not true 2. Somewhat true 3. Certainly true

152	I get a lot of headaches, stomachs or sickness	1. Not true 2. Somewhat true 3. Certainly true
153	I usually share with others (food, games, pens etc)	1. Not true 2. Somewhat true 3. Certainly true
154	I get very angry and often loose my temper	1. Not true 2. Somewhat true 3. Certainly true
155	I am usually on my own. I generally play alone or keep to myself	1. Not true 2. Somewhat true 3. Certainly true
156	I usually do as I am told	1. Not true 2. Somewhat true 3. Certainly true
157	I worry a lot	1. Not true 2. Somewhat true 3. Certainly true

158	I am helpful if someone is hurt, upset or feeling ill	1. Not true 2. Somewhat true 3. Certainly true
159	I am constantly fidgeting or squirming	1. Not true 2. Somewhat true 3. Certainly true
160	I have one good friend or more	1. Not true 2. Somewhat true 3. Certainly true
161	I fight a lot. I can make other people do what I want	1. Not true 2. Somewhat true 3. Certainly true
162	I am often unhappy, down-hearted or tearful	1. Not true 2. Somewhat true 3. Certainly true

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

		3. Certainly true
170	I think before I do things	1. Not true 2. Somewhat true 3. Certainly true
171	I take things that are not mine from home, school or elsewhere	1. Not true 2. Somewhat true 3. Certainly true
172	I get on better with adults than with people my own age	1. Not true 2. Somewhat true 3. Certainly true
173	I have many fears, I am easily scared	1. Not true 2. Somewhat true 3. Certainly true
174	I finish the work I am doing. My attention is good.	1. Not true 2. Somewhat true 3. Certainly true

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	
175	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
176	I've been feeling useful	1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
177	I've been feeling relaxed	1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time

178	I've been dealing with problems well	1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
179	I've been thinking clearly	1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
180	I've been feeling close to other people	1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
181	I've been able to make up my own mind about things	1. None of the time 2. Rarely 3. Some of the time 4. Often 5. All the time
182	When I find something really hard, I can work out what to do	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...	
183	...that you lack friendships?	1. Hardly ever 2. Some of the time 3. Often
184	...left out?	1. Hardly ever 2. Some of the time 3. Often

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185	...isolated from others?	1. Hardly ever 2. Some of the time 3. Often
186	...alone?	1. Hardly ever 2. Some of the time 3. Often

Social Isolation

Item No.	Items	Response format
187	How many close friends would you say you have? People you can trust and can talk to about personal things	1. None 2. 1 3. 2-4 4. 5-9 5. 10 or more
188	How many causal friends would you say you have? People you enjoy interacting with but don't feel particularly close to	1. None 2. 1 3. 2-4 4. 5-9 5. 10 or more
189	How often do you meet up in-person (outside of school) with any of your friends?	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
190	How often would you prefer to meet up in-person with friends?	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
191	How much do you feel you belong with the people around you?	1. Not at all 2. A little 3. Somewhat 4. Mostly 5. Very much

Sexual Relationships

The next questions are about your relationship, sex education and sexual experiences. As a reminder your participation is entirely voluntary and the answers you provide will be combined so that no individuals can be identified. You can skip any questions you do not wish to answer

Item No.	Items	Response format
192	<p>This question is about sexual attraction. Please select the option that applied to you.</p> <p>I have felt sexually attracted to..</p>	<ol style="list-style-type: none"> 1. Only to females, never to males 2. More often to females and at least once to a male 3. About equally often to females and males 4. More often to males and at least once to a female 5. Only ever males, never to females 6. I have also been attracted to individuals who do not identify as male or female 7. I have never felt sexually attracted to anyone at all
193	<p>When you were growing up, in which of the ways listed below did you learn about sexual matters? Select all that apply</p>	<ol style="list-style-type: none"> 1. At a GP/Family doctor surgery/Sexual health clinic/Pharmacy 2. Educational sexual health websites/ vlogs/ blogs 3. Social media/chat rooms 4. Lessons at school 5. Books/magazines/newspaper 6. Friends of about my own age 7. Television/ Radio/ Film/ DVDs/ Video 8. Mother/ Female carer 9. Father/ Male carer 10. First boyfriend/girlfriend/partner 11. Pornography 12. Siblings (including half, step or adoptive)
194	<p>ONLY IF MULTIPLE SELECTED FOR Q193</p> <p>From which one of these did you learn most?</p>	<ol style="list-style-type: none"> 1. At a GP/Family doctor surgery/Sexual health clinic/Pharmacy 2. Educational sexual health websites/ vlogs/ blogs 3. Social media/chat rooms 4. Lessons at school 5. Books/magazines/newspaper 6. Friends of about my own age 7. Television/ Radio/ Film/ DVDs/ Video 8. Mother/ Female carer 9. Father/ Male carer 10. First boyfriend/girlfriend/partner 11. Pornography 12. Siblings (including half, step or adoptive)

195	Have you ever had any sexual experiences?	<ul style="list-style-type: none"> 0. No 1. Yes 2. Not sure 3. Do not wish to answer
196	<p>ONLY IF ANSWERED 'YES' TO Q195</p> <p>Looking back to the time when you first started having sexual experiences yourself, is there anything on this list that you now feel you ought to have known more about?</p> <p>Select all that apply.</p>	<ul style="list-style-type: none"> 1. Staying safe online 2. How to have sex 3. Sexual body parts and how bodies develop 4. Getting pregnant and experience of pregnancy 5. Where to get advice and help about sexual matters 6. How to start, maintain and end an intimate relationship 7. Sexual orientations and sexual identities 8. Sexually transmitted infections and how to avoid them 9. How to talk about sex 10. Masturbation 11. Managing pressure to have sex 12. The law (e.g. about consent, abuse, pornography, sharing images) 13. Contraception, birth control 14. Giving and getting consent 15. Pornography 16. How to make sex more pleasurable 17. How to use a condom correctly 18. Gender identities 19. Other 20. None – not ready for sexual experience yet
197	<p>ONLY IF ANSWERED 'YES' TO Q195</p> <p>How, or from whom, would you have liked to learn more about those sexual matters?</p> <p>Please choose no more than 2 from this list.</p>	<ul style="list-style-type: none"> 1. Mother/female carer 2. Father/male carer 3. Sibling(s) (including half, step or adoptive) 4. Lessons at school 5. Friends of about my own age 6. First boyfriends/girlfriends/partners 7. At a GP/ family doctor surgery/ sexual health clinical/ pharmacy 8. Television/ Radio/ Film/ DVDs/ Video 9. Books/ Magazines/ Newspapers 10. Educational sexual health websites/ Vlogs/ Blogs 11. Social media/ chat rooms 12. Pornography 13. Other
198	How would you rate the quality of the relationships and sex education you received at school, as a whole?	<ul style="list-style-type: none"> 1. Very good 2. Good 3. Ok 4. Bad 5. Very bad 6. I did not receive any relationships and sex education at school

199	<p>The next 2 questions are about some forms of sexual harassment. Sexual harassment is unwanted behaviour of a sexual nature that you find offensive, or, which makes you feel uncomfortable, intimidated, or humiliated. This could happen anywhere.</p> <p>In the last 12 months have you experienced any of the following:</p> <p>Sexually suggestive comments, messages or images that made you feel uncomfortable, intimated or humiliated. This could be in person, by phone or online.</p>	<p>0. No</p> <p>1. Yes</p> <p>2. Don't know/ can't remember</p> <p>3. Prefer not to answer</p>	
200	<p>Touching, hugging or kissing that made you feel uncomfortable, intimidated or humiliated?</p>	<p>0. No</p> <p>1. Yes</p> <p>2. Don't know/ can't remember</p> <p>3. Prefer not to answer</p>	
201	<p>The following questions are about pornography (porn). By porn we mean material showing genitals (e.g. penis or vulva/vagina) and/or sexual activity of any kind of sexual arousal or fantasy.</p> <p>Have you ever looked at or watched porn?</p>	YES	NO
202	<p>ONLY IF ANSWERED 'YES' TO Q201</p> <p>How old were you when you first looked at or watched porn?</p> <p>Please estimate the age if you can't say exactly</p>	Textbox	
203	<p>Have you ever had any kind of sexual experience or sexual contact with another person? This includes anything that felt sexual to you. It could be kissing, touching, intercourse or any other form of sex.</p>	YES	NO
204	<p>ONLY IF ANSWERED 'YES' TO Q201</p> <p>In the last 12 months, how often have you looked at or watched porn?</p>	<p>1. More than once a day</p> <p>2. Once a day</p> <p>3. More than once a week</p> <p>4. Once a week</p> <p>5. More than once a month</p> <p>6. Once a month</p> <p>7. More than once during the last 12 months</p> <p>8. Once during the last 12 months</p> <p>9. Not at all</p>	
205	<p>Overall, how do you feel about looking at or watching porn?</p>	<p>1. It is a positive part of your sex life</p> <p>2. It is a negative part of your sex life</p> <p>3. It is both a positive and negative part of your sex life</p> <p>4. It is neither a positive nor negative part of your sex life</p>	
206	<p>The following questions are about 'sexting' - by this we mean digital technology (e.g. phone, computer or tablet) to send or receive texts that are sexually explicit images or videos that show the sender's genitals (e.g. their penis</p>	<p>1. Yes, I have received a sext within the last 12 months</p> <p>2. Yes, I have received a sext but more than 12 months ago</p>	

	or vulva/vagina), buttocks or breasts or that person engaging in sexual activity. Have you ever received a sext (a sexual text, image or video of the sender?)	3. No, I have never received a sext
207	Have you ever sent a sext (a sexual text, image or video of yourself?)	1. Yes, I have sent a sext within the last 12 months 2. Yes, I have sent a sext but more than 12 months ago 3. No, I have never sent a sext
208	ONLY IF ANSWERED 1 OR 2 TO Q207 As far as you know, has anyone you sent a sexual image or video of yourself to ever shared it without your permission?	1. Yes, within the last 12 months 2. Yes but more than 12 months ago 3. No, not that I am aware
209	Have you ever been pestered or pressured to send a sext to someone?	1. Yes, within the last 12 months 2. Yes but more than 12 months ago 3. No

Trust

Item No.	Items	Response format
210	Generally speaking, would you say that most people can be trusted, or you can't be too careful in dealing with other people?	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?	
211	Girlfriend/boyfriend or partner	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
212	Friend (not related to you)	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4

		5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
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213	Parent/carer	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
214	Other relative or family member	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
215	Mental health professional (e.g. psychologist, social worker, counsellor)	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
216	Phone helpline (e.g. lifeline/samaritans/NSPCC)	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
217	Doctor/GP	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)
218	Religious Leader	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6

		7. 7 (Extremely likely)	
219	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)	
220	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)	
221	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)	
222	AI Chatbot (e.g. ChatGPT)	1. 1 (Extremely unlikely) 2. 2 3. 3 (Unlikely) 4. 4 5. 5 (Likely) 6. 6 7. 7 (Extremely likely)	
223	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)	
224	Would you seek help from another not listed above?	YES	NO
225	ONLY IF ANSWERED YES TO Q224 Please list in the space provided:	Text box	

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	
226	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:		
227	I tend to bounce back quickly after hard times	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
228	I have a hard time making it through stressful events	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
229	It does not take me long to recover from a stressful event	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
230	It is hard for me to snap back when something bad happens	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
231	I usually come through difficult times with little trouble	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
232	I tend to take a long time to get over setbacks in my life	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

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
233	Have you ever heard voices that other people couldn't hear?	1. Yes, definitely 2. Yes, maybe 3. No, never
234	ONLY IF ANSWERED 1 OR 2 TO Q233 At its worst, how upsetting did you find this?	1. Not at all upset 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
235	ONLY IF ANSWERED 1 OR 2 TO Q233 How often have you heard voices that other people couldn't hear in the last year?	1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all
236	Have you ever seen something or someone that other people could not see?	1. Yes, definitely 2. Yes, maybe 3. No, never
237	ONLY IF ANSWERED 1 OR 2 TO Q236 At its worst, how upsetting did you find this?	1. Not at all upset 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
238	ONLY IF ANSWERED 1 OR 2 TO Q236 How often have you seen something or someone that other people couldn't in the past year?	1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all
239	Have you ever thought you were being followed or spied on?	1. Yes, definitely 2. Yes, maybe 3. No, never
240	ONLY IF ANSWERED 1 OR 2 TO Q239 At its worst, how upsetting did you find this?	1. Not at all upset 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
241	ONLY IF ANSWERED 1 OR 2 TO Q239 How often have you thought you were being followed or spied on in the past year?	1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all

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242	ONLY IF ANSWERED 1 OR 2 TO Q241 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?	1. Yes, definitely 2. Yes, maybe 3. No, never
243	Some people believe that other people can read their thoughts. Have other people ever read your thoughts?	1. Yes, definitely 2. Yes, maybe 3. No, never
244	ONLY IF ANSWERED 1 OR 2 TO Q243 At its worst, how upsetting did you find this?	1. Not at all upset 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
245	ONLY IF ANSWERED 1 OR 2 TO Q243 How often have you believed that other people can read your thoughts in the past year?	1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all
246	Do you think people have sometimes used special powers to read your thoughts?	1. Yes, definitely 2. Yes, maybe 3. No, never
247	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?	1. Yes, definitely 2. Yes, maybe 3. No, never
248	ONLY IF ANSWERED 1 OR 2 TO Q247 At its worst, how upsetting did you find this?	1. Not at all upset 2. A bit upsetting 3. Quite upsetting 4. Very upsetting
249	ONLY IF ANSWERED 1 OR 2 TO Q247 How often have you been sent special messages in the past year?	1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly every day 5. Not at all
250	Have you ever felt that you were under the control of some special power?	1. Yes, definitely 2. Yes, maybe 3. No, never

251	ONLY IF ANSWERED 1 OR 2 TO Q250	1. Not at all upsetting 2. A bit upsetting
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	At its worst, how upsetting did you find this?	3. Quite upsetting 4. Very upsetting
252	ONLY IF ANSWERED 1 OR 2 TO Q250 How often have you thought you were under the control of a special power in the past year?	1. Once or twice 2. Less than once a month 3. More than once a month 4. Nearly everyday 5. Not at all
253	ONLY IF ANSWERED 1 OR 2 TO Q250 Who do you think was controlling you (at any time in the past?)	1. God 2. A computer/other machine 3. Someone/something else
254	ONLY IF ANSWERED 1 OR 2 TO Q250 Did it control what you were doing or thinking, such that you had no will of your own?	1. Yes, definitely 2. Yes, maybe 3. No, never
255	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)	1. Yes, definitely 2. Yes, maybe 3. No, never
256	ONLY IF ANSWERED 1 OR 2 TO Q255 How often have you thought you are somebody really special, or that you have special powers in the past year?	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
257	How often do you visit parks and green spaces? During the winter months (September - March)	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
258	How often do you visit parks and green spaces? During the spring and summer months (April-August)	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
259	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.	1. Very poor 2. Poor 3. Fair 4. Good 5. Excellent 6. Don't know

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
260	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
261	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	
262	Have you been told to, or do you need to wear glasses in order to see clearly?	YES	NO

263	ONLY IF NO SELECTED FOR Q262 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	
264	ONLY IF YES FOR Q262 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	
265	ONLY IF YES SELECTED FOR Q262 At what age did you first wear glasses or contact lenses?	Text Box	
266	Do you have any difficulty hearing or use a hearing aid, including if you cannot hear at all?	YES	NO

Food and Diet

Item No.	Items	Response format
267	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
268	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
269	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
270	How often do you drink diet drinks or sugar free drinks like diet cola, peps max, or sugar-free squash?	1. Every day 2. Most days 3. About once a week 4. Less often 5. Never

271	How often do you drink sugary drinks like regular cola or squash?	<ol style="list-style-type: none"> 1. Every day 2. Most days 3. About once a week 4. Less often 5. Never
272	How often do you drink energy drinks or high caffeine drinks (e.g., Red Bull, Prime Energy, Monster Energy)?	<ol style="list-style-type: none"> 1. Every day 2. Most days 3. About once a week 4. Less often 5. Never
273	How often do you eat fast food such as McDonalds, Burger King, KFC or other fast food like that?	<ol style="list-style-type: none"> 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...	
274	Have you been deliberately trying to limit the amount of food you eat to influence your weight or shape (whether or not you succeeded)?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
275	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?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
276	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)?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
277	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)?	<ol style="list-style-type: none"> 1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days

278	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
279	Have you had a strong desire to lose weight?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days

280	Have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
281	Have you exercised in a driven or compulsive way to control your weight, shape or body fat, or to burn off calories?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
282	Have you felt like you lost control over your eating (at the time you were eating)?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
283	ONLY IF 1-2 DAYS, 3-5 DAYS OR 6-7 DAYS SELECTED FOR Q282 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?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
284	Has your weight or shape influenced how you think about (judge) yourself as a person?	1. 0 days 2. 1-2 days 3. 3-5 days 4. 6-7 days
285	How dissatisfied have you been with your weight or shape?	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
286	How often do you brush your teeth?	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
287	Do you have a dentist that you see every six months or so?	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
288	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?	1. I have not started puberty 2. I have only just started puberty 3. I have definitely started puberty 4. I have completed puberty
289	ONLY IF FEMALE SELECTED FOR Q25 Have you started your periods?	<div>YES</div> <div>NO</div>
290	ONLY IF YES SELECTED FOR Q289 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.

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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	
291	Have you ever smoked cigarettes? (not including vape/e-cigarettes)	YES	NO
292	ONLY IF YES SELECTED FOR Q291 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	
293	Have you ever vaped/used an e-cigarette?	YES	NO
294	ONLY IF YES SELECTED FOR Q293 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	
295	Have you ever used any other nicotine containing productions such as pouches, Heat Not Burn Tobacco products or Shisha?	YES	NO
296	IF SELECTED YES FOR Q295 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	

Item No.	Items	Response format	
297	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
298	ONLY IF YES SELECTED FOR Q297 How old were you when you first had an alcoholic drink?	Answer age in years	
299	ONLY IF YES SELECTED FOR Q297 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.	1. Never 2. 1-2 times 3. A few times 4. Monthly 5. Weekly 6. More than once a week	

300	ONLY IF YES SELECTED FOR Q297 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
301	ONLY IF YES SELECTED FOR Q300 How old were you when you first had 5 or more alcoholic drinks at a time?	Answer age in years	
302	ONLY IF YES SELECTED FOR Q300 How many times have you had 5 or more alcoholic drinks at a time in the last 12 months?	1. Never 2. 1-2 times 3. A few times 4. Monthly 5. Weekly 6. More than once a week	
303	ONLY IF YES SELECTED FOR Q302 How many time have you had 5 or more alcoholic drinks at a time in the last 30 days?	1. Once or twice 2. Three or four times 3. Five to ten times 4. More than ten times 5. Not taken in the last 30 days	
304	ONLY IF SELECTED YES FOR Q297 Why do you/did you drink alcohol? Tick all that apply	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	

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	
305	Have you ever taken drugs? This does not include medicines taken for medical conditions or pain such as ibuprofen or paracetamol	YES	NO
306	ONLY IF SELECTED YES TO Q305 Have you ever taken any of the following? Cannabis (also called weed, marijuana, spliff, bud, zoot, whacky, baccy, hash or edibles)?	YES	NO
307	ONLY IF SELECTED YES TO Q306	1. Once or twice 2. Three or four times	

	In the past year how many times have you taken cannabis?	3. Five to ten times 4. More than ten times 5. Not taken in last year	
308	ONLY IF SELECTED MORE THAN ONCE TO Q307 In the past 30 days, how many times have you taken cannabis?	6. Once or twice 7. Three or four times 8. Five to ten times 9. More than ten times 10. Not taken in 30 days	
309	ONLY IF SELECTED YES TO Q305 Have you ever taken any of the following? Cocaine powder (also called coke, cowie or sniff)	YES	NO

310	ONLY IF SELECTED YES TO Q309 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	
311	ONLY IF SELECTED YES TO Q305 Have you every taken any of the following? Ecstasy (also called 'E', MDMA or pills)	YES	NO
312	ONLY IF SELECTED YES TO Q311 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	
313	ONLY IF SELECTED YES TO Q305 Have you every taken any of the following? Ketamine (also called ket)	YES	NO
314	ONLY IF SELECTED YES TO Q313 In the past year how many times have you taken ketamine?	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	
315	ONLY IF SELECTED YES TO Q305 Have you every taken any of the following? Spice	YES	NO
316	ONLY IF SELECTED YES TO Q315 In the past year how many times have you taken Spice?	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	

317	ONLY IF SELECTED YES TO Q305 Have you every taken any of the following? Nitrous Oxide (also called nos/noz, laughing gas, balloons, nitty)	YES	NO
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318	ONLY IF SELECTED YES TO Q317 In the past year how many times have you taken Nitrous Oxide?	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	
319	ONLY IF SELECTED YES TO Q305 Have you every taken any of the following? Prescription drugs not prescribed to you (for example codeine, tramadol, morphine, benzos)	YES	NO
320	ONLY IF SELECTED YES TO Q319 In the past year how many times have you taken prescription drugs for recreational use?	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	
321	ONLY IF SELECTED YES TO Q305 Have you every taken any of the following? Any other drug not listed above.	YES	NO
322	ONLY IF SELECTED YES TO Q321 Any other drug (please specify):	Text box	
323	ONLY IF SELECTED YES TO Q321 In the past year how many times have you taken this other drug?	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
324	Have you ever spend money on any of the following activities? Please tick all that apply.	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)

		<ol style="list-style-type: none"> Fruit or slot machines (e.g. at an arcade, pub or social club). Placing a private bet for money (e.g. with friends or family) Playing cards for money (e.g. with friends or family). Bingo at a bingo club. Bingo at somewhere other than a bingo club (e.g. social club, holiday park, etc.) Personally visiting a betting shop to play gaming machines. Personally placing a bet at a betting shop (e.g. on football, dog racing or horse racing). 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). Gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing). I have not spent money on any of the activities above
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325	<p>ONLY IF SELECTED NUMBER 1 TO Q324</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"> In the last 7 days In the last month In the last year More than a year ago
326	<p>ONLY IF SELECTED NUMBER 2 TO Q324</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"> In the last 7 days In the last month In the last year More than a year ago

327	ONLY IF SELECTED NUMBER 3 TO Q324 When did you last spend money placing a private bet for money (e.g. with friends or family)?	<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
328	ONLY IF SELECTED NUMBER 4 TO Q324 When did you last spend money playing cards for money (e.g. with friends or family)?	<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
329	ONLY IF SELECTED NUMBER 5 TO Q324 When did you last spend money on bingo at a bingo club?	<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
330	ONLY IF SELECTED NUMBER 6 TO Q324 When did you last spend money on Bingo at somewhere other than a bingo club (e.g. social club, holiday park, etc.)	<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
331	ONLY IF SELECTED NUMBER 7 TO Q324 When did you last spend money personally visiting a betting shop to play gaming machines?	<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
332	ONLY IF SELECTED NUMBER 8 TO Q324 When did you last spend money personally placing a bet at a betting shop (e.g. on football, dog racing or horse racing)?	<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

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).

333	ONLY IF SELECTED NUMBER 9 TO Q324 When did you last spend money personally visiting a casino to play casino games (by this we mean a proper casino with roulette tables)?	<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
334	ONLY IF SELECTED NUMBER 10 TO Q324 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"> 1. In the last 7 days 2. In the last month 3. In the last year 4. More than a year ago
335	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"> 1. Never – as far as you know 2. Yes – in the last 12 months 3. Yes – more than 12 months ago 4. Don't know 5. Prefer not to say

336	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"> 1. Paid money (or used virtual currency you have bought) to buy specific in-game items (e.g. skins, clothes, weapons, players). 2. 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). 3. Bet with in-game items on websites outside of the game you are playing. 4. None of these 6.
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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	
337	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

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	
338	Have you ever been stopped and questioned by the police?	YES	NO
339	Have you ever been given a formal warning or caution by a police officer?	YES	NO
340	ONLY IF YES SELECTED FOR Q339 Was this in the last 30 days?	YES	NO
	Please tell us how often the following issues affect you...		
341	Bullying	<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 	

342	Cyberbullying/Trolling	<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
343	Kinfe and Gun Crime	<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
344	Racial Abuse	<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
345	Hate crime (being targeted because of your faith, religion, sexuality or disability)	<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
346	Sexual Harassment	<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
347	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
348	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
349	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
350	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
351	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
352	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
353	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
354	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
355	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

356	In the last 7 days, on how many evenings did you do sports, dance, or play games in which you were very active?	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
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357	On the last weekend, how many times did you do sports, dance, or play games in which you were very active?	1. None 2. 1 time 3. 2-3 times 4. 4-5 times 5. 6 or more times
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358	Were you sick last week, or did anything prevent you from doing your normal physical activities?	YES	NO
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359	ONLY IF YES SELECTED FOR Q358 What prevented you?	Text box
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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			
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360	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?	0. 0 1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7
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361	ONLY IF SELECTED 1-7 FOR Q360 How much time did you usually spend doing vigorous physical activities on one of those days? Please enter in minutes. If you don't know or are unsure, please enter '0'	Text box
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362	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
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363	ONLY IF SELECTED 1-7 FOR Q362 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
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364	<p>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?</p>	<p>0. 0 1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7</p>
365	<p>ONLY IF SELECTED 1-7 FOR Q364 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'</p>	Text box
366	<p>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?</p>	<p>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</p>

		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:	
367	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
368	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
369	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.	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
370	Using a mobile phone after school. This includes time spent talking, texting, or using things like social media but does not include playing 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
371	Which of the following best describes your typical sedentary habits at home? Try to think about a typical week and not just last week.	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:	
372	On school nights, what time do you typically fall asleep at?	Drop down: Time
373	On school days, what time do you typically wake up for the day at?	Drop down: Time
374	On non-school nights, what time do you typically fall asleep at?	Drop down: Time
375	On non-school days, what time do you typically wake up for the day at?	Drop down: Time
376	Do you sleep well at night?	1. No 2. Sometimes 3. Yes, always
377	How likely are you to feel sleepy during the day?	1. Rarely 2. Sometimes 3. Often

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
378	I enjoy school	1. All the time 2. Most of the time 3. Some of the time 4. Almost never 5. Never
379	There is an adult at school I can talk to if something is worrying me	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree

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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
380	Is bullying a problem at your school?	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
381	I feel safe when I'm at school	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...	
382	Competition with other people for grades is intense	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
383	If I don't do well in school, my family will be disappointed.	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
384	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
385	I'm worried about progressing in the future	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree

		5. Strongly disagree
386	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
387	I often feel stressed because of the pressure to do well in school	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
388	I worry about doing well in tests, exams and assessments	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree

Friends

Item No.	Items	Response format	
389	How many in-person friends do you have? By in-person we mean friends you've met in real life	1. None 2. Not many 3. Some 4. Lots	
390	How many online friends do you have? By online we mean friends you only know online	1. None 2. Not many 3. Some 4. Lots	
391	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

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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....	
392	Start a fight with someone?	1. None of them 2. Some of them 3. Most of them 4. All of them
393	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
394	Take something from a shop without paying?	1. None of them 2. Some of them 3. Most of them 4. All of them
395	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
396	How often have you taken part in bullying another person(s) at school in the past couple months?	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
397	How often have you been bullied at school in the past couple of months?	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
398	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)	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
399	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)	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:			
400	You were discouraged from joining a club or group.	YES	NO
401	Others your age did not include you in their activities	YES	NO
402	People expected less of you than they expected of others your age.	YES	NO
403	People assumed your English was poor.	YES	NO

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404	You were hassled by police.	YES	NO
405	You were hassled by staff in a shop.	YES	NO
406	You were called insulting names.	YES	NO
407	You received poor service in a shop, restaurant, or similar place.	YES	NO
408	People acted as though you were not intelligent.	YES	NO
409	People acted as if they were afraid of you.	YES	NO
410	You were threatened	YES	NO

411	ANSWER ONLY IF YES TO Q400-410 If you had this experience, was it because of your:	Tick all that apply: 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
412	ANSWER ONLY IF TICKED OTHER TO Q411 Please describe	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
413	Which social media platforms do you use? Tick all that apply.	1. Facebook 2. Instagram 3. X (formerly Twitter) 4. TikTok 5. Snapchat 6. Other

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414	ANSWER ONLY IF TICKED OTHER TO Q413 Please describe	Text box	
415	On a normal week day (Monday-Friday) during term time, roughly how many hours do you spend using social media?	Drop down: hours	
416	On a normal weekend (Saturday and Sunday) during term time, roughly how many hours do you spend using social media?	Drop down: hours	
417	Do you think you're spending too much time on social media?	YES	NO
418	Has your experience of using social media been mostly positive or negative?	1. All positive 2. Mostly positive 3. An even mix of positive and negative 4. Mostly negative 5. All negative	
419	Do you have your own smartphone?	YES	NO
420	ONLY IF SELECTED YES TO Q419 At what age did you get your own smartphone? Please answer in years	Text box	
421	At what age did you start using social media? Please answer in years	Text box	
422	Which social media platform do you use the most? Please only select one	1. Facebook 2. Instagram 3. X (formerly Twitter) 4. TikTok 5. Snapchat 6. Other	
423	On the social media site you use the most, is your account public or private?	1. Public 2. Private 3. I don't know	
424	On the social media site you use the most, how many followers do you have?	Text box	
425	On the social media site you use the most, how many people or groups are you following?	Text box	
426	Do you have a social media account that you keep secret from your parents?	YES	NO
427	Is there a TV set or an internet connected electronic device (computer, iPad, phone) in your bedroom?	YES	NO
428	ONLY IF YES SELECTED ON Q419 What do you usually do with your phone when you are ready to go to sleep?	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	
429	I find that my time spent on social media reduces the time I have for other important activities (e.g., studying, exercising, hobbies)	1. Strongly agree 2. Agree 3. Neutral 4. Disagree	

		5. Strongly disagree	
430	Kooth is an anonymous website where Bradford teenagers can privately access mental health support and advice. Have you ever used Kooth?	YES	NO
431	ONLY IF SELECTED YES FOR Q430 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		
432	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	
433	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	
434	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	
435	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	
436	How much do you trust generative AI (e.g. ChatGPT)?	1. Entirely 2. Somewhat 3. Undecided 4. Not Really 5. Not at all	
437	When using generative AI (e.g. ChatGPT), how often do you verify the answers it provides you?	1. Almost always 2. Sometimes 3. Every once in a while 4. Rarely 5. Never	

438	In the past 12 months, have your parents/carers or your school ever banned you from using social media (for example, taking away your	0 – No, never 1 – Yes, once 2 – Yes, more than one
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	phone, blocking access, or not letting you log in)?	
439	In the past 30 days, how often have you seen posts, videos, ads or messages (on any app or website) that discourage risky or harmful behaviours or promote positive choices — for example, saying no to alcohol or drugs, avoiding fights or crime, steering clear of gambling, making healthy food choices, challenging racism, staying in school, or getting help when needed?	0 – Never 1 – Less than once a week 2 – 1-3 days a week 3 – 4-6 days a week 4 – Every day or almost every day
440	Thinking about your friends, classmates, or family members... In the past 30 days, how often do you think they have seen posts, videos, ads or messages online that encourage or show risky or harmful behaviours — for example, drinking alcohol, taking drugs, fighting or other crime, gambling, eating unhealthily, making racist comments, or joining a gang?	0 – Never 1 – Less than once a week 2 – 1-3 days a week 3 – 4-6 days a week 4 – Every day or almost every day
441	In the past 30 days, how often have you seen or been around risky or harmful behaviours offline (not on social media) — for example, in real life, on TV, in films, in shops, in newspapers or magazines? This could include drinking alcohol, taking drugs, fighting or committing crime, gambling, eating unhealthily, making racist comments, or being involved in a gang.	0 – Never 1 – Less than once a week 2 – 1-3 days a week 3 – 4-6 days a week 4 – Every day or almost every day

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	
442	Do you have access to the internet at home?	YES	NO
443	ONLY IF YES TO Q442 How good is your internet at home?	1. Very bad 2. Bad 3. Okay 4. Good 5. Very good	

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Current and Future Education/Employment

Item No.	Items	Response format
444	What are you currently doing?	<ol style="list-style-type: none"> 1. Studying at College 8. Studying at sixth form 2. Doing an apprenticeship 3. Doing a work-based training course/scheme 4. In full time work (employed or self-employed) 5. In part time work (employed or self-employed) 6. Full time carer 7. Other
445	<p>Please select one of the answers to say whether you agree or disagree to each statement.</p> <p>I have a clear idea of the career that I want</p>	<ol style="list-style-type: none"> 1. Strongly agree 2. Slightly agree 3. Agree 4. Slightly disagree 5. Strongly disagree
446	I am uncertain about my future	<ol style="list-style-type: none"> 1. Strongly agree 2. Slightly agree 3. Agree 4. Slightly disagree 5. Strongly disagree
447	I'll just wait and see where I end up	<ol style="list-style-type: none"> 1. Strongly agree 2. Slightly agree 3. Agree 4. Slightly disagree 5. Strongly disagree
448	I would like to have a full-time job for most of my adult life	<ol style="list-style-type: none"> 1. Strongly agree 2. Slightly agree 3. Agree 4. Slightly disagree 5. Strongly disagree
449	I would like to raise a family some time in the future	<ol style="list-style-type: none"> 1. Strongly agree 2. Slightly agree 3. Agree 4. Slightly disagree 5. Strongly disagree
450	Having a career or profession is important to me	<ol style="list-style-type: none"> 1. Strongly agree 2. Slightly agree 3. Agree 4. Slightly disagree 5. Strongly disagree
451	I would like to go to university and get a degree	<ol style="list-style-type: none"> 1. Strongly agree 2. Slightly agree 3. Agree 4. Slightly disagree 5. Strongly disagree

452	I don't mind not enjoying my work if it pays the bills	1. Strongly agree 2. Slightly agree 3. Agree 4. Slightly disagree 5. Strongly disagree	
453	What is the most important factor for you when decision what to do? (Pick up to 3)	1. What I'm good at 2. What I enjoy doing 3. What my parents advised me to do 4. What my teachers advised me to do 5. What a careers advisor advised me to do 6. Which jobs earn the most money 7. Which jobs involve helping others 8. Which jobs have work-based learning routes 9. Doing something that has a positive impact on society 10. Which jobs require a degree for entry 11. What my friends advised me to do 12. What fits in with my lifestyle/responsibilities	
454	How likely is it that you will get a job in the future? Please answer from 0% (not likely) to 100% (very likely)	Textbox	
455	Do you regularly look after anyone who is ill, disabled or elderly and in need of care without being paid? This includes people who live with you and who live elsewhere, but please don't include volunteering or caring as part of a job.	Yes	No
456	Taking account of all the npaid help you give, including travelling time, how long did you spend looking after people last week?	1. 0-2 hours 2. 3-4 hours 3. 5-9 hours 4. 10-19 hours 5. 20-29 hours 6. 30+ hours	