

MODULE THREE



Physical health I

Hearing and sight  
food and diet  
eating habits  
oral health  
puberty

Health behaviours

Smoking and vaping  
alcohol  
drugs  
gambling  
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knives + gangs  
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Physical health II

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| 1 | Participant Study ID |  | | |
| 2 | Year group | Year 8 | Year 9 | Year 10 |

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| Section 1: General health I  This part of the survey will ask you questions about your health (e.g. your sleep, what you eat, your physical activity). Your answers in this section will help doctors, nurses and local charities understand how best to support good general health across Bradford. Remember, if you do not want to answer a question, you can skip it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Item no** | | | | | | | | | | **Items** | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | How good is your health in general? | | Very good | | | | | | | | | | | good | | | | | | | | | | | fair | | | | | | | | | | | bad | | | | | | | | Very bad | | | | |
| Hearing and Sight | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | | | | | | | Items | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | Do you wear glasses or contact lenses? | | Yes | | | | | | | | | | | No | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | |
| 5 | | | | | | | | | | Do you have any difficulty seeing? | | Yes | | | | | | | | | | | No | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | |
| 6 | | | | | | | | | | Do you have any difficulty hearing or use a hearing aid, including if you cannot hear at all? | | Yes | | | | | | | | | | | No | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | |
| 7 | | | | | | | | | | Have you ever had your eyes tested outside of school? | | No | | | | | | | | | | | Not sure | | | | | | | | | | | Yes | | | | | | | | | | |  | | | | | | | |  | | | | |
| Food and Diet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | | | | | | | items | | | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | How often do you and your family usually have meals together? | | | | Every day | | | | | | | | Most days | | | | | | | | | | | | About once a week | | | | | | | | | | | | | | Less often | | | | | Never | | | | |
| 9 | | | | | | | | | | How often do you eat breakfast over a week? | | | | Every day | | | | | | | | Most days | | | | | | | | | | | | About once a week | | | | | | | | | | | | | | Less often | | | | | Never | | | | |
| 10 | | | | | | | | | | How often do you eat at least 2 portions of fruit per day? | | | | Every day | | | | | | | | Most days | | | | | | | | | | | | About once a week | | | | | | | | | | | | | | Less often | | | | | Never | | | | |
| 11 | | | | | | | | | | How often do you eat at least 2 portions of vegetables per day? | | | | Every day | | | | | | | | Most days | | | | | | | | | | | | About once a week | | | | | | | | | | | | | | Less often | | | | | Never | | | | |
| 12 | | | | | | | | | | How often do you drink diet drinks or sugar free drinks like diet cola or sugar-free squash? | | | | Every day | | | | | | | | Most days | | | | | | | | | | | | About once a week | | | | | | | | | | | | | | Less often | | | | | Never | | | | |
| 13 | | | | | | | | | | How often do you drink sugary drinks like regular cola or squash? | | | | Every day | | | | | | | | Most days | | | | | | | | | | | | About once a week | | | | | | | | | | | | | | Less often | | | | | Never | | | | |
| 14 | | | | | | | | | | How often do you eat fast food such as McDonalds, Burger King, KFC or other fast food like that? | | | | Every day | | | | | | | | Most days | | | | | | | | | | | | About once a week | | | | | | | | | | | | | | Less often | | | | | Never | | | | |
| 19 | | | | | | | | | How would you describe your diet? | | | | Very unhealthy | | | | | | | | Unhealthy | | | | | | | | | | | | Neither healthy nor unhealthy | | | | | | | | | | | | | | Healthy | | | | | | Very healthy | | | |
| 21 | | | | | | | | | Where do you normally eat your meals? | | | | At a table | | | | | | | | In front of the television | | | | | | | | | | | | Somewhere else (please describe) | | | | | | | | | | | | | |  | | | | | |  | | | |
| 22 | | | | | | | | | IF ANSWERED ‘SOMEWHERE ELSE’ TO Q21  Please describe: | | | | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eating Habits  The next questions will ask you about food and whether you are happy with your size or the way you look. Some people can get quite worried about these things, but may find it difficult to speak about them, whereas others will not worry about them at all. It is incredibly valuable to us if you can answer these questions even if this is something that does not give you any concern. It will help us understand what type of support is needed for teenagers, and help local services and organisations to improve things for young people. If anything upsets you, please talk to your teacher or access the information provided at the end of the survey. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | | | | | | Item | | | | | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On how many of the past 7 days... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | Have you been deliberately trying to limit the amount of food you eat to influence your weight or shape (whether or not you have succeeded)? | | | | | | 0 days | | | | | | 1-2 days | | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | | 6-7 days | | | | | |  | | | |
| 24 | | | | | | | | | Have you gone for long periods of time (e.g.,8 or more waking hours) without eating anything at all in order to influence your weight or shape? | | | | | | 0 days | | | | | | 1-2 days | | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | | 6-7 days | | | | | |  | | | |
| 25 | | | | | | | | | Has thinking about food, eating or calories made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)? | | | | | | 0 days | | | | | | 1-2 days | | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | | 6-7 days | | | | | |  | | | |
| 26 | | | | | | | | | Has thinking about your weight or shape made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)? | | | | | | 0 days | | | | | | 1-2 days | | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | | 6-7 days | | | | | |  | | | |
| 27 | | | | | | | | | Have you had a definite fear that you might gain weight? | | | | | | 0 days | | | | | | 1-2 days | | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | | 6-7 days | | | | | |  | | | |
| 28 | | | | | | | | | Have you had a strong desire to lose weight? | | | 0 days | | | | | | | | | | 1-2 days | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | 6-7 days | | | | | | |  | | | |
| 29 | | | | | | | | | Have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives? | | | 0 days | | | | | | | | | | 1-2 days | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | 6-7 days | | | | | | |  | | | |
| 30 | | | | | | | | | Have you exercised in a driven or compulsive way to control your weight, shape or body fat, or to burn off calories? | | | 0 days | | | | | | | | | | 1-2 days | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | 6-7 days | | | | | | |  | | | |
| 31 | | | | | | | | | Have you felt like you had lost control over your eating (at the time that you were eating)? | | | 0 days | | | | | | | | | | 1-2 days | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | 6-7 days | | | | | | |  | | | |
| 32 | | | | | | | | | IF SELECTED MORE THAN ONE DAY TO Q31  On how many of these days (i.e. days on which you had a sense of having lost control over your eating) did you eat what other people would regard as an unusually large amount of food in one go? | | | 0 days | | | | | | | | | | 1-2 days | | | | | | | | | | | 3-5 days | | | | | | | | | | | | | 6-7 days | | | | | | |  | | | |
| 34 | | | | | | | | | Over the past 7 days....Has your weight or shape influenced how you think about (judge) yourself as a person? | | | Not at all | | | | | | | | | | Slightly | | | | | | | | | | | Moderately | | | | | | | | | | | | | Markedly | | | | | | |  | | | |
| 35 | | | | | | | | | Over the past 7 days....How dissatisfied have you been with your weight or shape? | | | Not at all | | | | | | | | | | Slightly | | | | | | | | | | | Moderately | | | | | | | | | | | | | Markedly | | | | | | |  | | | |
| Oral Health In this part of the survey, you will be asked questions about your oral health. Remember, if you do not want to answer a question, you can skip it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Item no** | | | | | | | | | **Items** | | | Response item | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | | | | | | | | | How often do you brush your teeth? | | | More than once a day | | | | | | | | | | Once a day | | | | | | | | | | | At least once a week but not daily | | | | | | | | | | | | | Less than once a week | | | | | | | Never | | | |
| 37 | | | | | | | | | How many times did you clean your teeth yesterday? | | | None | | | | | | | | | | Once | | | | | | | | | | | Twice | | | | | | | | | | | | | Three times or more | | | | | | |  | | | |
| 38 | | | | | | | | | Do you have a dentist that you see every six months or so? | | | No | | | | | | | | | | Not sure | | | | | | | | | | | Yes | | | | | | | | | | | | |  | | | | | | |  | | | |
| 39 | | | | | | | | | Why did you go to the dentist last time? | | | | I have never been | | | | | | | | | | I was having trouble with my teeth | | | | | | | | | I went for a check up | | | | | | | | | | | | | | Other reason (please describe) | | | | | | |  | | | |
| 40 | | | | | | | | | IF OTHER TO Q39  Please describe: | | | | TEXT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Puberty  In this part of the survey you will be asked questions about your experience of going through puberty and some of the changes your body may go through. Remember, all of your responses are completely confidential, and if you do not want to answer a question, you can skip it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | | | | Item | | | | | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | | | | | | | What is your sex? The biological sex on your birth certificate | | | | | | Female | | | | | | | | | | Male | | | | | | | | | Do not wish to answer | | | | | | | | | | | | | | Wish to enter own response | | | | | | |  | | | |
| 42 | | | | | | | Space to self-describe | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | | | | | | | During puberty you may experience a growth spurt. How would you describe your growth spurt? A growth spurt | | | | | | My growth spurt has not yet begun | | | | | | | | | | My growth spurt has barely started | | | | | | | | | My growth spurt has definitely started | | | | | | | | | | | | | | My growth spurt seems completed | | | | | | |  | | | |
| 44 | | | | | | | During puberty you may begin to grow body hair. How would you describe the growth of your body hair? By "Body hair" we mean hair any place other than your head or face, such as under your arms. | | | | | | My body hair has not yet begun to grow | | | | | | | | | | My body hair has barely started to grow | | | | | | | | | My body hair has definitely started to grow | | | | | | | | | | | | | | My body hair growth seems completed | | | | | | |  | | | |
| 45 | | | | | | | During puberty you may notice changes to your skin such as spots. How would you describe the changes to your skin? | | | | | | My skin has not yet started changing | | | | | | | | | | My skin has barely started changing | | | | | | | | | My skin has definitely started changing | | | | | | | | | | | | | | My skin changes seem completed | | | | | | |  | | | |
| 46 | | | | | | | IF MALE TO Q41  During puberty you may notice your voice getting deeper. How would you describe your voice? | | | | | | My voice has not yet started getting deeper | | | | | | | | | | My voice has barely started getting deeper | | | | | | | | | My voice has definitely started getting deeper | | | | | | | | | | | | | | My voice change seems completed | | | | | | |  | | | |
| 47 | | | | | | | IF MALE TO Q41  During puberty you may begin to grow facial hair. How would you describe the growth of your facial hair? By facial hair we mean hair on your face, such as on your top lip or chin. | | | | | | My facial hair has not yet started to grow | | | | | | | | | | My facial hair has barely started to grow | | | | | | | | | My facial hair has definitely started to grow | | | | | | | | | | | | | | My facial hair growth seems completed | | | | | | |  | | | |
| 48 | | | | | | IF FEMALE TO Q41  During puberty you may notice your breasts begin to grow. How would you describe the growth of your breasts? | | | | | | | | | | My breasts have not yet started to grow | | | | | | | My breasts have barely started to grow | | | | | | | | | My breasts have definitely started to grow | | | | | | | | | | | | | | My breast growth seems completed | | | | | | |  | | | |
| 49 | | | | | | IF FEMALE Q41  Have you started your periods? | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | IF YES TO Q49  How old were you when you had your first period? Please enter your age in years | | | | | | | | | | number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | | | | | | If you could ask every teenager in Bradford any question about their physical health, what would it be? | | | | | | | | | | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 2: Health Behaviours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smoking and Vaping  Remember, all of your responses are completely confidential. If you do not want to answer a question, you can skip it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 | | | | | | Have you ever smoked cigarettes? (not including vape/e-cigarettes) | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | |
| 53 | | | | | | IF YES TO Q52  If yes, how often do you smoke  Cigarettes? | | | | | | | | | | have only ever tried smoking cigarettes once | | | | | | | used to smoke sometimes but I never smoke now | | | | | | | | | sometimes smoke cigarettes, but less than 1 a week | | | | | | | | | | | | | | usually smoke between 1 and 6 cigarettes a week | | | | | | | I usually smoke more than 6 cigarettes a week | | | |
| 54 | | | | | | How old were you when you first tried smoking a cigarette, even if it was only a drag or two? Age in years: | | | | | | | | | | Text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 | | | | | | Have you ever vaped/used an e-cigarette? | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | |
| 56 | | | | | | Please read the following statements carefully and decide which ONE best describes you. | | | | | | | | | | I have never tried an e-cigarette or vaping device, I have only ever tried an e-cigarette or vaping device once, I used to use an e-cigarette/vaping device sometimes but I don't now, I sometimes use an e-cigarette or vaping device now but less than once a week, I usually use an e-cigarette or vaping device between one and six times a week, I usually use an e-cigarette or vaping device more than six times a week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 | | | | | | Thinking about smoking/vaping at home: Do your parents/carers smoke/vape at all? | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | |
| 58 | | | | | | Does anyone smoke/vape indoors at home in rooms that you use? | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | |
| Alcohol  Remember, all of your responses are completely confidential. If you do not want to answer a question, you can skip it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59 | | | | | | Have you ever had an alcoholic drink that is more than a few sips? A drink is half a pint of lager, beer or cider, one alcopop, a small glass of wine, or a measure of spirits | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | |
| 60 | | | | | | IF YES TO Q59  How old were you when you first had an alcoholic drink? Age in years: | | | | | | | | | | | | | | | | | | Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 | | | | | | IF YES TO Q59  How many times have you had an alcoholic drink in the last 12months? If you have had more than one alcoholic drink at a time, count this as one time. | | | | | | | | | | | | | | | | | | Never, 1-2 times, A few times,  Monthly, Weekly, More than once a week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 | | | | | | IF YES TO Q59  Have you ever had five or more alcoholic drinks at a time? A drink is half a pint of lager, beer or cider, one alcopop, a small glass of wine, or a measure of spirits. | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | |
| 63 | | | | | | IF YES TO Q62  How old were you when you first had five or more alcoholic drinks at a time? Age in years: | | | | | | | | | | | | | | | | | | NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 | | | | | | IF YES TO Q62  How many times have you had five or more alcoholic drinks at a time in the last 12 months? | | | | | | | | | | | | | | | | | | Never, 1-2 times, A few times,  Monthly, Weekly, More than once a week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 | | | | | | | IF YES TO Q59  Have YOU got or bought alcoholic drinks at any of these places during the last 7 days? You may tick more than one answer | | | | | | | | | | | | | | | | | I got my alcohol from my parents to drink with them,  I got my alcohol from my parents to drink with my friends, I took/stole my alcohol from home,  I bought my alcohol from a supermarket,  I bought my alcohol from an off licence or other shop, I got a stranger to buy alcohol for me from a supermarket,  I got a stranger to buy alcohol for me from an off licence or other shop, I got a friend/sibling to buy alcohol for me,  I bought alcohol in a pub or club,  I got alcohol some other way (please describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 | | | | | | | IF OTHER TO Q65  I got alcohol some other way, please describe: | | | | | | | | | | | | | | | | | Text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 | | | | | | | IF YES TO Q59  Which of the following drinks have you had in the last 7 days? | | | | | | | | | | | | | | | | | None, Pre-mixed spirits ('alcopops'), Beer or lager, Spirits (vodka,whisky,rum,Baileys), Cider or perry, Fortified wines (Martini,port,sherry), Wine, Other (please describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 | | | | | | | IF OTHER TO Q67  Other, please describe: | | | | | | | | | | | | | | | | | Text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69 | | | | | | | IF YES TO Q59  If you ever drink alcohol, do your parents/carers know? | | | | | | | | | | | | | | | | | I never drink alcohol, My parents/carers always know, My parents/carers usually know, My parents/carers sometimes know, My parents/carers never know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drugs  The next few questions are about drugs. This means drugs taken for fun (NOT including cigarettes, vape, and alcohol, or medication prescribed to you). Remember, all of your answers are completely confidential and if you do not want to answer a question, you can skip it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | | | | Item | | | | | | | | | | | | | | | | | | | | | | | | | | | | Response format | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | Have you ever taken drugs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | No | | | | | | | |
| 71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87 | | | | | | | IF YES TO Q 70  Have you ever taken any of the following**?**  Cannabis (also called weed, marijuana, spliff , bud, zoot, whacky baccy, hash or edibles)  Cocaine powder (also called coke, cowie or sniff)  Acid or LSD (also called tabs)  Ecstasy (also called 'E', MDMA or pills)  Heroin (also called gear or smack)  Crack (also called rocks or stones)  Speed or Amphetamines, (also called whizz or phet)  Methamphetamine (also called crystal meth or meth)  Semeron (also called sem)  Ketamine (also called ket)  Mephedrone (also called M-cat)  Spice  Magic mushrooms (also called shrooms)  Salvia  Nitrous oxide (also called nos/noz, laughing gas, balloons, nitty)  Poppers (also called Liquid Gold or TNT)  Prescription drugs not prescribed to you (for example codeine, tramadol, morphine, benzos) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | No | | | | | | |
| 88 | | | | | | | IF YES TO ANY OF Q71-87  In the past year how many times have you taken [DRUG]? | | | | | | | | | Once or twice | | | | | | | Three of four times | | | | | | | | | Five to ten times | | | | | | | | | | | | | | More than ten times | | | | | | | Not taken in last year | | | |
| Gambling  The next few questions are about gambling activities you might have taken part in. Gambling includes gaming, betting and lotteries. Remember, everything you tell us is confidential; no one at school will see your answers and if you do not want to answer a question, you can skip it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | | | item | | | | | | | | | | | | | | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 89  90  91  92  93  94  95  96  97  98  99  100  101  102 | | | | | | Have you spent any of YOUR money on any of the following activities?  Lotto (the main National Lottery draw)  National Lottery Scratchcards which you bought in a shop (not free Scratchcards)  Any other National Lottery games (e.g. EuroMillions, Thunderball, HotPicks, Set For Life)  Other Lotteries (e.g. The Health Lottery, People's Postcode Lottery, or other smaller lotteries)  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) | | | | | | | | | | | | | | | Yes, in the last  7 days  Yes, in the last  7 days | | | | | | | | | Yes, in the last  4 weeks  Yes, in the last  4 weeks | | | | | | | | Yes, in the last 12 months  Yes, in the last 12 months | | | | | | | | | | | | | Yes, more than 12 months ago  Yes, more than 12 months ago | | | | | No, never  No, never |
| 103  104  105 | | | | | | IF YES TO 89-102  In the past 12 months has your gabling  ever led to arguments with family/friends or others?  ever led to telling lies to family/friends or others?  ever led to missing school? | | | | | | | | | | | | | | | My gambling has never led to this | | | | | | | | | Once or twice | | | | | | | | Sometimes | | | | | | | | | | | | | Often | | | | | Prefer not to say |
| 106 | | | | | | IF YES TO 89-102  In the past 12 months have you ever taken money from any of the following without permission to spend on gambling? | | | | | | | | | | | | | | | I have never taken money without permission to spend on gambling, Dinner money or fare money, Money from family, Money from things you have sold, Money from outside the family, Somewhere else, Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As far as you know, has anyone in your immediate family (parent, siblings, other relatives you live with or someone else who is responsible for looking after you) spent money on any of these activities in the last 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **107**  **108**  **109**  **110**  **111**  **112**  **113**  **114**  **115** | | | | | | Lotto (the main National Lottery draw) or any other National Lottery scratchcards or games  Fruit or slot machines (e.g. at an arcade, pub or social club)  Visiting a betting shop to play gaming machines  Placing a bet at a betting shop (e.g. on football, dog racing or horse racing)  Bingo at a bingo club  Bingo at somewhere other than a bingo club (e.g. social club, holiday park, etc.)  Visiting a casino to play casino games (by this we mean a proper casino with roulette tables)  Gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing)  Any other gambling for money or things worth money | | | | | | | | Yes, in the last 12 months  Yes, in the last 12 months | | | | | | | | | No, more than 12 months ago  No, more than 12 months ago | | | | | | | | | Never, as far as you know  Never, as far as you know | | | | | | | | | | | | | Don't know  Don't know | | | | | | | Prefer not to say  Prefer not to say | | | | |
| Online Gambling  The next question is about online gambling-style games. Online gambling-style games look and play like normal gambling games - for example roulette, poker, slot machines, and bingo - but you cannot win real money (e.g. Zynga Poker, Slots Farm, Bingo Blitz). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **116** | | | | | When, if ever, did you last play an online gambling-style game? | | | | | In the past 7 days, In the past 4 weeks, In the past 12 months, Longer than 12 months ago, I have never played online gambling-style games, Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | | | | | IF YES TO ONLINE GAMBLING  If you ticked yes to playing an online gambling-style game, how did you play these? Remember these are games where you cannot win real money. | | | | | Using Facebook or other social networking website, Using Facebook or other social networking apps, Free demo games on gambling websites, Free demo games on gambling apps, Using another type of app on a smartphone or tablet, On another website, Another way, Don't know/can't remember | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Online Games  When playing video games on a computer, console, streaming or mobile app (e.g. Fortnite, FIFA, Roblox, Candy Crush) it is sometimes possible to collect in-game items (e.g. skins, clothes, weapons, accessories, players). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | | Item | | | | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | | | | | In which, if any, of the following ways have you personally ever used in-game items or currency? | | | | | Paid money (or used virtual currency you have bought) to buy specific in-game items (e.g. skins, clothes, weapons, players) | | | | | | | | | | Paid money (or used virtual currency you have bought) to open loot boxes/packs/chests to get other in-game items (e.g. skins, clothes, weapons, players) | | | | | | | | | | | | | | Bet with in-game items on websites outside of the game you are playing | | | | | | | | | | | | | | None of these | | | | | |  | | |
| Knives and Gangs  In this part of the survey, you will be asked questions about gang activities. Remember, your response is confidential and you won't get into trouble for any of your answers. If you do not want to answer a question, you may skip it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | | | | | Item | | | | | | | | | | | | | | | | | | | | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | | | | | | | | In the last 12 months have you carried a knife or other weapon? For your own protection, because someone else asked you to or in case you get into a fight | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No | | | | | | | | | | | | | | | |  | |
| 120 | | | | | | | | Are you a member of a gang? A street gang is a group of young people who hang around together and: have a specific area or territory; have a name, a colour or something else to identify the group; possibly have rules or a leader; who may commit crimes together. | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No | | | | | | | | | | | | | | | | I used to be a member but not any more | |
| Police Contact  In this part of the survey, you will be asked questions about your experiences with the police. Remember, your response is confidential and nobody will know how you have answered. If you do not want to answer a question, you can skip it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | | | | | Item | | | | | | | | | | | | | | | | | | | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | | | | | | | | Have you ever been stopped and questioned by the police? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | |
| 122 | | | | | | | | Have you ever been given a formal warning or caution by a police officer? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | |
| 123 | | | | | | | | Have you ever been arrested by a police officer and taken to a police station? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | |
| 124 | | | | | | | | Have you appeared in court because you were accused of a crime? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | |
| 125 | | | | | | | | IF YES TO Q124  Were you found guilty or not guilty? | | | | | | | | | | | | | | | | | | | | Guilty | | | | | | | | | | | | | | | | | | | Not guilty | | | | | | | | | | |
| Physical Health II Physical Activity We are asking about your level of physical activity from the last 7 days  (in the last week). This includes sport or dance that makes you sweat,  makes your legs feel tired, or makes you breathe hard. For example,  running, football, cycling, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | item | | | | | | | | | | | | | | | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | | | In the last 7 days, on how many mornings did you actively travel to school? For example walking, cycling, scootering, and skateboarding | | | | | | | | | | | | | | | | None | | | | | | | | 1 time  last week | | | | | | 2 or 3 times  last week | | | | | | | | 4 times last week | | | | | | | | | | | 5 times last week | | | | | |
| 127 | | | In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? | | | | | | | | | | | | | | | | I don't do PE | | | | | | | | Hardly ever | | | | | | Sometimes | | | | | | | | Quite often | | | | | | | | | | | Always | | | | | |
| 128 | | | In the last 7 days, what did you normally do at lunch (besides eating lunch)? | | | | | | | | | | | | | | | | Sat down (talking, reading, doing schoolwork) | | | | | | | | Stood around or walked around | | | | | | Ran or played  a little bit | | | | | | | | Ran around  and played  quite a bit | | | | | | | | | | | Ran and played hard most of the time | | | | | |
| 129 | | | In the last 7 days, what did you normally do at break time? | | | | | | | | | | | | | | | | Sat down (talking, reading, doing schoolwork) | | | | | | | | Stood around or walked around | | | | | | Ran or played  a little bit | | | | | | | | Ran around  and played  quite a bit | | | | | | | | | | | Ran and played hard most of the time | | | | | |
| 130 | | | In the last 7 days, on how many afternoons did you actively travel (for example, walking, cyclicing, scootering, and skateboarding) from school? | | | | | | | | | | | | | | | | None | | | | | | | | 1 time  last week | | | | | | 2 or 3 times  last week | | | | | | | | 4 times last week | | | | | | | | | | | 5 times last week | | | | | |
| 131 | | | In the last 7 days, on how many days right after school, did you do sports, dance, or play games in which you were very active? | | | | | | | | | | | | | | | | None | | | | | | | | 1 time  last week | | | | | | 2 or 3 times  last week | | | | | | | | 4 times last week | | | | | | | | | | | 5 times last week | | | | | |
| 132 | | | In the last 7 days, on how many evenings did you do sports, dance, or play games in which you were very active? | | | | | | | | | | | | | | | | None | | | | | | | | 1 time  last week | | | | | | 2 or 3 times  last week | | | | | | | | 4 or 5 times  last week | | | | | | | | | | | 6 or 7 times  last week | | | | | |
| 133 | | | On the last weekend, how many times did you do sports, dance, or play games in which you were very active? | | | | | | | | | | | | | | | | None | | | | | | | | 1 time | | | | | | 2 - 3 times | | | | | | | | 4 - 5 times | | | | | | | | | | | 6 or more  times | | | | | |
| 134 | | | Were you sick last week, or did anything prevent you from doing your normal physical activities? | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | |
| 135 | | | IF YES TO Q134  What prevented you? | | | | | | | | | | | | | | | | TEXT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sedentary Activity  These questions are about sedentary activity out of school. Sedentary activity means activity sitting or lying down, including things like watching TV, playing video games, and using a mobile phone. Please select how long you usually spend doing the following activities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item no | | | | Item | | | | | | | | | | | | | | Response format | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 136 | Watching TV outside of school time This includes time spent watching TV programmes, movies or sports but NOT time spent playing video games | | | | | | | | | | | | | | | | | Did not do | | | | | | | | Less than 1 hour per day | | | | | 1 to 2 hours  per day | | | | | | | | | | | | 2 to 3 hours  per day | | | | | | | | | | 3 hours per  day or more | | | | |
| 137 | Playing video games outside of school time This includes games on things like Nintendo DS, wii, Xbox, PlayStation, iPod Touch, iPad, or games on your PC and phone | | | | | | | | | | | | | | | | | Did not do | | | | | | | | Less than 1 hour per day | | | | | 1 to 2 hours  per day | | | | | | | | | | | | 2 to 3 hours  per day | | | | | | | | | | 3 hours per  day or more | | | | |
| 138 | Using Computers or tablets outside of school time This doesn't include homework time and playing online video games or computer games, but does include time on things like Instagram and Facebook, as well as time spent on the internet, and messaging like whatsapp | | | | | | | | | | | | | | | | | Did not do | | | | | | | | Less than 1 hour per day | | | | | 1 to 2 hours  per day | | | | | | | | | | | | 2 to 3 hours  per day | | | | | | | | | | 3 hours per  day or more | | | | |
| 139 | Using a mobile phone after school This includes time spent talking, texting, or using things like social media but does not include playing games | | | | | | | | | | | | | | | | | Did not do | | | | | | | | Less than 1 hour per day | | | | | 1 to 2 hours  per day | | | | | | | | | | | | 2 to 3 hours  per day | | | | | | | | | | 3 hours per  day or more | | | | |
| 140 | Which of the following best describes your typical sedentary habits at home? Try to think about a typical week and not just last week | | | | | | | | | | | | | | | | | I spend almost none of my free time sitting | | | | | | | | I spend little time sitting during my free time | | | | | I spend about half of my free time sitting | | | | | | | | | | | | I spend a lot of time sitting during my free time | | | | | | | | | | I spend almost all of my free time sitting | | | | |
| Sleep  We would like to know about the time you go to sleep and wake up. Please think about the last 7 days when answering these questions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141 | | On school nights, what time do you typically fall asleep at? | | | | | | | | | | | | | | | Drop down time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 | | On school nights, what time do you typically wake up for the day at? | | | | | | | | | | | | | | | Drop down time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143 | | On non-school nights, what time do you typically fall asleep at? | | | | | | | | | | | | | | | Drop down time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 144 | | On non-school nights, what time do you typically wake up for the day at? | | | | | | | | | | | | | | | Drop down time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 145 | | Do you ever take naps during the day? | | | | | | | | | | | | | | | Never | | | | | | | | Rarely | | | | | | | | Sometimes | | | | | | | | | Often | | | | | | | | | |  | | | | | |
| 146 | | Some people feel more active and alert at certain times of the day. Please indicate which best describes you: | | | | | | | | | | | | | | | Much more active and alert in the morning | | | | | | | | A little bit more active and alert in the morning | | | | | | | | About the same in the morning and evening | | | | | | | | | A little bit more active and alert in the evening | | | | | | | | | | Much more active and alert in the evening | | | | | |
| 147 | | When you're in bed and the lights are turned off … | | | | | | | | | | | | | | | You fall asleep quickly | | | | | | | | You stay awake for a while | | | | | | | | It takes you a long time to fall asleep | | | | | | | | |  | | | | | | | | | |  | | | | | |
| 148 | | Do you wake up during the night? | | | | | | | | | | | | | | | Rarely | | | | | | | | Sometimes | | | | | | | | Often | | | | | | | | |  | | | | | | | | | |  | | | | | |
| 149 | | When you wake up during the night… | | | | | | | | | | | | | | | You fall asleep quickly | | | | | | | | You stay awake for a while | | | | | | | | It takes you a long time to fall asleep | | | | | | | | |  | | | | | | | | | |  | | | | | |
| 150 | | Do you sleep well at night? | | | | | | | | | | | | | | | No | | | | | | | | Sometimes | | | | | | | | Yes, always | | | | | | | | |  | | | | | | | | | |  | | | | | |
| 151 | | How likely are you to feel sleepy during the day? | | | | | | | | | | | | | | | Rarely | | | | | | | | Sometimes | | | | | | | | Often | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Form Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 152 | | Complete? | | | | | | | | | | | | | | | Incomplete | | | | | | | | Unverified | | | | | | | | Complete | | | | | | | | |  | | | | | | | | | |  | | | | | |