

Young People's Survey: Module 4

Module 3 This survey is part of the Born in Bradford Age of Wonder research project. We will be asking you questions about physical health and health behaviours. This will take about 10-20 minutes to complete.

You do not have to take part in this questionnaire. You also do not have to answer any questions you don't want to. If you don't want to answer a question, just leave it blank and move on to the next question.

By completing this questionnaire, you are agreeing to us using the information you provide for our research. We will keep your information completely confidential and will not pass on any of the responses to the questions to anyone. We will write reports based on the data we collect but no-one will ever be able to identify you from anything we publish.

If the answers to any of the questions upset you or you would like to talk about anything that is worrying you, please speak to the member of the research team or the teacher that is doing the survey with you.

The study has been reviewed and approved by Bradford Leeds Research Ethics Committee [Ref 21/YH/0261 date 22.12.21]. Research ethics committees think about the study from the point of view of a person taking part and make sure their rights and privacy are fully respected.

Year Group: _____

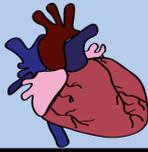
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PHYSICAL HEALTH

WHAT IS IT?

PHYSICAL HEALTH IS...

--- THE STATE OF OUR BODY AND HOW WELL IT IS FUNCTIONING.



SIGNS OF GOOD PHYSICAL HEALTH

---BEING FREE FROM:

ILLNESS

DISEASE

PAIN

WHAT AFFECTS PHYSICAL HEALTH?

THESE INCLUDE:

FOOD & DIET

PHYSICAL ACTIVITY

SLEEP

WE'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT THESE TOPICS

WHY IS IT IMPORTANT?

TEENAGERS WITH POOR PHYSICAL HEALTH BECOME ADULTS WITH POOR PHYSICAL HEALTH (HARGREAVES ET AL., 2015).



MANY TEENAGERS ARE NOT AS HEALTHY AS THEY COULD BE.



ONLY 1 IN 12 YOUNG PEOPLE AGED 11-18 EAT 5 PORTIONS OF FRUIT AND VEGETABLES A DAY.

(ASSOCIATION FOR YOUNG PEOPLE'S HEALTH 2019)

46% OF 15 YEAR OLDS HAVE DECAY IN THEIR PERMANENT TEETH.

(ASSOCIATION FOR YOUNG PEOPLE'S HEALTH 2019)



3.2 MILLION CHILDREN AND YOUNG PEOPLE DO NOT MEET THE RECOMMENDED AVERAGE OF 60 ACTIVE MINUTES A DAY.

(SPORT ENGLAND 2021)

TOGETHER WE CAN...

1. UNDERSTAND

YOUNG PEOPLE'S PHYSICAL HEALTH IN BRADFORD, AND HOW DIFFERENT ATTITUDES AND SITUATIONS AFFECT THIS.



2. EDUCATE

PROMOTE AND SPREAD POSITIVE HEALTH BEHAVIOURS TO EMPOWER TEENAGERS TO MAKE HEALTHY LIFESTYLE DECISIONS.



3. IMPROVE THE HEALTH OF OUR CITY

↑ UPTAKE OF PHYSICAL ACTIVITY

↓ RATES OF MALNUTRITION AND OBESITY



IMPROVE THE QUALITY OF LIFE FOR EVERYONE.

HELP AND SUPPORT IS AVAILABLE ONLINE: JUMPTHOME.ORG/ (BRADFORD) WWW.HEALTHFORTEENS.CO.UK/ (NATIONWIDE)

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.

How good is your health in general?

- Very good
 - Good
 - Fair
 - Bad
 - Very Bad
-

Hearing and Sight

Do you wear glasses or contact lenses?

- Yes
 - No
-

Do you have any difficulty seeing?

- Yes
 - No
-

Do you have any difficulty hearing or use a hearing aid, including if you cannot hear at all?

- Yes
 - No
-

Have you ever had your eyes tested outside of school?

- No
- Not sure
- Yes

Food and Diet

How often do you and your family usually have meals together?

- Every day
- Most days
- About once a week
- Less often
- Never

How often do you eat breakfast over a week?

- Every day
- Most days
- About once a week
- Less often
- Never

How often do you eat at least 2 portions of fruit per day?

- Every day
- Most days
- About once a week
- Less often
- Never

How often do you eat at least 2 portions of vegetables per day?

- Every day
- Most days
- About once a week
- Less often
- Never

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

How often do you drink sugary drinks like regular cola or squash?

- Every day
- Most days
- About once a week
- Less often
- Never

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

How would you describe your diet?

- Very unhealthy
- Unhealthy
- Neither healthy nor unhealthy
- Healthy
- Very healthy

Where do you normally eat your meals?

- At a table
- In front of the television
- Somewhere else (please describe)

Please describe:

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.

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.

On how many of the past 7 days...

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

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

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

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

Have you had a definite fear that you might gain weight?

- 0 days
- 1-2 days
- 3-5 days
- 6-7 days

Have you had a strong desire to lose weight?

- 0 days
- 1-2 days
- 3-5 days
- 6-7 days

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

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

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

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

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

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.

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

How many times did you clean your teeth yesterday?

- None
- Once
- Twice
- Three times or more

Do you have a dentist that you see every six months or so?

- No
- Not sure
- Yes

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)

Please describe:

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.

What is your sex?

The biological sex on your birth certificate

- Female
- Male
- Do not wish to answer
- Wish to enter own response

Space to self describe

During puberty you may experience a growth spurt. How would you describe your growth spurt?

A growth spurt is a rapid increase in height. Most people have a growth spurt as they enter and during their teens.

- My growth spurt has not yet begun
- My growth spurt has barely started
- My growth spurt has definitely started
- My growth spurt seems completed

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

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

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

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

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

Have you started your periods?

- Yes
- No

How old were you when you had your first period?

Please enter your age in years

If you could ask every teenager in Bradford any question about their physical health, what would it be?

Section 2: Health Behaviours

behaviours_infographic_v1_12.04.22

BEHAVIOURS

WHAT IS IT?

BEHAVIOUR REFERS TO THE ACTIONS PEOPLE MAKE IN THEIR LIVES.

WE ARE INTERESTED IN SPECIFIC BEHAVIOURS:

THOSE THAT BEGIN IN YOUR TEENS AND IMPACT YOUR HEALTH AND WELLBEING INTO ADULTHOOD.



BEHAVIOURS SUCH AS:



DRUG TAKING

GAMBLING

KNIFE & GANG CRIME



WHY IS IT IMPORTANT?

MANY RISK TAKING BEHAVIOURS EMERGE IN YOUR TEENS:

1 IN 4 TEENAGERS REPORT BEING DRUNK -

NEARLY 40% OF 15 YEAR OLDS REPORT HAVING TRIED ILLEGAL DRUGS AT LEAST ONCE.

THESE BEHAVIOURS CAN HAVE A LONG TERM IMPACT ON QUALITY OF LIFE

BRADFORD IS THE YOUNGEST CITY IN THE UK

SOURCE: (SMOKING, DRINKING AND DRUG USE IN YOUNG PEOPLE, 2018)

IMPROVING SUPPORT FOR TEENAGERS

BRADFORD'S POPULATION IS MORE VULNERABLE TO HEALTH AND SOCIAL ISSUES THAT EMERGE IN ADOLESCENCE.

THERE ARE MANY SERVICES SUPPORTING YOUNG PEOPLE... FROM HELPING WITH HEALTH PROBLEMS, TO SUPPORT IN CRISES.

UNFORTUNATELY, THOSE WHO NEED IT MOST OFTEN:

DON'T HAVE ACCESS

FEEL LIKE IT ISN'T FOR THEM



YOUR ANSWERS WILL HELP US UNDERSTAND WHAT IT'S LIKE BEING A TEENAGER IN BRADFORD



NON-JUDGMENTAL HELP AND SUPPORT IS AVAILABLE ONLINE:
WWW.TALKTOFRANK.COM (DRUGS/ALCOHOL)
WWW.GAMCARE.ORG.UK (GAMBLING)
WWW.CHILDLINE.ORG.UK (GENERAL)

YOUR ANSWERS WILL HELP IMPROVE THESE SERVICES SO THEY ARE ACCESSIBLE AND USEFUL FOR ALL TEENAGERS ACROSS BRADFORD.

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

Have you ever smoked cigarettes? (not including vape/e-cigarettes)

- Yes
 No
-

If yes, how often do you smoke cigarettes?

- I have only ever tried smoking cigarettes once
 I used to smoke sometimes but I never smoke now
 I sometimes smoke cigarettes, but less than one a week
 I usually smoke between one and six cigarettes a week
 I usually smoke more than six cigarettes a week
-

How old were you when you first tried smoking a cigarette, even if it was only a drag or two?

Age in years:

Have you ever vaped/used an e-cigarette?

- Yes
 No
-

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 or 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
-

Thinking about smoking/vaping at home:

Do your parents/carers smoke/vape at all?

- Yes
 No
-

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.

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
-

How old were you when you first had an alcoholic drink?

Age in years:

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.

- Never
- 1-2 times
- A few times
- Monthly
- Weekly
- More than once a week

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

How old were you when you first had five or more alcoholic drinks at a time?

Age in years:

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

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)

I got alcohol some other way, please describe:

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)

Other, please describe:

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.

Have you ever taken drugs?

- Yes
 No

Have you ever taken any of the following?

Cannabis (also called weed, marijuana, spliff, bud, zoot, whacky baccy, hash or edibles)

- Yes
 No

In the past year how many times have you taken cannabis?

- Once or twice
 Three or four times
 Five to ten times
 More than ten times
 Not taken in last year

Have you ever taken any of the following?

Cocaine powder (also called coke, cowie or sniff)

- Yes
 No

In the past year how many times have you taken cocaine?

- Once or twice
 Three or four times
 Five to ten times
 More than ten times
 Not taken in last year

Have you ever taken any of the following?

Acid or LSD (also called tabs)

- Yes
 No

In the past year how many times have you taken acid or LSD?

- Once or twice
 Three or four times
 Five to ten times
 More than ten times
 Not taken in last year

Have you ever taken any of the following?

Ecstasy (also called 'E', MDMA or pills)

- Yes
 No
-

In the past year how many times have you taken ecstasy?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year
-

Have you ever taken any of the following?

Heroin (also called gear or smack)

- Yes
 No
-

In the past year how many times have you taken heroin?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year
-

Have you ever taken any of the following?

Crack (also called rocks or stones)

- Yes
 No
-

In the past year how many times have you taken crack?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year
-

Have you ever taken any of the following?

Speed or Amphetamines, (also called whizz or phet)

- Yes
 No
-

In the past year how many times have you taken speed or amphetamines?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year

Have you ever taken any of the following?

Methamphetamine (also called crystal meth or meth)

- Yes
 No
-

In the past year how many times have you taken Methamphetamine?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year
-

Have you ever taken any of the following?

Semeron (also called sem)

- Yes
 No
-

In the past year, how many times have you taken semeron?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year
-

Have you ever taken any of the following?

Ketamine (also called ket)

- Yes
 No
-

In the past year how many times have you taken Ketamine?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year
-

Have you ever taken any of the following?

Mephedrone (also called M-cat)

- Yes
 No
-

In the past year how many times have you taken Mephedrone?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year

Have you ever taken any of the following?

Spice

- Yes
 No
-

In the past year how many times have you taken spice?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year
-

Have you ever taken any of the following?

Magic mushrooms (also called shrooms)

- Yes
 No
-

In the past year how many times have you taken magic mushrooms?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year
-

Have you ever taken any of the following?

Salvia

- Yes
 No
-

In the past year how many times have you taken salvia?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year
-

Have you ever taken any of the following?

Nitrous oxide (also called nos/noz, laughing gas, balloons, nitty)

- Yes
 No
-

In the past year how many times have you taken nitrous oxide?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year

Have you ever taken any of the following?

Poppers (also called Liquid Gold or TNT)

- Yes
 No

In the past year how many times have you taken poppers?

- Once or twice
 Three of four times
 Five to ten times
 More than ten times
 Not taken in last year

Have you ever taken any of the following?

Prescription drugs not prescribed to you (for example codeine, tramadol, morphine, benzos)

- Yes
 No

In the past year how many times have you taken prescription drugs for recreational use?

- 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.

Have you spent any of YOUR money on any of the following activities?

Lotto (the main National Lottery draw)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

National Lottery Scratchcards which you bought in a shop (not free Scratchcards)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

National Lottery instant win games on the internet (e.g. National Lottery Gamestore)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Any other National Lottery games (e.g. EuroMillions, Thunderball, HotPicks, Set For Life)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Other Lotteries (e.g. The Health Lottery, People's Postcode Lottery, or other smaller lotteries)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Fruit or slot machines (e.g. at an arcade, pub or social club)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Placing a private bet for money (e.g. with friends or family)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Playing cards for money (e.g. with friends or family)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Bingo at a bingo club

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Bingo at somewhere other than a bingo club (e.g. social club, holiday park, etc.)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Personally visiting a betting shop to play gaming machines

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Personally placing a bet at a betting shop (e.g. on football, dog racing or horse racing)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

Personally visiting a casino to play casino games (by this we mean a proper casino with roulette tables)

- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

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 4 weeks
- Yes, in the last 12 months
- Yes, more than 12 months ago
- No, never

In the past 12 months has your gambling ever led to arguments with family/friends or others?

- My gambling has never led to this
- Once or twice
- Sometimes
- Often
- Prefer not to say

In the past 12 months has your gambling ever led to telling lies to family/friends or others?

- My gambling has never led to this
- Once or twice
- Sometimes
- Often
- Prefer not to say

In the past 12 months has your gambling ever led to missing school?

- My gambling has never led to this
- Once or twice
- Sometimes
- Often
- Prefer not to say

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?

Lotto (the main National Lottery draw) or any other National Lottery scratchcards or games

- Yes, in the last 12 months
- No, more than 12 months ago
- Never, as far as you know
- Don't know
- Prefer not to say

Fruit or slot machines (e.g. at an arcade, pub or social club)

- Yes, in the last 12 months
- No, more than 12 months ago
- Never, as far as you know
- Don't know
- Prefer not to say

Visiting a betting shop to play gaming machines

- Yes, in the last 12 months
- No, more than 12 months ago
- Never, as far as you know
- Don't know
- Prefer not to say

Placing a bet at a betting shop (e.g. on football, dog racing or horse racing)

- Yes, in the last 12 months
- No, more than 12 months ago
- Never, as far as you know
- Don't know
- Prefer not to say

Bingo at a bingo club

- Yes, in the last 12 months
- No, more than 12 months ago
- Never, as far as you know
- Don't know
- Prefer not to say

Bingo at somewhere other than a bingo club (e.g. social club, holiday park, etc.)

- Yes, in the last 12 months
- No, more than 12 months ago
- Never, as far as you know
- Don't know
- Prefer not to say

Visiting a casino to play casino games (by this we mean a proper casino with roulette tables)

- Yes, in the last 12 months
- No, more than 12 months ago
- Never, as far as you know
- Don't know
- Prefer not to say

Gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing)

- Yes, in the last 12 months
- No, more than 12 months ago
- Never, as far as you know
- Don't know
- Prefer not to say

Any other gambling for money or things worth money

- Yes, in the last 12 months
- No, more than 12 months ago
- Never, as far as you know
- Don't know
- Prefer not to say

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

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

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).

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.

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

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.

Have you ever been stopped and questioned by the police?

- Yes
 No

Have you ever been given a formal warning or caution by a police officer?

- Yes
 No

Have you ever been arrested by a police officer and taken to a police station?

- Yes
 No

Have you appeared in court because you were accused of a crime?

- Yes
 No

Were you found guilty or not guilty?

- Guilty
 Not guilty

Final Section: 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.

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

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

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

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

In the last 7 days, on how many afternoons did you actively travel (for example, walking, cycling, scootering, and skateboarding) from school?

- None
- 1 time last week
- 2 or 3 times last week
- 4 times last week
- 5 times last week

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

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

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

Were you sick last week, or did anything prevent you from doing your normal physical activities?

- Yes
- No

What prevented you?

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:

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

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

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

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

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.

On school nights, what time do you typically fall asleep at?

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On school nights, what time do you typically wake up for the day at?

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On non-school nights, what time do you typically fall asleep at?

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On non-school nights, what time do you typically wake up for the day at?

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Do you ever take naps during the day?

- Never
 - Rarely
 - Sometimes
 - Often
-

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
-

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
-

Do you wake up during the night?

- Rarely
- Sometimes
- Often

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

Do you sleep well at night?

- No
- Sometimes
- Yes, always

How likely are you to feel sleepy during the day?

- Rarely
- Sometimes
- Often