

## ***Evidence2Success: School Survey (14 years +)***

### **STATEMENT FROM THE RESEARCHERS**

Perth and Kinross Council and The Social Research Unit are doing a research study. We are asking you to complete a survey. Please read the information below carefully. You can then decide if you want to take part.

### **WHY AM I BEING ASKED TO COMPLETE A SURVEY?**

This survey is part of a research study called *Evidence2Success*. We want to know what children and young people need to grow up healthy, ready to learn and prepared for success in life. If you complete the survey you can help schools, the council, the health service and community leaders better plan important programmes and services for young people in Perth and Kinross.

### **WHAT IS IN THE SURVEY?**

This is **not** a test. There are no right or wrong answers. The survey will ask questions about you and things that you and your friends may or may not have done. Here are some examples of questions you may be asked:

- I am easily distracted. I find it difficult to concentrate.
- How many friends do you have who you can talk to about your problems?
- My parents (or caregivers) ask if I've got my homework done.

**The survey is confidential.** You will complete the survey on your own. No one at your home or the school will see your answers. We will match your questionnaire answers to other information the school and council holds about you, such as any services you receive, but it won't be possible to identify you at the end of this process.

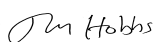
**The survey is voluntary.** You do not need to take part if you don't want. You can also skip any question you don't want to answer or you can stop taking the survey at any time.

I agree to take part in the *Evidence2Success* survey.

☐ **YES, I want to take part**

☐ **NO, I don't want to take part**

Principal Investigator: Tim Hobbs, PhD



**Thank you for agreeing to do the survey!**

**Instructions:** Please read each question carefully and mark your answer by putting an “X” in the box next to the answer you choose. If you make a mistake or want to change your answer, completely fill in the box with the wrong answer and put an “X” in the box next to your new answer.

**Some of the questions will look like this:**

**12. How many times have you watched TV this week?**

☐ None

☒ 1 or 2 times

☐ 3 or 4 times

☐ 5 or more times

Mark your choice by making an “X” in the box that is next to the answer you want.

**Other questions will look like this:**

<i>Please mark an “X” in the box under your answer.</i>	NO!	no	yes	YES!
<b>22. I like to eat pizza.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Mark the big NO! if you think the statement is definitely not true for you.

Mark the little no if you think the statement is mostly not true for you.

Mark the little yes if you think the statement is mostly true for you.

Mark the big YES! if you think the statement is definitely true for you.

Please try to answer every question. Your answers will make a difference to other children and young people in the future. If you decide not to answer a question, draw an “X” through the entire question. That way we know you did not accidentally skip a question.

**Look out for grey boxes:** There may be some questions you can skip depending on your answer. There will be a grey box underneath these questions.

For example:

IF you answered ‘no,’ please skip to Q12.

**First are some general information questions about you. Please select the response that best describes you.**

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Q1. How old are you?

☐ 14

☐ 15

☐ 16

☐ 17

☐ 18

☐ 19 or older

Q2. What is your date of birth?

...../...../..... (DD/MM/YYYY)

Q3. Are you...

☐ Female?

☐ Male?

Q4. Are you in...

☐ Primary School

☐ Secondary School

☐ Special School

☐ Other

Q5. What year are you in?

☐ 1<sup>st</sup> year (S1)

☐ 2<sup>nd</sup> Year (S2)

☐ 3<sup>rd</sup> Year (S3)

☐ 4<sup>th</sup> Year (S4)

☐ 5<sup>th</sup> Year (S5)

☐ 6<sup>th</sup> Year (S6)

Q6. What is your ethnic group? (*Choose one option that best describes your ethnic group or background*)

**White**

- |  |   |
|--|---|
| <input type="checkbox"/> Scottish        | <input type="checkbox"/> Georgian                     |
| <input type="checkbox"/> Other British   | <input type="checkbox"/> Estonian                     |
| <input type="checkbox"/> Irish           | <input type="checkbox"/> Hungarian                    |
| <input type="checkbox"/> Gypsy/Traveller | <input type="checkbox"/> Slovenian                    |
| <input type="checkbox"/> Polish          | <input type="checkbox"/> Latvian                      |
| <input type="checkbox"/> Bosnian         | <input type="checkbox"/> Romanian                     |
| <input type="checkbox"/> Bulgarian       | <input type="checkbox"/> Lithuanian                   |
| <input type="checkbox"/> Croatian        | <input type="checkbox"/> Any other White ethnic group |
| <input type="checkbox"/> Czech           |   |

**Mixed / Multiple ethnic groups**

- ☐ Any Mixed / Multiple ethnic groups

**Asian / Asian Scottish or Asian British**

- |   |   |
|---|---|
| <input type="checkbox"/> Pakistani, Pakistani Scottish or Pakistani British | <input type="checkbox"/> Bangladeshi, Bangladeshi Scottish or Bangladeshi British |
| <input type="checkbox"/> Indian, Indian Scottish or Indian British          | <input type="checkbox"/> Chinese, Chinese Scottish or Chinese British             |
|   | <input type="checkbox"/> Any other Asian  |

**African**

- |   |  |
|---|--|
| <input type="checkbox"/> African, African Scottish or African British | <input type="checkbox"/> Any other African |
|---|--|

**Caribbean or Black**

- |   |   |
|---|---|
| <input type="checkbox"/> Caribbean, Caribbean Scottish or Caribbean British | <input type="checkbox"/> Any other Caribbean or Black |
| <input type="checkbox"/> Black, Black Scottish or Black British             |   |

**Other ethnic group**

- |  |   |
|--|---|
| <input type="checkbox"/> Arab, Arab Scottish or Arab British | <input type="checkbox"/> Any other ethnic group |
|--|---|

Q7. Think of where you live most of the time. Which **BEST** describes your living situation? (select only one option)

- ☐ House or flat with parents or family
- ☐ A residential unit away from parents or family
- ☐ Homeless/temporary accommodation
- ☐ Other living situation.

Q8. Which of the following people live there with you? *Choose all that apply.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Mother  | <input type="checkbox"/> Grandmother                        | <input type="checkbox"/> My boyfriend/<br>girlfriend/spouse   |
| <input type="checkbox"/> Father  | <input type="checkbox"/> Grandfather                        | <input type="checkbox"/> My biological children               |
| <input type="checkbox"/> Stepmother                                      | <input type="checkbox"/> Aunt                               | <input type="checkbox"/> Other children, not<br>related to me |
| <input type="checkbox"/> Stepfather                                      | <input type="checkbox"/> Uncle                              | <input type="checkbox"/> Other                                |
| <input type="checkbox"/> Adoptive mother                                 | <input type="checkbox"/> Sister(s)                          | <input type="checkbox"/> Don't know                           |
| <input type="checkbox"/> Adoptive father                                 | <input type="checkbox"/> Stepsister(s)                      |   |
| <input type="checkbox"/> Foster mother                                   | <input type="checkbox"/> Brother(s)                         |   |
| <input type="checkbox"/> Foster father                                   | <input type="checkbox"/> Stepbrother(s)                     |   |
| <input type="checkbox"/> My parent's<br>boyfriend/girlfriend/<br>partner | <input type="checkbox"/> Friend(s)                          |   |
|  | <input type="checkbox"/> Other adults, not related<br>to me |   |

**The next questions ask about your experiences at school.**

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Q9. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

- ☐ Below Average
- ☐ Average
- ☐ Good
- ☐ Very Good

Q10. Are your school marks better than the marks of most other pupils in your class?

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!

Q11. How many times in the **past year** (12 months) have you been excluded from school?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Never        | <input type="checkbox"/> 10 to 19 times |
| <input type="checkbox"/> 1 or 2 times | <input type="checkbox"/> 20 to 29 times |
| <input type="checkbox"/> 3 to 5 times | <input type="checkbox"/> 30 to 39 times |
| <input type="checkbox"/> 6 to 9 times | <input type="checkbox"/> 40+ times      |

Q12. During the **last four weeks**, how many whole days of school have you missed...

<i>Please mark an "X" in the box under your answer.</i>	None	1 day	2 days	3 days	4-5 days	6-10 days	11 or more days
(a) ...because of illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ...because you "skipped" or truanted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13. How often do you feel that the schoolwork you are assigned is meaningful and important?

- ☐ Never  
☐ Seldom  
☐ Sometimes

- ☐ Often  
☐ Almost Always

Q14. How interesting are most of your school subjects to you?

- ☐ Very interesting  
☐ Quite interesting  
☐ Fairly interesting

- ☐ Slightly boring  
☐ Very boring

Q15. How important do you think the things you are learning in school are going to be for your later life?

- ☐ Very important  
☐ Quite important  
☐ Fairly important

- ☐ Slightly important  
☐ Not at all important

Q16. Now, thinking back over the **past year** (12 months) in school...

<i>Please mark an "X" in the box under your answer.</i>	Never	Seldom	Sometimes	Often	Almost always
(a) ... how often did you enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ... how often did you hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ... how often did you try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about your relationships with any boy or girlfriends you might have had**

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Q17. Have any of your partners ever...

<i>Please mark an "X" in the box under your answer.</i>	Never	Once	A few times	Often	All of the time
(a) Made fun of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Shouted at you/screamed in your face / called you hurtful names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Said negative things about your appearance/body/friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Threatened to hurt you physically unless you did what they wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Told you who you could see and where you could go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Constantly checked up on what you were doing, e.g. by phone or texts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Used private information to make you do something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Used mobile phones or the internet to humiliate or threaten you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now you will be asked about your friends.**

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Q18. How many friends do you have who you can talk to about your problems?

☐ None

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 or more



Q19. How many friends do you have who would help you when you need it?

☐ None

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 or more

Q20. In the **past year** (12 months), how many of your best friends have...

In the <b>past year</b> (12 months), how many of your best friends have...	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
(a) ...participated in clubs, organisations or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ...said they don't want to use or try drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ...regularly attended religious services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) ...tried to do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) ...been excluded from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) ...dropped out or left school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) ...smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the <b>past year</b> (12 months), how many of your best friends have...	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
(h) ...tried beer, cider, wine, alcopops or spirits (for example, vodka, whisky or gin) when their parents didn't know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) ...used cannabis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) ...used LSD, cocaine, amphetamines or other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) ...sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the <b>past year</b> (12 months), how many of your best friends have...	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
(l) ...carried a knife or other weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) ...stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) ...been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21. In the past year (12 months), how many of your best friends have liked school?

- ☐ None of my friends  
☐ 1 of my friends  
☐ 2 of my friends  
☐ 3 of my friends  
☐ 4 of my friends

**For the next group of questions, think about how often these things have happened to you during the *past year (12 months)*.**

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Q22. Another pupil or group of children or young people

<i>Please mark an "X" in the box under your answer.</i>	A lot	Several times	Once or twice	Never
(a) ...pushed, shoved, tripped or picked a fight with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ...teased and said mean things to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ...spread rumours or told lies about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) ...told lies or made fun of me using the internet or a mobile phone (for example, email, instant messaging, text messaging, or websites).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23. How many times in the **past year** (12 months) have you...

<i>Please mark an "X" in the box under your answer.</i>	Never	1 or 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
(a) ...carried a knife or other weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ...sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ...stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) ...been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) ...attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) ...been drunk, on drugs or high at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) ...stolen something worth more than £5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) ...purposely damaged or destroyed property that did not belong to you (not counting family property)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) ...taken something from a shop without paying for it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next section asks about your experiences with tobacco, alcohol and other drugs. Remember, your answers are confidential. Please pay close attention to the time frame of the questions. Questions ask about your lifetime, past year (12 months), and past month (30 days).

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Q24. Have you smoked at least 100 cigarettes in your entire lifetime?

- ☐ Yes  
☐ No

Q25. How frequently have you smoked cigarettes during the **past year** (12 months)?

- |  |   |
|--|---|
| <input type="checkbox"/> Not at all                      | <input type="checkbox"/> About one pack per day             |
| <input type="checkbox"/> Less than one cigarette per day | <input type="checkbox"/> About one and a half packs per day |
| <input type="checkbox"/> One to five cigarettes per day  | <input type="checkbox"/> Two packs or more per day          |
| <input type="checkbox"/> About half a pack per day       |   |

IF you answered 'not at all', please skip to Q27.

Q26. How frequently have you smoked cigarettes during the past month (30 days)?

- |  |   |
|--|---|
| <input type="checkbox"/> Not at all                      | <input type="checkbox"/> About one pack per day             |
| <input type="checkbox"/> Less than one cigarette per day | <input type="checkbox"/> About one and a half packs per day |
| <input type="checkbox"/> One to five cigarettes per day  | <input type="checkbox"/> Two packs or more per day          |
| <input type="checkbox"/> About half a pack per day       |   |

Q27. On how many occasions (if any) have you had beer, cider, wine, alcopops or spirits (for example, vodka, whisky or gin) during the **past year** (12 months)?

- |  |  |
|--|--|
| <input type="checkbox"/> 0 occasions   | <input type="checkbox"/> 10-19 occasions |
| <input type="checkbox"/> 1-2 occasions | <input type="checkbox"/> 20-39 occasions |
| <input type="checkbox"/> 3-5 occasions | <input type="checkbox"/> 40 or more      |
| <input type="checkbox"/> 6-9 occasions |  |

IF you answered '0 occasions', please skip to Q30.

Q28. On how many occasions (if any) have you had beer, cider, wine, alcopops or spirits (for example, vodka, whisky or gin) during the **past month** (30 days)?

- |  |   |
|--|---|
| <input type="checkbox"/> 0 occasions   | <input type="checkbox"/> 10-19 occasions      |
| <input type="checkbox"/> 1-2 occasions | <input type="checkbox"/> 20-39 occasions      |
| <input type="checkbox"/> 3-5 occasions | <input type="checkbox"/> 40 or more occasions |
| <input type="checkbox"/> 6-9 occasions |   |

Q29. Think back over the **last two weeks**. How many times have you had five or more alcoholic drinks in a row?

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> None  | <input type="checkbox"/> 3 to 5 times     |
| <input type="checkbox"/> Once  | <input type="checkbox"/> 6 to 9 times     |
| <input type="checkbox"/> Twice | <input type="checkbox"/> 10 or more times |

Q30. On how many occasions (if any) have you...

<i>Please mark an "X" in the box under your answer</i>	0 occasions	1 to 2 occasions	3 to 5 occasions	6 to 9 occasions	10 to 19 occasions	20 to 39 occasions	40 or more occasions
(a) ... used cannabis the <b>past year</b> (12 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ... used cannabis in the <b>past month</b> (30 days)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ... used prescription drugs (for example, Codydramol, OxyContin, Ritalin, Valium, Diazepam) not prescribed for you by a doctor in the <b>past year</b> (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) ... used prescription drugs (for example, Codydramol, OxyContin, Ritalin, Valium, Diazepam) not prescribed for you by a doctor in the <b>past month</b> (30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please mark an "X" in the box under your answer</i>	0 occasions	1 to 2 occasions	3 to 5 occasions	6 to 9 occasions	10 to 19 occasions	20 to 39 occasions	40 or more occasions
(e) ... used obecal ("CAL") in the <b>past year</b> (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) ... used obecal ("CAL") in the <b>past month</b> (30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) ... used other illegal drugs (such as LSD, cocaine, ecstasy, heroin, or others) in the <b>past year</b> (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) ... used other illegal drugs (such as LSD, cocaine, ecstasy, heroin, or others) in the <b>past month</b> (30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On how many occasions (if any) have you used a 'legal high' substance (i.e. Bubbles, Meow, Spice Diablo, Ethlyphenidate or others) in the <b>past month</b> (30 days)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about sexual behaviour. Remember, all of your answers are confidential.**

Q31. Have you ever had sexual intercourse? (*By sexual intercourse we mean vaginal or anal sex.*)

☐ Yes

☐ No

**IF you answered 'no,' please skip to Q38.**

Q32. During the **past year** (12 months) with how many people have you had sexual intercourse? (*By sexual intercourse we mean vaginal or anal sex.*)

- |   |  |
|---|--|
| <input type="checkbox"/> I have had sexual intercourse, but not in the past year. | <input type="checkbox"/> 4 people                            |
| <input type="checkbox"/> 1 person   | <input type="checkbox"/> 5 people                            |
| <input type="checkbox"/> 2 people   | <input type="checkbox"/> 6 or more people                    |
| <input type="checkbox"/> 3 people   | <input type="checkbox"/> I have never had sexual intercourse |

IF you **haven't had sex in the past year (12 months)**, please skip to Q36.

Q33. In the **past year** (12 months) how often did you or your partner use any form of contraception when you had vaginal intercourse (e.g., condom, contraceptive pills, Norplant, spermicides, contraceptive sponge, diaphragm, IUD (sometimes called the coil), or Depo-Provera injection)?

- |   |  |
|---|--|
| <input type="checkbox"/> I have never had vaginal intercourse               | <input type="checkbox"/> About half of the time                        |
| <input type="checkbox"/> I haven't had vaginal intercourse in the past year | <input type="checkbox"/> Most of the time                              |
| <input type="checkbox"/> None of the time                                   | <input type="checkbox"/> Always  |
| <input type="checkbox"/> Less than half of the time                         | <input type="checkbox"/> I don't know if my partner used contraception |

Q34. In the **past year** (12 months), when you had vaginal or anal sex with someone, how often did you or your partner use a condom?

- |   |   |
|---|---|
| <input type="checkbox"/> I have never had vaginal or anal sex                     | <input type="checkbox"/> About half of the time                   |
| <input type="checkbox"/> Haven't had vaginal or anal intercourse in the past year | <input type="checkbox"/> Most of the time                         |
| <input type="checkbox"/> None of the time   | <input type="checkbox"/> Always                                   |
| <input type="checkbox"/> Less than half of the time                               | <input type="checkbox"/> I don't know if my partner used a condom |

Q35. In the **past year** (12 months), have you been told by a doctor or nurse that you had a sexually transmitted disease or infection, such as chlamydia, gonorrhoea, syphilis, genital herpes, hepatitis, or HIV/AIDS?

- ☐ Yes
- ☐ No

Q36. How many times have you been pregnant or got someone pregnant?

- ☐ Never
- ☐ 1 time
- ☐ 2 or more times
- ☐ Not sure

IF you answered 'never', please skip to Q38.

Q37. How many children have you given birth to or fathered?

- ☐ None
- ☐ Currently pregnant/expecting or my partner is currently pregnant/expecting
- ☐ 1 child
- ☐ 2 or more children
- ☐ Not sure



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.

Q38.

Please mark an "X" in the box under your answer	Not true	Somewhat true	Certainly true
a) I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am restless, I cannot stay still for very long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q39.

Please mark an "X" in the box under your answer	Not true	Somewhat true	Certainly true
a) I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q40.

Please mark an "X" in the box under your answer	Not true	Somewhat true	Certainly true
a) I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q41.

<i>Please mark an "X" in the box under your answer</i>	Not true	Somewhat true	Certainly true
a) I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q42.

<i>Please mark an "X" in the box under your answer</i>	Not true	Somewhat true	Certainly true
a) I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q43. Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour, or being able to get along with other people?

- ☐ No
- ☐ Yes – Minor difficulties
- ☐ Yes – Definite difficulties
- ☐ Yes – Severe difficulties

**IF you answered 'no,' please skip to Q47.**

You answered 'Yes' to having difficulties in the area(s) of emotions, concentration, behaviour, or being able to get along with other people. Please answer the following questions about these difficulties.

Q44. How long have these difficulties been present?

- ☐ Less than a month
- ☐ 1-5 months
- ☐ 6-12 months
- ☐ Over a year

Q45. Do the difficulties upset or distress you?

- ☐ Not at all  
☐ Only a little  
☐ Quite a lot  
☐ A great deal

Q46. Do the difficulties interfere with your everyday life in the following areas?

<i>Please mark an "X" in the box under your answer.</i>	Not at all	Only a little	Quite a lot	A great deal
(a) Home life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Friendships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Classroom learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Leisure Activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q47.

<i>Please mark an "X" in the box under your answer.</i>	NO!	no	yes	YES!
(a) I know how to relax when I feel tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I am always able to keep my feelings under control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I know how to calm down when I am feeling nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) I control my temper when people are angry with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q48.

<i>Please mark an "X" in the box under your answer.</i>	NO!	no	yes	YES!
(a) Sometimes I think that life is not worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) All in all, I am inclined to think that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q49. In the **past year** (12 months), have you felt depressed or sad MOST days, even if you felt OK sometimes?

- ☐ NO!  
☐ no  
☐ yes  
☐ YES!

Q50. Is there an adult in your life (other than your parents) you can usually turn to for help and advice?

- ☐ Yes  
☐ No

**These questions ask about health problems you might have had at any time in your life.**

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Q51. Have you ever had...

<i>Please mark an "X" in the box under your answer.</i>		
	Yes	No
(a) ...asthma?	<input type="checkbox"/>	<input type="checkbox"/>
(b) ...diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
(c) ...ADD or ADHD (Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder?)	<input type="checkbox"/>	<input type="checkbox"/>

Q52. In general, how would you say your health is?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q53. How do you think of yourself in terms of your weight?

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ About the right weight
- ☐ Slightly overweight
- ☐ Very overweight

Q54. What is your height?

PLEASE ENTER YOUR HEIGHT IN EITHER FEET AND INCHES OR METRES AND CENTIMETRES

.....Feet/Inches OR .....Metres/centimetres

Q55. What is your weight?

PLEASE ENTER YOUR WEIGHT IN EITHER STONES AND POUNDS OR KILOGRAMS

.....Stones/Pounds OR .....Kilograms

**The next questions ask about your parents. If you don't have parents, think about the people who are most like parents to you (your caregivers).**

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Q56.

<i>Please mark an "X" in the box under your answer</i>	NO!	no	yes	YES!	I don't have a mother or someone who is like a mum to me
(a) Do you feel very close to your mother (or the person who is like a mother to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Do you share your thoughts and feelings with your mother (or the person who is like a mother to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q57.

<i>Please mark an "X" in the box under your answer</i>	NO!	no	yes	YES!	I don't have a father or someone who is like a dad to me
(a) Do you feel very close to your father (or the person who is like a father to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Do you share your thoughts and feelings with your father (or the person who is like a father to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q58.

<i>Please mark an "X" in the box under your answer</i>	NO!	no	yes	YES!
(a) If I had a problem, I could ask my parents (or caregivers) for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) My parents (or caregivers) ask me what I think before most family decisions affecting me are made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) My parents (or caregivers) give me lots of chances to do fun things with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q59. My parents (or caregivers) ask if I've got my homework done.

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!

Q60.

<i>Please mark an "X" in the box under your answer.</i>	NO!	no	yes	YES!
(a) If you drank some beer, cider, wine, alcopops or spirits (for example, vodka, whisky or gin) without your parents' (or caregivers') permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) If you carried a knife or other weapon without your parents' or caregivers' permission, would you be caught by your parents (or caregivers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) If you skipped school, would you be caught by your parents (or caregivers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q61. How wrong do your parents (or caregivers) feel it would be for you to...

<i>Please mark an "X" in the box under your answer.</i>	Very wrong	Wrong	A little bit wrong	Not wrong at all
(a) ...steal something worth more than £5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ...draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ...pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) ...drink beer, cider, wine, alcopops or spirits (for example, vodka, whisky or gin) regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) ...smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) ...smoke cannabis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q62. When I am not at home, one of my parents (or caregivers) knows where I am and who I am with.

- ☐ NO!  
☐ no  
☐ yes  
☐ YES!

Q63. Would your parents (or caregivers) know if you did not come home on time?

- ☐ NO!  
☐ no  
☐ yes  
☐ YES!

Q64. When you have misbehaved do your parents (or caregivers)...

<i>Please mark an "X" in the box under your answer.</i>	NO!	no	yes	YES!
(a) ...take away your privileges (TV, films, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ...listen to your side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ...discuss what you did and why it was wrong?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For these questions, please think about the people you consider to be your family (for example, parents, step-parents, grandparents, aunts, uncles, brothers, sisters, etc.).**

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Q65. My family has clear rules about alcohol and drug use.

- ☐ NO!  
☐ no  
☐ yes  
☐ YES!

Q66.

<i>Please mark an "X" in the box under your answer.</i>	NO!	no	yes	YES!
(a) We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) People in my family often insult or shout at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sometimes, when children are growing up, people who are responsible for caring for them (for example parents, step-parents, adoptive parents, aunts and uncles, other caregivers) do not know how to care for children properly, and the children do not get what they need to grow up healthy.**

Q67. Have any of these things happened to you in the **past year** (12 months)?

<i>Please mark an "X" in the box under your answer.</i>	Many times	Sometimes	Never	Not in the past year, but has happened
(a) Feel you did not get enough to eat (went hungry) and/or drink (were thirsty) even though there was enough for everyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Have to wear dirty, torn clothes, or clothes that were not warm enough or too warm, or shoes that were too small even though there were ways of getting better or new ones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Not taken care of when you were sick (for example, not taken to see a doctor when you were hurt or not given the medicines you needed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) You did not feel cared for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Felt that you were not important?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Felt that there was never anyone looking after you, supporting you, or helping you when you most needed it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about the community you live in...**

Q68. How much do each of the following statements describe your local area?

<i>Please mark an "X" in the box under your answer.</i>	NO!	no	yes	YES!
(a) Crime and/or drug selling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Fights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Lots of empty or abandoned buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Lots of graffiti.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Insults or attacks based on someone's religion, ethnicity or culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) I feel safe in my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q 69. If a group of children were skipping school and hanging out on a street corner in your local area, how likely is it that your neighbours would do something about it?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Very unlikely               | <input type="checkbox"/> Likely      |
| <input type="checkbox"/> Unlikely                    | <input type="checkbox"/> Very likely |
| <input type="checkbox"/> Neither likely nor unlikely |                                      |

Q 70. If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbours would break it up?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Very unlikely               | <input type="checkbox"/> Likely      |
| <input type="checkbox"/> Unlikely                    | <input type="checkbox"/> Very likely |
| <input type="checkbox"/> Neither likely nor unlikely |                                      |

Q 71. People around where I live are willing to help their neighbours.

- |   |   |
|---|---|
| <input type="checkbox"/> Strongly disagree          | <input type="checkbox"/> Agree          |
| <input type="checkbox"/> Disagree                   | <input type="checkbox"/> Strongly agree |
| <input type="checkbox"/> Neither agree nor disagree |   |

Q 72. People in my local area can be trusted.

- |   |   |
|---|---|
| <input type="checkbox"/> Strongly disagree          | <input type="checkbox"/> Agree          |
| <input type="checkbox"/> Disagree                   | <input type="checkbox"/> Strongly agree |
| <input type="checkbox"/> Neither agree nor disagree |   |

**These questions are about you and your parents' (or caregivers') living and economic circumstances**

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Q73. How many adults live with you?

- ☐ One
- ☐ Two
- ☐ Three or more

Q74. How many adults that you live with have a paid job?

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three or more
- ☐ Don't know

Q75. On average, how much money of your own do you have to spend each week?

- |   |   |
|---|---|
| <input type="checkbox"/> None             | <input type="checkbox"/> £9-10 per week         |
| <input type="checkbox"/> £1 or 2 per week | <input type="checkbox"/> £11-£15 per week       |
| <input type="checkbox"/> £3-£5 per week   | <input type="checkbox"/> More than £15 per week |
| <input type="checkbox"/> £6-£8 per week   | <input type="checkbox"/> Don't know             |

Q76. How financially well off do you think your family is?

- ☐ Very well off
- ☐ Quite well off
- ☐ Average
- ☐ Not very well off
- ☐ Not very well off at all
- ☐ Don't know

Q77. How many people live in your home (include yourself, all adults and all other children)?

- |                            |                                     |
|----------------------------|-------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 9          |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 10         |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 11         |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 12         |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 13         |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 14         |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 15 or more |
| <input type="checkbox"/> 8 |                                     |

Q78. How many rooms are there in your house, not including kitchens and bathrooms?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8

- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15 or more

Q79. In the **past year** (12 months), has your father been unemployed and looking for work for one month or more?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I don't have a father or a person who is like a father to me.

Q80. In the **past year** (12 months), has your mother been unemployed and looking for work for one month or more?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I don't have a mother or a person who is like a mother to me

Q81. Have you changed homes in the past year (12 months)?

- ☐ Yes
- ☐ No

Q82. Have you changed schools (including changing from primary to secondary school) in the past year (12 months)?

- ☐ Yes
- ☐ No

Q83. How many times have you changed schools (including changing from primary to secondary school) since Primary 1?

- ☐ Never
- ☐ 1 or 2 times
- ☐ 3 or 4 times
- ☐ 5 or 6 times
- ☐ 7 or more times

Q84. How many times have you changed homes since Primary 1?

- ☐ Never
- ☐ 1 or 2 times
- ☐ 3 or 4 times
- ☐ 5 or 6 times
- ☐ 7 or more times

Q85. And finally, how honest were you in filling out this survey?

- ☐ I was very honest
- ☐ I was honest much of the time
- ☐ I was honest some of the time
- ☐ I was honest once in a while
- ☐ I was not honest at all

FEEDBACK: If there is anything else you would like to share with us or if you have any comments, please write them in here.

**That is the end of the survey! Thank you for taking the time to answer the questions!**