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ENGLISH - IRELAND

# Planet Youth 2020

**A survey of the lives and  
living conditions of young people**

***– Confidential –***

PLANET  
*Youth*  
by ICSRA ®

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## To students

### **This is an anonymous and confidential survey.**

It will be impossible to trace your answers to you. No one you know, not your teachers, parents, carers or friends, can ever access your personal responses. Make sure that you **do not write your name or any personal identification** details on the questionnaire or on the envelope provided with it.

When you have finished answering all the questions, put the questionnaire in the envelope, seal it completely, and leave it on your desk. The envelopes will be collected when everyone has finished. If you have any questions to ask about the survey, close your questionnaire and raise your hand. An assistant will come to your desk with a blank version of the questionnaire to assist you and that way they won't see your answers.

This questionnaire itself covers a lot of topics, and seeks your opinion on a lot of issues, some very personal. You have probably never participated in a survey like this, but we still hope you can respond to all the questions as carefully and honestly as possible, because your responses are very important. It is also important that you answer in a way that best fits your opinion or your circumstances.

### **There are no right or wrong answers, the important thing is that your opinions are made known.**

The information that you provide in the survey will be used to inform policy decisions, improve services and provide opportunities for families and for young people in our communities.

### **Filling in the survey:**

Please use a black or a blue pen.

Most of the questions have several options to choose from, but you only need to pick one of them.

Fill in each answer with a clear X in the appropriate box, like this:



If you want to change your answer then completely shade in the box:



Put a new X in the box you want to change your answer to:



If you feel that none of the options you can choose from accurately describes your opinion or suits your view, try to pick the option that you think is closest to the truth.

Thanks for taking part in the survey  
The Planet Youth research team

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BEFORE YOU BEGIN, PLEASE READ THE INSTRUCTIONS ON PAGE 2  
Answer each question by marking X in the respective box, like this:

**1. How would you describe your gender?** (Choose only ONE option)

- Male     Female     Non-Binary     Prefer not to say

**2. What year were you born?** (Choose only ONE option)

- Before 2004     2004     2005     2006     2007 or later

**3. What school year are you in now?** (Choose only ONE option)

- Transition Year     5th Year     Leaving Cert Applied/QQI

**4. What is your ethnic/cultural background?** (Choose only ONE option)

White

- Irish  
 Irish traveller  
 Any other white background

Asian or Asian Irish

- Asian Irish  
 Chinese  
 Any other Asian background

Black or Black Irish

- Black Irish  
 African  
 Any other black background

Roma

- 

Other

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**5. Where were you born?** (Choose ONE option)

- In Ireland  
 In another country

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**6. I live with...** (Choose only ONE option, the one that suits best)

- I live with both my parents
- Mother but not father
- Father but not mother
- Mother and her partner
- Father and his partner
- Grandparent(s) and mother/father
- Only grandparent(s) and not mother/father
- I live in a different arrangement (foster family, carer, other relatives, etc.)
- I am an exchange student and live with a host family

**7. What is the highest level of education your mother/carer completed?**

(Choose only ONE option, the one that suits best)

- Postgraduate Degree (Masters or Doctorate)
- Degree from University
- Diploma from a technical institute
- Completed Leaving Certificate
- Completed Junior Certificate
- Completed Primary School or less
- I don't know / doesn't apply

**8. What is the highest level of education your father/carer completed?**

(Choose only ONE option, the one that suits best)

- Postgraduate Degree (Masters or Doctorate)
- Degree from University
- Diploma from a technical institute
- Completed Leaving Certificate
- Completed Junior Certificate
- Completed Primary School or less
- I don't know / doesn't apply

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**9. What is the main occupation of your mother/carer?**

(Choose only ONE option, the one that suits best)

- Works at home (stay-at-home parent, takes care of the household)
- Works part-time
- Works full-time
- Unemployed
- Not working due to disability
- Studying
- Studying and also working
- I don't know / doesn't apply

**10. What is the main occupation of your father/carer?**

(Choose only ONE option, the one that suits best)

- Works at home (stay-at-home parent, takes care of the household)
- Works part-time
- Works full-time
- Unemployed
- Not working due to disability
- Studying
- Studying and also working
- I don't know / doesn't apply

**11. What languages are spoken in your home?** (Choose only ONE option)

- English
- Irish
- English and Irish
- English and a different language
- Only a different language

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THE NEXT QUESTIONS ARE ABOUT SCHOOL AND HOME LIFE.  
 TRY TO ANSWER THEM ALL

**12. How well do the following statements apply to you?**

(Choose only ONE option in EACH category)

	Almost always	Often	Sometimes	Rarely	Almost never
a) I find schoolwork pointless	<input type="checkbox"/>				
b) I find schoolwork boring	<input type="checkbox"/>				
c) I am poorly prepared for classes	<input type="checkbox"/>				
d) I feel I don't put enough effort into my schoolwork	<input type="checkbox"/>				
e) I find schoolwork too easy	<input type="checkbox"/>				
f) I find schoolwork too hard	<input type="checkbox"/>				
g) I feel bad at school	<input type="checkbox"/>				
h) I want to quit school	<input type="checkbox"/>				
i) I want to change schools	<input type="checkbox"/>				
j) I get on badly with the teachers	<input type="checkbox"/>				

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**13. To what extent do you agree or disagree with the following statements?**

(Choose ONE option in EACH category)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) The adults at my school care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The adults at my school are fair and kind to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) It is safe to be around the adults at my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The adults at my school notice when I'm having a hard time and offer to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The adults at my school believe I can make the world a better place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I have friends at school that care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) My friends think we should try our best at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The students at my school are nice to each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I feel confident that I could stand up for someone that was being bullied in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) At my school, it is not a big deal to make mistakes if you are trying your best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) My school is helping me achieve goals that matter to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I try my best in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) At least one thing I do at my school makes me want to be the best I can be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) I have a good time participating in activities at my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) My school helps me discover things I'm good at doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Doing my best in school now will help me have a good life when I'm older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**14. How many whole days were you absent from school during the last 30 days?**

(Choose ONE option in EACH category)

	None	1 day	2 days	3 days	4 days	5 days	6 days	7+
a) Because of COVID 19	<input type="checkbox"/>							
b) Because of another illness	<input type="checkbox"/>							
c) Because you skipped school	<input type="checkbox"/>							

**15. During the last 7 days, how often did you do any of the following?**

(Choose ONE option in EACH category)

	Never	Once	Twice	3 times	4 times	5 times	6 times	7 times
a) Stayed at home for a whole evening	<input type="checkbox"/>							
b) Was outside after ten o'clock in the evening	<input type="checkbox"/>							
c) Was outside after midnight	<input type="checkbox"/>							

**16. Sports and physical activity. How many times a week do you?**

(Choose ONE option in EACH category)

	Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week	6 times a week	Every day
a) Participate in sports and physical training in school, apart from P.E.	<input type="checkbox"/>							
b) Engage in sports outside school <u>with</u> a club or team	<input type="checkbox"/>							
c) Exercise or practice sports, outside school and not with a club or team	<input type="checkbox"/>							
d) Exert yourself physically so you exhaust yourself or sweat	<input type="checkbox"/>							

**17. In the past week, on how many days have you done a total of 60 min or more of physical activity, which was enough to raise your breathing rate?** (Choose only ONE option) This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places.

Never  Once  Twice  3 times  4 times  5 times  6 times  Every day

**18. How would you rate your physical health?**

(Choose only ONE option)

Very good  Good  Okay  Bad  Very bad

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**19. How many times a week do you participate in any of the following activities that are supervised by adults outside school? (Choose one option in EACH category)**

	Never or almost never	Less than once a week	Once a week	2 times a week	3 times a week	4 times a week	5 times a week	6 times a week or more
a) Music, art, drama or dance	<input type="checkbox"/>							
b) Volunteering in the community	<input type="checkbox"/>							
c) Other after school clubs (e.g. scouts, youth clubs, religious groups)	<input type="checkbox"/>							

**20. How much time on average do you spend each day on the following activities? (Choose ONE option in EACH category)**

	Almost no time	About 1 hour	About 2 hours	About 3 hours	About 4 hours	About 5 hours	About 6 hours	7 hours or more
a) Watching television	<input type="checkbox"/>							
b) Watching shows, movies or videos on your phone or computer	<input type="checkbox"/>							
c) Playing video games	<input type="checkbox"/>							
d) On social media (e.g., Snapchat, Instagram, TikTok)	<input type="checkbox"/>							
e) Using the internet for other than social media or video games (e.g., reading, schoolwork)	<input type="checkbox"/>							

**21. How often do you do the following? (Choose ONE option in EACH category)**

	Never or almost never	Less than once a month	1-3 times a month	1-3 times a week	4 times a week or more
a) Hang out at a friend's home with no adult present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hang out with friends in the streets or a car park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hang out with friends in a fields or wooded area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Hang out with friends in a local shopping centre or shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Hang out with friends at a nearby school when the school is closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Hang out with friends in an abandoned building or empty house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**22. To what extent do you agree or disagree with the following statements?**

(Choose ONE option in EACH category)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) There is a lot to do in my neighbourhood/ community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) There is a lot to do in my community but I cannot access activities due to no transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I cannot access activities because my parents/carers can't afford them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I live in a rural location and rely on parents/carers for transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I am a newcomer to the area and I'm not sure what's available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) There is no public transport near me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) There is no public transport at the weekends to suit my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23. To what extent do you agree or disagree with the following statements?**

(Choose ONE option in EACH category)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) It is good to live in my neighbourhood/ community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) In the future I would like to continue to live in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) In the future I would like to move to another place in my country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) In the future I would like to move abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24. To what extent do the following statements apply to you? "I feel safe..."**

(Choose ONE option in EACH category)

	Almost never	Rarely	Sometimes	Often	Almost always
a) At home	<input type="checkbox"/>				
b) At school	<input type="checkbox"/>				
c) In my neighbourhood	<input type="checkbox"/>				

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**25. How do the following statements apply to you?**  
(Choose ONE option in EACH category)

	Very well	Well	Poorly	Very poorly
a) My parents/carers think it is important that I do well with my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My parents/carers set definite rules about what I can do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My parents/carers set definite rules about what I can do outside the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My parents/carers set definite rules about when I should be home in the evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) My parents/carers know who I am with in the evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) My parents/carers know where I am in the evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) My parents/carers know my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) My parents/carers know the parents of my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**26. How does the following apply to you?**  
(Choose ONE option in EACH category)

	Almost never	Rarely	Sometimes	Often	Almost always
a) I spend time with my parents/carers during the week	<input type="checkbox"/>				
b) I spend time with my parents/carers at the weekends	<input type="checkbox"/>				
c) My parents/carers know where I am on Saturday evenings	<input type="checkbox"/>				

**27. How easy or hard would it be for you to receive the following from your parents/carers?**  
(Choose ONE option in EACH category)

	Very hard	Hard	Easy	Very easy
a) Caring and warmth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Advice about personal matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Advice about schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**28. How easy or hard would it be for you to receive the following from your friends?**  
(Choose ONE option in EACH category)

	Very hard	Hard	Easy	Very easy
a) Caring and warmth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Advice about personal matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Advice about schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**29. How well off financially do you think your family is in comparison to other families?**

(Choose only ONE option)

- Much better off  
  Considerably better off  
  A little better off  
  Similar to others  
  A little worse off  
  Considerably worse off  
  Much worse off

**30. To what extent do the following apply to your situation?**

(Choose ONE option in EACH category)

- |   | Almost never             | Rarely                   | Sometimes                | Often                    | Almost always            |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) My parents/carers can't afford to have a car   | <input type="checkbox"/> |
| b) My parents/carers hardly have enough money to pay for necessities (e.g., food, housing, bills) | <input type="checkbox"/> |

**31. How many hours do you sleep on average every night?**

(Choose only ONE option).

- More than 9 hours  
  About 9 hours  
  About 8 hours  
  About 7 hours  
  About 6 hours  
  Less than 6 hours

**32. How would you rate your mental health?**

(Choose only ONE option)

- Very good  
  Good  
  Okay  
  Bad  
  Very bad

**33. How do the following statements apply to you?**

(Choose ONE option in EACH category)

- |  | Very well                | Well                     | Poorly                   | Not at all               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) When I think about how I will look in the future, I am pleased                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I think that I am ugly and unattractive   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I am happy with my body   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I am happy with the physical changes that have taken place in my body during the past few years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I feel physically strong and healthy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I am content with my life   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I am happy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**34. How do the following statements apply to you?**

(Choose ONE option in EACH category)

	Very well	Well	Poorly	Very poorly
a) I feel that I am worth at least as much as everyone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel that I have a number of good qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I am inclined to feel that I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I take a positive attitude towards myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) On the whole I am satisfied with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I wish I had more respect for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) At times I think I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35. How well do the following describe your mood in the last week?**

(Choose ONE option in EACH category)

	Almost never	Rarely	Sometimes	Often
a) I was easily annoyed or irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I experienced outbursts of anger that I could not control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I wanted to break or damage things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I had a row with someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I yelled at somebody or threw things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**36. How do the following statements apply to you?**

(Please choose what best describes your experience of each over the last 2 weeks)

	None of the time	Rarely	Some of the time	Often	All the time
a) I've been feeling optimistic about the future	<input type="checkbox"/>				
b) I've been feeling useful	<input type="checkbox"/>				
c) I've been feeling relaxed	<input type="checkbox"/>				
d) I've been dealing well with problems	<input type="checkbox"/>				
e) I've been thinking clearly	<input type="checkbox"/>				
f) I've been feeling close to other people	<input type="checkbox"/>				
g) I've been able to make up my mind about things	<input type="checkbox"/>				

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**37. How often did you feel any of the following mental or physical discomforts in the last week?**

(Choose ONE option in EACH category)

	Almost never	Rarely	Sometimes	Often
a) I felt anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I felt sudden fear for no apparent reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I felt tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I had little appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I cried easily or wanted to cry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I had sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I felt sad or blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I was not excited about doing anything.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I was tired or had little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I thought the future seemed hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I thought of completing suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**38. During your lifetime have you thought about harming yourself on purpose?**

(e.g., scratching, burning, preventing wounds from healing, punching) (Choose only ONE option)

- Never    Once    Twice    3-4 times    5 times or more often

**39. During your lifetime have you harmed yourself on purpose?**

(e.g., scratching, burning, preventing wounds from healing, punching) (Choose only ONE option)

- Never    Once    Twice    3-4 times    5 times or more often

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**40. Have any of these things happened to you?**

(Choose as many OPTIONS as apply to you in EACH category)

	Yes, in last 30 days	Yes, in last 12 months	Yes, more than 12 months ago	No
a) A serious accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) A severe illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) A separation or divorce of your parents/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) A serious argument with your parents/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Witnessed your parents/carers having a serious argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Witnessed physical violence in your home where an adult was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Witnessed psychological violence/abuse in your home where an adult was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Been involved in physical violence in your home where an adult was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) The death of a parent/carer or sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) The death of a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) A break up with a girlfriend/boyfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Been rejected by your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) A separation from a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Received an exceptionally low grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Father or mother lost a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Father or mother was in prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Father or mother had/has drinking or drug problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Been dismissed from class or sent to the principal's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Been expelled from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Experienced sexual abuse (victim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Experienced sexual abuse where an adult from the family was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Experienced sexual abuse where an adult from outside the family was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**41. Does any of the following apply to you?**

(Choose ONE option in EACH category)

	Yes	No
a) Has somebody told you that he/she was thinking about suicide?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has any of your friends or someone else close to you attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
c) Has any of your friends or someone else close to you died by suicide?	<input type="checkbox"/>	<input type="checkbox"/>
d) Have you ever thought about completing suicide?	<input type="checkbox"/>	<input type="checkbox"/>
e) Have you ever seriously considered completing suicide?	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you ever told anyone that you were thinking about completing suicide?	<input type="checkbox"/>	<input type="checkbox"/>
g) Have you ever made an attempt to complete suicide?	<input type="checkbox"/>	<input type="checkbox"/>
h) Have you made an attempt to complete suicide in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>

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THE NEXT QUESTIONS ARE ABOUT SUBSTANCES AND SUBSTANCE USE.  
TRY TO ANSWER THEM ALL

**42. How many drinks (cups/cans/bottles) do you drink of the following drinks every day?**

(Choose ONE option in EACH category)

	I do not drink it	One	Two	Three	Four	Five	Six or more
a) Coffee	<input type="checkbox"/>						
b) Tea	<input type="checkbox"/>						
c) Cola drinks (e.g., Coke, Pepsi)	<input type="checkbox"/>						
d) Energy drinks that contain caffeine (e.g., Red Bull, Monster)	<input type="checkbox"/>						

**43. Do any of the following people smoke tobacco on a daily basis?**

(Choose ONE option in EACH category)

	No	Yes	Doesn't apply
a) Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**44. How often have you smoked cigarettes in your lifetime?**

(Choose only ONE option)

- Never    1-2 times    3-5 times    6-9 times    10-19    20-39 times    40 times or more

**45. How often have you smoked cigarettes in the last 12 months?**

(Choose only ONE option)

- Never    1-2 times    3-5 times    6-9 times    10-19    20-39 times    40 times or more

**46. How many cigarettes, on average, have you smoked in the last 30 days?**

(Choose only ONE option)

- None    Less than one a week    Less than one a day    1-5 a day    6-10 a day    11-20 a day    More than 20 a day

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**47. How often have you used electronic cigarettes (e-cigarettes)/vaping devices in your lifetime?**  
 (Choose only ONE option)

- Never  1-2 times  3-5 times  6-9 times  10-19 times  20-39 times  40 times or more

**48. How often have you used e-cigarettes/vaping devices, on average, during the last 30 days?**  
 (Choose only ONE option)

- Never  Less than once a week  Less than once a day  1-5 times a day  6-10 times a day  11-20 times a day  More than 20 times a day

**49. How do you usually get your own cigarettes?**  
 (Choose ONE option in EACH category?)

	Never	Rarely	Sometimes	Often
a) I buy them in a shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) A family member gives them to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) An adult who isn't in my family gets them for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I take them from a family member without them knowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I get them from my friends or schoolmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**50. Do any of the following people become drunk at least once each week?**  
 (Choose ONE option in EACH category)

	No	Yes	Doesn't apply
a) Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**51. How many times have you drank the following during the last 30 days**  
 (Choose ONE option in EACH category)

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a) Beer/Cider	<input type="checkbox"/>						
b) Alcopops (alcoholic soft drinks)	<input type="checkbox"/>						
c) Wine	<input type="checkbox"/>						
d) Spirits	<input type="checkbox"/>						

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**52. How often have you had a drink of alcohol of any kind?**

(Choose ONE option in EACH category)

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a) In your lifetime	<input type="checkbox"/>						
b) During the past 12 months	<input type="checkbox"/>						
c) During the last 30 days	<input type="checkbox"/>						

**53. This is a question about the amount of alcoholic drinks (e.g., beer, wine, spirits, shots) that you might drink at one time. How often have you had?**

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a) 4 (four) or more alcoholic drinks within a two hour period or less	<input type="checkbox"/>						
b) 5 (five) or more alcoholic drinks within a two hour period or less	<input type="checkbox"/>						
c) 6 (six) or more alcoholic drinks within a two hour period or less	<input type="checkbox"/>						

**54. How often have you become drunk?**

(Choose ONE option in EACH category)

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a) In your lifetime	<input type="checkbox"/>						
b) During the last 12 months	<input type="checkbox"/>						
c) During the last 30 days	<input type="checkbox"/>						

**55. Do you drink alcohol in the following places?**

(Choose ONE option in EACH category)

	Never	Rarely	Sometimes	Often
a) In your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) In someone else's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Outdoors: for example in the street, in a park, field, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) In a pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) In a nightclub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) At a party or other organised event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Before a party or other organised event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) On a school tour or daytrip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**56. How do you usually get the alcohol you drink?**

(Choose ONE option in EACH category?)

	Never	Rarely	Sometimes	Often	Almost always
a) I buy it in a pub or shop	<input type="checkbox"/>				
b) My parent/carer gives it to me	<input type="checkbox"/>				
c) I get it from a friend's parent	<input type="checkbox"/>				
d) Another adult gets it for me	<input type="checkbox"/>				
e) I take it from a shop without paying for it	<input type="checkbox"/>				
f) I take it from a family member without them knowing	<input type="checkbox"/>				
g) I get it from friends or schoolmates	<input type="checkbox"/>				
h) I get it from dial a drink/delivery service	<input type="checkbox"/>				

**57. How often have you used cannabis substances?**

(Choose ONE option in EACH category)

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a) In your lifetime	<input type="checkbox"/>						
b) During the last 12 months	<input type="checkbox"/>						
c) During the last 30 days	<input type="checkbox"/>						

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**58. How often have you used any of the following drugs?**

(Choose ONE option in EACH category)

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a) Ecstasy (E's, MDMA)	<input type="checkbox"/>						
b) Cocaine	<input type="checkbox"/>						
c) Laughing gas (Nitrous Oxide)	<input type="checkbox"/>						
d) Synthetic cannabis (K2, Spice)	<input type="checkbox"/>						
e) Magic mushrooms	<input type="checkbox"/>						
f) LSD	<input type="checkbox"/>						
g) Heroin	<input type="checkbox"/>						
h) Relevin	<input type="checkbox"/>						
i) Anabolic steroids	<input type="checkbox"/>						
j) Speed	<input type="checkbox"/>						
k) Party pills or powders	<input type="checkbox"/>						
l) Benzos or tranquillisers without a doctor's prescription (e.g., Xanax, Ativan, Valium, Ambien, Mogadon, Lyrica)	<input type="checkbox"/>						
m) Opioid drugs without a doctor's prescription (e.g., Codeine, Morphine, Methadone, Fentanyl, OxyContin)	<input type="checkbox"/>						
n) ADHD drugs without a doctor's prescription (e.g., Ritalin, Concerta, Rubifen)	<input type="checkbox"/>						

**59. How do you get the drugs you use?**

(Choose ONE option in EACH category)

	Never	Rarely	Sometimes	Often
a) My parent/carer gives them to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I get them from a friend's parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I take them from a family member without them knowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I get them from a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I get them from a friend of a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I get them online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**60. Do any of the following people use cannabis on weekly basis?**

(Choose ONE option in EACH category)

	No	Yes	Doesn't apply
a) Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**61. How do you think your parents/carers would react if you did any of the following?**

(Choose ONE option in EACH category)

	Totally against it	Against it	A bit against it	They would not care
a) Smoked cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Used e-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Got drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Used cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**62. To what extent do you agree or disagree with the following statements?**

(Choose ONE option in EACH category)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) Sometimes you need to smoke cigarettes so you're not left out of the peer group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sometimes you need to drink alcohol so you're not left out of the peer group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Sometimes you need to smoke cannabis so you're not left out of the peer group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Sometimes you need to skip classes so you're not left out of the peer group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Sometimes you need to vape so you're not left out of the peer group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**63. How many of your friends do you think do the following?**

(Choose ONE option in EACH category)

	None	A few	Some	Most	Almost all
a) Smoke cigarettes	<input type="checkbox"/>				
b) Drink alcohol	<input type="checkbox"/>				
c) Become drunk at least once a month	<input type="checkbox"/>				
d) Use cannabis	<input type="checkbox"/>				

**64. How often during your lifetime has the following happened?**

(Choose ONE option in EACH category)

	Never	Once	Twice	3-4 times	5 times or more
a) You have been threatened over a drug debt	<input type="checkbox"/>				
b) A member of your family has been threatened over a drug debt	<input type="checkbox"/>				
c) You threatened someone over a drug debt	<input type="checkbox"/>				

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THE NEXT QUESTIONS ARE ABOUT OTHER LIFE EXPERIENCES.  
TRY TO ANSWER THEM ALL.

**65. Please answer the following questions as they apply to you:**

(Choose ONE option in EACH category)

	Never	Once	Twice	3-4 times	5 times or more
a) Have you been a victim of physical violence during the last 12 months?	<input type="checkbox"/>				
b) Have you exerted physical violence during the last 12 months?	<input type="checkbox"/>				
c) Have you been a victim of sexual violence during the last 12 months?	<input type="checkbox"/>				
d) Have you exerted sexual violence during the last 12 months?	<input type="checkbox"/>				
e) Have you been a victim of racial abuse during the last 12 months?	<input type="checkbox"/>				
f) Have you caused racial abuse in the last 12 months?	<input type="checkbox"/>				

**66. How often during last 12 months have you:**

(Choose ONE option in EACH category)

	Never	Once	Twice	3-4 times	5 times or more
a) Been teased by a group?	<input type="checkbox"/>				
b) Been attacked by a group?	<input type="checkbox"/>				
c) Been in a group that was attacked by another group?	<input type="checkbox"/>				
d) Been in a group that was racially attacked by another group?	<input type="checkbox"/>				
e) Been a part of a group teasing anyone?	<input type="checkbox"/>				
f) Been a part of a group physically hurting anyone?	<input type="checkbox"/>				
g) Been a part of a group starting a fight with another group?	<input type="checkbox"/>				
h) Been part of a group racially attacking anyone?	<input type="checkbox"/>				

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**67. How often during your lifetime has the following happened?**

(Choose ONE option in EACH category)

	Never	Once	Twice	3-4 times	5 times or more
a) You were bullied online by somebody	<input type="checkbox"/>				
b) You bullied someone online yourself	<input type="checkbox"/>				

**68. How often during your lifetime has the following happened?**

(Choose ONE option in EACH category)

	Never	Once	Twice	3-4 times	5 times or more
a) You have been asked to send a sexually explicit image of yourself through social media	<input type="checkbox"/>				
b) You sent a sexually explicit image of yourself to someone through social media	<input type="checkbox"/>				
c) Somebody shared a sexually explicit image of you without your permission	<input type="checkbox"/>				
d) You asked someone to send you a sexually explicit image through social media	<input type="checkbox"/>				



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**69. How often have you done the following in the last 12 months?**

(Choose ONE option in EACH category)

	Never	Once	Twice	3-4 times	5 times or more
a) Engaged in sexual intercourse	<input type="checkbox"/>				
b) Engaged in sexual intercourse without using a hormonal method of contraception, i.e. the pill, implant/bar, injection, etc.	<input type="checkbox"/>				
c) Engaged in sexual intercourse without using a condom	<input type="checkbox"/>				
d) Felt pressured to engage in sexual activity by a sexual partner or your peer group	<input type="checkbox"/>				
e) Pressured someone else to engage in sexual activity	<input type="checkbox"/>				
f) Felt pressured to have sexual intimacy without protection from STIs/pregnancy	<input type="checkbox"/>				
g) Engaged in sexual activity under the influence of alcohol	<input type="checkbox"/>				
h) Engaged in sexual activity under the influence of drugs or other substances	<input type="checkbox"/>				
i) Viewed pornography	<input type="checkbox"/>				
j) Used pornography as a source of information to learn about sex	<input type="checkbox"/>				
k) Met someone in person that you met through the internet	<input type="checkbox"/>				
l) Received information in school regarding your sexual health	<input type="checkbox"/>				
m) Spoken to a trusted adult regarding your sexual health	<input type="checkbox"/>				
n) Spoken to a medical professional regarding your sexual health	<input type="checkbox"/>				

**70. At what age did you do any of the following for the first time?**

(Choose ONE option in EACH category)

	Never	11 years or younger	12 years	13 years	14 years	15 or older
a) Have a drink of alcohol	<input type="checkbox"/>					
b) Get drunk	<input type="checkbox"/>					
c) Smoke a cigarette	<input type="checkbox"/>					
d) Smoke cigarettes daily	<input type="checkbox"/>					
e) Use an e-cigarette/vaped	<input type="checkbox"/>					
f) Use cannabis	<input type="checkbox"/>					
g) Engaged in sexual intercourse	<input type="checkbox"/>					

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THE NEXT QUESTIONS ARE ABOUT COVID19 (CORONAVIRUS).  
TRY TO ANSWER THEM ALL.

**71. Exposure to COVID19**

(Choose ONE option in EACH category)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a) Have you ever had COVID19?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has anyone close to you, such as a parent/carer, grandparent, other relative or friend, ever had COVID19?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Has anyone close to you, such as a parent/carer, grandparent, other relative or friend, died from COVID19? | <input type="checkbox"/> | <input type="checkbox"/> |

**72. How have the COVID19 lockdown and restrictions affected the following areas of your life:**

(Choose ONE option in EACH category)

- |  | A lot worse              | A bit worse              | No change                | A bit better             | A lot better             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Family relationships  | <input type="checkbox"/> |
| b) Peer relationships  | <input type="checkbox"/> |
| c) Physical health   | <input type="checkbox"/> |
| d) Mental health   | <input type="checkbox"/> |
| e) Educational experience<br>(e.g. interaction with classmates, teachers, homework assistance) | <input type="checkbox"/> |

**73. How have the COVID19 lockdown and restrictions affected the following areas of your life:**

(Choose ONE option in EACH category)

- |  | A lot less               | A bit less               | No change                | A bit more               | A lot more               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Feeling lonely                          | <input type="checkbox"/> |
| b) Feeling anxious                         | <input type="checkbox"/> |
| c) Time spent online                       | <input type="checkbox"/> |
| d) Interaction with friends online         | <input type="checkbox"/> |
| e) Support from teachers and school        | <input type="checkbox"/> |
| f) Support from youth and community groups | <input type="checkbox"/> |
| g) Alcohol consumption                     | <input type="checkbox"/> |
| h) Other drug use                          | <input type="checkbox"/> |

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**Please put the questionnaire in the envelope, seal it up and  
leave it on your desk for collection.**

**All the questionnaires will be destroyed after processing.**

**Thank you very much for your participation**

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