

# THE JERSEY CHILDREN AND YOUNG PEOPLE'S QUESTIONNAIRE 2021 – ALL QUESTIONS

## About You

1. Input Code

2. How do you describe your gender?

- Male
- Female
- Rather not say
- Other (Please write more details only if you wish)

3. Which Parish do you live in?

- St Ouen
- St Brelade
- St Peter
- St Mary
- St John
- Trinity
- St Lawrence
- St Martin
- St Helier
- St Saviour
- St Clement
- Grouville

4. Which school do you go to?

- |  |   |
|--|---|
| <input type="radio"/> Beaulieu                 | <input type="radio"/> Le Rocquier             |
| <input type="radio"/> De Le Salle Secondary    | <input type="radio"/> Les Quennevais          |
| <input type="radio"/> Grainville               | <input type="radio"/> Mont a L'Abbe Secondary |
| <input type="radio"/> Haute Vallee             | <input type="radio"/> Victoria College        |
| <input type="radio"/> Hautlieu                 | <input type="radio"/> La Sente                |
| <input type="radio"/> Highlands                | <input type="radio"/> I'm home-schooled       |
| <input type="radio"/> Jersey College for Girls |   |

5. How would you describe your ethnicity (cultural background)? *Please choose as many as apply*

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Jersey     | <input type="checkbox"/> Polish                  |
| <input type="checkbox"/> British    | <input type="checkbox"/> Romanian                |
| <input type="checkbox"/> Irish      | <input type="checkbox"/> African                 |
| <input type="checkbox"/> French     | <input type="checkbox"/> Asian                   |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Mixed                   |
| <input type="checkbox"/> Madeiran   | <input type="checkbox"/> Other (please write...) |

6. Which ethnicity (cultural background) do you feel best describes yourself, if you had to choose only one?

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Jersey     | <input type="checkbox"/> Polish                  |
| <input type="checkbox"/> British    | <input type="checkbox"/> Romanian                |
| <input type="checkbox"/> Irish      | <input type="checkbox"/> African                 |
| <input type="checkbox"/> French     | <input type="checkbox"/> Asian                   |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Mixed                   |
| <input type="checkbox"/> Madeiran   | <input type="checkbox"/> Other (please write...) |

7. Which adults do you live with? *Please choose the nearest answer*

- Both your parents together
- Mainly or only one of your parents on their own
- Mainly or only one of your parents with their new partner
- Shared time between your parents
- Other Carer (please write...)

8. Do you speak English at home?

- Yes, all of the time → **Skip to Q10**
- Some of the time
- Hardly ever / Never

9. Which language do you mostly speak at home?

- Portuguese
- Polish
- Romanian
- Other (please write...)

10. Can at least one of your parents / carers read and write in English?

- Yes
- No
- Don't Know

11. Do you have any long-term physical or mental disability or illness? (long-term means anything that has lasted, or is expected to last, 12 months or more)

- Yes
- No → **Skip to Q13**

12. Are your day to day activities limited because of your health problem or disability?

- Yes, a lot
- Yes, a little
- No

### Your Belongings and Home

13. Here is a list of items that some young people of your age have. Please tell us whether you have each item on the list.

	I have this	I don't have this but I would like it	I don't have this and I don't want or need it	I Don't know
Some pocket money each week to spend on yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some money that you can save each month, either in a bank or at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The right kind of shoes, trainers or footwear to fit in with other people your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A smart phone (one that you can use for the internet, as well as calls and texts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A smart TV, or an iPad or other device which you can use to watch TV and play games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Here are some more items that some young people of your age have. Please tell us whether you have each item on the list.

A garden at home or somewhere nearby like a park where you can safely spend time with your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A car available to the family for transport when you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The right kind of clothes to fit in with other people your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At least one holiday away from home each year with your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trips or days out with your family at least once a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Ref - Children's Society / University of York Children's Wellbeing Survey 2010**

15. How well off (rich) do you think your family is financially?

- Not at all well off (not at all rich)
- Not very well off (not very rich)
- Average
- Well off (rich)
- Very well off (very rich)
- I don't know

16. Does your bedroom have black mould on the walls or ceilings?

- Yes
- No

**COVID-19**

17. Do you have a dedicated space at home where you can do your schoolwork (for example when learning from home or when doing homework)?

- Yes, I have a dedicated space to myself
- Yes, I have a dedicated space that I share with other members of my family
- No

18. Do you have a personal device (e.g. laptop, tablet) to use for home schooling and homework?

- Yes, I have my own personal device
- Yes, but I have to share with someone else in my family
- No

19. Did you have to self-isolate at any point since the coronavirus pandemic began? *Please tick all that apply.*

- Yes, I had coronavirus
- Yes, I had symptoms but did not have coronavirus
- Yes, I was a direct contact of someone with coronavirus
- Yes, I travelled back from somewhere that meant I needed to isolate
- No, I haven't had to isolate
- I don't know

## Young Carers

20. **Do you have someone in your family or a friend with a health-related condition?** For example, this could be a physical disability, mental illness, addiction or other health-related condition.
- Yes
  - No → **Skip to Q24**
  - Not Sure
21. Do **you** look after, help or support someone in your family, or a friend, who is ill with physical or mental health issues, disabled or misuses drugs or alcohol?
- Yes
  - No → **Skip to Q24**
  - Not Sure
22. Are you the main person who looks after, helps or supports that person (or people)?
- Yes, I give most of the help and support
  - Someone else gives most of the help and support, but I give some help and support too
  - Not Sure
23. How many hours do you spend during the week looking after, helping or supporting the person (or people)? (think about jobs you do in the home to support them, including keeping an eye on them)
- Less than 5 hours
  - 5-10 hours
  - 10-15 hours
  - 15-20 hours
  - 20 hours or more

## Quality of Life: Self Esteem

24. Please think about each of the following statements. *Please answer on each line*

	Disagree	Not sure	Agree
I feel happy talking to other pupils at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of things about myself that I would like to change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have something to say in front of teachers in class, I usually feel uneasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often fall out with other pupils at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel lonely at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think other pupils usually say nasty things about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to tell a teacher something I usually feel shy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often have to find new friends because my old ones are with somebody else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually feel foolish when I have to talk to my parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Ref D. Lawrence paper 1981**

## Quality of Life: Kidscreen-10

25. Thinking about the last week... *Please answer each line*

	never	not very often	quite often	very often	always
Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have your parents treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Health and Diet

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

- Very good
- Good
- Fair
- Poor
- Very poor

***A portion of fruit or vegetables is about a handful. Each of these count as ONE portion:***

- *1 apple, banana, pear, orange or other similar sized fruit*
- *3 heaped tablespoons of vegetables (raw, cooked, frozen or tinned)*
- *1 cupful of grapes, cherries or berries (dried or tinned still count)*
- *A glass (150ml) of fruit juice (if you drink more than one glass, it still counts as just one portion)*
- *A bowl of salad*
- *N.B. Do not count potatoes*

27. How many portions of fruit and vegetables did you eat yesterday?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

28. How many times did you clean your teeth yesterday?

- None
- Once
- Twice
- Three times or more

29. How long ago did you last visit the dentist?

- In the past 6 months
- In the past year
- More than a year ago

## Exercise and Leisure Time

**Physical activity** is any activity that increases your heart rate and makes you get out of breath. It can be done in sports, school activities, playing with friends and walking to school etc.

30. In a normal week, on how many days do you do some sport or physical activity for 60 minutes or longer? (this may be built up in spells of 10 or 15 minutes for example 20 minutes of football, 15 minutes of swimming and 25 minutes walking to school)

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7

31. In a normal week, how many hours of sport or physical activity do you do in total? *Please choose the nearest answer.*

- Less than 1 hour
- 1 to 2 hours
- 3 to 4 hours
- 5 to 6 hours
- 7 or more hours

32. In the future, would you like to do more, the same amount or less exercise than you do at the moment?

- More
- The same amount → **Skip to Q34**
- Less → **Skip to Q34**

33. Which of the following (if any) would encourage you to do more exercise? *Please tick all that apply.*

- More disposable income (money)
- More free time
- More information about sport and exercise sessions available to me
- Better facilities to do sport and exercise on the island
- A good network of routes to be active (e.g. dedicated pathways to walk, run, cycle or scoot)
- More encouragement from family, friends, teachers
- Someone to do sport or exercise with
- More confidence to try new sports or exercise activities
- A better variety of sports or exercise activities available to me
- other (please explain):



34. In the last 4 weeks, have you done any of the following sports or exercise activities, either within or outside of school? *Please tick all that apply. You can tick none, either or both boxes for each sport.*

*For activities done in normal school hours, please include activities you did in PE or at lunch/breaktimes.*

*For activities done outside of normal school hours, please include activities you did before or after school even if they were done on school premises e.g. after school sports clubs.*

	Within school hours	Outside of school hours
Walking (to get to places, for fun or fitness, walking a dog)	<input type="radio"/>	<input type="radio"/>
Cycling (to get to places, for fun or fitness)	<input type="radio"/>	<input type="radio"/>
Riding a scooter, skateboard or roller skating (to get to places, for fun or fitness)	<input type="radio"/>	<input type="radio"/>
Dancing (including online or TV led e.g. TikTok dances)	<input type="radio"/>	<input type="radio"/>
Gym or fitness classes (e.g. Zumba, yoga, Joe Wicks, running machine)	<input type="radio"/>	<input type="radio"/>
Running, jogging, cross country	<input type="radio"/>	<input type="radio"/>
Swimming	<input type="radio"/>	<input type="radio"/>
Horse riding	<input type="radio"/>	<input type="radio"/>
Trampolining (in a garden, at a centre or part of a club)	<input type="radio"/>	<input type="radio"/>
Football	<input type="radio"/>	<input type="radio"/>
Netball / Basketball	<input type="radio"/>	<input type="radio"/>
Hockey	<input type="radio"/>	<input type="radio"/>
Cricket	<input type="radio"/>	<input type="radio"/>
Rugby	<input type="radio"/>	<input type="radio"/>
Badminton	<input type="radio"/>	<input type="radio"/>
Tennis/paddle tennis	<input type="radio"/>	<input type="radio"/>
Gymnastics	<input type="radio"/>	<input type="radio"/>
Field athletics	<input type="radio"/>	<input type="radio"/>
Judo, Karate, Taekwondo or other martial arts	<input type="radio"/>	<input type="radio"/>
Other sports, water sports, fitness or active play activities not listed (please tell us what they are)	<input type="radio"/>	<input type="radio"/>

35. In the last 4 weeks, have you done any of the following sports or exercise activities, either within or outside of school? *Please tick all that apply. You can tick none, either or both boxes for each sport.*

*For activities done in normal school hours, please include activities you did in PE or at lunch/breaktimes.*

*For activities done outside of normal school hours, please include activities you did before or after school even if they were done on school premises e.g. after school sports clubs.*

	Within school hours	Outside of school hours
Walking (to get to places, for fun or fitness, walking a dog)	<input type="radio"/>	<input type="radio"/>
Cycling (to get to places, for fun or fitness)	<input type="radio"/>	<input type="radio"/>
Riding a scooter, skateboard or roller skating (to get to places, for fun or fitness)	<input type="radio"/>	<input type="radio"/>
Dancing (including TikTok dances)	<input type="radio"/>	<input type="radio"/>
Running, jogging, cross country	<input type="radio"/>	<input type="radio"/>
Swimming	<input type="radio"/>	<input type="radio"/>
Football	<input type="radio"/>	<input type="radio"/>
Netball / Basketball	<input type="radio"/>	<input type="radio"/>
Hockey	<input type="radio"/>	<input type="radio"/>
Cricket	<input type="radio"/>	<input type="radio"/>
Rugby	<input type="radio"/>	<input type="radio"/>
Badminton	<input type="radio"/>	<input type="radio"/>
Tennis/paddle tennis	<input type="radio"/>	<input type="radio"/>
Gymnastics	<input type="radio"/>	<input type="radio"/>
Active games (e.g. frisbee, throwing and catching, skipping, kicking a ball about, playing tag/it)	<input type="radio"/>	<input type="radio"/>
Other sports or activities not listed (please tell us what they are)	<input type="radio"/>	<input type="radio"/>

36. In the last 4 weeks, how often have you attended a sports club or participated in an organised sports session outside of school (e.g. gymnastics, swimming lessons, running club, athletics training, hockey match etc.)?

*Please include all sports and exercise sessions you have attended that have been formally organised by a sports club, centre or instruction facility.*

*Don't include informal activities like playing football in the park with your friends.*

- 4 or more times a week
- 2-3 times a week
- Once a week
- At least once in the last 4 weeks
- Never

37. How much do you agree or disagree with the following statements?

*Please tick the box that best matches your opinion to each of the statements below.*

	Agree strongly	Agree	Neither agree or disagree	Disagree	Disagree strongly
I have the opportunity to be active					
I know why it is important to exercise					
I understand that not doing any exercise is harmful					
I enjoy taking part in sports and exercise					
My friends encourage me to exercise and do sports					
I encourage my friends to exercise and do sports					

38. How often do you go to a park, beach or other open space to be active (e.g. to walk, run, climb rocks, swim, play sports)?

- Daily
- A few times a week
- Weekly
- Monthly
- Occasionally
- Never

39. How much time did you spend doing the following YESTERDAY in your free time?

*Please choose the nearest answer.*

	None	Half hour	1 hour	2 hours	3 hours	4 hours	5+ hours
Watching TV programmes and movies (including online & DVDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing games on a computer or games console (e.g. playstation, xbox or tablet/smart phone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a computer for chatting on-line, internet, emailing etc (including on a tablet or smart phone etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. In the last 12 months, have you done any voluntary work for your community or local or national charities?

- no
- once
- a few times
- regularly

41. How did you travel to school today? *Please tick all that apply*

- car / van / taxi
- school bus
- other bus
- moped / motorbike / motorised scooter
- bicycle
- walking
- scooter (push scooter - not a motorised one)
- other (please write . . . )

### Smoking and e-cigarettes (vaping)

42. Do your parents / carers smoke?

- Yes
- No

43. Does anyone smoke indoors at home?

- Yes, daily
- Yes, on most days
- Yes, once or twice a week
- Yes, occasionally (less than once a week)
- No

44. Does anyone regularly smoke in a car when you are in it too?

- Yes, daily
- Yes, on most days
- Yes, once or twice a week
- Yes, occasionally (less than once a week)
- No

45. This question relates to smoking cigarettes (Not e-cigarettes / vaping).

Which statement describes you best?

- I have never smoked at all, not even a puff → **Skip to Q49**
- I have tried smoking once or twice → **Skip to Q49**
- I used to smoke regularly (1 or more cigarette per week), but I don't now → **Skip to Q48**
- I smoke occasionally (less than 1 cigarette per week) → **Skip to Q48**
- I smoke regularly (1 or more cigarette per week) but would like to give it up
- I smoke regularly (1 or more cigarette per week) and don't want to give it up

46. How many cigarettes have you smoked during the last 7 days? *Please type the approximate number if you can't remember exactly*

Number of pre-made cigarettes

Number of roll-up cigarettes


47. Where did you get/buy your last cigarettes from?

- Bought yourself
- Friend
- Parent/carer
- Other family
- Other

48. At what age did you first try smoking?

49. This question is about electronic cigarettes, also known as e-cigarettes or vaping (not regular cigarettes)

- I have never used e-cigarettes at all, not even a puff → **Skip to Q52**
- I have tried e-cigarettes once or twice → **Skip to Q52**
- I used to use e-cigarettes regularly (once or more per week), but I don't now → **Skip to Q51**
- I use e-cigarettes occasionally (less than once a week) → **Skip to Q51**
- I use e-cigarettes regularly (once or more per week) but I would like to give up
- I use e-cigarettes regularly (once or more per week) and don't want to give up



55. Do your parents know when you drink alcohol?

- My parents always know
- My parents usually know
- My parents sometimes know
- My parents never know

### Drugs – Know anyone that uses / been offered

By drugs we mean: illegal drugs such as cannabis, ecstasy etc.; medicines that have been prescribed by a doctor but are then taken by someone else (for example a young person taking their parent's tablets)

But please don't include: Tobacco (cigarettes, etc); Alcohol; Prescribed medicines: these are medicine that has been prescribed to you by a doctor or medicine that you've been given by your parents, teachers or other grown up for genuine health reasons.

56. Do you know someone personally who you think takes drugs? (not including cigarettes, alcohol or medicines prescribed to them)

- Yes
- No

57. Have you ever been offered cannabis (weed, smoke, green)?

- Yes
- No

58. Have you ever been offered other drugs? (not cigarettes, alcohol or prescribed medicines)

- Yes
- No → **Skip to Q60**

59. Have you ever taken cannabis (weed, smoke, green)?

- Yes
- No

60. Have you ever taken other drugs (not cigarettes, alcohol or prescribed medicines)?

- Yes
- No

61. If Yes, what were they? **Please write**.....

62. Which of these do you use for information about Drugs? (choose as many answers as you need)

- Parents / carers
- Friends
- Brothers, sisters, other close relations
- Drug education lessons or visitors in school lessons
- Police / Prison!Me!NoWay!
- Advice Centre for example Jersey Youth Enquiry Service (YES) / youth workers
- TV, films, magazines
- Posters, leaflets, reference books
- Doctors / school nurse
- Internet websites (please tell us which ones)
- Social media pages (please tell us which ones)
- Other (please tell us more)

63. Have you ever taken drugs (not cigarettes, alcohol or prescribed medicines)?

- Yes
- No → **Skip to Q63**

64. What drugs have you taken?

65. Have you ever taken more than one type of drug on the same occasion?

- Yes
- No
- Don't know



The following questions are about YOUR experience of drugs (not cigarettes, alcohol or prescribed medicines) and whether you have taken them before.

66. Look at the list of drugs below and choose the nearest answer

	I have never taken this drug	I have taken during the last month	I have taken during the last year	I took this drug more than a year ago
Herbal Cannabis (weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis Resin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic cannabinoids (spice, legals, k2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDMA powder / crystals / ecstasy tablets (pills, beans, Garys)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (acid, tabs) or magic mushrooms (shrooms, mushies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke) or amphetamine (speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nitrous Oxide (Nos, whippets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (ket, special k) or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription medication NOT prescribed to you (please tell us more)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please tell us more)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you chose 'prescription medication not prescribed to you' or 'other', please tell us a bit more here

To talk to someone about drug or alcohol concerns please contact **Youth Enquiry Service Project** on **280530 / 0800 7350010** or text **07797 778424**

If you would like help with problem alcohol or drug use (including addiction) contact **Young Person's Substance Misuse Worker** on **445008** or the **Alcohol & Drug Service** on **445000**

### Health and Safety (e-safety)

67. Do you do anything to avoid sunburn? e.g. wear a hat, wear long sleeves, put on sun screen, stay in the shade

- Never
- Sometimes
- Usually
- Whenever possible

68. Which of these statements best describes how you use sunbeds?

- I currently use sunbeds
- I have used sunbeds in the past
- I have never used a sunbed but may do in the future → **Skip to Q66**
- I have never used a sunbed and would never want to → **Skip to Q66**
- I've never heard of sunbeds / don't know what they are → **Skip to Q66**

69. Where do you normally use a sunbed?

- Tanning salons
- Gyms
- Health clubs
- Private hire / homes

70. Do you have an inhaler because of asthma / breathing difficulties?

- Yes
- No

71. How many hours sleep did you get last night?

- Less than 3 hours
- 4 or 5 hours
- 6 or 7 hours
- 8 hours or more

72. Do you ever use internet chat rooms / social networking sites e.g. Instagram, Snapchat, WhatsApp, Facebook, TikTok etc.?

- Never
- Sometimes
- Often
- Everyday

73. The following questions related to e-safety

Yes                      No

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Do you have one or more social media accounts in your own name?

74. The following questions related to e-safety

	Yes	No
Do you have one or more social media accounts in your own name?	<input type="radio"/>	<input type="radio"/>
Do you feel pressurised to look/appear a certain way on social media?	<input type="radio"/>	<input type="radio"/>
Have you ever sent messages to a stranger through an online chat room?	<input type="radio"/>	<input type="radio"/>
Have you ever lied to your parents / carers about who you speak to online?	<input type="radio"/>	<input type="radio"/>
Have you ever changed/removed the privacy settings on social media sites to attract more friends and followers?	<input type="radio"/>	<input type="radio"/>
Have you ever received a message that scared you or made you feel threatened?	<input type="radio"/>	<input type="radio"/>

75. The following questions related to e-safety

	Yes	No
Do you have one or more social media accounts in your own name?	<input type="radio"/>	<input type="radio"/>
Do you feel pressurised to look/appear a certain way on social media?	<input type="radio"/>	<input type="radio"/>
Have you ever sent messages to a stranger through an online chat room?	<input type="radio"/>	<input type="radio"/>
Have you ever lied to your parents / carers about who you speak to online?	<input type="radio"/>	<input type="radio"/>
Have you ever changed/removed the privacy settings on social media sites to attract more friends and followers?	<input type="radio"/>	<input type="radio"/>
Have you ever received a message that scared you or made you feel threatened?	<input type="radio"/>	<input type="radio"/>
Have you ever sent a sexual video or photo of yourself to someone online/on your mobile?	<input type="radio"/>	<input type="radio"/>
Have you ever received a sexual video or photo of someone online/ on your mobile?	<input type="radio"/>	<input type="radio"/>
Have you ever viewed photos of/ talked to someone on an online dating site?	<input type="radio"/>	<input type="radio"/>
Do you have a profile on an online dating site?	<input type="radio"/>	<input type="radio"/>

*When playing video games on a computer, console, streaming or mobile app (e.g. Fornite, FIFA, Roblox, Candy Crush) it is sometimes possible to collect in-game items (e.g. skins, clothes, weapons, accessories, players).*

76. In which, if any, of the following ways have you personally ever used in-game items or currency?

*Please tick all that apply.*

- Paid money (or used virtual currency you have bought) to buy specific in-game items (e.g. skins, clothes, weapons, players)
- Paid money (or used virtual currency you have bought) to open loot boxes / packs / chests to get other in-game items (e.g. skins, clothes, weapons,
- Bet with in-game items on a website outside of the game you are playing
- None of these

## Wellbeing

Next, we would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. Please give an answer on a scale of zero to ten, where ten is 'completely' and zero is 'not at all'

77. Overall, how satisfied are you with your life nowadays? *Please give an answer on a scale of zero to ten, where ten is 'completely' and zero is 'not at all'*
78. Overall, to what extent do you feel the things you do in life are worthwhile? *Please give an answer on a scale of zero to ten, where ten is 'completely' and zero is 'not at all'*
79. Overall, how happy did you feel yesterday? *Please give an answer on a scale of zero to ten, where ten is 'completely' and zero is 'not at all'*
80. Overall, how anxious did you feel yesterday? *Please give an answer on a scale of zero to ten, where ten is 'completely' and zero is 'not at all'*

## Aspirations

81. What do you hope to do after finishing Year 13 at school?
- Gap year
  - Go to university off island for Higher Education
  - Access Higher Education on island
  - Get an apprenticeship / higher apprenticeship or enter a work-based training scheme
  - Get a job
  - Other (please tell us a bit more below)
  - I don't know

82. In which industries do your career aspirations / interests lie? Please tick all that apply.

- IT and Digital
- Administration and Business
- Art and Design
- Education and Childcare
- Sport, Leisure and Culture
- Hospitality and Catering
- Medical and Social Care
- Hair and Beauty
- Legal Services
- Security and Protective Services
- Finance and Related Work
- Retail and Sales
- Sciences, Mathematics and Related Work
- Engineering
- Media, Marketing and PR
- Performing Arts and Related Work
- Construction and Trades
- Animals, Plants and Nature
- Transport and Logistics
- Other
- I don't know

83. What other experiences would you like to help you understand the world of work? Please tick all that apply.

- Skills / careers events (e.g. Skills Show, Industry skills festivals – Zest)
- Meet more people from the world of work (e.g. networking, virtual or in person work tours, visits from employers / inspirational speakers, virtual Q&As)
- Real life work projects from employers completed in school / Enterprise days (Young Enterprise, Dragons Den etc.)
- More work experience
- Careers skills (CV writing, interviews, employability skills, online CV profile tool)
- Volunteering opportunities
- Other

## Bullying

*Here are some questions about bullying. We say a student is being bullied when another student or group of students repeatedly say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things.*

84. Have you been bullied at or near school in the last 12 months?

- Yes
- No
- Don't know

85. Do you ever feel afraid of going to school because of bullying?

- Never
- Sometimes
- Often
- Very often

86. Do you think your school takes bullying seriously?

- Always
- Usually
- Sometimes
- Never

87. How often have you been bullied at school in the last two months? Please choose the nearest answer.

- I have not been bullied at school in the last couple of months → **Skip to Q86**
- I have been bullied once or twice
- I have been bullied often
- I have been bullied pretty much every day

88. Who was it by?

- A boy(s)
- A girl(s)
- Boys and girls

89. Were you... tick as many as apply to you

- Bullied in person (face to face)
- Bullied through your mobile phone (calls or texts only)
- Bullied over the internet (including social networking sites or emails on your smartphone or computer)

90. Have any of the following happen to you in the last 2 months? Please answer each line...

	Never	A few times	Often	Every day
Being teased / made fun of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Called nasty names	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushed / hit for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had belongings taken / broken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been threatened for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been asked for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been ganged up on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been excluded / left out of friendship groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been talked about behind your back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. Where did they happen?... tick as many as apply to you

- At home
- On the way to / from school
- At school
- Other

92. In the last year, have you experienced any inappropriate comments or unwanted attention of a sexual nature?

- Yes
- No
- Don't know

***If you or someone you know has been affected by this issue and you want to speak to someone about it, you can call***

***Youth Enquiry Service (YES): [www.yes.je](http://www.yes.je), email [yes@jys.je](mailto:yes@jys.je), call 280530 / 0800 7350010 or drop into Eagle House***

## Worries

93. How often have you worried about the things listed below in the last month?

	Never	Rarely	Some- times	Often	Most days
Study, work-load problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School tests / exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health (including COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boyfriend/ girlfriend problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

94. Worries 2

The way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation (the gender of the people you are attracted to)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity (the gender that you feel you are yourself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount you are eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What people think of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other worries (please specify in comments box)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

95. How often have you worried about the things listed below in the last month?

	Never	Rarely	Some- times	Often	Most days
School work, homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School tests / exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health problems (including COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What people think of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Other worries (please specify in comments box)



*If you would like to talk to someone about bullying or other worries that you might have, confidential support is available through the following organisations: Childline: [www.childline.org.uk](http://www.childline.org.uk) or call 0800 1111*

*Youth Enquiry Service (YES): [www.yes.je](http://www.yes.je), email [yes@jys.je](mailto:yes@jys.je), call 280530 / 0800 7350010 or drop into Eagle House*

96. I trust the adults in my school to quickly take the right action to resolve any concerns I have. *Please tick the box that best matches your opinion to this statement.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

97. I trust the adults in my school to act quickly to solve any worries I have. *Please tick the box that best matches your opinion to this statement.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

### Child Sexual Exploitation

*Child Sexual Exploitation (CSE) is a form of abuse where children or young people are tricked, bribed or persuaded to take part in sexual activity in return for something they want or need. This can happen online or in real life.. The things young people might be given in return can include attention, affection, food, cigarettes, money, drugs, alcohol or somewhere to stay. The sexual activity might include sending or viewing sexual images, sexual conversations, or some kind of sexual contact. The person getting the young person to do this may be an adult or another young person.*

98. Do you personally know of anyone who has been a victim of child sexual exploitation?

- Yes
- No
- Not sure

99. If someone tried to take advantage of you sexually, how likely would you be to tell someone?

- Definitely tell someone
- Probably tell someone
- Probably NOT tell someone
- Definitely NOT tell someone
- I don't know

100. Who would you feel comfortable telling? Choose all that apply

- A friend
- A parent / carer
- A teacher
- A youth worker
- A brother or sister
- The police
- A telephone helpline such as Childline
- A confidential website such as YES.je or Childline.org.uk
- Other (Please describe...)
- Not sure

*If you or someone you know has been affected by this issue and you want to speak to someone about it, you can call Youth Enquiry Service (YES): [www.yes.je](http://www.yes.je), email [yes@jys.je](mailto:yes@jys.je), call 280530 / 0800 7350010 or drop into Eagle House*

REMEMBER: no one who knows you will see your answers.

Self-harm is any behaviour where someone hurts (poisons or injures) themselves on purpose for any reason.

101. In the last 12 months, have you thought about deliberately hurting yourself in any way?

- Yes
- No
- Prefer not to say

102. In the last 12 months, have you deliberately hurt yourself in any way?

- Yes
- No
- Prefer not to say

*If you would like to talk to someone about your answers to the above questions, confidential support is available through the following organisations:*

*Childline: [www.childline.org.uk](http://www.childline.org.uk) or call 0800 1111*

*Kooth online counselling and support: sign up at [www.kooth.com](http://www.kooth.com) – choose Jersey in the drop down choices*

*Youth Enquiry Service (YES): [www.yes.je](http://www.yes.je), email [yes@jys.je](mailto:yes@jys.je), call 280530 / 0800 7350010 or drop into Eagle House*

## Influence

103. How much do you agree or disagree with the following statements?

	strongly agree	agree	disagree	strongly disagree	don't know
There is a clear way for me to give my opinion / ideas on how my school is run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a clear way for me to give my opinion / ideas on how my community is run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

104. How much do you agree or disagree with the following statements?

	strongly agree	agree	disagree	strongly disagree	don't know
There is a clear way for me to give my opinion / ideas on how my school is run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had ideas about changing the way things are done in my school, my school would <b>listen</b> to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had ideas about changing the way things are done in my school, my school would <b>act</b> on them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to have more of a say about the way things are done in my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a clear way for me to give my opinion / ideas on how my community is run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had ideas about changing the way things are done in my community, my community would <b>listen</b> to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had ideas about changing the way things are done in my community, my community would <b>act</b> on them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to have more of a say about the way things are done in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Identity

105. To what extent do you feel like you belong to Jersey?

- A great deal
- Quite a lot
- Some
- Not very much
- None at all
- Don't know

106. Do you think you have been unfairly treated in Jersey for any of these reasons within the last 12 months? Tick all that apply.

- Your age
- Your gender
- Your sexual orientation
- Your race or nationality
- Your religion or beliefs
- Your disability
- The language you speak
- Other
- I have not been discriminated against in the last 12 months

### Children's Rights

107. Have you heard about the United Nations Convention on the Rights of the Child?

- Yes
- Not sure
- No

108. Do you know what rights children and young people have under the United Nations Convention?

- Yes
- Not sure
- No

109. How do you think adults in Jersey respect the rights of children? Please tick the box that best matches your opinion to each of the statements below.

By adults, we mean teachers, police, social workers, the government (when they make rules) and any other adults you come into contact with.

	Agree strongly	Agree	Neither agree or disagree	Disagree	Disagree strongly
grown-ups in Jersey do as much as possible to keep children safe.					
grown-ups in Jersey want to make sure children have their basic needs met.					
grown-ups in Jersey want to hear what children have to say					
grown-ups in Jersey take notice of what children have to say					

110. How do you think adults in Jersey respect the rights of children? Please tick the box that best matches your opinion to each of the statements below.

By adults, we mean teachers, police, social workers, the government (when they make rules) and any other adults you come into contact with.

	Agree strongly	Agree	Neither agree or disagree	Disagree	Disagree strongly
adults in Jersey do as much as possible to keep children and young people safe.					
adults in Jersey want to ensure children and young people have their basic needs met.					
adults in Jersey generally want to hear what children and young people have to say					
adults in Jersey generally take account of what children and young people have to say					

## Sex and Sexual Health

111. Which of these are your main sources of information about sex? choose all that apply

- parents/carers
- Sex education lessons / Visitors in school lessons
- Friends
- Brothers, sisters or other close relations
- Advice Centre (e.g. YES / youth workers / Brook)
- TV / Films / Magazines
- Posters / leaflets / reference books
- Doctor / School nurse
- Online pornography
- Internet (factual sites)
- Other (please describe...)

112. If someone you liked wanted to have sex with you, but you didn't want to... What would you do?

- I would just say no
- I don't know what I would do
- I would probably give in

113. Which best describes you? I have felt sexually and / or romantically attracted...

- Only to females, never to males
- More often to females and at least once to a male
- About equally often to females and males
- More often to males and at least once to a female
- only to males, never to females
- I have never felt sexually and / or romantically attracted to anyone at all

114. Which of the following best describes you?

- Never been sexually active → **Skip to end**
- Been sexually active in the past
- Currently sexually active

115. Do you know where you can get condoms free of charge?

- Yes
- No

116. At what age did you first have sex?.....

117. The last time you had sex, did you or your partner use a condom?

- Yes
- No

118. Have you ever used any of these methods of contraception?

Please select all of the methods you have used, or select NONE

- None → **Skip to end**
- Pill (combined or progesterone only)
- Patch
- Injection
- Implant
- Copper or Mirena Coil – used proactively, before sex
- Vaginal ring
- Caya cap
- Emergency Contraception (morning-after pill or copper coil)
- Condoms

119. Where did you get this / these from

Select as many as are applicable

- Pharmacy / Chemist
- Your doctor (GP)
- Brook Centre
- Le Bas Centre
- Other (please describe...)

*If you need advice on sexual health matters, the 'Brook' charity offers confidential advice and support. Telephone 507981, search the internet/Facebook for "Brook Jersey" or they have an office at Lister House on The Parade.*

"Many of the questions in this questionnaire are taken from or based on the work of John Balding/Schools Health Education Unit, Exeter, UK who has granted permission for their use in this survey.

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