

THE JERSEY SCHOOL SURVEY QUESTIONNAIRE 2018 – ALL QUESTIONS

The States of Jersey Statistics Unit is running this survey to find out about the health and lifestyle of young people in Jersey. Taking part is important as this information will be used to try and improve the health and well-being of young people like you. Thank you for taking part.

These questionnaires are confidential and will not be read by anyone connected with your school. The research analysis will show only overall percentages, not anyone's individual answers.

The questionnaire is not a test and you can ask for help whenever you need it.

If there are any questions you do not want to answer you may leave them out.

Please answer all questions honestly

Please select (click) only one answer from the options given unless you are told otherwise

About You

1. Input Code

2. How old are you?

- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years

3. How do you describe your gender?

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

4. 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

5. Which school do you go to?

- Beaulieu
- De Le Salle Secondary
- Grainville
- Haute Vallee
- Hautlieu
- Highlands
- Jersey College for Girls
- Le Rocquier
- Les Quennevais
- Mont a L'Abbe Secondary
- Victoria College
- La Sente
- I'm home-schooled

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

- Jersey
- British
- Irish
- French
- Portuguese
- Madeiran
- Polish
- Romanian
- African
- Asian
- Mixed
- Other (please write...)

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

- Mother and father together
- Mainly / only mother or father
- Mainly / only mother or father with stepfather / stepmother / partner
- Mother and father shared (with or without step parents or partners)
- Foster parents
- Residential social worker
- Other Carer (please write.....)

8. Do you speak English at home?

- Yes all of the time
- Some of the time
- Hardly ever / Never

9. If you speak a language other than English at home, what other languages do you speak?

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

10. Can 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 any condition that has lasted, or is expected to last 12 months or more)

Yes

No

12. If yes, 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"/>

15. Do you have a bedroom to yourself

- Yes
 No

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

- Yes
 No

Self Esteem

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

	Disagree	Not sure	Agree
I usually 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

Kidscreen-10

18. Thinking about the last week...

	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"/>

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

- very good
 - good
 - fair
 - poor
 - very poor
-

20. What is your height?

		cm
ft		in
Not Sure		

21. What is your weight?

		kg
stone		pounds
Not Sure		

Food and Diet

22. Did you eat or drink anything before lessons this morning?

- No I had nothing to eat or drink
- Yes I only had something to drink
- Yes I only had something to eat
- Yes I had something to eat and drink

23. What do you normally do for lunch on a school day?

Please choose the nearest answer

- Have a canteen lunch in school
- Eat a packed lunch
- Buy lunch from a takeaway or shop
- Go home for lunch
- Do not have any lunch

If answer is 'Have a canteen lunch', skip to Question 25

24. What is the main reason why you do not normally buy lunch from the school canteen?

- Don't like the food
- Not enough time
- I don't like queuing
- It's too expensive
- Portion sizes are too big/small
- I don't like eating in the dining room/canteen
- I will eat a main meal in the evening
- My friends don't eat in the dining room/canteen
- My parents don't support/allow me
- Other please write

25. How often did you eat or drink the following in the last 7 days?

Please answer on each line

	Never	Rarely	Occa- sionally	A few times a week	Just about every day
Any meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salads or vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-calorie drinks (e.g. diet coke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High energy drinks (e.g. red bull, mountain dew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fizzy drinks (not low- calorie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweets, chocolate, choc bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Did you drink water regularly throughout the day yesterday?

Yes

No

A portion of fruit or vegetables is about a handful. All 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?

- none
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8 or more
-

28. How many portions of fruit and vegetables do you think you need to eat each day to stay healthy?

- none
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

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

- None
- Once
- Twice
- Three times or more

30. 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.

31. How many times in a typical week do you normally do sport or physical activity at a sports club or using public facilities?

Count the number of times you are active for 30 minutes or longer (this may be built up in spells of 10 or 15 minutes)

This includes all organised sport in which you participate through a club and also activities involving the use of public facilities such as gyms, golf, keep fit and swimming. (Tick one box only)

- None
 - 1
 - 2
 - 3
 - 4
 - 5 or more
-

32. How many times in a typical week do you normally undertake any other moderate physical activity for 30 minutes or longer?

This includes any manual work, and also physical activity e.g. cycling to school or the shops, brisk walking, dancing, jogging, swimming in the sea, gardening and housework. (Tick one box only)

- None
- 1
- 2
- 3
- 4
- 5 or more

33. Do you feel your parents / carers encourage you to be physically active (take you to practice, parents / carers join in with you, pay for activities etc)

- Yes
- No

34. 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 (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"/>

35. 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

36. How did you travel to school today? *(Please select all that apply)*

- car / van / taxi
- school bus
- other bus
- moped/ motorbike
- bicycle
- walking
- other (please write

37. Gambling: have you spent any of YOUR money on any of the following in the past 7 days? We want to know about games you played yourself *(Please choose as many as apply)*

- No – I haven't gambled in the last 7 days
- Fruit machines (e.g. in an arcade, pub or club)
- Placing a private bet (e.g. with friends)
- Lottery or lottery scratchcards
- Playing cards for money with friends
- Other gambling machines
- Gambling website / app where you can win real money
- Personally placing a bet in a betting shop
- Other gambling... (please write)

Smoking and e-cigarettes

38. Do your parents / carers smoke?

- Yes
 - No
-

39. 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
-

40. 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
-

41. This question relates to smoking cigarettes (Not e-cigarettes).

Which statement describes you best?

- I have never smoked at all, not even a puff
- I have tried smoking once or twice
- I used to smoke regularly (1 or more cigarette per week), but I don't now
- I smoke occasionally (less than 1 cigarette a week)
- 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

If never smoked or only smoked once or twice, go to Question 45

If used to smoke regularly but not now, or smoke occasionally, go to Question 44

42. 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

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

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

44. At what age did you first try smoking?

45. This question is about electronic cigarettes also known as e-cigarettes (not regular cigarettes)

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

If never used e-cig or only used e-cig once or twice, go to Q48

If used to use e-cig regularly but not now, or use e-cigs occasionally, go to Q47

46. Where did you get / buy your last e-cigarette equipment from? (either the e-cigarette equipment or e-liquid) (Choose 1 or multiple)

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

47. At what age did you first try e-cigarettes?

If you, or anyone you know wants to stop smoking, help is available through the Help2Quit programme. Search the States of Jersey website for 'Help2Quit' for more information.

51. Do your parents know when you drink alcohol?

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

52. If alcohol were more expensive I would drink less

- Agree strongly
- Agree
- neither agree / disagree
- disagree
- disagree strongly
- don't know

Drugs

53. Do you know anyone personally who you think takes drugs? (Not cigarettes, alcohol or medicines)

- Yes
 - No
-

54. Have you ever been offered cannabis?

- Yes
 - No
-

55. Have you ever been offered other drugs?

- Yes
 - No
-

56. Have you ever taken cannabis?

- Yes
 - No
-

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

- Yes
 - No
-

58. If Yes – what were they? Please write.....

59. Which of these is your **main** source of information about Drugs? (only tick one answer)

- Parents / carers
- Friends
- Brothers, sisters, other close relations
- Drug education lessons or visitors in school lessons
- Police / prison / Prison!Me!No Way!
- Advice Centre for example Jersey Youth Enquiry Service (YES) / youth workers
- TV, films, magazines
- Posters, leaflets, reference books
- Doctors / school nurse
- Internet (e.g. FRANK)
- Other

60. Have YOU ever taken drugs (not cigarettes, alcohol or medicines)?

- Yes
- No

If No to question 60 - Skip to question 63

If Yes to question 60 - Continue with Question 61 below

61. What have you taken?

62. 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 illegal drugs (not prescribed by the doctor). Uppers frequently come in pill or powder form. Downers are often smoked. Psychedelic drugs can come in 'tab' form (liquid solution of the drug applied to small squares of paper).

63. 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 one year ago
Herbal Cannabis	<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 cannabis (SPICE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other downer type drug (e.g. Heroin or other opiates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic Upper (eg Bath Salts, Benzo Fury, Chupa chups, Lion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 'upper' type drug (e.g. speed, ecstasy, cocaine, magic crystals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic Hallucinogen or Psychedelic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other psychedelic drug (e.g. LSD, acid, magic mushrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health and Safety

64. 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
-

65. 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
- I have never used a sunbed and would never want to
- I've never heard of sunbeds/don't know what they are

Only those that choose 1 or 2 go to next question otherwise skip to question 67

66. Where do you normally use a sunbed?

- tanning salons
 - gyms
 - health clubs
 - private hire/homes
-

67. Do you wear a safety helmet when cycling?

Please choose the nearest answer

- Never or almost never
- Sometimes
- Whenever possible always
- I don't cycle

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

- Yes
- No

69. 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

70. Do you ever use internet chat rooms / social networking sites e.g. Instagram, Snapchat, Whatsapp, KIK Messenger, Facebook etc

- Never
- Sometimes
- Often
- Everyday

71. The following questions relate 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 either online/on your mobile?	<input type="radio"/>	<input type="radio"/>
Have you ever received a sexual video or photo of someone either online/to 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"/>

Wellbeing

72. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each **over the last 2 weeks**

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

“Short Warwick- Edinburgh Mental Well-Being Scale (SWEMWBS)

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

73. Overall, how satisfied are you with your life nowadays?

74. Overall, to what extent do you feel the things you do in life are worthwhile?

75. Overall, how happy did you feel yesterday?

76. Overall, how anxious did you feel yesterday?

Relationships and Mental Health

Here are some questions about bullying. We say a student is **BEING BULLIED** when another student or group of students 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. But it is **NOT BULLYING** when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way

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

- Yes
 - No
 - Don't know
-

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

- Never
 - Sometimes
 - Often
 - Very often
-

79. Do you think your school takes bullying seriously?

- Always
 - Usually
 - Sometimes
 - Never
-

80. 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
- I have been bullied once or twice
- I have been bullied often
- I have been bullied pretty much every day

If you have not been bullied go to Q85

81. Who was it by?

- a boy(s)
- a girl(s)
- boys and girls

82. Were you... (tick as many as apply to you)

	Yes	No
Bullied in person (face to face)	<input type="radio"/>	<input type="radio"/>
Bullied through your mobile phone (calls or texts only)	<input type="radio"/>	<input type="radio"/>
Bullied over the internet (including social networking sites or emails on your smartphone or computer)	<input type="radio"/>	<input type="radio"/>

83. Have any of the following happened to you in the last two months? Please answer each line...

	Never	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"/>

84. Where did they happen? Please answer each line...

	Yes	No
At home	<input type="radio"/>	<input type="radio"/>
On the way to/from school	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

85. 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	<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"/>

86. 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"/>

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

	Never	Rarely	Sometimes	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	<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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*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 or call 0800 1111
Youth Enquiry Service (YES): www.yes.je, email yes@jys.je, call 280530 / 0800 7350010 or drop into Eagle House*

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 offline. 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.

88. Do you personally know of anyone who has been a victim of CSE in the past year?

- Yes
- No

89. 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

90. Which of these would you feel comfortable telling? **Tick all that apply**

- A friend
- A parent /carer
- A teacher
- A youth worker
- A sibling
- A police officer
- A helpline such as Childline
- A confidential website
- 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

Jersey Youth Enquiry Service (YES): www.yes.je, email yes@jys.je, call 280530 or drop into Eagle House

Influence

91. 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"/>

92. How can you influence the way things are done in your school and community. **Please give an answer for each line**

	strongly agree	agree	disagree	strongly disagree	don't know
There is a clear way for me to give my opinion or ideas to my school	<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 listen 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 act 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 or ideas to my community	<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 listen 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 act 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"/>

Young Carers

Please read the following definition carefully:

A young carer is a young person who looks after someone in their family who has an illness (physical or mental) or a disability, taking on tasks that an adult would normally do, for example

- Cooking, housework, shopping
- Dressing, washing/bathing, helping with toilet needs
- Lifting, helping on stairs
- Managing family budget, collecting prescriptions, giving medication
- Looking after younger siblings
- Emotional support, interpreting

93. Do you take on any of the tasks of a young carer as described above?

- Yes
- No
- Not Sure

If 'No', skip to Q96, otherwise continue with Q94

94. If yes, how many hours did you spend last week carrying out your carer tasks?

- less than 5
- 5-10 hours
- 10-15 hours
- 15-20 hours
- 20 hours or more

95. Do you feel like you get the help and support you need to be a carer?

- Yes
- No
- Don't know

Sex and Sexual Health

96. Do you feel that you know enough about how your body changes as you get older?

- Yes
- No

97. Which of these is your main source of information about sex?

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

98. 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
- I would probably give in

99. 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

100. Which of the following best describes you?

- Never been sexually active
- Been sexually active in the past
- Currently sexually active

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

- Yes
- No

102. **If 'Never been sexually active' skip to end**

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

103. The last time you had sexual intercourse did you or your partner use a condom?

- Yes
- No

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

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

- NONE
- Pill (combined or progesterone only)
- Patch
- Injection
- Implant
- Copper or Mirena Coil (used in advance of sexual activity)
- Vaginal ring
- Caya cap
- Emergency Contraception (morning-after pill or copper coil)
- Condoms

105. Where did you get this from

Select as many as are applicable

- Pharmacy / Chemist
- Your GP
- Brook Centre
- Le Bas Centre
- Other

If you need advice on sexual health matters, the 'Brook' charity offers confidential advice and support. They have an office on Nelson Street near Millennium Park, telephone number 507981 or search the internet for Brook Jersey.

If any of these questions have made you feel uncomfortable or upset and you would like to talk about it in private, please go and see your school counsellor or teacher.

Thank you for completing this questionnaire

“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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Question 12 is taken from the Children’s Society / York University study

Question 15 taken from D Lawrence paper 1981

Question 16 Kidscreen-10

Question 69 – 71 taken from the Northern Ireland Young Life and Times Survey

Question 72 taken from the Warwick – Edinburgh Mental Well Being Survey

Question 73-76 taken from Office for National Statistics ONS4 Wellbeing Questions

Question 86 is taken from the Buckinghamshire Children and Young People Voice Survey 2013