

THE JERSEY SCHOOL SURVEY QUESTIONNAIRE 2019 – 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 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...)

7. Do you speak English at home?

- Yes, all of the time → **Skip to Q9**
- Some of the time
- Hardly ever / Never

8. Which language do you mostly speak at home?

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

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

- Yes
- No
- Don't Know

10. 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 Q12**

11. 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

12. 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"/> |

13. 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

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

- Not at all well off
- Not very well off
- Average
- Well off
- Very well off
- I don't know

15. Do you have a bedroom to yourself?

Yes

No → **Skip to Q17**

16. How many others do you share your bedroom with?

Enter a number

Quality of Life: Self Esteem

17. 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

18. 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

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

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

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

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

21. 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
- Don't have any lunch

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

Please answer on each line

| | Not at all | Only on one day | On 2 or 3 days | On 4 to 6 days | Once every day | More than once per day |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| meat (any type: chicken, beef, bacon etc) | <input type="radio"/> | <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"/> | <input type="radio"/> |
| Salads or vegetables | <input type="radio"/> | <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"/> | <input type="radio"/> |
| High energy drinks (e.g. red bull, monster) | <input type="radio"/> | <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"/> | <input type="radio"/> |
| Crisps | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sweets, chocolate, chocolate bars | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

23. Are you a...

- Vegan – you don't eat meat, fish or any animal products (like milk and cheese)
- Vegetarian – you don't eat meat or fish
- Pescatarian – you don't eat meat but you will eat fish
- None of these

24. Did you drink water regularly throughout the day yesterday? (not squash - just plain water)

- 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*

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

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

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

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

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

- None
- Once
- Twice
- Three times or more

28. Have you ever been to a dentist in Jersey? (please don't include any dental check that might have occurred at school)

- Yes
- No

29. Do you go to regular checks at the dentist?

- Yes - around twice a year
- Yes – around once a year
- Yes – less than once a year
- No

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. 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

32. 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

33. Do you wish that you did more physical activity?

- Yes → **continue to next question**
- No → **Skip to Q35**
- Don't know → **Skip to Q35**

34. Which of the following (if any) are the reasons you don't do more physical activity?

- cost
- lack of time
- not interested
- don't know where to start
- no-one to be more active with
- lack of facilities
- don't feel safe walking, jogging or cycling on the roads
- lack of confidence (e.g. social confidence, worry about ability / fitness / appearance)
- other (please explain):

35. 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"/> |

36. 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

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

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

Bus Anxiety Questions

38. Do you regularly use the school bus

- Yes → **Skip to Q40**
- No → **Continue to Q39**

39. Why do you not regularly use the school bus? *please tick all that apply...*

- I can just walk to school
- I live too far away from a bus stop
- The bus leaves too early in the morning
- The bus fare is too expensive
- None of my friends go on the bus
- My parents / carers give me a lift
- The behaviour of other children on the bus
- I might get picked on / have been picked on
- Other (please write):

→ **Go to Q50**

40. Which statement best describes how you feel about getting the school bus to and from school

- I'm very happy to get the school bus → **Go to Q42**
- I use the school bus and it is okay → **Go to Q42**
- I use the school bus but I don't like it
- I use the school bus but I really hate it

41. Why don't you like the school bus *please tick all that apply...*

- I have to walk a long way to the bus stop
- The bus leaves too early in the morning
- The bus fare is too expensive
- None of my friends use the bus
- The behaviour of other children on the bus
- I might get picked on / have been picked on
- Other (please explain):

42. 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 / apps where you can win real money
 - Personally placing a bet in a betting shop
 - Other gambling (please write):

Smoking and e-cigarettes (vaping)

43. Do your parents / carers smoke?
- Yes
 - No
44. 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
45. 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
46. 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 Q50**
 - I have tried smoking once or twice → **Skip to Q50**
 - I used to smoke regularly (1 or more cigarette per week), but I don't now → **Skip to Q49**
 - I smoke occasionally (less than 1 cigarette per week) → **Skip to Q49**
 - 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

47. 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

| |
|--|
| |
| |

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

Bought yourself

Friend

Parent/carer

Other family

Other

49. At what age did you first try smoking?

50. 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 Q53**

I have tried e-cigarettes once or twice → **Skip to Q53**

I used to use e-cigarettes regularly(once or more per week), but I don't now → **Skip to Q52**

I use e-cigarettes occasionally (less than once a week) → **Skip to Q52**

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

51. Where did you get / buy your last e-cigarette (vaping) equipment from? (either the e-cigarette equipment or e-liquid)

Bought yourself

Friend

Parent/carer

Other family

Other

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

Alcohol

53. Which best describes you

I have never drunk alcohol → **Skip to Q57**

I have had alcohol a few times

I used to drink alcohol but I have given it up

I only drink alcohol on special occasions (e.g. Birthdays, Christmas)

I drink alcohol occasionally (less than once a week)

I drink alcohol regularly (at least once a week)

54. Have you ever had so much alcohol that you were really drunk?

- No, never
- Yes, once
- Yes, 2-3 times
- Yes, 4-10 times
- Yes, more than 10 times

55. During the last 7 days, how much of the following alcoholic drinks did you drink (if any)?

Assume that one small can = half a large can and 1 large can = 1 pint

Pints (or large cans) of mixed shandy

Pints (or large cans) of beer or lager

Pints (or large cans) of cider

Cans/ bottles of pre-mixed drinks (e.g. WKD, Smirnoff Ice, Bacarid Breezer etc)

Glasses of wine / champagne / prosecco

Measures of spirits (gin, whisky, vodka, rum etc.)

Glasses of fortified wine (e.g. sherry, port)

Other

Please write which other drinks

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

56. 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.

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

- Yes
- No

58. Have you ever been offered cannabis?

- Yes
- No

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

- Yes
- No

60. Have you ever taken cannabis?

- Yes
- No

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

- Yes
- No

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

63. 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)

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

- Yes
- No → **Skip to Q70**

65. What drugs have you taken?

66. 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.

67. 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

68. Have you ever had a bad reaction to drugs?

- Yes
- No → **Skip to Q70**

69. What type of bad reaction have you had after taking drugs?

- Loss of consciousness / collapsed
- Taken to emergency department / ambulance
- Panic attack / anxiety
- Paranoia
- Felt depressed
- Other (please specify)

Health and Safety (e-safety)

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

- Never
- Sometimes
- Often
- Everyday

71. 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"/> |

72. 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"/> |

73. 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"/> |

Police & Crime

74. Do you think that you have been a victim of crime in the last 12 months?

- Yes
- No → **Skip to Q77**
- Don't know → **Skip to Q77**

75. Where did this crime / these crimes occur?

- In town
- At school
- On your way to or from school
- In the area where you live
- Other (please explain)

76. Did you tell an adult?

- No
- Yes, my parents
- Yes, a teacher or someone else at school
- Yes, the police

77. Do you know who your Police Schools Liaison Officer is?

- Yes
- No

78. Do you know how to contact your Police Schools Liaison Officer?

- Yes
- No

79. In general, How would you prefer to report a crime to the police

- Telephone
- Talk to your school's liaison officer
- In person (at home/school)
- In person (at Police Station)
- Via a dedicated Police App
- Via Social Media
- Other (please explain):

80. Please say whether you agree or disagree with the following statements

| | strongly agree | agree | disagree | strongly disagree | don't know |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The police can be relied upon when needed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The police would treat you fairly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The police understand local concerns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Taking everything into account, I have confidence in the police | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

81. How concerned are you about becoming a victim of digital crime (eg. on-line fraud, on-line bullying, sexual exploitation or harassment/hate crime)?

- Very concerned
- Fairly concerned
- Not very concerned
- Not at all concerned

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'*

82. 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'*

83. 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'*

84. 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'*

85. 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

86. Which statement best describes how you feel about your career aspirations in say 5 to 10 years' time?
- I have a clear idea of the job I'd like to be doing
 - I know roughly the sort of job I'd like to be doing
 - I don't really know what I'd like to be doing
87. What do you hope to do after finishing Year 11 at school?
- Stay in some form of full time education (at school, Hautlieu, Highlands college etc)
 - Get an apprenticeship or work based training scheme
 - Other (please tell us a bit more below)
 - I don't know

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.

88. Have you been bullied at or near school in the last 12 months?
- Yes
 - No
 - Don't know
89. Do you ever feel afraid of going to school because of bullying?
- Never
 - Sometimes
 - Often
 - Very often
90. Do you think your school takes bullying seriously?
- Never
 - Sometimes
 - Usually
 - Always

91. In the last school term, have you been involved in doing any of the following things to someone else (either on your own or as part of a group) *Please tick a box on each line*

| | Never | A Few times | Often | Every day |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Teased someone or calling them hurtful names | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Leaving someone out of something on purpose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hitting, kicking, punching, slapping or physically hurting someone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Taking money or possessions from someone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spreading lies, rumours or gossip about someone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Done any of the things listed above, but using mobile phones, tablets, online games, social media etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please explain below) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please explain if you answered 'other'

92. What are the main reasons that people you know get bullied? *Choose as many as apply*

- Physical appearance
- Race
- Faith
- Academic ability
- Gender identify
- Sexuality
- Disability
- Home life
- Being rich
- Being poor
- Because they are shy or introverted
- Because they appear anxious or have low self esteem
- I don't know anyone that gets bullied
- Other (please specify):

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 | <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 | <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)



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

- Yes
- No
- Not sure

97. 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

98. 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

Influence

99. 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"/> |

100. 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 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 / 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 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"/> |

Children's Rights

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

- Yes
- Not sure
- No

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

- Yes
- Not sure
- No

103. 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 strong | Agree | Neither agree or disagree | Disagree | Disagree strong |
|---|--------------|-------|---------------------------|----------|-----------------|
| 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 | | | | | |

Young Carers

Most young people help out at home with, for example, shopping or cleaning. However, some also provide ongoing care and support to someone who is elderly and infirm, has a long term illness or a disability. Sometimes called 'Young Carers', they help with everyday tasks, such as, helping someone to get washed and dressed, providing someone with emotional support and reassurance, or watching over them so that they stay safe.

104. Do you have someone in your family or a friend that needs extra care because they are elderly and infirm, have a physical disability, mental illness, addiction, or poor health?

- Yes
- No → **Skip to Q109**
- Not Sure

105. Do you look after, help or support that person (or people) you told us about in the last question? (the person or people that need extra care because they are elderly and infirm, have a physical disability, mental illness, addiction or poor health)

- Yes
- No → **Skip to Q109**
- Not Sure

106. Who is this person that you help to look after, help or support?

- Mother
- Father
- Brother or sister
- Grandmother or grandfather
- Other (please explain)

107. How many hours do you spend during the week (Monday to Friday) looking after, helping or supporting the person (or people) you told us about in the previous question? (think about jobs you do in the home to support them, including keeping an eye on them)

108. How many hours do you spend during the weekend (Saturday or Sunday) looking after, helping or supporting the person (or people) you told us about in the previous question? (think about jobs you do in the home to support them, including keeping an eye on them).

Sex and Sexual Health

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

- Yes
- No

110. 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...)

111. 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

112. 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

113. Which of the following best describes you?

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

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

- Yes
- No

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

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

- Yes
- No

117. 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 proactively, before sex
- Vaginal ring
- Caya cap
- Emergency Contraception (morning-after pill or copper coil)
- Condoms

118. 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. They have an office on Nelson Street near Millennium Park, telephone number 507981 or search the internet for Brook Jersey.