



### Which school do you go to?

Write your answer in the box below. If you are not currently at school (for example, if you are being home educated), write 'Not at school'.

Welcome to the Kirklees Young People's Survey 2018. We are giving every Year 9 student across Kirklees the chance to tell us about their experiences in order to find out what some of the big issues are for young people of your age. We really want to understand how you're feeling, what you're doing, what you think of the support you get and the place you live. Your comments will help schools, Kirklees Council and other organisations we work with to decide what to do to make sure you have the best chance for a happy, healthy life.

The survey should take less than 30 minutes to complete, and you'll be given a chance to talk about some of the issues raised in the survey as a group at the end. We won't ask for personal information like date of birth, name or address. Although we will be sharing combined results from the survey with organisations that provide services to young people in Kirklees, this will only be at a grouped level.

We will never show results of the survey at a level that means someone could be identified from their answers. This means that **nobody will know which answers you've given**.

We hope you'll be able to answer all the questions, but you can choose not to answer anything you don't want to; just move on to the next question if this is the case. If you don't understand something please ask your teacher/the supervising adult. As you work through the survey, additional questions may pop up depending on the answer you select. Most questions ask for a single answer - if you feel like you could select two answers to these questions, choose the one that best reflects how you feel or think at that moment.

Please answer all questions honestly. Remember, your name is not on the questionnaire and no-one will find out what you put.

*Please turn to the next page >*

If you don't want to complete the survey, you don't have to – just tick the 'No' box below, and raise your hand to let your teacher/the supervising adult know

### **Do you agree to take part in the Kirklees Young People's Survey 2018?**

- ☐ Yes – *Please turn to the next page to continue with the survey*
- ☐ No – *Please read the information below*

## **Choosing not to take part in the survey**

Thank you. If you are worried about anything that may have been covered by the survey, please talk to an adult you trust. They may be able to help, or suggest where you can go to get help. You could also ring ChildLine on 0800 1111, or visit their website ([www.childline.org.uk](http://www.childline.org.uk)). Kirklees Public Health have also produced a list of useful resources, which you will be given at the end of this session.

**Please raise your hand to let your teacher/the supervising adult know you choose not to take part.**

*If you are continuing with the survey, please turn to the next page >*

By continuing, you agree to take part in the survey.

## About you

These questions help us to understand if there are any issues which affect some people more than others. We ask for your postcode so we can match to the part of Kirklees in which you live. We can then group all the results from a particular area together and can look for differences between areas.

### Q1. How would you describe yourself?

- ☐ Girl
- ☐ Boy
- ☐ Trans girl
- ☐ Trans boy
- ☐ I would describe myself in some other way

### Q2. What is your home postcode?

Please choose the home where you spend most time. We will only use this postcode to match to the part of Kirklees in which you live, so we can group results from a particular area together and can look for differences between areas. Your house will not be identified and this will not be used to send you anything through the post.

\_\_\_\_\_ < write your postcode here

- ☐ Don't know
- ☐ I'd rather not say

## Taking care of yourself

These questions are about your general health and some of the things which might have an effect on it. Remember, your answers are anonymous so no one will find out what you put.

### Q3. In general would you say your health is..?

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Bad
- ☐ Very bad

### Q4. How often do you brush your teeth?

- ☐ Two or more times a day
- ☐ Once a day
- ☐ Not every day
- ☐ Never

### Q5. Have you visited your dentist in the last 12 months?

- ☐ Yes
- ☐ No
- ☐ Not sure

*Please turn to the next page >*

**Q6. How often do you eat breakfast?**

- ☐ Every school day – *Please move on to Q7*
- ☐ Most days – *Please answer the next question (Q6b)*
- ☐ Sometimes – *Please answer the next question (Q6b)*
- ☐ Hardly ever or never – *Please answer the next question (Q6b)*

**Q6b. What is the most common reason for you not eating before school?**

- ☐ Not hungry
- ☐ Not enough time
- ☐ Too early to eat
- ☐ Dieting
- ☐ No food in the house
- ☐ Another reason
- ☐ I'd rather not say

**Q7. If you're hungry at home, is there food in the house for you to eat (even if it's something you don't like very much)?**

- ☐ Always/most of the time
- ☐ Sometimes
- ☐ Hardly ever/never
- ☐ I'd rather not say

*Please turn to the next page >*

## Your wellbeing

These questions help us to understand how your year group tends to feel overall. The first group of seven questions add up to give an overall score, so please try to answer all of these questions if possible. We can compare this score to responses from the last Kirklees survey and from other national surveys. We can also see whether different types of people have different levels of emotional wellbeing.

Please answer all of the next group of 7 questions.

**Q8. Below are some statements about feelings and thoughts.**  
Please select the answer 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 ( <i>'Optimistic' means hoping or believing that good things will happen</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people ( <i>'Close' here might mean having someone you can talk to about things, knowing that someone is there for you if you need them, etc.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9. Please select the answer that best describes your feelings, where 0 is 'not at all' and 10 is 'completely'**

	Not at all										Completely	
	0	1	2	3	4	5	6	7	8	9	10	
Overall, how satisfied are you with your life nowadays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To what extent do you feel the things you do in your life are worthwhile? ( <i>'Worthwhile' here might mean worth spending time or effort on</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How happy did you feel yesterday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please turn to the next page >

## Behaviour

These questions are about things you do (or don't do) that can affect your physical and emotional health. Remember, your answers are anonymous. You will be given some resources at the end of the survey with more information about the impact these behaviours may have on your health, which can support you if you want to change your behaviour.

### Q10. Have you ever tried a tobacco cigarette?

- ☐ No – Please move on to Q11
- ☐ Yes – Please answer the next question (Q10b)
- ☐ I'd rather not say – Please move on to Q11

### Q10b. Which statement best describes your use of tobacco cigarettes?

- ☐ I have tried smoking once or twice
- ☐ I used to smoke but I don't now
- ☐ I smoke but less than one cigarette a week
- ☐ I smoke at least once a week, but not every day
- ☐ I smoke every day

### Q11. Have you ever tried an e-cigarette/vaping?

- ☐ No – Please move on to Q12
- ☐ Yes – Please answer the next question (Q11b)
- ☐ I'd rather not say – Please move on to Q12

### Q11b. Which statement best describes your use of e-cigarettes?

- ☐ I have tried them once or twice
- ☐ I used to use them but I don't now
- ☐ I use them less than once a week
- ☐ I use them at least once a week, but not every day
- ☐ I use them every day

If you answered 'Yes' to Q10 and Q11 please answer Q11c, otherwise move on to Q12

### Q11c. Which statement describes you best?

- ☐ I started smoking tobacco first and moved on to e-cigarettes
- ☐ I started using e-cigarettes first and moved on to smoking tobacco

### Q12. Have you ever had an alcoholic drink (more than a sip)?

- ☐ No – Please move on to Q13
- ☐ Yes – Please answer the next question (Q12b)
- ☐ I'd rather not say – Please move on to Q13

### Q12b. How often do you usually have an alcoholic drink?

- ☐ I never drink alcohol now
- ☐ Occasionally (less than once a month)
- ☐ About once a month
- ☐ About once a week
- ☐ More than once a week

Please turn to the next page >

### Q13. Have you ever had sex (sexual intercourse)?

- ☐ No – Please move on to Q14
- ☐ Yes – Please answer the next two questions (Q13b and Q13c)
- ☐ I'd rather not say – Please move on to Q14

	Always	Usually	Sometimes	Never	I'd rather not say
Q13b. Did you or your partner use condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13c. Did you or your partner use other forms of contraception (e.g. the pill, implant)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Q14. Do you know where to get help or information about sexual health (e.g. safe sex, contraception, sexually transmitted diseases)?

- ☐ Yes
- ☐ No
- ☐ Not sure

## Being supported

Having a support network around you can make it easier to overcome problems and achieve your potential. We want to know how well supported you are by the adults in your life at home and at school.

### Q15. At home there is an adult who...

	Yes	No	Don't know
...I can speak to about how I feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...talks with me about things I want to talk about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...believes that I will be a success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...wants me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is interested in my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Q16. At school there is a teacher or other adult who...

If you are not currently at school (for example, if you are being home educated), select 'not applicable'

	Yes	No	Don't know
...I can speak to about how I feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...talks with me about things I want to talk about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...believes that I will be a success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...wants me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is interested in my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not applicable ☐

Please turn to the next page >

## Being you

These questions are about the things that may be affecting how you feel about life at the moment and how you're coping with them. The way people deal with problems can have a positive or negative effect on their health. Remember, your answers are anonymous so no one will find out what you put. You will be given a set of resources at the end of the survey with more information about some of the issues raised in this section. Please talk to an adult you trust or have a look at these resources if you're having any problems.

### Q17. Do you ever feel anxious or worried?

- ☐ No – Please move on to Q18
- ☐ Yes – Please answer the next two questions (Q17b and Q17c)

### Q17b. What types of things do you sometimes worry about? Please select all that apply

- ☐ Growing up/puberty
- ☐ My weight or appearance
- ☐ Relationships/not fitting in
- ☐ Being teased or bullied
- ☐ Homework/school work/doing well in exams
- ☐ Being at school
- ☐ Home life or family problems
- ☐ Money problems
- ☐ Health problems
- ☐ My future
- ☐ Being the victim of a crime
- ☐ Someone else's wellbeing
- ☐ Something else
- ☐ I'd rather not say

Only answer Q17c for those topics ticked in Q17b

### Q17c. How often do you worry about..?

	Hardly ever	Sometimes	Quite often	Most days/every day
Growing up/puberty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My weight or appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships/not fitting in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being teased or bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework/school work/doing well in exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home life or family problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being the victim of a crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else's wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn to the next page >

**Q18. If you have a problem or feel stressed, what do you do about it?**

Please select all that apply

- ☐ I never have a problem or feel stressed
- ☐ Talk to someone about it
- ☐ Chat about it on social media
- ☐ Think about it on my own
- ☐ Sort it out myself
- ☐ Seek help in magazines or on the internet
- ☐ Rest or sleep more
- ☐ Eat more
- ☐ Eat less
- ☐ Do something to take my mind off it (e.g. watch TV, listen to music, play video games)
- ☐ Do some physical activity/sport
- ☐ Keep busy with other things
- ☐ Smoke a cigarette
- ☐ Drink alcohol
- ☐ Use drugs
- ☐ Cut or hurt myself
- ☐ Something else
- ☐ Do nothing
- ☐ I'd rather not say

**Q19. In the last six months have you been physically bullied (for example getting hit, pushed around or threatened, or having belongings stolen)?**

- ☐ No – Please move on to Q20
- ☐ Yes – Please answer the next question (Q19b)
- ☐ I'd rather not say – Please move on to Q20

**Q19b. How often has this happened?**

- ☐ 1-3 times in the last 6 months
- ☐ More than 4 times in the last 6 months
- ☐ More than once a week

**Q20. In the last six months have you been bullied in other ways (such as being called names, being left out of group activities, or having nasty stories spread about you on purpose)?**

- ☐ No – If you answered 'Yes' to Q19, move on to Q21; otherwise move on to Q23
- ☐ Yes – Please answer the next question (Q20b)
- ☐ I'd rather not say – If you answered 'Yes' to Q19, move on to Q21; otherwise move on to Q23

**Q20b. How often has this happened?**

- ☐ 1-3 times in the last 6 months
- ☐ More than 4 times in the last 6 months
- ☐ More than once a week

*Please turn to the next page >*

If you answered 'Yes' to either Q19 or Q20, please answer Q21 and Q22; otherwise move on to Q23

**Q21. Have you talked to anybody about being bullied?** Please select all that apply

- ☐ Yes, my friends
- ☐ Yes, an adult at home
- ☐ Yes, an adult at school
- ☐ Yes, a support organisation (such as ChildLine)
- ☐ Yes, someone else
- ☐ No

**Q22. Has the problem been sorted out?**

- ☐ Yes, completely
- ☐ It is better than it was, but hasn't gone away completely
- ☐ No

**Q23. How well does your school deal with bullying?**

- ☐ Usually very well/quite well
- ☐ Sometimes quite/very well and sometimes not very well/badly
- ☐ Usually not very well/badly
- ☐ Bullying is not a problem at my school
- ☐ Don't know
- ☐ I'd rather not say
- ☐ Not applicable (not currently at school)

**Q24. Does your family ever worry about having enough money to pay for essentials (e.g. food, bills, school uniform)?**

- ☐ Never/hardly ever
- ☐ Sometimes
- ☐ Quite often/all the time
- ☐ Don't know
- ☐ I'd rather not say

## Spare time

We're interested to know how you're using technology (phones, apps, websites, etc.) in your spare time, and whether this might benefit or affect your emotional wellbeing. Remember, your answers are anonymous.

On a normal school day:

**Q25. On a normal school day, do you use any kind of social media?** (e.g. Snapchat, WhatsApp, Instagram, Twitter, etc. For this survey, we are not counting YouTube as social media)

- ☐ No – Please move on to Q26
- ☐ Yes – Please answer the next question (Q25b)

**Q25b. How much time do you spend on social media on a normal school day?**

(The next question asks about YouTube, so do not include time spent on YouTube)

- ☐ None
- ☐ Less than an hour
- ☐ 1-3 hours
- ☐ More than 3 hours
- ☐ I'd rather not say

Please turn to the next page >

**Q26. On a normal school day, apart from time spent on social media how much time do you spend watching TV or films, playing video games, on a computer or on the internet (e.g. watching YouTube videos)?**

- ☐ None
- ☐ Less than an hour
- ☐ 1-3 hours
- ☐ More than 3 hours
- ☐ I'd rather not say

**On a weekend day:**

**Q27. On a weekend day, do you use any kind of social media? (e.g. Snapchat, WhatsApp, Instagram, Twitter, etc. For this survey, we are not counting YouTube as social media)**

- ☐ No – Please move on to Q28
- ☐ Yes – Please answer the next question (Q27b)

**Q27b. How much time do you spend on social media on a weekend day?**

*(The next question asks about YouTube, so do not include time spent on YouTube)*

- ☐ None
- ☐ Less than an hour
- ☐ 1-3 hours
- ☐ More than 3 hours
- ☐ I'd rather not say

**Q28. On a weekend day, apart from time spent on social media how much time do you spend watching TV or films, playing video games, on a computer or on the internet (e.g. watching YouTube videos)?**

- ☐ None
- ☐ Less than an hour
- ☐ 1-3 hours
- ☐ More than 3 hours
- ☐ I'd rather not say

**Q29. Have you ever uploaded a video to YouTube?**

- ☐ No
- ☐ Yes, one or two videos
- ☐ Yes, more than two but less than ten videos
- ☐ Yes, ten or more videos

*Please turn to the next page >*

### Q30. How much do you agree with the following statements...?

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree	I'd rather not say
I can go without using social media for a day without it affecting my mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about getting enough 'likes' or positive responses on social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I'm missing out when I see things on social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been affected by online bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about some of the things I see on social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like more information about how to stay safe online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your local area

We'd like to know what you think of your local area (around where you live), as this can have an effect on your health and wellbeing. With this information, the council, police, community groups and others can decide whether anything needs to change in your area. Remember, your answers are anonymous so no one will find out what you put.

When answering questions about your 'local area' you might think about the town or village in which you live, or the area within about a mile (15-20 minutes' walk) of your home.

### Q31. Overall, are you satisfied with your local area as a place to live?

As a guide, 'Very satisfied' could mean you're really happy with things in your local area and wouldn't want to change anything; 'Very dissatisfied' could mean you're really unhappy with your local area and would want lots of things to change.

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

### Q32. How safe do you feel when outside in your local area?

- ☐ Very safe
- ☐ Fairly safe
- ☐ Neither safe nor unsafe
- ☐ Fairly unsafe
- ☐ Very unsafe
- ☐ Don't know

*Please turn to the next page >*

**Q33. Have you ever been the victim of a crime?**

- ☐ No
- ☐ Yes
- ☐ I'd rather not say

**Q34. Have you ever seen a crime taking place in your local area (around where you live)?**

- ☐ No
- ☐ Yes
- ☐ I'd rather not say

## Preparing for life after school

You've still got a few years left in education, but you may have already started thinking about what you'd like to do next. The questions in this section look at how well prepared you feel for making these decisions and for dealing with money.

**Q35. Which of the following describes what you usually do with your money?**

- ☐ Save up to buy things I want
- ☐ Save money for the future and try not to spend it
- ☐ Spend money as soon as I get it
- ☐ I generally do not have any money
- ☐ Don't know

**Q36. What do you think you'll be doing in 10 years' time (when you're about 24 years old)?**

Choose the option that most closely matches your expectations...

- ☐ Something professional which requires a degree qualification
- ☐ Something creative, artistic or sporting
- ☐ Skilled tradesperson (e.g. plumber, electrician, etc.)
- ☐ Not working – still in education/training
- ☐ Not working – raising a family/caring for a family member
- ☐ Something else
- ☐ Don't know

**Q37. What would you like to be doing in 10 years' time (when you're about 24 years old)?**

Choose the option that most closely matches your aspirations/goals...

- ☐ Something professional which requires a degree qualification
- ☐ Something creative, artistic or sporting
- ☐ Skilled tradesperson (e.g. plumber, electrician, etc.)
- ☐ Not working – still in education/training
- ☐ Not working – raising a family/caring for a family member
- ☐ Something else
- ☐ Don't know

*Please turn to the next page >*

**Q38. Has anyone helped you think about what you might like to do in the future (given you careers advice)?**

- ☐ No – *Please move on to Q38c*
- ☐ Yes – *Please answer the next question (Q38b)*

**Q38b. Which of these best matches your situation?**

- ☐ I would like more advice now – *Please move on to Q39*
- ☐ I have had enough advice for now, but would like more later – *Please move on to Q39*
- ☐ I have had enough advice and won't need more later – *Please move on to Q39*

**Q38c. Which of these best matches your situation?**

- ☐ I don't need any careers advice
- ☐ I would like some careers advice

## More about you

These questions help us to understand if there are any issues which affect some people more than others. The law recognises that some people may be put at a disadvantage in society due to their natural characteristics. By seeing how different groups of people answer the survey questions, we can work to reduce these inequalities.

**Q39. What is your usual main method of travel to school?** If more than one method could apply, please choose the one option that you feel is most representative of your journey to school.

- ☐ Walk
- ☐ Cycle
- ☐ Car or van
- ☐ Bus
- ☐ Train
- ☐ Other

*Please turn to the next page >*

**Q40. What is your ethnic group?** Select the one option that is most true for you. If you have parents of multiple heritage, choose the option you identify with the most (this may be a single ethnicity or one of the mixed/multiple ethnic group categories).

- ☐ White: White British
- ☐ White: Irish
- ☐ White: Gypsy or Irish Traveller
- ☐ White: Eastern European
- ☐ White: other White background
  
- ☐ Asian/Asian British: Bangladeshi
- ☐ Asian/Asian British: Indian
- ☐ Asian/Asian British: Pakistani
- ☐ Asian/Asian British: Chinese
- ☐ Asian/Asian British: other Asian background
  
- ☐ Black/African/Caribbean/Black British: African
- ☐ Black/African/Caribbean/Black British: Caribbean
- ☐ Black/African/Caribbean/Black British: other Black background
  
- ☐ Mixed/Multiple ethnic groups: White and Black Caribbean
- ☐ Mixed/Multiple ethnic groups: White and Black African
- ☐ Mixed/Multiple ethnic groups: White and Asian
- ☐ Mixed/Multiple ethnic groups: any other mixed/multiple ethnic background
  
- ☐ Other: Arab
- ☐ Other: any other ethnic background

**Q41. Do you have a special educational need or a learning difficulty?**

- ☐ No – *Please move on to Q42*
- ☐ Yes – *Please answer the next question (Q41b)*
- ☐ Not sure – *Please move on to Q42*

**Q41b. Do you feel like you get enough support at school with this?**

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ I'd rather not say

**Q42. Do you have a long-term health problem or disability that limits your day-to-day activities?**

By long term we mean anything that has lasted, or is expected to last, at least 3 months

- ☐ No – *Please move on to Q43*
- ☐ Yes, limited a little – *Please answer the next question (Q42b)*
- ☐ Yes, limited a lot – *Please answer the next question (Q42b)*

**Q42b. Do you feel like you get enough support from health services with this?**

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ I'd rather not say

*Please turn to the next page >*

**Q43. Do you spend time at home caring for someone with a disability or illness (physical or mental)?**

This could include things like doing household chores, helping with washing/dressing or talking to them about their problems

- ☐ No – Please move on to Q44  
☐ Yes – Please answer the next two questions (Q43b and Q43c)

**Q43b. Who do you look after? Please select all that apply**

- ☐ Parent  
☐ Brother or sister  
☐ Other relative  
☐ Someone else

Only answer Q43c for those options ticked in Q43b

**Q43c. How much time do you spend..?**

	Less than an hour a day	1-2 hours a day	More than 2 hours a day	Some time but not every day
...looking after your parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...looking after your brother or sister?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...looking after your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...looking after this person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q44. Would you be prepared, and do you feel able, to answer a question about sexual attraction?**

- ☐ No – Please skip the next question; you have reached the end of the survey  
☐ Yes – Please answer the next question (Q44b)

**Q44b. Which best describes who you are sexually attracted to?**

- ☐ Heterosexual (attracted to the opposite sex)  
☐ Gay (attracted to the same sex)  
☐ Lesbian (attracted to the same sex)  
☐ Bisexual (attracted to both sexes)  
☐ Not attracted to either sex  
☐ Other  
☐ Not sure

Thank you very much for completing the survey. Please hand this survey back to the Teacher or supervising adult.