

Welcome to the Kirklees Young People's Survey 2022. 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.

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.

Please use the 'back' and 'next' buttons at the bottom of the screen to navigate the survey - don't use your browser buttons or your progress will be lost.

Do you agree to take part in the Kirklees Young People's Survey 2022?

- ☐ Yes
- ☐ No

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). Kirklees Public Health have also produced a list of useful resources, which you can find here:
http://observatory.kirklees.gov.uk/jsna/KYPS_resources

Please raise your hand to let your teacher/the supervising adult know you choose not to take part, and close your browser to exit the survey.

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

Who you are

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. 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.

Which school do you go to?

If you are not currently at school (for example, if you are being home educated), select the 'Not at school' option at the end of the list.

--Click Here--

All Saints Catholic College Specialist in Humanities

Almondbury Community School

Batley Girls High School

Batley Grammar School

BBG Academy

Brian Jackson College

Cambridge Street School

Castle Hall Academy

Castle Hill: A Specialist College for Communication and Interaction

Colne Valley High School

Fairfield School

Heckmondwike Grammar School

Holmfirth High School

Honley High School

Institute of Islamic Education

Islamia Girls' High School

Joseph Norton Academy

King James's School

Madni Academy

Manor Croft Academy

Moor End Academy

Netherhall Learning Campus High School

Newsome High School

North Huddersfield Trust School

Pivot Academy

Ravenshall School

Royds Hall Community School

Salendine Nook High School Academy

Shelley College

Southgate School

Spenn Valley High School

The Mirfield Free Grammar and Sixth Form

Thornhill Community Academy

Upper Batley High School

Westborough High School

Westfields Pupil Referral Unit

Whitcliffe Mount School

Woodley School and College

Zakaria Muslim Girls' High School

Not at school

How would you describe your gender?

- ☐ Girl
- ☐ Boy
- ☐ Trans girl
- ☐ Trans boy
- ☐ Non-binary
- ☐ I would describe myself in some other way [please state in box below]
- ☐ Rather not say

Q4 Describe your gender:

What is your ethnic group? Select the 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).

--Click Here--



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

Q6 How would you describe your sexuality?

- ☐ Heterosexual/straight
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Queer
- ☐ Asexual
- ☐ Pansexual
- ☐ I'd describe it in another way [please state in box below]
- ☐ I'm not sure
- ☐ I'd rather not say

Q8

Describe your sexuality:

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.

Which area of Kirklees do you live in?

--Click Here-- ▼

Batley
Bradford
Cleckheaton
Colne Valley
Denby Dale
Dewsbury
Heckmondwike/Liversedge
Holmfirth
Huddersfield
Kirkburton
Mirfield
Wakefield
Not in Kirklees

Which area of Batley do you live in?

--Click Here-- ▼

Batley - Centre
Batley - Purlwell, Mount Pleasant
Batley - Wilton
Batley Carr
Birstall
Carlinghow and White Lee
Hanging Heaton
Healey
Soothill
Staincliffe
Upper Batley
White Lee

Which area of Bradford do you live in?

--Click Here--

Birkenshaw

Drub

East Bierley

Gomersal

Hartshead Moor

Hartshead Moorside

Hunsworth

Marsh

Moorbottom

Moorside

Oakenshaw

Rawfolds

Scholes

Wyke

Which area of Cleckheaton do you live in?

--Click Here--

Cleckheaton

Drub

Gomersal

Hartshead Moor

Hartshead Moorside

Hunsworth

Marsh

Moorbottom

Moorside

Oakenshaw

Rawfolds

Scholes

Wyke

Which area of Colne Valley do you live in?

--Click Here--

Bolster Moor

Cowlersley

Golcar

Linthwaite

Marsden

Milnsbridge

Nettleton Hill

Outlane

Scammonden

Scapegoat Hill

Slaithwaite

Wellhouse

Which area of Denby Dale do you live in?

--Click Here--

Birds Edge

Clayton West

Crow Edge

Denby Dale

Emley

Emley Moor

Flockton

High Flatts

Lower Cumberworth

Scisset

Skelmanthorpe

Upper Denby

Upper Cumberworth

Which area of Dewsbury do you live in?

--Click Here--

Batley Carr

Briestfield

Chickenley

Crackenedge

Dewsbury - Bywell Road

Dewsbury Moor

Dewsbury Town Centre

Earlsheaton

Eightlands

Eightlands, Springfield, The Flatts

Grange Moor

Hanging Heaton

Ravensthorpe

Savile Town

Scout Hill

Shaw Cross

Staincliffe

Thornhill

Thornhill Edge

Thornhill Lees

Westborough, Boothroyd

Westtown

Whitley

Woodkirk

Which area of Heckmondwike/Liversedge do you live in?

--Click Here--

Hartshead

Heckmondwike

Hightown

Littletown

Liversedge - Headlands

Millbridge

Norristhorpe

Roberttown

Which area of Holmfirth do you live in?

--Click Here--



Brockholes
Cartworth Moor
Dunford
Hade Edge, Cartworth
Helme
Hepworth, Jackson Bridge
Holmbridge
Holme
Holmfirth
Honley
Jackson Bridge
Meltham, Helme
Netherthong
New Mill
Scholes, Totties
Thongsbridge
Upperthong
Wooldale

Which area of Huddersfield do you live in?

--Click Here--



Almondbury
Armitage Bridge
Aspley
Beaumont Park
Berry Brow
Birchenccliffe
Birkby
Brackenhall
Bradley
Bradley Mills
Colne Bridge
Cowcliffe
Cowlersley
Crosland Hill
Crosland Moor
Dalton
Deighton
Edgerton
Emley
Farnley Tyas
Fartown
Fenay Bridge
Ferndale, Brackenhall
Fixby
Gledholt
Hall Bower
Highfields, Greenhead
Houses Hill
Huddersfield Town Centre
Kirkheaton
Lascelles Hall
Lepton
Lindley
Lindley Moor
Lockwood
Longroyd Bridge
Longwood
Lower Denby
Lowerhouses
Marsh
Milnsbridge
Moldgreen
Mount
Netherton
Newsome
Oakes
Outlane
Paddock
Primrose Hill
Quarmby
Rawthorpe
Salendine Nook
Sheepridge
South Crosland
Springwood
Taylor Hill
Thornton Lodge
Upper Heaton

What area of Kirkburton do you live in?

--Click Here--▼

Farnley Tyas
Flockton
Grange Moor
Highburton
Kirkburton
Kirkheaton
Lepton
Shelley
Shepley
Stocksmoor
Thurstonland
Upper Cumberworth

What area of Mirfield do you live in?

--Click Here--▼

Lower Hopton
Mirfield
Upper Hopton

What area of Wakefield do you live in?

--Click Here--▼

Flockton
Grange Moor

How you feel

These questions are about your general health and how you feel. Remember, your answers are anonymous so no one will find out what you put.



How would you rate your physical health now?

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

How would you rate your mental health now?

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

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

		0	1	2	3	4	5	6	7	8	9	10	
Overall, how satisfied are you with your life nowadays?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How happy did you feel yesterday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

		0	1	2	3	4	5	6	7	8	9	10	
How anxious did you feel yesterday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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="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 (<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="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"/>

How often do you feel lonely?

- ☐ Often/always
☐ Some of the time
☐ Occasionally
☐ Hardly ever
☐ Never

How often do you worry about the following things:

	Never	Hardly ever	Sometimes (about once a week)	Often (at least a few times every week)
My physical health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puberty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My gender/gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being subject to racist behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being the victim of a crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My safety at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My safety outside of school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendships/relationships with people at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendships/relationships with people outside of school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Somebody else's wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things that happen online (e.g., on social media or via messaging)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something else [please state in box below]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q30 State what else you worry about:

How do you usually deal with your worries? Please select all that apply

- ☐ I don't have any worries
- ☐ Talk to someone I know about it
- ☐ Chat about it on social media
- ☐ Think about it on my own
- ☐ Seek support online
- ☐ 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
- ☐ Smoke a cigarette
- ☐ Drink alcohol
- ☐ Use drugs
- ☐ Cut or hurt myself
- ☐ Something else [Please state in the box below]
- ☐ Do nothing
- ☐ I'd rather not say

Q32 State how else you deal with your worries:

Overall, how satisfied or dissatisfied are you with your local area (within a 15-20 minute walk from your home) 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

What you do

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.

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

- ☐ Walk
- ☐ Cycle
- ☐ Push/kick scooter
- ☐ Electric scooter
- ☐ Car or van
- ☐ Bus
- ☐ Train
- ☐ Other

In the past week, on how many days have you done a total of 1 hour (60 minutes) or more of physical activity, which was enough to make you breathe harder (or make you sweaty or make your heart beat faster)?
This may include sport, school PE or other exercise, and walking quickly or cycling (for fun or to get to and from places)

--Click Here--▼

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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

	Strongly agree	Agree	Disagree	Strongly disagree	Can't say
I enjoy taking part in exercise and sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident when I exercise and play sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find exercise and sports easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand why exercise and sports are good for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to get involved and improve my skills in lots of different types of exercise and sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
☐ Yes

Who do you look after? Please select all that apply

- ☐ My parent
☐ My brother or sister
☐ Another relative
☐ Someone else

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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...looking after your brother or sister?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...looking after your relative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...looking after this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



1 medium apple



2 broccoli florets



Handful of dried fruit



3 heaped tablespoons of peas



Handful of grapes

On an average day, how likely is it that you will eat 5 or more portions of fruit and vegetables? *Examples of a portion size can be seen in the pictures above.*

- ☐ Extremely likely
☐ Quite likely
☐ Quite unlikely
☐ Extremely unlikely
☐ I'm not sure

How often do you eat fast food or take away meals?

- ☐ Never
- ☐ Less than once a week
- ☐ 1 to 4 times a week
- ☐ 5 or more times a week

Have you ever tried a tobacco cigarette?

- ☐ No
- ☐ Yes
- ☐ I'd rather not say

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

Have you ever tried an e-cigarette/vaping?

- ☐ No
- ☐ Yes
- ☐ I'd rather not say

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

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

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

- ☐ No
- ☐ Yes
- ☐ I'd rather not say

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

Have you ever gambled online?

- ☐ No
- ☐ Yes
- ☐ I'd rather not say

In the last 12 months, have you ever taken part in any of the following activities either online or at a venue?

	Never	A few times a year	Every month	Every week	Most days	Every day
Purchased coins to move up a level during a game or Skin Betting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit machine/Slot machines/other gambling machines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placing a private bet for money (e.g. with friends)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purchased a national lottery scratch card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing cards for money (e.g. poker, black jack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purchased a national lottery lotto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bingo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placed a bet on a sporting event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roulette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other betting or gambling activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever had sexual contact with somebody else (this includes kissing or touching in a sexual way)?

- ☐ No
- ☐ Yes
- ☐ I'd rather not say

What kind of sexual contact have you had? Please select all that apply

- ☐ Sexual intercourse (sometimes called penetrative sex)
- ☐ Other sexual contact (non-penetrative, e.g. kissing, touching)

Do you or your partner use condoms?

- ☐ Yes, every time
- ☐ Yes, sometimes
- ☐ No
- ☐ I'd rather not say

Do you or your partner use other forms of contraception? Please select all that apply

- ☐ No
- ☐ The Pill
- ☐ Implant
- ☐ Injection
- ☐ Withdrawal
- ☐ Coil/Intra-uterine device (IUD)
- ☐ Emergency morning-after pill
- ☐ Another method of protection [please state in the box below]
- ☐ I'd rather not say

Q55 State other methods of protection used:

Where do you prefer to get help or information about sexual health (e.g. safe sex, contraception, sexually transmitted infections)? Please select all that apply

- ☐ Sexual health service
- ☐ School
- ☐ Online
- ☐ Friends
- ☐ Parents
- ☐ Somewhere else [please state in the box below]

Q57 State where else you prefer to get sexual health information:

Your personal safety

These questions are about the things that may be affecting how safe you feel. 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.

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

Do any of these things make the area where you live feel unsafe? Please select all that apply

- ☐ The area where I live feels safe
- ☐ Road traffic
- ☐ The way the local area looks
- ☐ Lack of streetlights after dark
- ☐ Gangs
- ☐ Bullies
- ☐ People who hang about
- ☐ Fighting
- ☐ Crime in general
- ☐ Drug dealing
- ☐ People carrying knives or sharp objects
- ☐ Guns
- ☐ Racial tension (*people from different racial/ethnic backgrounds not getting on with each other*)
- ☐ Extremist views (*such as extreme political or religious opinions that may encourage doing harm to people with different views*)
- ☐ Cat-calling (being whistled at or having sexual or lewd comments shouted at me in passing, e.g. by people on the street or from passing cars)
- ☐ Something else

In the last six months have you been physically hurt or intimidated by someone (for example getting hit, pushed around, or threatened, or having belongings stolen)?

- ☐ No
- ☐ Yes
- ☐ I'd rather not say

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

Where has this happened? Please select all that apply

- ☐ In school
- ☐ Outside of school

Do you feel that this has ever been related to...? Please select all that apply

- ☐ ... your age
- ☐ ... your gender/gender identity
- ☐ ... your appearance
- ☐ ... your sexuality
- ☐ ... your race or ethnicity
- ☐ ... your religion or beliefs
- ☐ ... where you live

In the last six months have your feelings been hurt on purpose by someone (such as being called names, being deliberately left out of group activities, or having nasty stories spread about you)?

- ☐ No
- ☐ Yes
- ☐ I'd rather not say

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

Where has this happened? Please select all that apply

- ☐ Online
- ☐ In school
- ☐ Outside of school

Do you feel that this has ever been related to...? Please select all that apply

- ☐ ... your age
- ☐ ... your gender/gender identity
- ☐ ... your appearance
- ☐ ... your sexuality
- ☐ ... your race or ethnicity
- ☐ ... your religion
- ☐ ... where you live

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)

What you want and need

These questions help us to understand if there are any things that young people don't have that would improve their lives. 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.

Does your family ever worry about having enough money to pay for essential food?

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

Does your family ever worry about having enough money to heat your home?

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

Does your family ever worry about having enough money to buy the clothes or shoes you need?

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

How do you access the internet from your home? Please select all that apply

- ☐ I have broadband internet installed at home (e.g., Sky, Virgin, BT, etc)
- ☐ I use a prepaid router or “dongle”
- ☐ I use my mobile phone data
- ☐ I use my parents'/carers'/family members' mobile phone data
- ☐ I have a router or data agreement provided via school
- ☐ I have the equipment needed (laptop, computer, tablet, or mobile phone) but no internet access at home
- ☐ I have internet access at home but not the equipment needed (laptop, computer, tablet, or mobile phone)
- ☐ I'm not sure

Do you have a special educational need or a learning difficulty?

- ☐ No
- ☐ Yes
- ☐ Not sure

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

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

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
- ☐ Yes, limited a little
- ☐ Yes, limited a lot

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

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

When you grow up, which things, if any, do you think will be most important for you to have a good life? Choose up to 5 things from the list below

- ☐ Having a good education
- ☐ Good friends
- ☐ A good job or career
- ☐ Enough money to buy the things I need
- ☐ Getting on well with my current family
- ☐ Starting my own family
- ☐ A nice home to live in
- ☐ Good mental health
- ☐ Good physical health
- ☐ Being part of a good local community
- ☐ Living in a nice area with things to do
- ☐ Everyone being treated fairly
- ☐ A healthy environment and planet

Thank you very much for completing the survey. Please click on **Submit** to send your responses - you will then be redirected to a page of useful resources.