



YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY

2010

Version A

**Central Survey Unit
McAuley House
2-14 Castle Street
BELFAST
BT1 1SY**

DEMOGRAPHICS

Please put a tick in the box that applies to your answer: e.g. Mother

**A1. Who of the following, if any, do you live with?
(Tick all that apply)**

- | | | |
|-----------------------------|--------------------------|----|
| Mother | <input type="checkbox"/> | 1 |
| Father | <input type="checkbox"/> | 2 |
| Step-mother | <input type="checkbox"/> | 3 |
| Step-father | <input type="checkbox"/> | 4 |
| Mother's boyfriend/partner | <input type="checkbox"/> | 5 |
| Father's girlfriend/partner | <input type="checkbox"/> | 6 |
| Sister(s) | <input type="checkbox"/> | 7 |
| Brother(s) | <input type="checkbox"/> | 8 |
| Step-sister(s) | <input type="checkbox"/> | 9 |
| Step-brother(s) | <input type="checkbox"/> | 10 |
| Half-sister(s) | <input type="checkbox"/> | 11 |
| Half-brother(s) | <input type="checkbox"/> | 12 |
| Grandmother | <input type="checkbox"/> | 13 |
| Grandfather | <input type="checkbox"/> | 14 |
| Foster parents | <input type="checkbox"/> | 15 |
| None of these | <input type="checkbox"/> | 16 |

**A2. To which of the following do you consider yourself to belong to?
(Tick one box only)**

- | | | |
|--------------------------|--------------------------|---|
| The Protestant community | <input type="checkbox"/> | 1 |
| The Catholic community | <input type="checkbox"/> | 2 |
| Neither community | <input type="checkbox"/> | 3 |
| Other | <input type="checkbox"/> | 4 |

**A3. Do all the people who live in your house have the same community background
(e.g. Protestant, Catholic, or some other community)?
(Tick one box only)**

- | | | |
|------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |

**A4. Does your father have a job at the moment?
(Tick one box only)**

- | | | |
|---------------------------------|--------------------------|---|
| Yes, has a job/is self employed | <input type="checkbox"/> | 1 |
| No – not working | <input type="checkbox"/> | 2 |
| No – retired | <input type="checkbox"/> | 3 |
| Do not have a father | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 5 |

**A5. Does your mother have a job at the moment?
(Tick one box only)**

- | | | |
|---------------------------------|--------------------------|---|
| Yes, has a job/is self employed | <input type="checkbox"/> | 1 |
| No – not working | <input type="checkbox"/> | 2 |
| No – retired | <input type="checkbox"/> | 3 |
| Do not have a mother | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 5 |

**A6. To which of these ethnic groups do you consider yourself to belong to?
(Tick one box only)**

- | | | |
|------------------------|--------------------------|----|
| White | <input type="checkbox"/> | 1 |
| Chinese/Hong Kong | <input type="checkbox"/> | 2 |
| Irish Traveller | <input type="checkbox"/> | 3 |
| Indian/Sri Lankan | <input type="checkbox"/> | 4 |
| Pakistani | <input type="checkbox"/> | 5 |
| Bangladeshi | <input type="checkbox"/> | 6 |
| Black – Caribbean | <input type="checkbox"/> | 7 |
| Black – African | <input type="checkbox"/> | 8 |
| Black – Other | <input type="checkbox"/> | 9 |
| Korean | <input type="checkbox"/> | 10 |
| Mixed ethnic group | <input type="checkbox"/> | 11 |
| Any other ethnic group | <input type="checkbox"/> | 12 |
| Don't know | <input type="checkbox"/> | 13 |

**A7. In which country were you born?
(Tick one box only)**

- Northern Ireland 1
England 2
Wales 3
Scotland 4
Republic of Ireland 5
Somewhere else (please say where) 6 _____
Don't know 7

**A8. In which country was your father born?
(Tick one box only)**

- Northern Ireland 1
England 2
Wales 3
Scotland 4
Republic of Ireland 5
Somewhere else (please say where) 6 _____
Don't know 7

**A9. In which country was your mother born?
(Tick one box only)**

- Northern Ireland 1
England 2
Wales 3
Scotland 4
Republic of Ireland 5
Somewhere else (please say where) 6 _____
Don't know 7

**A10. Would you describe the place where you live as...?
(Tick one box only)**

- A big city 1
The suburbs or outskirts of a big city 2
A small city or town 3
A country village 4
A farm or home in the country 5
Don't know 6

A11. Do you have any long-standing illness or disability that has troubled you over a period of time, or is likely to affect you in the future?

Yes 1 → Continue to Question A12

No 2 → Go to Question A13

A12. Does this illness or disability affect your activities in any way?

Yes 1

No 2

A13. In the last 12 months, which, if any, of the following conditions/disorders have you had? (Tick all that apply)

Acne 1

Diabetes 6

Allergies/rashes 2

Migraine 7

Chest infection 3

Eating disorder 8

(e.g. bronchitis)

(e.g. anorexia, bulimia)

Asthma 4

Depression/anxiety 9

Epilepsy 5

Autism (ASD) 10

None of the above 11

SUBJECT CHOICES

Think about each of the following statements and tick one box to show how strongly you agree or disagree with them.

B1. I have a good choice of subjects.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

B2. I am able to study subjects in which I am interested.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

B3. I am able to study subjects which I am good at.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

B4. Which, if any, of the following subjects make you want to learn more about people from other countries? (Tick all that apply)

- | | | |
|---------------------------|--------------------------|---|
| Citizenship (part of LLW) | <input type="checkbox"/> | 1 |
| Geography | <input type="checkbox"/> | 2 |
| History | <input type="checkbox"/> | 3 |
| RE | <input type="checkbox"/> | 4 |
| None of these | <input type="checkbox"/> | 5 |

B5. Which, if any, of the following subjects make you want to learn more about people who have a different religion from you? (Tick all that apply)

- Citizenship (part of LLW) 1
Geography 2
History 3
RE 4
None of these 5

B6. Have you ever heard of the term STEM (Science, Technology, Engineering and Maths)?

- Yes 1 → Continue to Question B7
No 2 → Go to Question B11

B7. Have you ever heard of STEM career choices/pathways?

- Yes 1 → Continue to Question B8
No 2 → Go to Question B10

B8. Where did you hear about STEM career choices/pathways?

- Careers Teacher 1
In individual subjects i.e. LLW Employability/Science/Maths/Technology/Other 2
STEM Events i.e. Sentinus/BT Young Scientist Competition/Career Conventions 3
Other (please say what) _____ 4

B9. Did any of the STEM career choices/pathways influence your choice for GCSE/"A" Level subjects/vocational courses/work experience or career choices?

- Yes 1
No 2
Haven't chosen subjects yet 3

B10. Overall, how would you rate your knowledge of STEM?

- Very good 1
Good 2
Poor 3
Very poor 4

Think about each of the following statements, and tick one box to show how strongly you agree or disagree with them.

B11. I chose subjects with a career area in mind.

- | | | |
|----------------------------|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |

B12. I am content with the advice I got about my subject choices from my careers teachers.

- | | | |
|--|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |
| Did not receive advice from careers teachers | <input type="checkbox"/> | 6 |

B13. I am content with the advice I got about my subject choices from my other teachers.

- | | | |
|--|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |
| Did not receive advice from other teachers | <input type="checkbox"/> | 6 |

B14. I am content with the advice I got about my subject choices from careers advisors (from an outside organisation).

- | | | |
|---|--------------------------|---|
| Strongly agree | <input type="checkbox"/> | 1 |
| Agree | <input type="checkbox"/> | 2 |
| Neither agree nor disagree | <input type="checkbox"/> | 3 |
| Disagree | <input type="checkbox"/> | 4 |
| Strongly disagree | <input type="checkbox"/> | 5 |
| Did not receive advice from external careers advisors | <input type="checkbox"/> | 6 |

B15. Do you ever attend lessons for any of your subjects at places other than your own school?

Yes 1 → Continue to Question B16

No 2 → Go to Question B18

B16. Where else do you attend lessons/courses?

Another school 1

A college 2

A training organisation 3

Other (please say where) _____ 4

B17. Overall, how well does this work out for you?

Very well 1

Quite well 2

Not very well 3

Not at all well 4

B18. Do you have any of your lessons delivered online from another school/college?

Yes 1 → Continue to Question B19

No 2 → Go to Question C1

B19. Overall, how well does this work out for you?

Very well 1

Quite well 2

Not very well 3

Not at all well 4

NEXT STEPS

**C1. Which of the following do you want to do immediately after you finish year 12?
(Tick all that apply)**

- | | | |
|--------------------------------------|--------------------------|---|
| Vocational Qualifications | <input type="checkbox"/> | 1 |
| AS Levels | <input type="checkbox"/> | 2 |
| A-Levels | <input type="checkbox"/> | 3 |
| Not planning to stay on in education | <input type="checkbox"/> | 4 |
| Other | <input type="checkbox"/> | 5 |

C2. The government gives money to pupils who stay in education after 16, depending on their family circumstances. Have you heard about this Education Maintenance Allowance (EMA)?

- | | | |
|---|--------------------------|---|
| Yes, I have heard of it and understand what it means | <input type="checkbox"/> | 1 |
| Yes, I have heard of it but I don't know what it is about | <input type="checkbox"/> | 2 |
| No, I haven't heard of it | <input type="checkbox"/> | 3 |

**C3. If you were eligible to receive an allowance of £60 every two weeks and a cash bonus of £100 every so often would you stay on at school or go to Further Education College?
(Tick one box only)**

- | | | |
|--|--------------------------|---|
| Yes, I would only stay on at school if I received this | <input type="checkbox"/> | 1 |
| I would stay on at school anyway | <input type="checkbox"/> | 2 |
| Yes, I would only go to Further Education College if I received this | <input type="checkbox"/> | 3 |
| I would go to Further Education College anyway | <input type="checkbox"/> | 4 |
| No, I would do none of the above | <input type="checkbox"/> | 5 |
| Don't know | <input type="checkbox"/> | 6 |

Questions C4 to C7 are to be answered by Year 12 pupils only

C4. In year 11, did you receive a copy of a booklet called the Young Citizens Passport?

Yes 1 → Continue to Question C5

No 2 → Go to Question D1

I can't remember 2 → Go to Question D1

C5. Overall, how useful did you find the booklet?

Very useful 1

Some parts are useful to me 2

Not very useful 3

C6. Have you kept the booklet?

Yes 1

No 2

C7. Did any of your teachers use the booklet, Young Citizens Passport, during citizenship lessons?

Yes 1

No 2

I can't remember 3

SOCIAL SUPPORT

D1. I would now like you to think about your family and friends (by family I mean those that live with you, as well as those who live somewhere else).

Here are some comments that people have made about their family and friends. Please say whether or not they are true for you. (Tick one box for each line)

	Yes 1	No 2	Don't know 3
I have family/friends who do things to make me happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who make me feel loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who can be relied on no matter what happens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who would see that I am taken care of if I need to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who accept me just as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who make me feel an important part of their lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have family/friends who give me support and encouragement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. During the last 4 weeks, how good or bad have you felt about the following? (Tick one box for each line)

	Very good 1	Fairly good 2	Neither good nor bad 3	Fairly bad 4	Very bad 5
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to play sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The things you CAN do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your body and your looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you seem to feel most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you get along with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way life seems to be for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to be a friend to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way others seem to feel about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to talk with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL

E1. Think about each of the following statements and tick one box on each line to show how strongly you agree or disagree with them.

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5	No idea/ opinion 6
My school is a good school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying on at school is important if you want to get a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers give me the marks I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn things that will be useful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that I have Maths and English qualifications by the time I leave school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers help me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think I could do well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2. Overall, how do you feel about school at present?

- I like it a lot 1
- I like it a bit 2
- I don't like it very much 3
- I don't like it at all 4

E3. How often do you find that school is boring?

- Every day 1
- Many days 2
- Some days 3
- Occasionally 4
- Never 5

E4. How many days did you skip/scheme/bunk/truant/mitch/skive classes or school this term?

0 days 1

1 day 2

2 days 3

3 days 4

4 or more days 5

E5. Have you ever been expelled or suspended from school?

Yes 1

No 2

E6. If you have problems at school, are your parents/guardians willing to help you?

Always 1

Often 2

Sometimes 3

Rarely 4

Never 5

E7. Which of the following people encourage you to do well at school? (Tick all that apply)

Nobody encourages me 1

The Principal/Headmaster/Headmistress 2

My teachers 3

Other pupils 4

My family 5

Other/Somebody else 6

E8. Which of the following people expect too much of you? (Tick all that apply)

Nobody expects too much of me 1

The Principal/Headmaster/Headmistress 2

My teachers 3

Other pupils 4

My family 5

Other/Somebody else 6

E9. How stressed do you feel by the school work you have to do?

- Not at all 1
A little 2
Some 3
A lot 4

E10. At night, do you have difficulty falling asleep because you are thinking about school?

- Strongly agree 1
Agree 2
Neither agree nor disagree 3
Disagree 4
Strongly disagree 5

E11. Does your school have a school council?

- Yes 1 → Continue to Question E12
No 2 → Go Question E13
Don't know 3 → Go Question E13

E12. Do you think the school council is an effective way for pupils to get their views across?

- Yes 1
No 2
Don't know 3

E13. Have you heard of the United Nations Convention on the rights of the Child (UNCRC)? (This is an agreement made by nearly every country in the world that their Government will make sure children and young people have certain rights.)

- Yes 1 → Continue to Question E14
No 2 → Go to Question E16

E14. Where did you first hear about the United Nations Convention on the rights of the Child? (Tick one box only)

- | | | |
|--------------------|--------------------------|---|
| Friends | <input type="checkbox"/> | 1 |
| School | <input type="checkbox"/> | 2 |
| Internet | <input type="checkbox"/> | 3 |
| Newspaper | <input type="checkbox"/> | 4 |
| Magazine | <input type="checkbox"/> | 5 |
| TV | <input type="checkbox"/> | 6 |
| Youth groups | <input type="checkbox"/> | 7 |
| Library | <input type="checkbox"/> | 8 |
| Other (please say) | <input type="checkbox"/> | 9 |

E15. How do you feel about the United Nations Convention on the rights of the Child? (Tick all that apply)

- | | | |
|---|--------------------------|---|
| It doesn't bother me, it has very little affect on me | <input type="checkbox"/> | 1 |
| It is important, but only to children living in poor countries | <input type="checkbox"/> | 2 |
| It is important to some children in Northern Ireland, but not to me | <input type="checkbox"/> | 3 |
| It is important to my life but I am not sure why | <input type="checkbox"/> | 4 |
| It is important to my life because it gives me the right to things like education, health, respect, support, protection | <input type="checkbox"/> | 5 |
| It is important to my life because it gives me the right to have a say | <input type="checkbox"/> | 6 |
| Don't know | <input type="checkbox"/> | 7 |
| Other | <input type="checkbox"/> | 8 |

E16. Do you feel you have the chance to give your views about issues that affect you?

- | | | | |
|-----|--------------------------|---|----------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question E17 |
| No | <input type="checkbox"/> | 2 | → Go to Question E19 |

E17. Do you think your views are listened to?

- | | | |
|-----------|--------------------------|---|
| Always | <input type="checkbox"/> | 1 |
| Often | <input type="checkbox"/> | 2 |
| Sometimes | <input type="checkbox"/> | 3 |
| Rarely | <input type="checkbox"/> | 4 |
| Never | <input type="checkbox"/> | 5 |

**E18. Who do you give your views to?
(Tick all that apply)**

- | | | |
|---|--------------------------|---|
| Parents/Guardian | <input type="checkbox"/> | 1 |
| Teacher | <input type="checkbox"/> | 2 |
| Doctor or nurse etc. | <input type="checkbox"/> | 3 |
| Government workers (e.g. politicians, civil servants) | <input type="checkbox"/> | 4 |
| Youth worker/youth group/youth club | <input type="checkbox"/> | 5 |
| School council | <input type="checkbox"/> | 6 |
| Adults in charge of organisations that help children and young people | <input type="checkbox"/> | 7 |
| Other | <input type="checkbox"/> | 8 |

E19. Have you heard of the Commissioner for Children and Young people for Northern Ireland (NICCY)?

- Yes 1 → Continue to Question E20
No 2 → Go to Question E21

E20. How do you know about the Commissioner for Children and Young people for Northern Ireland (NICCY)? (Tick one box only)

- | | | |
|-------------------------------|--------------------------|---|
| Friends | <input type="checkbox"/> | 1 |
| School | <input type="checkbox"/> | 2 |
| Internet | <input type="checkbox"/> | 3 |
| Newspaper | <input type="checkbox"/> | 4 |
| Magazine | <input type="checkbox"/> | 5 |
| TV | <input type="checkbox"/> | 6 |
| Youth groups | <input type="checkbox"/> | 7 |
| Library | <input type="checkbox"/> | 8 |
| Other (please say what) _____ | <input type="checkbox"/> | 9 |

E21. Have you received education in school on the culture and traditions of people from a Catholic community background?

- Yes 1 → Continue to Question E22
No 2 → Go to Question E24

E22. Would you say you know more about the Catholic culture and traditions as a result?

Yes, I know a lot more 1

Yes, I know a little more 2

No 3

E23. Does this knowledge encourage you to respect the Catholic culture and traditions?

Yes 1

No 2

Don't know 3

E24. Have you received education in school on the culture and traditions of people from a Protestant community background?

Yes 1 → Continue to Question E25

No 2 → Go to Question E27

E25. Would you say you know more about the Protestant culture and traditions as a result?

Yes, I know a lot more 1

Yes, I know a little more 2

No 3

E26. Does this knowledge encourage you to respect the Protestant culture and traditions?

Yes 1

No 2

Don't know 3

E27. Have you received education in school on the culture and traditions of people of different race or colour?

Yes 1 → Continue to Question E28

No 2 → Go to Question E30

E28. Would you say you know more about the cultures and traditions of people of different race or colour as a result?

Yes, I know a lot more 1

Yes, I know a little more 2

No 3

E29. Does this knowledge encourage you to respect the culture and traditions of people of different race or colour?

Yes 1

No 2

Don't know 3

E30. Would you feel comfortable being friends with someone of different race or colour?

Yes 1

No 2

Don't know 3

E31. Have you received education in school on religions other than Christianity? (eg: Islam, Buddhism etc.)

Yes 1 → Continue to Question E32

No 2 → Go to Question E34

E32. Would you say you know more about religions other than Christianity as a result?

Yes, I know a lot more 1

Yes, I know a little more 2

No 3

E33. Does this knowledge encourage you to respect other religions?

Yes 1

No 2

Don't know 3

E34. How often do you participate in voluntary or community work (e.g. charity fundraising)?

More than once a week 1

Weekly 2

Monthly 3

A few times a year 4

Rarely 5

Never 6

NUTRITION

**F1. How often do you eat or drink any of the following?
(Tick one box for each line)**

	More than once a day 1	Once a day 2	Most days 3	Once or twice a week 4	Less often or never 5
Sweets, chocolate bars or biscuits (including wrapped chocolate biscuits like Twix or KitKat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buns, cakes or pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fizzy drinks or squashes that contain sugar (e.g. Coca Cola, Ribena, Club Orange)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet drinks (e.g. Diet Coke, Sprite Zero)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chips or other fried potatoes (e.g. roast potatoes wedges, waffles, shapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiled or baked potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fried foods like sausages, eggs, bacon, fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat products (e.g. sausage rolls, burgers, hot-dogs, pies, chicken nuggets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat and meat dishes (e.g. bolognese, curry, roast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish not fried (e.g. tinned tuna, salmon, baked fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F1. (continued) How often do you eat or drink any of the following?
(Tick one box for each line)**

	More than once a day 1	Once a day 2	Most days 3	Once or twice a week 4	Less often or never 5
Beans and pulses (e.g. baked beans, kidney beans, lentils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fruit (including fresh, tinned, dried, pure fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vegetables and salads (not including potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rice or pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drink milk or have milk on cereals, eat cheese or yoghurt or have milk puddings (e.g. rice, custard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day?

0 1

1 2

2 3

3 4

4 5

5 6

More than 5 7

F3. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy?

- 0 1
- 1 2
- 2 3
- 3 4
- 4 5
- 5 6
- More than 5 7
- Don't know 8

F4. How often do you usually eat breakfast on school days?

- Never eat breakfast on school days 1
- Have breakfast on most school days 2
- Have breakfast every school day 3

F5. How often do you usually eat breakfast at weekends?

- Do not usually have breakfast at weekends 1
- Usually have breakfast at weekends 2

**F6. What do you usually do for lunch at school?
(Tick one box only)**

- Eat a school dinner 1 → Go to Question F8
- Buy a snack in the school cafeteria 2 → Go to Question F8
- Eat a packed lunch 3 → Continue to Question F7
- Buy lunch outside school 4 → Continue to Question F7
- Go home for lunch 5 → Continue to Question F7
- Skip lunch/don't have lunch 6 → Continue to Question F7
- Do something else 7 → Continue to Question F7

**F7. If you don't usually eat a school dinner/snack why not?
(Tick all that apply)**

- Don't like school dinners/snacks 1
- Too expensive 2
- Because of the queue 3
- I don't like the dining hall 4
- Not enough time, because of other school activities 5
- Other reason 6

**F8. What do you think is the main reason some children do not take a free school meal when they are allowed to take one?
(Tick one box only)**

- They are too embarrassed 1
- They are afraid of being bullied/teased 2
- They don't like the quality/choice of food available 3
- They don't like using the canteen 4
- The canteen is too crowded 5
- They don't like queuing 6
- They bring a packed lunch 7
- Don't know 8
- Other reason 9

F9. Do you think there is usually a good choice of food available in school?

- Yes, all the time 1
- Yes, if you come early 2
- Yes, sometimes 3
- No, never 4
- Don't know 5

F10. Is there always a food option available in school which you consider to be healthy?

- Yes 1
- No 2
- Don't know 3

F11. Would you like to see more healthy foods available in school?

- Yes 1
No, I am not interested in healthy food 2
No, there is sufficient already 3
Don't know 4

F12. Have you been taught about healthy eating at school (not including Primary School)?

- Yes 1 → Continue to Question F13
No 2 → Go to Question F15

**F13. In which subject(s) were you taught about healthy eating?
(Tick all that apply)**

- Biology 1
Home Economics 2
Physical Education 3
Health and Social Care 4
PSHE/Personal Development/Learning for Life and Work 5
Science 6
Other 7

F14. Did this help you to make sensible choices?

- Yes 1
No 2
Don't know 3
Would have made sensible choices anyway 4

F15. Are you on a diet to lose weight?

- No, because my weight is fine 1
No, but I do need to lose weight 2
Yes 3

F16. Do you think your body size is...

- Much too thin 1
- A bit too thin 2
- About the right size 3
- A bit too fat 4
- Much too fat 5
- I don't think about it 6

SPORT AND PHYSICAL ACTIVITY

Please read the following before answering the questions on sport and physical activity:

Sport or physical activity is not just exercise but any activity that makes your heart beat faster and makes you get out of breath and sweaty some of the time.

Physical activity can be done in sports, school activities, playing with friends or walking to school. It can include activities such as walking quickly, dancing, cycling, skateboarding, rollerblading, trampolining, football, gymnastics, athletics.

G1. Do you enjoy doing sport or physical activity?

- Yes, a lot 1
- Yes, a little 2
- No, not very much 3
- No, not at all 4

G2. In the last 12 months, which, if any, of the following sports or physical activities have you done? (Tick all that apply)

Active games (e.g. chase, skipping, rounders etc.)	<input type="checkbox"/> 1
Angling/fishing	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Canoeing/Kayaking	<input type="checkbox"/> 5
Cricket	<input type="checkbox"/> 6
Cycling	<input type="checkbox"/> 7
Dancing (e.g. Disco, ballet, tap etc.)	<input type="checkbox"/> 8
Darts	<input type="checkbox"/> 9
Football	<input type="checkbox"/> 10
Gaelic Football	<input type="checkbox"/> 11
Golf, pitch and putt, putting	<input type="checkbox"/> 12
Gymnastics	<input type="checkbox"/> 13
Hockey	<input type="checkbox"/> 14
Horse riding	<input type="checkbox"/> 15
Hurling/ Camogie	<input type="checkbox"/> 16

Ice skating	<input type="checkbox"/> 17
Indoor bowls	<input type="checkbox"/> 18
Jogging	<input type="checkbox"/> 19
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 20
Martial Arts	<input type="checkbox"/> 21
Motor sports	<input type="checkbox"/> 22
Rugby union or league	<input type="checkbox"/> 23
Shooting	<input type="checkbox"/> 24
Skateboarding/Rollerblading	<input type="checkbox"/> 25
Skiing	<input type="checkbox"/> 26
Snooker, pool, billiards	<input type="checkbox"/> 27
Swimming or diving	<input type="checkbox"/> 28
Table tennis	<input type="checkbox"/> 29
Tennis/Badminton/Squash	<input type="checkbox"/> 30
Tenpin bowling	<input type="checkbox"/> 31
Trampolining	<input type="checkbox"/> 32
Walking for Exercise/Hill walking	<input type="checkbox"/> 33
Weight training/lifting/body building	<input type="checkbox"/> 34
Windsurfing/boardsailing	<input type="checkbox"/> 35
Yachting or dinghy sailing	<input type="checkbox"/> 36
Any Other Sports or Physical Activities	<input type="checkbox"/> 37
None of these	<input type="checkbox"/> 38 → Go to G5

G3. In the last 7 days, which, if any, of the following sports or physical activities have you done? (Tick all that apply)

Active games (e.g. chase, skipping, rounders etc.)	<input type="checkbox"/> 1
Angling/fishing	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Canoeing/Kayaking	<input type="checkbox"/> 5
Cricket	<input type="checkbox"/> 6
Cycling	<input type="checkbox"/> 7
Dancing (e.g. Disco, ballet, tap etc.)	<input type="checkbox"/> 8
Darts	<input type="checkbox"/> 9
Football	<input type="checkbox"/> 10
Gaelic Football	<input type="checkbox"/> 11
Golf, pitch and putt, putting	<input type="checkbox"/> 12
Gymnastics	<input type="checkbox"/> 13
Hockey	<input type="checkbox"/> 14
Horse riding	<input type="checkbox"/> 15
Hurling/ Camogie	<input type="checkbox"/> 16
Ice skating	<input type="checkbox"/> 17
Indoor bowls	<input type="checkbox"/> 18
Jogging	<input type="checkbox"/> 19
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 20
Martial Arts	<input type="checkbox"/> 21
Motor sports	<input type="checkbox"/> 22
Rugby union or league	<input type="checkbox"/> 23
Shooting	<input type="checkbox"/> 24
Skateboarding/Rollerblading	<input type="checkbox"/> 25
Skiing	<input type="checkbox"/> 26
Snooker, pool, billiards	<input type="checkbox"/> 27

Swimming or diving	<input type="checkbox"/> 28
Table tennis	<input type="checkbox"/> 29
Tennis/Badminton/Squash	<input type="checkbox"/> 30
Tenpin bowling	<input type="checkbox"/> 31
Trampolining	<input type="checkbox"/> 32
Walking for Exercise/Hill walking	<input type="checkbox"/> 33
Weight training/lifting/body building	<input type="checkbox"/> 34
Windsurfing/boardsailing	<input type="checkbox"/> 35
Yachting or dinghy sailing	<input type="checkbox"/> 36
Any Other Sports or Physical Activities	<input type="checkbox"/> 37
None of these	<input type="checkbox"/> 38 → Go to G5

**G4. What benefits have you experienced as a result of your participation in Sports & Physical Activity over the past 12 months?
(Tick all that apply)**

- Learned new skills/ developed existing skills 1
- Developed leadership skills 2
- Developed skills as a team player 3
- Improved health 4
- Helped me gain a qualification 5
- Enabled me to communicate with family/ friends 6
- Developed my confidence 7
- Opportunities to make friends 8
- Keep Fit 9
- Lose Weight 10
- Have Fun 11
- I achieved something 12

G5. In the last 7 days, have you played any sport, done any exercise, or played actively that made you out of breath or hot and sweaty?

- Yes 1 → Continue to Question G6
- No 2 → Go to Question G8

G6. Over the last 7 days, on how many days have you played any sport, done any physical activity, or played actively that made you out of breath or hot and sweaty for a total of at least 60 minutes each day?

No days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

1 2 3 4 5 6 7 8

G7. Over the last 7 days, how many hours in total did you exercise so much that you got out of breath or hot and sweaty?

More than 7 hours 1
About 7 hours 2
About 6 hours 3
About 5 hours 4
About 4 hours 5
About 3 hours 6
About 2 hours 7
About 1 hour 8
About ½ hour 9
None 10

G8. How many minutes do you think you SHOULD spend each day playing sport, doing physical activity or playing actively to make you out of breath or hot or sweaty in order to be healthy?

15 mins 1
30 mins 2
60 mins 3
90 mins 4
More than 90 mins 5
Don't know 6

G9. Thinking about ORGANISED PE or GAMES or PLAYING FOR A SCHOOL TEAM... How long do you spend doing these organised activities each week? (Do not include any time taken to get to the gym/sports hall/playing fields/time spent changing)

More than 3 hours 1
About 3 hours 2
About 2 hours 3
About 1 hour 4
About ½ hour 5
0 hours 6

G10. Are you a member of a school club or team that involves you taking part in sport or physical activity?

Yes 1

No 2

G11. Are you a member of any other clubs or teams not connected with your school that involves you taking part in sport or physical activity?

Yes 1

No 2

**G12. Which, if any, of the following things put you off taking part in sport or physical activity?
(Tick all that apply)**

I get short of breath 1

I don't like the sports offered at school 2

I'm not fit/ I get tired easily 3

I'm not good at sport or physical activity 4

I'm not interested in sport or physical activity 5

I'm overweight 6

I don't have enough time/ I would rather do other things with my time 7

It is difficult for me to get to places where I can do sport or physical activities 8

The weather is bad 9

I'm afraid of getting hurt or injured 10

Taking part is expensive 11

I find it embarrassing to exercise in front of others 12

I find sport boring 13

I have a medical condition/disability that restricts me taking part in sport 14

I find it embarrassing to change in front of others 15

Because I have too much homework 16

I don't like the PE uniform 17

None of these 18

Something else 19

G13. In the last 12 months, how often, if at all, have you received any tuition or coaching from an instructor or coach (other than your PE/games teacher during normal PE/games lessons) to help improve your performance in any sport or physical activity?

- At least once a week 1
- At least once a month 2
- Once every 2-3 months 3
- Once or twice in the last 12 months 4
- Not at all in the last 12 months 5

G14. What would encourage you to take part in sport and recreational physical activity more often than you do at the moment? (Tick all that apply)

- Facilities nearer to my home/school 1
- Cheaper admission prices 2
- People to accompany me 3
- Better quality facilities 4
- More suitable opening hours 5
- If I had more free time 6
- Transport more easily available 7
- Support for my specific needs 8
- Greater variety of sports offered 9
- More coaching offered 10

G15. Thinking of PE and games lessons at school, how often do you get to play the sports which you like?

- Always 1
- Usually 2
- Sometimes 3
- Not very often 4
- Never 5

G16. In the last 12 months, how often, if at all, have you gone to a live sports event, as a spectator?

- At least once a week 1
- At least once a month 2
- Once every 2-3 months 3
- Once or twice in the last 12 months 4
- Not at all in the last 12 months 5

G17. Which of the following statements most applies to you? (Tick one box only)

- I am very active and eat healthily. 1
- I am very active but don't eat healthily. 2
- I am not very active but eat healthily. 3
- I am not very active and don't eat healthily. 4

**G18. In the last week how many hours did you spend...
(Tick one box for each line)**

	None 1	Less than 10 hours 2	10-20 hours 3	More than 20 hours 4
Watching TV, videos, DVDs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing computer or console games (e.g. Playstation, Gamecube, Xbox, Wii, DS, DSi, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing school homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLAY AND LEISURE

The following questions are about your experience of play and leisure. When you are thinking about what is meant by play and leisure, think about the things you do in your free time and the places you go e.g. parks, play areas.

H1. Thinking about the play and leisure facilities in your area, would you say they are?

- | | | |
|-----------------------|--------------------------|---|
| Very good | <input type="checkbox"/> | 1 |
| Fairly good | <input type="checkbox"/> | 2 |
| Neither good nor poor | <input type="checkbox"/> | 3 |
| Fairly poor | <input type="checkbox"/> | 4 |
| Very poor | <input type="checkbox"/> | 5 |
| Don't know | <input type="checkbox"/> | 6 |

H2. Thinking about your experience of play and leisure, would you like more opportunities to take part in challenging and stimulating activities?

- | | | |
|---|--------------------------|---|
| Yes, I would like more opportunities | <input type="checkbox"/> | 1 |
| No, I have enough opportunities | <input type="checkbox"/> | 2 |
| No, I don't wish to take part in challenging and stimulating activities | <input type="checkbox"/> | 3 |
| Don't know | <input type="checkbox"/> | 4 |

H3. Do you know what play and leisure opportunities are available in your local area?

- | | | |
|----------------------------|--------------------------|---|
| Yes, I know a lot | <input type="checkbox"/> | 1 |
| Yes, I know a little | <input type="checkbox"/> | 2 |
| No, I know hardly anything | <input type="checkbox"/> | 3 |
| No, I know nothing at all | <input type="checkbox"/> | 4 |

H4. Which, if any, of the following reasons stop you from accessing play and leisure facilities in your local area? (Tick all that apply)

- Not enough time 1
- I don't have any friends to go to them with 2
- Difficulty in getting there/lack of transport 3
- Concerned about safety 4
- Cost of activities 5
- Cost of transport to activities 6
- No adults to look after me 7
- There aren't enough facilities close to where I live 8
- The facilities available are not suitable for me 9 (please say why)_____
- Some other reason 10 (please say what)_____
- Nothing stops me 11

H5. Thinking about where you live, are there areas where you can meet up with your friends that are safe and welcoming for people of your age?

- Yes, there are a lot 1
- Yes, there are a few 2
- No, there are none 3
- Don't know 4

H6. How much do you agree or disagree with the following statements? (Tick one box for each line)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
	1	2	3	4	5	6
Public spaces (e.g. shopping centres, sports centres, hospitals etc) create a welcoming environment for young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/guardian realise that it is good for me to have leisure time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough time during breaks at school to eat my lunch/snacks and spend time with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my experience of play and leisure, I feel sufficiently challenged and stimulated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H7. Do you use social media networks e.g. Bebo, Facebook, You Tube, on the internet?

Yes 1

No 2

H8. If yes, please indicate which network/s you use in order of preference (1 for most preferred, 2 for next preferred and so on)

Bebo 1

Facebook 2

Twitter 3

MySpace 4

YouTube 5

Other 6 (please say what)_____

H9. How do you feel the media (TV/Radio/Newspapers) represents young people?

Always in a fair way 1

Often in a fair way 2

Sometimes in a fair way 3

Rarely in a fair way 4

Never in a fair way 5

Don't know 6

H10. Does the way that young people are represented in the media bother you?

Always 1

Often 2

Sometimes 3

Rarely 4

Never 5

Don't know 6

LIBRARIES

**I1. How often do you go to a Public Library? (this does NOT include school libraries)
(Tick one box only)**

- | | | | |
|----------------------------|--------------------------|---|---------------------------|
| Several times a week | <input type="checkbox"/> | 1 | → Continue to Question I2 |
| Once a week | <input type="checkbox"/> | 2 | → Continue to Question I2 |
| Once every 2-3 weeks | <input type="checkbox"/> | 3 | → Continue to Question I2 |
| Monthly | <input type="checkbox"/> | 4 | → Continue to Question I2 |
| Once every 2-3 months | <input type="checkbox"/> | 5 | → Continue to Question I2 |
| Once every 4-6 months | <input type="checkbox"/> | 6 | → Continue to Question I2 |
| Once in the last 12 months | <input type="checkbox"/> | 7 | → Continue to Question I2 |
| Less frequently | <input type="checkbox"/> | 8 | → Continue to Question I2 |
| Never | <input type="checkbox"/> | 9 | → Go to Question I5 |

**I2. Why do you go to a Public Library? (this does NOT include school libraries)
(Tick all that apply)**

- | | | |
|--|--------------------------|----|
| To borrow/ return/ renew books | <input type="checkbox"/> | 1 |
| To borrow/ return/ renew other material such as DVDs, CDs, Videos, CD-ROMS | <input type="checkbox"/> | 2 |
| To look up information | <input type="checkbox"/> | 3 |
| To study/ do homework | <input type="checkbox"/> | 4 |
| To browse/ read books/ newspapers | <input type="checkbox"/> | 5 |
| To use the computer for accessing information via the Internet | <input type="checkbox"/> | 6 |
| To use the computers for communication via Internet/e-mail | <input type="checkbox"/> | 7 |
| To use the computers for making online purchases | <input type="checkbox"/> | 8 |
| To use the computers for IT classes | <input type="checkbox"/> | 9 |
| To attend an event/ exhibition | <input type="checkbox"/> | 10 |
| To use photocopier/ fax | <input type="checkbox"/> | 11 |
| To use other facilities (e.g. café, toilet, shop etc.) | <input type="checkbox"/> | 12 |
| Other reason | <input type="checkbox"/> | 13 |

**I3. How did you benefit from going to a public library?
(Tick all that apply)**

- Made me feel more positive 1
- Learned new skills/ developed existing skills 2
- Improved my knowledge 3
- Helped with studies for school/homework 4
- Improved health 5
- I was able to communicate better with family/ friends 6
- Developed my confidence 7
- Saved money by making purchases online 8
- Opportunities to interact with others 9
- I benefitted in some other way 10
- I didn't feel there were any benefits 11

**I4. Thinking about the last time you visited or used a Public Library, how much did you enjoy it? (this does NOT include school libraries)
(Tick one box only)**

- A lot 1
- A little 2
- Not very much 3
- Not at all 4

**15. What would encourage you to visit or use a Public Library more often? (this does NOT include school libraries)
(Tick all that apply)**

- | | | |
|---|--------------------------|----|
| Better selection of books | <input type="checkbox"/> | 1 |
| Longer opening hours | <input type="checkbox"/> | 2 |
| Better facilities for people with disabilities | <input type="checkbox"/> | 3 |
| Better selection of DVDs/ CDs/CD-ROMs/ Videos | <input type="checkbox"/> | 4 |
| Better selection of magazines | <input type="checkbox"/> | 5 |
| If I had more free time | <input type="checkbox"/> | 6 |
| More activities for people in my age group | <input type="checkbox"/> | 7 |
| If there was a separate area for people in my age group | <input type="checkbox"/> | 8 |
| Better public transport links/ access to transport | <input type="checkbox"/> | 9 |
| Better computer/ Internet facilities | <input type="checkbox"/> | 10 |
| If there were fewer people there | <input type="checkbox"/> | 12 |
| Better facilities such as toilets, shops, parking | <input type="checkbox"/> | 13 |
| Safer neighbourhood/better location | <input type="checkbox"/> | 14 |
| More welcoming staff | <input type="checkbox"/> | 15 |
| Fines were less expensive | <input type="checkbox"/> | 16 |
| Nothing | <input type="checkbox"/> | 17 |
| Other reason | <input type="checkbox"/> | 18 |

MUSEUMS

Please read the following before answering the questions on museums:

The following questions are about your experiences of museums in Northern Ireland. When you are thinking about what is meant by a museum, please also INCLUDE the W5 at the Odyssey Centre in Belfast and the Ulster American Folk Park in Omagh.

J1. Which, if any, of the following places have you visited in the last 12 months? (Tick all that apply)

- | | |
|--|--|
| Ulster Museum in Belfast | <input type="checkbox"/> 1 |
| Ulster Folk & Transport Museum in Cultra | <input type="checkbox"/> 2 |
| Ulster American Folk Park in Omagh | <input type="checkbox"/> 3 |
| W5 at Odyssey Centre in Belfast | <input type="checkbox"/> 4 |
| Armagh Planetarium | <input type="checkbox"/> 5 |
| Armagh County Museum | <input type="checkbox"/> 6 |
| Other museum(s) in Northern Ireland | <input type="checkbox"/> 7 |
| None | <input type="checkbox"/> 8 → Go to Question J3 |

J2. Thinking about the last time you visited a museum in Northern Ireland, how much did you enjoy it?

- | | |
|---------------|----------------------------|
| A lot | <input type="checkbox"/> 1 |
| A little | <input type="checkbox"/> 2 |
| Not very much | <input type="checkbox"/> 3 |
| Not at all | <input type="checkbox"/> 4 |

J3. How do you think you could benefit from visiting a museum? (Tick all that apply)

- | | |
|--|----------------------------|
| Good way of learning | <input type="checkbox"/> 1 |
| Learn more about a specific subject area | <input type="checkbox"/> 2 |
| Compliment my studies for school | <input type="checkbox"/> 3 |
| Broaden my views | <input type="checkbox"/> 4 |
| Become more confident | <input type="checkbox"/> 5 |
| Opportunities to interact with others | <input type="checkbox"/> 6 |
| Have fun | <input type="checkbox"/> 7 |
| Good for a family day out | <input type="checkbox"/> 8 |
| Good for a school trip | <input type="checkbox"/> 7 |

J4. Which, if any, of the reasons listed below would put you off going to a museum in Northern Ireland? (Tick all that apply)

- It is difficult to find the time 1
- It costs too much 2
- Not really interested 3
- I wouldn't enjoy it 4
- I might feel uncomfortable or out of place 5
- Not having enough information about what is on 6
- Difficulty in getting there/lack of transport 7
- Not enough activities, especially for people in my age group 8
- I don't have anyone to go with 9
- Museums are for educated people 10
- Museums are only for younger children 11
- Nothing would put me off 12
- Other reason 13

ARTS

K1. Which, if any, of the following 'Arts' activities have you DONE or TAKEN PART in the last 12 months? (Tick all that apply)

- | | |
|--|-----------------------------|
| Dancing of any kind – not for fitness | <input type="checkbox"/> 1 |
| Sang (not karaoke) or played a musical instrument to an audience, including rehearsal for a performance | <input type="checkbox"/> 2 |
| Played a musical instrument for your own pleasure | <input type="checkbox"/> 3 |
| Written music in your free time | <input type="checkbox"/> 4 |
| Written any stories or poetry in your free time (not including school work or homework) | <input type="checkbox"/> 5 |
| Performed in or rehearsed for a play/drama/pantomime/musical/opera | <input type="checkbox"/> 6 |
| Painting, drawing, sculpture or printmaking in your free time (not including school work or homework) | <input type="checkbox"/> 7 |
| Photography or made films/videos as an artistic activity (not including family or holiday photos, films or videos) | <input type="checkbox"/> 8 |
| Any sort of crafts such as textiles, wood, pottery or jewellery making | <input type="checkbox"/> 9 |
| Read for pleasure (not including school books, newspapers, magazines or comics) | <input type="checkbox"/> 10 |
| Helped with organising or running of a musical/festival/pantomime or show of any kind | <input type="checkbox"/> 11 |
| Used a computer to create original artworks or animation | <input type="checkbox"/> 12 |
| None of the above | <input type="checkbox"/> 13 |

K2. Which, if any, of the following 'Arts' events have you BEEN TO in the last 12 months? (Tick all that apply)

- | | | |
|--|--------------------------|---------------|
| Film at a cinema or other venue | <input type="checkbox"/> | 1 |
| Circus or carnival | <input type="checkbox"/> | 2 |
| Pantomime or musical | <input type="checkbox"/> | 3 |
| An Arts festival or Community festival | <input type="checkbox"/> | 4 |
| Play or drama at a theatre or other venue | <input type="checkbox"/> | 5 |
| Opera | <input type="checkbox"/> | 6 |
| Rock or pop music performance | <input type="checkbox"/> | 7 |
| Traditional or folk music performance | <input type="checkbox"/> | 8 |
| Classical or jazz music performance | <input type="checkbox"/> | 9 |
| Other live music performance or concert | <input type="checkbox"/> | 10 |
| Ballet | <input type="checkbox"/> | 11 |
| Irish dancing performance | <input type="checkbox"/> | 12 |
| Any other live dance event | <input type="checkbox"/> | 13 |
| Poetry reading or storytelling/anything to do with books/writing | <input type="checkbox"/> | 14 |
| Any type of event including art/photography/sculpture/video/
electronic arts/crafts | <input type="checkbox"/> | 15 |
| Street art (such as art in parks, busking) | <input type="checkbox"/> | 16 |
| Museum | <input type="checkbox"/> | 17 |
| None of the above | <input type="checkbox"/> | 18 → Go to K5 |

K3. You mentioned that you had taken part in or been to an arts event. How did you benefit from this? (Tick all that apply)

- Positive impact on my well-being 1
- Learned new skills/ developed existing skills 2
- Improved my knowledge 3
- Helped me think about a future career 4
- Helped with studies for school 5
- Improved health 6
- I was able to communicate better with family/ friends 7
- Felt more confident 8
- I made new friends 9
- I had fun 10
- I was able to express myself in a new way 11
- I enjoyed being creative 12
- I didn't feel any benefits 13

K4. Thinking about the last 'Arts' event you went to, how much did you enjoy it? (Tick one box only)

- A lot 1
- A little 2
- Not very much 3
- Not at all 4

K5. Which, if any, of the reasons listed below would put you off going to the types of 'Arts' events or activities mentioned earlier? (Tick all that apply)

- It is difficult to find the time 1
- They cost too much 2
- I'm not really interested 3
- I don't have anyone to go to them with 4
- I wouldn't enjoy them 5
- I might feel uncomfortable or out of place 6
- I don't have enough information about what is on 7
- There aren't enough facilities or events close to where I live 8
- My health isn't good enough 9
- Nothing would put me off 10
- Religious reasons 11
- Lack of transport 12
- There is nothing on that I would like 13
- Other reason 14

K6. How do you usually find out about arts events? (Tick all that apply)

- Websites 1
- Television 2
- Radio 3
- Newspapers/magazines 4
- Word of mouth 5
- Flyers/brochures 6
- Poster/billboard 7
- Other 8

K7. In the last 12 months, how often, if at all, have you received any tuition from an instructor (other than your teacher during normal lessons) to help improve your performance in any art activity?

- At least once a week 1
- At least once a month 2
- Once every 2-3 months 3
- Once or twice in the last 12 months 4
- Not at all in the last 12 months 5

**K8. Would you be interested in a career in any of the following areas?
(Tick all that apply)**

- Advertising 1
- Architecture 2
- Art and antiques 3
- Computer games 4
- Crafts 5
- Design 6
- Designer fashion 7
- Video 8
- Film & photography 9
- Music 10
- Visual and performing arts 11
- Publishing 12
- Radio and TV 13
- Software 14

**K9. Have you had an opportunity to study any of these areas at school?
(Tick all that apply)**

- Advertising 1
- Architecture 2
- Art and antiques 3
- Computer games 4
- Crafts 5
- Design 6
- Designer fashion 7
- Video 8
- Film & photography 9
- Music 10
- Visual and performing arts 11
- Publishing 12
- Radio and TV 13
- Software 14

TRAVELLING TO SCHOOL

L1. How far is it from home to school? (Tick one box only)

- Less than 0.8 km (a walk of around 10 minutes or less) 1
- At least 0.8 km but less than 1.6 km (a walk of around 11 to 20 minutes) 2
- At least 1.6 km but less than 2.4 km (a walk of around 21 to 30 minutes) 3
- At least 2.4 km but less than 3 km (a walk of around 31 to 40 minutes) 4
- 3 km or more (a walk of over 40 minutes) 5

L2. How do you usually travel most of the way TO school? (Tick one box only)

- Walk 1
- Bicycle 2
- Bus 3
- Train 4
- Taxi 5
- Car 6
- Other 7

**L3. How would you LIKE to travel most of the way TO school?
(Tick one box only)**

- Walk 1
- Bicycle 2
- Bus 3
- Train 4
- Taxi 5
- Car 6
- Other 7

**L4. How do you usually travel most of the way home FROM school?
(Tick one box only)**

- Walk 1
- Bicycle 2
- Bus 3
- Train 4
- Taxi 5
- Car 6
- Other 7

**L5. How would you LIKE to travel most of the way home FROM school?
(Tick one box only)**

- Walk 1
Bicycle 2
Bus 3
Train 4
Taxi 5
Car 6
Other 7

L6. If you travel by car TO or FROM school, do any other pupils travel in the car with you? (Tick all that apply)

- Yes, my brother(s)/ sister(s) 1
Yes, my friend(s)/ other pupil(s) 2
No 3
I don't travel to or from school by car 4

L7. Do you qualify for free school transport (eg: free school bus/train pass)?

- Yes 1 → Continue to Question L8
No 2 → Go to Question L9

L8. How often do you use free school transport TO or FROM school?

- Everyday 1
A few times a week 2
Once a week 3
Once a fortnight 4
Once a month 5
Less than once a month 6

L9. What do you like about walking TO or FROM school? If you don't walk to school at the moment, what would you like about walking TO or FROM school? (Tick up to 3 boxes)

- | | | |
|--|--------------------------|----|
| I can travel without an adult | <input type="checkbox"/> | 1 |
| I can choose my own route | <input type="checkbox"/> | 2 |
| It helps me to arrive on time | <input type="checkbox"/> | 3 |
| I can do things on my way to school | <input type="checkbox"/> | 4 |
| I can do things after school | <input type="checkbox"/> | 5 |
| I can talk with my friends | <input type="checkbox"/> | 6 |
| It saves money | <input type="checkbox"/> | 7 |
| It is enjoyable | <input type="checkbox"/> | 8 |
| It makes me feel healthier | <input type="checkbox"/> | 9 |
| It is better for the environment | <input type="checkbox"/> | 10 |
| Something else – please say what _____ | <input type="checkbox"/> | 11 |

L10. Can I just check do you ever take the bus TO or FROM school?

Yes 1 → Continue to Question L11

No 2 → Go to Question L18

L11. Do you usually find travelling TO or FROM school by bus a pleasant experience?

Yes 1

No 2

L12. Are you usually comfortable while you are travelling TO or FROM school by bus?

Yes 1

No 2

L13. Do you usually feel safe while travelling TO or FROM school by bus?

Yes 1 → Go to Question L15

No 2 → Continue to Question L14

**L14. Which of the following makes you feel unsafe while travelling by bus?
(Tick all that apply)**

- Overcrowding 1
- Lack of seatbelts 2
- Having to stand 3
- Having to sit 3 to a seat 4
- Passenger behaviour (e.g. bullying, rowdiness etc) 5
- Bus driver behaviour (e.g. driving too fast, careless etc.) 6
- Something else 7

L15. Do you ever feel your safety is at risk just before getting on or just after getting off the bus?

- Yes 1 → Continue to Question L16
- No 2 → Go to Question L17

L16. Which of the following makes you feel your safety is at risk just before getting on or just after getting off the bus? (Tick all that apply)

- Could get run over by the bus 1
- Could get run over by a car, lorry etc. coming after the bus 2
- Could get run over by a car, lorry etc. coming on the other side of the road from the bus 3
- Could get pushed onto the road by other children 4
- Something else – please say what _____ 5

L17. Are you satisfied or dissatisfied with the public transport (e.g. bus, train etc.) you use to get TO or FROM school?

- Satisfied 1
- Neither satisfied nor dissatisfied 2
- Dissatisfied 3
- Don't use public transport to or from school 4

L18. Are you satisfied or dissatisfied with the public transport (e.g. bus, train etc.) you use on journeys OTHER than to or from school?

- Satisfied 1
- Neither satisfied nor dissatisfied 2
- Dissatisfied 3
- Don't use public transport for other journeys 4

ROAD SAFETY

**M1. How often do you do any of the following?
(Tick one box for each line)**

	Always 1	Often 2	Sometimes 3	Never 4	Does not Apply 5
Use the Green Cross Code – Stop, Look and listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use pedestrian crossings if available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear bright coloured clothes while cycling/walking at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a cycle helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay attention to traffic (e.g. when cycling/walking across the road)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt in the front seat of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt in the back seat of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk out on to the road to cross between cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get off a bus and cross the road before it has moved off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realise when crossing the road that traffic is moving faster than you thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a mobile phone/ipod/mp3 player when crossing the road (e.g. to text, make a phone call, listen to music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run across the road without checking for traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry on with friends while crossing the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M2. In the last 12 months, have you had any type of education on road safety in school (e.g. talks/lessons, projects, packs, leaflets)?

Yes 1 → Continue to Question M3

No 2 → Go to Question N1

M3. How many times have you had education on road safety in school in the last 12 months?

1-5 times 1

6-10 times 2

11 or more times 3

M4. Who provided the road safety education in school? (Tick all that apply)

Teacher 1

Road Safety Education Officer (RSEO) 2

Police 3

Someone else 4 Please specify _____

M5. Did you find the road safety education you received in school useful?

Yes 1

No 2

Don't know 3

ATTITUDES TOWARDS SEXUAL VIOLENCE

N1. Please read each of the following statements and indicate whether you believe each one is true or false:

	True	False	Don't know
Rape/sexual violence is usually carried out by strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many victims experience sexual violence when they have been drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls are more likely to be victims of child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers present the greatest threat to children when it comes to child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most victims know the person who raped/sexually abused them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unless somebody freely agrees to it, nobody has the right to carry out any act which is in any way sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N2. Are you aware that the law in Northern Ireland was changed in February 2009 to provide protection for everyone from sexual violence and abuse?

Yes 1

No 2

N3. Do you agree or disagree with the following statements?

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
It is OK to pressure your girlfriend/boyfriend or anyone else into kissing or touching you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to physically force your girlfriend/boyfriend or anyone else into kissing or touching you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to pressure your girlfriend/boyfriend or anyone else into having sexual intercourse with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to physically force your girlfriend/boyfriend or anyone else into having sexual intercourse with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES TOWARDS DOMESTIC VIOLENCE

01. Do you think boyfriends who hit girlfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

02. Do you think husbands who hit wives once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

03. Do you think girlfriends who hit boyfriends once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

04. Do you think wives who hit husbands once deserve a second chance in the relationship?

Yes 1

No 2

Don't know 3

05. Do you think it is okay for a man to hit his girlfriend/wife if she is nagging or won't stop arguing with him?

Yes 1

No 2

Don't know 3

06. Do you think it is okay for a woman to hit her boyfriend/husband if he is nagging or won't stop arguing with her?

Yes 1

No 2

Don't know 3

07. Do you think it is okay for a man to hit his girlfriend/wife if she is not treating him with respect?

- Yes 1
No 2
Don't know 3

08. Do you think it is okay for a woman to hit her boyfriend/husband if he is not treating her with respect?

- Yes 1
No 2
Don't know 3

09. Do you think it is okay for a man to hit his girlfriend/wife if she has slept with someone else?

- Yes 1
No 2
Don't know 3

010. Do you think it is okay for a woman to hit her boyfriend/husband if he has slept with someone else?

- Yes 1
No 2
Don't know 3

011. Thinking about relationships between people of the same sex (or gender) do you think it is okay for one partner to hit the other if:

	Yes	No	Don't know
He/she is nagging or won't stop arguing with their partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she is not treating their partner with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He/she has slept with someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You have now completed the questionnaire.

