



School Health Research Network  
Student Health and Wellbeing Survey 2021

**Please note:**

- a) **The electronic survey contains 'skips'**. This means some questions are only visible to students who give a particular answer to a previous question, for example, those who say they do not smoke will not see the question asking where they obtain cigarettes.
- b) **Questions marked with an asterisk** are only visible in some schools. This is randomly allocated.
- c) **The section on Sexual Behaviour (Q76-82)** is visible to years 11, 12 and 13. Your school may have opted to make it visible to years 9 and 10 as well.
- d) The image below shows how the survey questions appear on screen. To save space they are formatted differently in this document.

The screenshot shows a survey interface with a green header for 'SMOKING AND ALCOHOL'. Below the header, the question asks 'At what age did you first do the following things?' and provides instructions: 'If there is something that you have not done, choose the 'never' category.' The survey uses a table format with radio buttons for each response option.

	Never	11 years old or less	12 years old	13 years old	14 years old	15 years old	16 years old	17 years old	18 years old or older	I do not want to answer
Smoke a cigarette (more than a puff):	<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"/>
Drink alcohol (more than a small amount):	<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"/>
Get drunk:	<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"/>

The interface includes a 'Back' button and a 'Next' button. At the bottom, there are links for 'About Ipsos MORI', 'Privacy Policy', and 'Contact Us', along with the Ipsos MORI logo.

Please select one of the choices below to continue.

- I have read and understood the information about the survey and I want to take part
- I have read and understood the information about the survey and I do not want to take part

### ABOUT YOU

Our first two questions are about how you describe yourself today and how you were described when you were born, e.g. on your birth certificate.

1. Are you a boy or a girl?

- Boy
- Girl
- Neither word describes me
- I do not want to answer

1a. I identify myself as:

I do not want to answer

2. Were you described as male or female at birth?

- Male
- Female
- I do not want to answer

3. What year are you in?

- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12
- Year 13

4. In what month were you born?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- I do not want to answer

5. In what year were you born?

- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- I do not want to answer

6. Which of the following best describes you?

- White British
- White Irish
- White Gypsy or Irish Traveller
- White Roma
- White Other
- Mixed or multiple ethnic group
- Pakistani
- Indian
- Bangladeshi
- Chinese
- African
- Caribbean or Black
- Arab
- Other
- I do not want to answer

7. Does your family own a car, van or truck?

- No
- Yes, one
- Yes, two or more
- I do not want to answer

8. Do you have your own bedroom for yourself?

- No
- Yes
- I do not want to answer

9. How many computers does your family own (including PCs, Macs, laptops and tablets, not including game consoles and smart phones)?

- None
- One
- Two
- More than two
- I do not want to answer

10. Does your family have a dishwasher at home?

- No
- Yes
- I do not want to answer

11. How many bathrooms (room with a bath/shower or both) are in your home?

- None
- One
- Two
- More than two
- I do not want to answer

12. How many times did you and your family travel out of Wales for a holiday/vacation last year?

- Not at all
- Once
- Twice
- More than twice
- I do not want to answer

13. Please select the name of the primary school you attended in Year 6:

- I cannot find my school
- I did not attend a school in Wales
- I do not want to answer

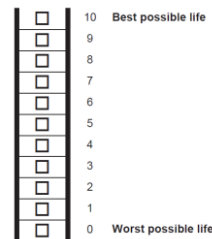
## HEALTH AND WELLBEING

The next few questions are about your health and how you feel.

\*14. Would you say your health is.... ?

- Excellent
- Good
- Fair
- Poor
- I do not want to answer

15. Here is a picture of a ladder.



- I do not want to answer

The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you.

In general, where on the ladder do you feel you stand at the moment?

Please select the option next to the number that best describes where you stand.

\*16. The next questions are about relationships with others. For each one, please say how often you feel...

- a) ... you have no one to talk to?
- b) ... left out?
- c) ... alone?
- Hardly ever or never
- Some of the time
- Often
- I do not want to answer

17. In the last 6 months: how often have you had the following....?

- \*a) Headache
- \*b) Stomach ache
- \*c) Backache
- d) Feeling low
- e) Irritability or bad temper
- f) Feeling nervous
- g) Difficulties in getting to sleep
- \*h) Feeling dizzy
- About every day
- More than once a week
- About every week
- About every month
- Rarely or never
- I do not want to answer

\*18. Please indicate for each of the five statements which is closest to how you have been feeling during the last two weeks.

- a) I have felt cheerful and in good spirits
  - b) I have felt calm and relaxed
  - c) I have felt active and vigorous
  - d) I woke up feeling fresh and rested
  - e) My daily life has been filled with things that interest me
- |  |   |
|--|---|
| <input type="radio"/> At no time                 | <input type="radio"/> Most of the time        |
| <input type="radio"/> Some of the time           | <input type="radio"/> All the time            |
| <input type="radio"/> Less than half of the time | <input type="radio"/> I do not want to answer |
| <input type="radio"/> More than half of the time |   |

\*19. During the past 12 months, how often have you felt lonely?

- |                                 |   |
|---------------------------------|---|
| <input type="radio"/> Never     | <input type="radio"/> Most of the time        |
| <input type="radio"/> Rarely    | <input type="radio"/> Always                  |
| <input type="radio"/> Sometimes | <input type="radio"/> I do not want to answer |

\*20. The following questions are about the way you deal with things.

- a) How often do you find a solution to a problem if you try hard enough?
  - b) How often do you manage to do the things that you decide to do?
- |                                 |   |
|---------------------------------|---|
| <input type="radio"/> Never     | <input type="radio"/> Most of the time        |
| <input type="radio"/> Rarely    | <input type="radio"/> Always                  |
| <input type="radio"/> Sometimes | <input type="radio"/> I do not want to answer |

\*21. In the last month...

- a) How often have you felt that you were unable to control the important things in your life?
  - b) How often have you felt confident about your ability to handle your personal problems?
  - c) How often have you felt that things were going your way?
  - d) How often have you felt difficulties were piling up so high that you could not overcome them?
- |                                 |   |
|---------------------------------|---|
| <input type="radio"/> Never     | <input type="radio"/> Most of the time        |
| <input type="radio"/> Rarely    | <input type="radio"/> Always                  |
| <input type="radio"/> Sometimes | <input type="radio"/> I do not want to answer |

\*22. Do you think your body is.... ?

- |  |   |
|--|---|
| <input type="radio"/> Much too thin        | <input type="radio"/> A bit too fat           |
| <input type="radio"/> A bit too thin       | <input type="radio"/> Much too fat            |
| <input type="radio"/> About the right size | <input type="radio"/> I do not want to answer |

23. Below are some statements about feelings and thoughts. Please select the option that best describes your experience of each over the last 2 weeks.

- a) I've been feeling optimistic about the future
  - b) I've been feeling useful
  - c) I've been feeling relaxed
  - d) I've been dealing with problems well
  - e) I've been thinking clearly
  - f) I've been feeling close to other people
  - g) I've been able to make up my own mind about things
- None of the time
  - Rarely
  - Some of the time
  - Often
  - All of the time
  - I do not want to answer

\*24. This form is about how you might have been feeling or acting recently. For each question, please check how you have been feeling or acting in the past two weeks.

If a sentence was not true about you, check NOT TRUE.

If a sentence was only sometimes true, check SOMETIMES.

If a sentence was true about you most of the time, check TRUE.

- a. I felt miserable or unhappy.
  - b. I didn't enjoy anything at all.
  - c. I felt so tired I just sat around and did nothing.
  - d. I was very restless.
  - e. I felt I was no good anymore.
  - f. I cried a lot.
  - g. I found it hard to think properly or concentrate.
  - h. I hated myself.
  - i. I was a bad person.
  - j. I felt lonely.
  - k. I thought nobody really loved me.
  - l. I thought I could never be as good as other kids.
  - m. I did everything wrong.
- Not true
  - Sometimes
  - True
  - I do not want to answer

\*25. 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.

- Yes, limited a lot
- Yes, limited a little
- No
- I do not want to answer

## FOOD AND PHYSICAL ACTIVITY

The next section is about physical activity, food and eating.

26. The first question is about physical activity. Please read carefully and answer the question that follows.

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, netball, basketball, football, and rugby.

For this next question *add up* all the time you spend doing physical activity each day.

Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- |                              |   |
|------------------------------|---|
| <input type="radio"/> 0 days | <input type="radio"/> 5                       |
| <input type="radio"/> 1      | <input type="radio"/> 6                       |
| <input type="radio"/> 2      | <input type="radio"/> 7 days                  |
| <input type="radio"/> 3      | <input type="radio"/> I do not want to answer |
| <input type="radio"/> 4      |   |

27. On a typical day, is the main part of your journey TO school made by.... ?

- |   |  |
|---|--|
| <input type="radio"/> Walking                               | <input type="radio"/> Car, motorcycle or moped |
| <input type="radio"/> Bicycle                               | <input type="radio"/> Other means              |
| <input type="radio"/> Bus, train, tram, underground or boat | <input type="radio"/> I do not want to answer  |

28. How often do you usually have breakfast (more than a glass of milk or fruit juice)?

### WEEKDAYS

- |  |   |
|--|---|
| <input type="radio"/> I never have breakfast during the week | <input type="radio"/> Four days               |
| <input type="radio"/> One day                                | <input type="radio"/> Five days               |
| <input type="radio"/> Two days                               | <input type="radio"/> I do not want to answer |
| <input type="radio"/> Three days                             |   |

### \* WEEKEND

- |  |   |
|--|---|
| <input type="radio"/> I never have breakfast during the weekend                                    | <input type="radio"/> I usually have breakfast on both weekend days (Saturday AND Sunday) |
| <input type="radio"/> I usually have breakfast on only one day of the weekend (Saturday OR Sunday) | <input type="radio"/> I do not want to answer   |

29. How many times a week do you usually eat or drink...?

- a) Fruits
  - b) Vegetables
  - \*c) Sweets (candy or chocolate)
  - d) Coke or other soft drinks that contain sugar
  - e) Energy drinks (such as Red Bull, Monster, Rockstar)
  - f) Tap or bottled water (do not include flavoured water or squash)
- |   |   |
|---|---|
| <input type="radio"/> Never                 | <input type="radio"/> 5-6 days a week           |
| <input type="radio"/> Less than once a week | <input type="radio"/> Once a day, every day     |
| <input type="radio"/> Once a week           | <input type="radio"/> Every day, more than once |
| <input type="radio"/> 2-4 days a week       | <input type="radio"/> I do not want to answer   |

\*30. Now thinking about meals you eat with your family.....

How often do you and your family usually have meals together?

- |   |   |
|---|---|
| <input type="radio"/> Every day         | <input type="radio"/> Less often              |
| <input type="radio"/> Most days         | <input type="radio"/> Never                   |
| <input type="radio"/> About once a week | <input type="radio"/> I do not want to answer |

\*31. How often do you brush your teeth?

- |   |   |
|---|---|
| <input type="radio"/> More than once a day                | <input type="radio"/> Less than once a week   |
| <input type="radio"/> Once a day                          | <input type="radio"/> Never                   |
| <input type="radio"/> At least once a week, but not daily | <input type="radio"/> I do not want to answer |

### SPARE TIME

The next section is about what you do in your spare time.

32. **Outside school hours:** How often do you usually exercise in your free time so much that you get out of breath or sweat?

- |   |   |
|---|---|
| <input type="radio"/> Every day           | <input type="radio"/> Once a month            |
| <input type="radio"/> 4 to 6 times a week | <input type="radio"/> Less than once a month  |
| <input type="radio"/> 3 times a week      | <input type="radio"/> Never                   |
| <input type="radio"/> 2 times a week      | <input type="radio"/> I do not want to answer |
| <input type="radio"/> Once a week         |   |

33. **Outside school hours:** How many hours a day on weekdays do you usually spend time sitting in your free time (for example, watching TV, using a computer or mobile phone, travelling in a car or by bus, sitting and talking, eating, studying)? Please be aware that if activities take place at the same time, these only count once.

- |  |   |
|--|---|
| <input type="radio"/> None at all              | <input type="radio"/> About 4 hours a day         |
| <input type="radio"/> About half an hour a day | <input type="radio"/> About 5 hours a day         |
| <input type="radio"/> About 1 hour a day       | <input type="radio"/> About 6 hours a day         |
| <input type="radio"/> About 2 hours a day      | <input type="radio"/> About 7 or more hours a day |
| <input type="radio"/> About 3 hours a day      | <input type="radio"/> I do not want to answer     |



\*34. During the most recent summer holidays, how often did you:

- a) Spend time with friends
  - b) Exercise in your free time so much that you got out of breath or sweated
  - c) Go to bed hungry because there wasn't enough food in the house
  - d) Feel lonely
- None of the time
  - Rarely
  - Some of the time
  - Often
  - All of the time
  - I do not want to answer

\*35. **At the weekend** how often do you spend time with your friends, but without adults or older children, doing things like playing in the park, going to the shops or just 'hanging out'?

- Most weekends
- At least once a month
- Less often than once a month
- Never
- Don't have any friends
- I do not want to answer

\*36. **In the afternoon after school** how often do you spend time with your friends, but without adults or older children, doing things like playing in the park, going to the shops or just 'hanging out'?

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never
- Don't have any friends
- I do not want to answer

### **SMOKING AND E-CIGARETTES**

The next section is about smoking and e-cigarettes.

Please answer the section honestly: nobody that you know will see the answers.

37. How often do you smoke tobacco at present?

- Every day
- At least once a week, but not every day
- Less than once a week
- I do not smoke
- I do not want to answer

\*38. Where do you often get your cigarettes or rolling tobacco from?

Please select more than one option if you often get cigarettes from different people or places.

- I buy them myself
  - From a shop (e.g. a newsagent, supermarket or petrol station)
  - From another retailer like a street market or an ice cream van
  - Through the internet
  - From a parent or other adult relative (over 18 years old)
  - From another adult
  - From my brother or sister (less than 18 years old)
  - From a friend or other young person (less than 18 years old)
- I get someone else to buy them for me
  - A parent or other adult relative (over 18 years old)
  - Another adult
  - My brother or sister (less than 18 years old)
  - From a friend or other young person (less than 18 years old)
- Someone gives them to me
  - A parent or other adult relative (over 18 years old)
  - Another adult
  - My brother or sister (less than 18 years old)
  - From a friend or other young person (less than 18 years old)
- I take them without asking
- I get them in some other way
- I do not want to answer

\*39. To what extent do you agree or disagree that smoking should be prohibited (not allowed) in the following locations.

a) Inside homes when children are present

b) Outside pubs, cafes, and restaurants

c) In public parks

d) Outside school gates

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I do not want to answer

\*40. On how many days (if any) have you smoked cigarettes?

a) In your lifetime

b) In the last 30 days

- Never
- 1 – 2 days
- 3 – 5 days
- 6 – 9 days
- 10 – 19 days
- 20 – 29 days
- 30 days or more
- I do not want to answer

41. The next question is about electronic cigarettes. An electronic cigarette is any device that a person uses to breath in a vapour. This is sometimes called 'vaping'. The vapour often contains nicotine or is flavoured. Electronic cigarettes can be called e-cigarettes, e-cigs, e-pens, e-fags, vapes, e-shisha or hookah pens. They may look like a conventional cigarette with a glowing tip or they may look like a pen or a small bottle (a 'tank').

Have you ever tried electronic cigarettes (sometimes called an 'e-cigarette')?

- I have never tried e-cigarettes
- I have tried e-cigarettes once
- I have tried e-cigarettes more than once
- I do not want to answer

\*42. How often do you use e-cigarettes at present?

- Every day
- At least once a week, but not every day
- Less than once a week
- I do not use e-cigarettes at present
- I do not want to answer

\*43. On how many days (if any) have you used electronic cigarettes?

Please do not include "heat, not burn" products (e.g. IQOS, heatsticks).

a) In your lifetime

b) In the last 30 days

- |                                  |   |
|----------------------------------|---|
| <input type="radio"/> Never      | <input type="radio"/> 10 – 19 days            |
| <input type="radio"/> 1 – 2 days | <input type="radio"/> 20 – 29 days            |
| <input type="radio"/> 3 – 5 days | <input type="radio"/> 30 days or more         |
| <input type="radio"/> 6 – 9 days | <input type="radio"/> I do not want to answer |

## ALCOHOL AND DRUGS

The next section is about alcoholic drinks, cannabis and other drugs.

\*44. On how many days (if any) have you drunk alcohol?

a) In your lifetime

b) In the last 30 days

- |                                  |   |
|----------------------------------|---|
| <input type="radio"/> Never      | <input type="radio"/> 10 – 19 days            |
| <input type="radio"/> 1 – 2 days | <input type="radio"/> 20 – 29 days            |
| <input type="radio"/> 3 – 5 days | <input type="radio"/> 30 days or more         |
| <input type="radio"/> 6 – 9 days | <input type="radio"/> I do not want to answer |

\*45. At present how often do you drink anything alcoholic such as beer, wine, cider, alcopops or spirits? Try to include even those times when you only drink a small amount

- a) Beer (including lager)
  - b) Wine
  - c) Spirits (e.g. Whisky, Vodka etc.)
  - d) Alcopops (e.g. Bacardi Breezer, Red Square, Smirnoff Ice, WKD etc.)
  - e) Cider
  - f) Any other drink that contains alcohol
- |                                   |   |
|-----------------------------------|---|
| <input type="radio"/> Every day   | <input type="radio"/> Rarely                  |
| <input type="radio"/> Every week  | <input type="radio"/> Never                   |
| <input type="radio"/> Every month | <input type="radio"/> I do not want to answer |

46. On days when you drink alcohol, how many drinks (e.g. cans of cider, cups of wine) do you usually have?

- |   |   |
|---|---|
| <input type="radio"/> I never drink alcohol | <input type="radio"/> 3 drinks                |
| <input type="radio"/> Less than 1 drink     | <input type="radio"/> 4 drinks                |
| <input type="radio"/> 1 drink               | <input type="radio"/> 5 or more drinks        |
| <input type="radio"/> 2 drinks              | <input type="radio"/> I do not want to answer |

\*47. Have you ever had so much alcohol that you were really drunk?

- a) In your lifetime
  - b) In the last 30 days
- |   |
|---|
| <input type="radio"/> No, never               |
| <input type="radio"/> Yes, once               |
| <input type="radio"/> Yes, 2-3 times          |
| <input type="radio"/> Yes, 4-10 times         |
| <input type="radio"/> Yes, more than 10 times |
| <input type="radio"/> I do not want to answer |

These next questions are about drugs. Please answer the section honestly: nobody you know will see your answers.

48. Have you been offered cannabis (Weed, marijuana, dope, pot, hash, grass, bud, skunk, spliff/joints) in the last 12 months?

- |   |
|---|
| <input type="radio"/> Yes                     |
| <input type="radio"/> No                      |
| <input type="radio"/> I do not want to answer |

\*49. Do you think it is OK for someone your age to try taking cannabis to see what it's like?

- |   |
|---|
| <input type="radio"/> It's okay               |
| <input type="radio"/> It's not okay           |
| <input type="radio"/> Don't know              |
| <input type="radio"/> I do not want to answer |

50. When was the last time you ever tried, used or took any of the following?

a) Inhaling laughing gas (nitrous oxide, nos, whippits; DO NOT include breathing in helium from party balloons or nitrous oxide from your doctor or dentist)

b) Mephedrone (M-Cat, Meow, Bubble, Charge, Drone, 4MMC)

c) New psychoactive substances (previously called 'Legal highs', such as pep stoned, BZP, black mamba spice)

In the last month

In the last 12 months

More than 12 months ago

Never

I do not want to answer

51. This question is asking about the drug Cannabis. Please answer the question honestly: nobody you know will see your answers.

Have you ever taken Cannabis (Weed, Marijuana, Dope, Pot, Hash, Grass, Bud, Skunk, Spliff/ Joints)?

a) In your life

b) In the last 30 days

Never

1 – 2 days

3 – 5 days

6 – 9 days

10 – 19 days

20 – 29 days

30 days or more

I do not want to answer

### **SMOKING, E-CIGARETTES, ALCOHOL AND DRUGS**

\*52. At what age did you first do the following things?

If there is something that you have not done, choose the 'never' category.

a) Smoke a cigarette (more than a puff)

b) Used an e-cigarette (more than a puff)

c) Use cannabis

d) Drink alcohol (more than a small amount)

e) Get drunk

Never

11 years old or less

12 years old

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old or older

I do not want to answer

## YOUR WEIGHT AND HEIGHT

\*53. How much do you weigh without clothes?

\*54. How tall are you without shoes?

## SCHOOL LIFE

The next section is about your school life.

\*55. How do you feel about school at present?

I like it a lot

I like it a bit

I don't like it very much

I don't like it at all

I do not want to answer

56. How pressured do you feel by the schoolwork you have to do?

Not at all

A little

Some

A lot

I do not want to answer

\*57. Here are some statements about the pupils in your class(es). Please show how much you agree or disagree with each one.

a) The pupils in my class(es) enjoy being together

b) Most of the pupils in my class(es) are kind and helpful

c) Other pupils accept me as I am

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

I do not want to answer

58. Here are some statements about the pupils in your school. Please show how much you agree or disagree with each one.

a) At our school, pupils have a say in planning and organising school activities and school events (project weeks or days, sport weeks or days, excursions, field trips etc.)

b) At our school, pupils have a lot of chances to help decide and plan school projects

c) At our school, pupils' ideas are treated seriously

\*d) At our school my ideas are taken seriously

\*e) I feel like I belong at this school

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

I do not want to answer

59. Here are some statements about your teachers. Please show how much you agree or disagree with each one.

\*a) I feel that my teachers accept me as I am

b) I feel that my teachers care about me as a person

\*c) I feel a lot of trust in my teachers

\*d) There is at least one teacher or other member of staff at this school who I can talk to about things that worry me

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

I do not want to answer

\*60. How much do you agree or disagree with the following statements?

a) My teachers take action when they hear pupils calling girls sexually offensive names at this school.

b) My teachers take action when they hear pupils calling boys sexually offensive names at this school.

c) My school teaches you about who to go to if you or a friend experience violence within a boy/girlfriend relationship

d) I would speak to a member of staff at my school about boy/girlfriend relationship violence if it was happening to me or anyone I know

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

I do not want to answer

61. How much do you agree or disagree that there is support at your school for pupils who feel unhappy, worried or unable to cope?

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

I do not want to answer

\*62. In the past school year, how many times did you truant from school for at least half a day (i.e. a morning or an afternoon)? This is also called skipping, bunking or skiving school, mitching, mutching, etc.

Never

Five or more times

Once

I do not want to answer

Two to four times

\*63. Have you ever been excluded from school (suspended or expelled) because of your behaviour whilst at school? DO NOT include isolation or being removed from lessons but remaining in school.

Never

More than once

Once

I do not want to answer

## BULLYING

The next section starts with questions about bullying. Please read carefully and answer the questions which follow.

64. Here are some questions about bullying. We say a person is BEING BULLIED when another person or a group of people repeatedly say or do unwanted nasty and unpleasant things to him or her. It is also bullying when a person is teased in a way he or she does not like or when he or she is left out of things on purpose. The person that bullies has more power than the person being bullied and wants to cause harm to him or her. It is NOT BULLYING when two people of about the same strength or power argue or fight.

How often have you taken part in bullying another person(s) at school in the past couple of months?

- I have not bullied another person(s) at school in the past couple of months
- It has happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week
- I do not want to answer

65. How often have you been bullied at school in the past couple of months?

- I have not been bullied at school in the past couple of months
- It has happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week
- I do not want to answer

66. In the past couple of months, how often have you taken part in cyberbullying (e.g. sent mean instant messages, email or text messages, wall postings, created a website making fun of someone, posted unflattering or inappropriate pictures online without permission or shared them with others)?

- I have not cyberbullied another person in the past couple of months
- It has happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week
- I do not want to answer

67. In the past couple of months, how often have you been cyberbullied (e.g. someone sent mean instant messages, email or text messages about you, wall postings, created a website making fun of you, posted unflattering or inappropriate pictures of you online without permission and or shared them with others)?

- I have not been cyberbullied in the past couple of months
- It has happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week
- I do not want to answer



\*68. Below are some reasons why people are bullied. What are the most common reasons people in your year group are bullied? Please tick up to 3 reasons.

- Because of their weight
- Because of their interests or hobbies
- Because of who their friends are
- Because they get high grades
- Because they get low grades
- Because of their family's income
- Because they have a disability
- Because of their race
- Because their family came to Britain from another country
- Because they are gay, lesbian or bisexual
- Because of their religion
- Because of their gender identity or expression
- Because of other reasons
- I don't know
- I do not want to answer

69. Have you ever sent someone a sexually explicit image of yourself?

- Never
- More than once
- Once
- I do not want to answer

#### **FIGHTING & INJURIES**

\*70. During the past 12 months, how many times were you in a physical fight?

- I have not been in a physical fight in the past 12 months
- 1 time
- 2 times
- 3 times
- 4 times or more
- I do not want to answer

The next question is about injuries. Please read carefully and answer the question which follows. Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following question is about injuries you may have had during the past 12 months.

\*71. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

- I was not injured in the past 12 months
- 1 time
- 2 times
- 3 times
- 4 times or more
- I do not want to answer

## FRIENDS, RELATIONSHIPS AND SOCIAL MEDIA

This next section has questions about friends, how you feel about yourself and your relationships with other people, including on social media.

72. We are interested in how you feel about the following statement(s). Please show how much you agree or disagree.

- \*a) My friends really try to help me
  - b) I can count on my friends when things go wrong
  - \*c) I have friends with whom I can share my joys and sorrows
  - \*d) I can talk about my problems with my friends
- 1 Very strongly disagree
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7 Very strongly agree
  - I do not want to answer

73. Strengths and Difficulties Questionnaire © Robert Goodman, 2005. Licensing restrictions prohibit replication of content in hardcopy. For details regarding question content, please see:

<https://www.sdqinfo.org/>.

The next questions are about 'online contact' and 'online communication'. When we use these terms we mean 'sending and receiving text messages, emoticons, and photo, video or audio messages through instant messaging (e.g. WhatsApp, Snapchat), social network sites (e.g. Facebook) or e-mail (on a computer, laptop, tablet, or smartphone)'.

74. How often do you have ONLINE contact with the following people?

- a) Close friend(s)
  - b) Friends from a larger friend group
  - c) Friends that you got to know through the internet, but did not know before
  - f) People other than friends (e.g. parents, brothers/sisters, classmates, teachers)
- Don't know / does not apply
  - Never or almost never
  - At least every week
  - Daily or almost daily
  - Several times each day
  - Almost all the time throughout the day
  - I do not want to answer

\*75. We are interested in your experiences of social media. The term social media refers to social network sites (e.g. Facebook) and instant messengers (e.g. WhatsApp, Snapchat, Facebook messenger).

During the past year have you...

- a) ... regularly found that you can't think of anything else but the moment that you will be able to use social media again?
- b) ... regularly felt dissatisfied because you wanted to spend more time on social media?
- c) ... often felt bad when you could not use social media?
- d) ...tried to spend less time on social media, but failed?
- e) ...regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media?
- f) ... regularly had arguments with others because of your social media use?
- g) ...regularly lied to your parents or friends about the amount of time you spend on social media?
- h) ...often used social media to escape from negative feelings?
- i) ... had serious conflict with your parents, brother(s) or sister(s) because of your social media use?
  - No
  - Yes
  - I do not want to answer

**SEX AND RELATIONSHIPS (Years 11-13 only; Years 9-10 optional)**

The next section is about sexual intercourse. Please answer the section honestly: nobody that you know will see the answers.

76. Have you ever had sexual intercourse (sometimes this is called "making love," "having sex", or "going all the way")?

- Yes
- No
- I do not want to answer

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

- Yes
- Don't know
- No
- I do not want to answer

78. The last time you had sexual intercourse, did you or your partner use birth control pills ('the Pill')?

- Yes
- Don't know
- No
- I do not want to answer

\*79. The last time you had sexual intercourse, did you or your partner use a Long Acting Reversible Contraception (LARC), for example a contraceptive implant (a 'rod'), a contraceptive injection or IUCD/IUS (a 'coil')?

- Yes
- Don't know
- No
- I do not want to answer

\*80. The last time you had sexual intercourse, did you or your partner use emergency contraception ('morning after pill')?

- Yes  Don't know  
 No  I do not want to answer

\*81. The last time you had sexual intercourse, did you or your partner use any other form of protection?

- Yes  Don't know  
 No  I do not want to answer

82. How old were you when you had sexual intercourse for the first time?

- 11 years old or younger  16 years old  
 12 years old  17 years old  
 13 years old  18 years old or older  
 14 years old  I do not want to answer  
 15 years old

## FAMILY

The next section starts with questions about your family.

\*83. In which country were **you** born?

- Wales  
 England  
 Scotland  
 Northern Ireland  
 Republic of Ireland  
 Another country (Please tick box and select your answer below)

- I do not want to answer

\*84. In which country was **your mother** born?

- Wales  
 England  
 Scotland  
 Northern Ireland  
 Republic of Ireland  
 Another country (Please tick box and select your answer below)

- I do not want to answer

\*85. In which country was **your father** born?

- Wales
- England
- Scotland
- Northern Ireland
- Republic of Ireland
- Another country (Please tick box and select your answer below)

I do not want to answer

\*86a. Does your father have a job?

- Yes
- No
- Don't know
- Don't have or don't see father
- I do not want to answer

*If no, Why does your father not have a job?*

- He is sick, or retired, or a student
- He is looking for a job
- He takes care of others, or is full-time at home
- I don't know
- I do not want to answer

\*86b. Does your mother have a job?

- Yes
- No
- Don't know
- Don't have or don't see mother
- I do not want to answer

*If no, Why does your mother not have a job?*

- She is sick, or retired, or a student
- She is looking for a job
- She takes care of others, or is full-time at home
- I don't know
- I do not want to answer

87. All families are different (for example, not everyone lives with both their parents; sometimes people live with just one parent, or they have two homes, or live with two families) and we would like to know about yours.

Please answer this question for the home where you live all or most of the time and tick the ADULTS who live there.

- Mother
- Father
- Mother's partner
- Father's partner
- Grandparent(s)
- Aunt(s) / Uncle(s)
- Adult brother(s) and/or sister(s)
- Foster parents
- I live in residential care or a children's home
- I live independently (on my own or with friends or my partner)
- Someone or somewhere else
- I do not want to answer

88. If you have lived away from your parents in the past, please tick the ADULTS you lived with and/or the place you lived.

- I haven't lived away from my parent(s) in the past
- Grandparent(s) for a month or more
- Aunt(s) / Uncle(s) for a month or more
- Siblings for a month or more
- Any other family members for a month or more
- With foster parent(s) for any time
- In residential care or a children's home for any time
- I lived independently (on my own or with friends or my partner)
- Someone or somewhere else
- I do not want to answer

\*89. Some young people have to help look after other people in their family because they are disabled, physically or mentally unwell or have a problem with alcohol or drugs. Is there anyone in your family that you regularly look after or give special help to for these reasons?

- No
- Yes, one person in my family
- Yes, two or more people in my family
- I do not want to answer

\*89a. If yes, how often do you look after or give special help to this person / these people?

- Every day
- Most days
- At least once a week
- At least once a month
- Less than once a month
- I do not want to answer

The next questions are about relationships with family.

\*90. How easy is it for you to talk to the following people about things that really bother you?

- a) Father
- b) Father's partner
- c) Mother
- d) Mother's partner
- Very easy
- Easy
- Difficult
- Very difficult
- Don't have or see this person
- I do not want to answer

91. We are interested in how you feel about the following statements. Please show how much you agree or disagree with each one.

- a) My family really tries to help me
  - b) I get the emotional help and support I need from my family
  - c) I can talk about my problems with my family
  - d) My family is willing to help me make decisions
- 1 Very strongly disagree
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7 Very strongly agree
  - I do not want to answer

### **GAMBLING**

The next part of this section has a question about gambling.

\*92. Have you spent any of YOUR money on any of the following in the past 7 days? We want to know about games you played yourself.

- Lotto (the main National Lottery draw)
- National Lottery Scratchcards which you bought in a shop (not free Scratchcards)
- National Lottery instant win games on the internet (e.g. National Lottery Gamestore)
- Any other National Lottery games (e.g. EuroMillions, Thunderball, Hotpicks)
- Fruit machines (e.g. at an arcade, pub or club)
- Personally visiting a betting shop to play gaming machines
- Playing other gambling machines
- Personally placing a bet at a betting shop (e.g. on football or horse racing)
- Bingo at a bingo club
- Bingo somewhere other than a bingo club (e.g. social club, holiday park, etc.)
- Personally visiting a casino to play casino games
- Placing a private bet for money (e.g. with friends)
- Playing cards for money with friends
- Gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing)
- Other Lotteries (e.g. The Health Lottery, People's Postcode Lottery or other smaller lotteries available in shops)
- Any other gambling
- No, none of the above
- I do not want to answer

## SLEEP PATTERNS

The next part of this section is about your sleep on school nights.

93. When do you usually go to bed if you have to go to school the next morning?

- No later than 9pm
- 9.30pm
- 10pm
- 10.30pm
- 11pm
- 11.30pm
- Midnight
- 12.30 am
- 1am
- 1.30am
- 2am or later
- I do not want to answer

94. What is the latest time you usually look at an electronic screen (TV computer, tablet or phone) before you go to sleep on a school night?

- No later than 9pm
- 9.30pm
- 10pm
- 10.30pm
- 11pm
- 11.30pm
- Midnight
- 12.30 am
- 1am
- 1.30am
- 2am or later
- I do not want to answer

## COVID-19

The next section is about the global Coronavirus (sometimes referred to as COVID-19) pandemic. Please answer the section honestly: nobody that you know will see the answers.

95. The recent COVID-19 pandemic has affected young people's lives across the world. These next few questions are about your experiences of the pandemic and how it affected you and your family.

Thinking about the time during the COVID-19 pandemic, please answer the following questions.

- a) Did you ever test positive (a positive test result means that you had COVID-19) for COVID-19?
- b) Did anyone in your close family (i.e. parent, sibling or grandparent) test positive for COVID-19?
- Yes
- No
- I don't know
- I do not want to answer

95a. Were any of these people treated in the hospital for COVID-19?

- Yes
- No
- I don't know
- I do not want to answer



## YOUNG PEOPLE'S RIGHTS

The next part of this section is about young people's rights.

96. Which statement below best describes what you know about the rights of children and young people living in Wales?

- We don't have rights
- We have rights, but I don't know anything about them
- We have rights, and I could list a few
- We have rights, and I know a great deal about them
- I do not want to answer

97. We'd like to find out how informed people feel about the United Nations Convention on the Rights of the Child. There are no right or wrong answers.

How much have you previously heard about the United Nations Convention on the Rights of the Child?

- Heard of it and have a fair idea of the rights it involves
- Heard of it, but not sure what rights it involves
- Not heard of it
- Don't know
- I do not want to answer

98. At the moment, if a parent or guardian is accused of physically assaulting a child (e.g. smacking), they can use a defence called 'reasonable punishment' to avoid prosecution. This is the only situation in which physical punishment is legal.

To what extent do you agree or disagree with the following statements.

a) Parents or guardians should not be allowed to smack their children as a form of punishment

b) Children should have the same rights as adults not to be physically assaulted

- |  |   |
|--|---|
| <input type="radio"/> Strongly agree             | <input type="radio"/> Disagree                |
| <input type="radio"/> Agree                      | <input type="radio"/> Strongly disagree       |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> I do not want to answer |