



THE UNIVERSITY
OF BIRMINGHAM

NHS
Executive
West Midlands

Young people's lifestyle

THE WEST MIDLANDS YOUNG PEOPLE'S LIFESTYLE SURVEY

The reason for this survey is to find out about young people's views on health and lifestyle. Over 30 000 young people in the West Midlands will be taking part and together, the responses will help us to plan better health services for young people. Your involvement and the information you give us is of great importance.

This is **NOT A TEST**. The only right answers are the ones that describe you best. Please answer all questions honestly so we get a true picture, using 'I don't know' or 'not sure' where you need to.

Your answers are anonymous (do **not** write your name anywhere) and confidential (no one at school or at home will see them). Although we ask for your postcode, we only want part of it and this will only be used to find out which health district you live in, to help in the targeting of health promotion and other important health services.

Before you start, please read the instructions below.

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

HOW TO FILL IN THE QUESTIONNAIRE

Please use a pencil to complete ALL the questions in the order in which they appear on the questionnaire. You should mark at least one choice for each question. Some questions have a second part which you should only answer if you answered **yes** to the first part.

In general, answers should be given by placing a mark like this . **DO NOT** use crosses, ticks or circles and rub out rather than cross out mistakes.

The instructions for each question will tell you how many boxes to mark. It is very important that you read and follow these instructions. Some questions ask you to mark one box only, others to mark one box on each line and a few ask you to mark one or more boxes.

Some questions ask you to write a number in a box.

70

In some questions, 'other' is one of the choices. For questions where 'other' is the correct answer for you, please make sure you mark the 'other' box and write what this is on the dotted line. Here is an example:

What is your favourite television soap? Please mark one box only

Neighbours
 Brookside
 Eastenders
 Home and Away
 Other - please say what

Coronation Street

If your favourite television soap is Coronation Street, you should mark the 'other' box and write Coronation Street on the dotted line as shown above.

First Column	Middle set of columns	Last column
B	0 = 10 = 20 = 30 = 40 = 50 = 60 = 70 = 80 = 90	0
CV	1 = 11 = 21 = 31 = 41 = 51 = 61 = 71 = 81 = 91	1
DE	2 = 12 = 22 = 32 = 42 = 52 = 62 = 72 = 82 = 92	2
DY	3 = 13 = 23 = 33 = 43 = 53 = 63 = 73 = 83 = 93	3
HR	4 = 14 = 24 = 34 = 44 = 54 = 64 = 74 = 84 = 94	4
ST	5 = 15 = 25 = 35 = 45 = 55 = 65 = 75 = 85 = 95	5
SY	6 = 16 = 26 = 36 = 46 = 56 = 66 = 76 = 86 = 96	6
TF	7 = 17 = 27 = 37 = 47 = 57 = 67 = 77 = 87 = 97	7
WR	8 = 18 = 28 = 38 = 48 = 58 = 68 = 78 = 88 = 98	8
WS	9 = 19 = 29 = 39 = 49 = 59 = 69 = 79 = 89 = 99	9
WV		

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First a few questions **ABOUT YOURSELF**

1 How old are you?
Please put a mark in the box next to your age in years

11 —
12 —
13 —
14 —
15 —
16 —

2 What school year are you in?
Please mark one box only

year 7 —
year 9 —
year 11 —

3 Are you male or female?
Please mark one box only

Male —
Female —

YOU AND YOUR HEALTH

4 Do you agree or disagree with these statements about health?
Please mark one box on each line

	Agree	Disagree	Not sure
Regular exercise is good for your health	—	—	—
Good health is just a matter of luck	—	—	—
If I take care of myself, I am more likely to stay healthy	—	—	—
I think about my health a lot	—	—	—
What you eat makes a difference to your health	—	—	—
What you eat and drink makes a difference to your teeth	—	—	—

5 Have you ever had wheezing or whistling in the chest at any time in the past? Please mark one box only

Yes — No — I don't know —

6 Have you had wheezing or whistling in the chest in the last 12 months? Please mark one box only

Yes — No — I don't know —

7 Have you ever had asthma? Please mark one box only

Yes — No — Not heard of asthma —

8 Do you have either of these illnesses?
Please mark one box for each illness

Diabetes Yes — No — Not heard of Diabetes —
Epilepsy Yes — No — Not heard of Epilepsy —

If YES - Please put the age the illness(es) began in the box(es)

Diabetes years Epilepsy years

9 Have you ever been so worried about something that you felt you just could not cope? Please mark one box only

Yes — No —

If NO go to question 10

If YES - Who, if anyone, helped you with this?
Please mark one or more boxes

I did not ask for help —
My parent(s)/guardian(s) helped me —
My brother(s)/sister(s) helped me —
Another relative helped me —
The school nurse helped me —
A doctor/GP helped me —
A friend helped me —
A teacher helped me —
Other - please mark box and say who —
There was no one I could turn to for help —

10 YOU AND YOUR FAMILY

10 Which of these ethnic groups best describes you?
Please mark one box only

- White
- African/Caribbean
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Mixed race
- Other - please mark box and say what

11 Is the place you live in owned or rented?
Please mark one box only

- Owned (or mortgaged) by my family
- Rented from the Council
- Rented privately
- Other - please mark box and say what
- I don't know

12 FOOD and DRINK

12 On a school day do you usually have something to eat for breakfast?
Please mark one box only

Yes No

13 On a school day do you usually have something to drink for breakfast?
Please mark one box only

Yes No

14 What do you usually do for your mid-day meal on a school day?
Please mark one box only

- I have a school meal
- I have a meal at home
- I have a packed lunch
- I get my lunch from a shop, cafe or a 'takeaway'
- Other - please mark box and say what
- I don't usually eat anything for lunch

15 Is your mid-day meal usually your main meal on a week day?
Please mark one box only

Yes No

16 Do you get free school meals?
Please mark one box only

Yes No I don't know

17 How often do you usually eat the following?
Please mark one box on each line

	Everyday	3-6 days a week	1-2 days a week	Less than once a week or never
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh or frozen vegetables or salad (do not include tinned vegetables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets and chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisps or other savoury snacks (e.g. samosa, bombay mix, peanuts, Quivers, Hula Hoops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low calorie drinks (including fizzy or still cold drinks eg. diet coke, sugar free squash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal fizzy and still drinks (eg. normal coke, squash and all fruit juices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18

18 What type of milk do you usually have ?

Please mark one box only

- Skimmed/virtually fat free (pasteurised or long life)
- Semi-skimmed (pasteurised or long life)
- Full fat (pasteurised or long life)
- Soya (long life)
- Other - please mark box and say what
- I do not have any milk even on cereal
- I don't know

19

19 What type of bread do you usually eat ?

Please mark one box only

- Wholemeal, granary or other high fibre bread (include number 3 or 4 chapatti flour)
- Brown/high fibre white bread such as Mighty White (include number 2 chapatti flour)
- White bread (include number 1 chapatti flour)
- Another type of bread - please mark box and say what type
- I don't know

20

20 What type of spread do you usually have on bread ?

Please mark one box only

- Low fat spread (eg. Gold, Outline, Delight, Low Fat Flora)
- Butter or butter based spread (eg. Clover, Golden Churn)
- Unsaturated margarine/spread (eg. Flora, Sunflower, Olivia, Mono, Vitalite, Soya)
- Other soft margarine (eg. Summer County, Stork)
- Another type of spread - please mark box and say what type
- I do not usually have any spread
- I don't know

21

21 Which of these describes you best ?

Please mark one box only

- I would like to lose weight
- I would like to put on weight
- I am happy with my weight

ACTIVITY and FITNESS

22

22 What is the total amount of time you spend in energetic activity on most days ? (This includes sports, brisk walks and cycling.) Please mark one box only

- less than 15 minutes
- 15 - 30 minutes
- more than 30 minutes

23

23 How often in a week do you usually spend at least 20 minutes doing the following energetic activities ?

Please mark one box on each line

	never	less than once a week	once a week	twice a week	three or more times a week
Team games, eg. football, netball, hockey, basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging or running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep fit, dancing, discos or aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brisk long walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard work in the home or garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racket sports, eg. badminton, tennis, squash, table tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energetic playground games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other energetic activity - please mark box and say what (if none just mark 'never')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24

24 Do you want to increase your activity/fitness ?

Please mark one box only

- Yes No

25

25 What would help you to increase your activity/fitness ?

Please mark one or more boxes

- I do not want to increase my activity/fitness
- Better health
- To enjoy school PE more
- Activities after school (eg. football, netball)
- More time
- To enjoy exercise
- Facilities I can get to easily (eg. swimming pool, gym)
- More willpower
- More money
- Other - please mark box and say what

SMOKING

Whether you are a smoker, an ex-smoker or have never smoked, please answer these questions

- 26** Which of the following statements about smoking describes you best? Please read each one of these carefully and mark one box only

I have never smoked

I have only tried smoking once or twice

I used to smoke but have given it up now

I sometimes smoke cigarettes now, but I don't smoke as many as one a week

I usually smoke between one and six cigarettes a week

I usually smoke more than six cigarettes a week

- 27** How many cigarettes do you usually smoke in a week? Please mark one box only (0 if you don't smoke)

0 <input type="checkbox"/>	7 <input type="checkbox"/>	14 <input type="checkbox"/>	21-30 <input type="checkbox"/>
1 <input type="checkbox"/>	8 <input type="checkbox"/>	15 <input type="checkbox"/>	31-40 <input type="checkbox"/>
2 <input type="checkbox"/>	9 <input type="checkbox"/>	16 <input type="checkbox"/>	41-50 <input type="checkbox"/>
3 <input type="checkbox"/>	10 <input type="checkbox"/>	17 <input type="checkbox"/>	51-60 <input type="checkbox"/>
4 <input type="checkbox"/>	11 <input type="checkbox"/>	18 <input type="checkbox"/>	61-70 <input type="checkbox"/>
5 <input type="checkbox"/>	12 <input type="checkbox"/>	19 <input type="checkbox"/>	71 or more <input type="checkbox"/>
6 <input type="checkbox"/>	13 <input type="checkbox"/>	20 <input type="checkbox"/>	

- 28** Where do you usually get your cigarettes from? Please mark one box or several boxes if you often get them from different people or places

I do not smoke

I buy them from a supermarket

I buy them from a newsagent, tobacconist or sweet shop

I buy them from an off-licence/corner shop

I buy them from a pub at the bar

I buy them from a machine

I get them from my friends

I get them from my brother or sister

I get them from my parents/guardians

I get them in some other way - please mark box and say how

- 29** Would you like to give up smoking? Please mark one box only

Yes No I don't know I do not smoke

IF YES - what would help you to give up smoking? Please mark the boxes next to the things you feel would help you

Help from my family

Help from teachers

Help from friends

Advice from a doctor or nurse

A special stop smoking group - in school

A special stop smoking group - not in school

Other - please mark box and say what

- 30** Do any of these people in your family smoke? Please mark one box on each line

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
My mother/female guardian smokes	<input type="checkbox"/>	<input type="checkbox"/>
My father/male guardian smokes	<input type="checkbox"/>	<input type="checkbox"/>
One or more of my grandparents smoke	<input type="checkbox"/>	<input type="checkbox"/>
One or more of my brothers or sisters smoke	<input type="checkbox"/>	<input type="checkbox"/>
I have another relative that I see often who smokes	<input type="checkbox"/>	<input type="checkbox"/>

- 31** How many of the people who live with you (not including yourself) smoke? Please mark one box only

No one

One person

Two people

Three people

Four people

Five or more people

- 32** Do your friends smoke? Please mark one box only

None of them

A few of them

Most of them

I don't know

- 33** Do you agree or disagree with these statements about smoking? Please mark one box on each line

	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Not sure <input type="checkbox"/>
Smoking makes people less fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking makes people small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking helps to keep people's weight down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking harms people's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking helps you to be one of the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trying out smoking is part of growing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people's smoking can harm the health of non-smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking should be banned in more public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adverts for smoking should be banned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one should be allowed to smoke in school (including teachers, pupils and visitors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALCOHOL

The next few questions ask you about alcohol. Alcoholic drinks are drinks such as beer, lager, cider, alcoholic lemonade, wine, sherry, whisky and other spirits etc.

34 Which of the following statements about drinking alcohol describes you best? Please read each one of these carefully and mark one box only

- I have never drunk any alcohol —
- I have only tried alcohol once or twice —
- I have an alcoholic drink only a few times a year —
- I sometimes have an alcoholic drink but no more than once or twice a month —
- I have an alcoholic drink about once a week —
- I have an alcoholic drink more often than once a week —
- I used to drink but never have any alcohol now —

35 How much of each of the following drinks have you had in the last 7 days? For each type of alcoholic drink mark one box only (0 if you haven't had that type of drink)

one small can or bottle = half a pint

Shandy - don't include shandy flavoured pop (half pints)

- 0 — 3 — 6 — 9 — 12 —
1 — 4 — 7 — 10 — 13 —
2 — 5 — 8 — 11 — 14 —
or more

Strong beer, lager and cider (half pints)

- 0 — 3 — 6 — 9 — 12 —
1 — 4 — 7 — 10 — 13 —
2 — 5 — 8 — 11 — 14 —
or more

Normal strength beer, lager and cider, alcoholic lemonade (half pints)

- 0 — 3 — 6 — 9 — 12 —
1 — 4 — 7 — 10 — 13 —
2 — 5 — 8 — 11 — 14 —
or more

Wine (glasses)

- 0 — 3 — 6 — 9 — 12 —
1 — 4 — 7 — 10 — 13 —
2 — 5 — 8 — 11 — 14 —
or more

Martini, sherry, babycham, cinzano (glasses)

- 0 — 3 — 6 — 9 — 12 —
1 — 4 — 7 — 10 — 13 —
2 — 5 — 8 — 11 — 14 —
or more

Spirits or liqueurs eg. whisky, bacardi, Tia Maria, Baileys (small glass/single pub measure)

- 0 — 3 — 6 — 9 — 12 —
1 — 4 — 7 — 10 — 13 —
2 — 5 — 8 — 11 — 14 —
or more

36 Where do you drink alcohol? Please mark one box on each line (mark the never box if you don't drink)

- | | never | sometimes | often |
|---|--------------------------|--------------------------|--------------------------|
| I drink alcohol with my parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I drink alcohol at home when my parents are out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I drink alcohol at friends' homes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I drink alcohol with friends in the park or street | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I drink alcohol in the pub with my friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I drink alcohol with my friends at parties or discos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I drink alcohol on my own | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I drink alcohol in other places - please mark box and say where | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

37 Where do you usually buy alcohol from? Please mark one box or several boxes if you often buy alcohol from different places

- | | |
|--|--------------------------|
| Supermarket | <input type="checkbox"/> |
| Off-licence or corner shop | <input type="checkbox"/> |
| Pub or bar | <input type="checkbox"/> |
| Disco or club | <input type="checkbox"/> |
| Some other place - please mark box and say where | <input type="checkbox"/> |
| I never buy it | <input type="checkbox"/> |

38 Do your friends drink alcohol? Please mark one box only

- | | |
|---------------|--------------------------|
| None of them | <input type="checkbox"/> |
| A few of them | <input type="checkbox"/> |
| Most of them | <input type="checkbox"/> |
| I don't know | <input type="checkbox"/> |

39 Do you agree or disagree with these statements about drinking alcohol? Please mark one box on each line

- | | Agree | Disagree | Not sure |
|---|--------------------------|--------------------------|--------------------------|
| Life is more fun when you have a drink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drinking is only dangerous if you drink too much | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drinking helps you to be one of the group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drinking helps people feel more confident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Young people know enough about the dangers of drinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People under the age of 18 should not be allowed to drink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People should never drink and drive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adults make too much fuss about young people drinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DRUGS

(other than alcohol, tobacco or medicines)

40 Have you ever taken or been offered any of these drugs?
Please mark one box on each line

	Taken regularly	Tried once or twice	Been offered but refused	Never been offered
Cannabis (dope, joint, marijuana, spliffs, grass, weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvents (glue, butane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (E, MDMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (speed, whizz, pep pills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (acid, trips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (coke)/ Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrates (poppers, rush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack, H, skag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other drug - please mark box and say what	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41 Who has offered you, or where do you get any of these drugs?
Please mark one or more of the boxes

Never been offered any	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Friend of a friend	<input type="checkbox"/>
Someone at school	<input type="checkbox"/>
Someone at a party/club/disco	<input type="checkbox"/>
Stranger	<input type="checkbox"/>
Drug dealer	<input type="checkbox"/>
Relative	<input type="checkbox"/>
Some other person or source - please mark box and say what	<input type="checkbox"/>

42 Do your friends take drugs?
Please mark one box only

None of them	<input type="checkbox"/>
A few of them	<input type="checkbox"/>
Most of them	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

43 Do you agree or disagree with these statements about taking drugs?
Please mark one box on each line

	Agree	Disagree	Not sure
Taking drugs is exciting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking drugs harms your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young people know enough about the dangers of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most young people will try out drugs at some time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to say no if a friend offers you drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People take drugs to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know people of my age who take drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some drugs are not as harmful as people say they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking drugs is stupid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELATIONSHIPS

44 Do you think you know enough about the following?
Please mark one box on each line

	Yes	No	I don't know
Sexual relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptives (ways of not getting pregnant eg. condoms, pill)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sexually transmitted diseases ('clap', 'pox', VD, STDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45 Where would you get information or advice about relationships? (include sexual relationships, contraception, sexually transmitted diseases, HIV/AIDS) Please mark one or more boxes

Family	<input type="checkbox"/>	Boy friend/girl friend	<input type="checkbox"/>
Friends	<input type="checkbox"/>	Youth worker	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	School nurse	<input type="checkbox"/>
Telephone helpline	<input type="checkbox"/>	Magazines/newspapers	<input type="checkbox"/>
Books	<input type="checkbox"/>	Television/radio	<input type="checkbox"/>
Chemist/pharmacy	<input type="checkbox"/>	GUM/special clinic	<input type="checkbox"/>
Family planning/young person's clinic	<input type="checkbox"/>	Family doctor/GP	<input type="checkbox"/>
		Other	<input type="checkbox"/>
		- please mark box and say what	

I don't know

46 Do you agree or disagree with these statements about relationships? Please mark one box on each line

	Agree	Disagree	Not sure
Contraceptives are easy for young people to get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most teenage pregnancies happen because young people don't know how to use contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends make me feel that sex is the most important thing in a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a condom helps to stop you getting sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most young people find it embarrassing to talk to their partners about using contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can get pregnant having sex for the first time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both partners should take responsibility for contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUN AWARENESS

47 Do you do any of the following to take care when you are out in the sun? Please mark one or more boxes

I use sun tan lotion, oil or cream to protect my skin	<input type="checkbox"/>
I try not to be out in the sun in the middle of the day	<input type="checkbox"/>
I wear a sun hat	<input type="checkbox"/>
I wear sunglasses	<input type="checkbox"/>
Other	<input type="checkbox"/>
- please mark box and say what	<input type="checkbox"/>
I don't do any of these things	<input type="checkbox"/>

48 During the last twelve months, how many times have you had sunburn causing redness and soreness of the skin lasting for at least 1 or 2 days? Please mark one box only

Not in the last 12 months/Never	<input type="checkbox"/>
Once	<input type="checkbox"/>
Twice	<input type="checkbox"/>
Three times	<input type="checkbox"/>
Four or more times	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

49 Which of these statements best describes your skin type? Please mark one box only

I have skin which never tans and always burns	<input type="checkbox"/>
I have skin which burns at first and tans with difficulty	<input type="checkbox"/>
I have skin which tans easily and burns rarely	<input type="checkbox"/>
I have skin which never burns and always tans	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

ACCIDENTS

50 Have you had any accidents in the last year for which you have had to take time off school? Please mark one box on each line marking the most serious accident you have had of each type

	Treated at home or school YES	Treated by GP/family doctor YES	Treated in hospital YES	NO accident of this type
Riding a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing a sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossing the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling by car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- please mark box and say what				

51 Do you agree or disagree with the following statements about safety? Please mark one box on each line

	Agree	Disagree	Not sure
Nothing can be done to prevent accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More young people die from accidents than die from anything else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding a bicycle without a helmet should be against the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol is an important cause of accidents in young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always wear a seat belt when travelling in a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your help with this survey. The information you give is very important.

WHEN YOU HAVE FINISHED, PLEASE PUT YOUR HAND UP AND THE QUESTIONNAIRE ADMINISTRATOR WILL COME ROUND AND COLLECT IT FROM YOU