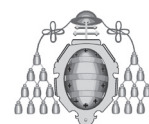




# Questionnaire **Adolescents**



## ■ ANONYMOUS CODE

Your answers will be **CONFIDENTIAL** and will **NOT** be shown to anyone else. As this project is looking at families, we will need to link your questionnaire with your family members. **YOUR FAMILY MEMBERS OR SCHOOL STAFF WILL NOT SEE YOUR ANSWERS**, this is only for the researcher.

To do this we will need to create a code based upon a few of your details. Please fill in the answers to the questions below. **Please only write inside the boxes.**

**First three letters of your mother's name** (e.g. Jane = **JAN**)

**Day number of YOUR birthday** (e.g. December **14<sup>th</sup>** = 14, January 1st = **01**)

**First three letters of YOUR name** (e.g. Albert = **ALB**)

**YOUR month of birth** (e.g. July = **07**; December = **12**)


## HOW TO COMPLETE THE QUESTIONNAIRE

In the following questionnaire you can answer most of the questions by putting an X in the box next to the answer that applies to you, like this:

X
---

You will also be asked to write your answers in the empty boxes like this:

2	5
---	---

If you are asked to write in text please **PRINT** use **CAPITAL LETTERS**, like this:

UNCLE
-------

You may be told to skip over some questions. When this happens, you will see an arrow with a note that will tell you what question you should answer next:

	➡ Please go to <b>Q 4.16</b> (Question 4.16)
--	--

If you make a mistake in any of your answers you should cross it out completely and write in the correct answer next to it .

See example:

1.1 How old are you now? (Please write your age in the box)

<del>17</del>	<del>18</del>	17
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### Office use only:

Code 

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 Site postcode \_\_\_\_\_ Country code \_\_\_\_\_

## Section 1

## About you

**1.1 How old are you now?** (Please write your age in the boxes)

		years old
--	--	-----------

**1.2 Are you male or female?** (Please cross)

Male	
Female	

**1.3 Who do you live with?** (Please cross ALL THAT APPLY)

1) Mother and father	
2) Only mother	
3) Only father	
4) Grandparent	
5) Mother and stepfather	
6) Father and stepmother	
7) Brother/s	
8) Sister/s	
9) Other (please write who in the box)	

**1.4 How many brothers do you have?**

(Please write in the box)

--	--	--

**1.5 How many sisters do you have?**

(Please write in the box)

--	--	--

**1.6 Are you the....child?**

Eldest	
Middle	
Youngest	
Twin	

**1.7 What country were you born in?** (E.g. England)

--

**1.8 Which of the following best describes your ethnic background?**

1) White	
2) Mixed Race	
3) Black/Black British	
4) Chinese	
5) Asian/Asian British	
6) Other (Please write in the box)	

**1.9 How many times have you moved house/flat in the past five years?**

I have moved 

--	--

 times

## Section 2

## About alcohol

**2.1 How often do you drink alcohol** (A full drink, not just a sip)

1) I have never drank alcohol		➔ Go to Q 2.7
2) Less than once a month		
3) Monthly		
4) Weekly		
5) 2-4 times a week		
6) Daily or almost		
7) Don't know		

**2.2 How old were you when you had your first proper alcoholic drink?** (A full drink, not just a sip)

I was 

--	--

 years old

Code 

--	--	--	--	--	--	--	--	--	--

 Site postcode \_\_\_\_\_ Country code \_\_\_\_\_

**Section 2**

About alcohol

**2.3 How many times have you been drunk in the last month?**

(So if you get drunk once a week, this would be 4 times)

times I don't know

**2.4 Think back over the last 30 days. On how many occasions (if any) have you had any of the following to drink?**

(Cross one box on each line)

	0	1-2	3-5	6-9	10-19	20-39	40 or more
1) <b>Beer</b> (do not include alcohol free or low alcohol beer)							
2) <b>Cider</b> (do not include low alcohol cider)							
3) <b>Alcopops</b> (premixed drinks with an alcohol content of about 5%)							
4) <b>Wine</b>							
5) <b>Spirits</b> (whisky, cognac, include spirits mixed with soft drinks)							

**2.5 Where do you mostly get alcohol from?** (Please cross all that apply)

1) Don't know	<input type="checkbox"/>	6) Other adult	<input type="checkbox"/>
2) Given by a parent	<input type="checkbox"/>	7) Stolen from home	<input type="checkbox"/>
3) Older brother/sister	<input type="checkbox"/>	8) A bar/pub/club/disco	<input type="checkbox"/>
4) Friends	<input type="checkbox"/>	9) A shop/supermarket	<input type="checkbox"/>
5) Friends' parents	<input type="checkbox"/>	10) Other (please specify)	<input type="text"/>

**2.6 Where do you mostly drink your alcohol?** (Please cross all that apply)

1) Don't know	<input type="checkbox"/>
2) At home	<input type="checkbox"/>
3) In a public place (park, street, beach)	<input type="checkbox"/>
4) At a friends house	<input type="checkbox"/>
5) At a family members house	<input type="checkbox"/>
6) In a bar/pub/club/disco	<input type="checkbox"/>
7) Somewhere else (please specify)	<input type="text"/>

**2.7 How many of your friends drink alcohol?** (Please cross one box)

1) None of them drink alcohol	<input type="checkbox"/>
2) A few of them drink alcohol	<input type="checkbox"/>
3) Most of them drink alcohol	<input type="checkbox"/>
4) All of them drink alcohol	<input type="checkbox"/>

**2.8 How often do you think your Mother/Female Carer and/or Father/Male carer drink alcohol?** (Please cross one answer for each parent- if applicable)

	Mother	Father
1) Never	<input type="checkbox"/>	<input type="checkbox"/>
2) Less than once a month	<input type="checkbox"/>	<input type="checkbox"/>
3) Monthly	<input type="checkbox"/>	<input type="checkbox"/>
4) Weekly	<input type="checkbox"/>	<input type="checkbox"/>
5) 2-4 times a week	<input type="checkbox"/>	<input type="checkbox"/>
6) Daily or almost daily	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3**

About smoking

**3.1 Read the following statements and cross the box next to the one which best describes you:**

1) Never smoked	<input type="checkbox"/>	➡ Go to Q 3.3
2) Only ever tried smoking once	<input type="checkbox"/>	
3) Smoke sometimes but I never smoke a cigarette now	<input type="checkbox"/>	
4) Smoke cigarettes now but I don't smoke as many as one a week	<input type="checkbox"/>	
5) Smoke between one and six cigarettes a week	<input type="checkbox"/>	
6) Usually smoke more than six cigarettes a week	<input type="checkbox"/>	

**3.2 How old were you when you first tried smoking a cigarette? Even if it was only a puff or two?**

I was   years old

**3.3 How many of your friends smoke?** (Please cross one box)

1) None of them	<input type="checkbox"/>
2) A few of them	<input type="checkbox"/>
3) Most of them	<input type="checkbox"/>
4) All of them	<input type="checkbox"/>

**3.4 Do any of your family members smoke?** (Please cross one box on each line)

	Yes	No	Don't know	Don't have/ see this person
1) Mum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 4** About illegal drugs

**4.2 Have you ever used any of the following drugs?**

Cross one box for each line and write the age you tried this drug in the last box (if applicable)

	No	Yes, during the last 30 days	Yes, during the last 12 months	Yes, during lifetime	If yes, what age did you first try this drug? (write number in the box)
1) Cannabis (Marijuana/hashish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3) Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4) Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5) Semeron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7) Mephedrone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8) Other drug (please write the name below)	<input type="text"/>				

**4.2 How difficult would it be for you to get hold of any of the following substances if you wanted to on a scale of very difficult, fairly difficult, fairly easy or very easy?** (Please cross one box on each line)

	Very difficult	Fairly difficult	Fairly easy	Very easy
1) Cannabis (Marijuana/hashish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Semeron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Mephedrone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.3 How many of your friends take drugs?** (Please cross one box)

None of them	<input type="checkbox"/>
A few of them	<input type="checkbox"/>
Most of them	<input type="checkbox"/>
All of them	<input type="checkbox"/>

**4.4 How much do you think PEOPLE RISK harming themselves (physically or in other ways), if they.....**  
(Please cross one box)

	No risk	Slight risk	Moderate risk	Great risk	Don't know
1) Smoke marihuana or hashish (cannabis, weed) occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Smoke marihuana or hashish (cannabis, weed) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Try ecstasy once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Take ecstasy regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Try an amphetamine (speed, wizz) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Take amphetamines (speed, wizz) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5**

About family life

**5.1** Below is a list of statements about family life and rules that may be used by your parents/carers. Please cross the box which indicates how each statement or rule applies to you. (Please cross one box on each line)

	Never	Sometimes	Often	Always
1) My parents/carers ask if I have done my homework				
2) My parents/carers want me to call if I'm going to be late getting home				
3) The rules in my family are clear				
4) When I am not at home, one of my parents/carers knows where I am and who I am with				
5) I am allowed to smoke				
6) I am allowed to drink alcohol at home				
7) I am allowed to drink alcohol outside of home				
8) There is alcohol at home but I am not allowed to drink it				
9) My parents/carers talk to me about alcohol and related risks/harms				
10) My parents/carers talk to me about drugs, and related risks/harms				
11) My parents/carers talk to me about smoking cigarettes, and related risks/harms				
12) My parents/carers know the friends that I normally go out with				
13) My parents/carers are in contact with my friend's parents/carers				
14) My parents/carers argue				

**5.2** Please read the following statements describing the way mothers/carers sometimes act toward their children. Think about how each one of these fits with the way your MOTHER/FEMAL CARER treats you. Please cross the box which indicates how true each statement is on a scale of: almost always true, sometimes true, rarely true and almost never true. Please remember there is no right or wrong answer. If you do not have a mother then please go to Q 5.3.

	TRUE OF ME		NOT TRUE OF ME	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
<b>MY MOTHER / FEMALE CARER</b>				
1) Sees to it that I know exactly what I may or may not do				
2) Tells me exactly what time to be home when I go out				
3) Is always telling me how I should behave				
4) Believes in having a lot of rules and sticking to them				
5) Gives me as much freedom as I want				
6) Tells me exactly how I am to do my work (e.g. homework, chores)				
7) Lets me go any place I want without asking				
8) Insists that I must do exactly as I am told				
9) Lets me go out any time I want				
10) Would like to be able to tell me what to do all the time				
11) Gives me certain jobs to do and does not let me do anything else until they are done				
12) Lets me do anything I want to do				
13) Wants to control whatever I do				
14) Says nice things about me				
15) Makes it easy for me to tell her things that are important to me				
16) Is really interested in what I do				
17) Makes me feel wanted and needed				
18) Makes me feel what I do is important				
19) Cares about what I think, and likes me to talk about it				
20) Lets me know she loves me				
21) Treats me gently with kindness				

**Section 5**

About family life

**5.3** Please read the following statements describing the way FATHERS/MALE CARERS sometimes act toward their children. Think about how each one of these fits with the way your father/male carer treats you. Please cross the box which indicates how true each statement is on a scale of: almost always true, sometimes true, rarely true and almost never true. Please remember there is no right or wrong answer. **If you do not have a father/male carer then please go to Q 5.4**

	TRUE OF ME		NOT TRUE OF ME	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
<b>MY FATHER / MALE CARER</b>				
1) Sees to it that I know exactly what I may or may not do				
2) Tells me exactly what time to be home when I go out				
3) Is always telling me how I should behave				
4) Believes in having a lot of rules and sticking to them				
5) Gives me as much freedom as I want				
6) Tells me exactly how I am to do my work (e.g. homework, chores)				
7) Lets me go any place I want without asking				
8) Insists that I must do exactly as I am told				
9) Lets me go out any time I want				
10) Would like to be able to tell me what to do all the time				
11) Gives me certain jobs to do and does not let me do anything else until they are done				
12) Lets me do anything I want to do				
13) Wants to control whatever I do				
14) Says nice things about me				
15) Makes it easy for me to tell her things that are important to me				
16) Is really interested in what I do				
17) Makes me feel wanted and needed				
18) Makes me feel what I do is important				
19) Cares about what I think, and likes me to talk about it				
20) Lets me know she loves me				
21) Treats me gently with kindness				

**5.4** How often do you discuss problems with the following issues with your parents/carers?

Problems with...	Never	Sometimes	Often	Always
1) School performance (homework, grades)				
2) The type of friends you have				
3) Arriving home later than expected				
4) The way you dress (clothes you choose to wear)				
5) Your use of the internet				
6) Your use of the television				
7) The amount of housework you do				
8) Your use of alcohol				
9) Your use of tobacco				
10) Your use of cannabis				
11) Your use of cellular/mobile phones				
12) Your sexual behaviours				
13) The amount of money you spend				

**Section 6**

About school or college

**6.1** Please read each of the following statements about school or college and cross the box (never, sometimes, often or always) that tells about you in the last TWO WEEKS

	Never	Sometimes	Often	Always
1) Its hard to pay attention in class				
2) I forget things				
3) I have trouble keeping up with my schoolwork				
4) I miss school because of not feeling well				
5) I go to school, but sometimes miss lessons (e.g. bunk off)				
6) I don't go to school sometimes because I don't want to				
7) I don't go to school sometimes because my parents/carers let me stay off				
8) I am happy to be at this school/college				
9) I feel safe at my school/college				

**6.2** What do you think you will do in the future? (Please cross one box for each statement)

	Yes	No	Don't know	Already doing this
1) I will continue studyying (not university)				
2) I will go to university				
3) I will be unemployed				
4) I will leave school and get a job (without further study)				
5) I will start my own business				
6) Otro				

**Section 7**

About you, and problems you may have experienced

**7.1** Have you experienced any of the following in the LAST SIX MONTHS?  
(Please cross one box on each line)

	Yes	No
1) Stopped doing sports or hobbies		
2) Been injured after drinking		
3) Been in trouble with the police		
4) Used illegal drugs		
5) Not had much money		
6) Had a family relationship problem		
7) Had regretted sex		
8) Caught a sexually transmitted infection		
9) Lost/changed friends		
10) Become fat/put weight on		

**7.2** Below is a list of statements dealing with your general feelings about yourself. For each please place a cross in the box under your response.

	Strongly agree	Agree	Disagree	Strongly disagree
1) I feel that I'm a person of worth, at least on an equal plane with others				
2) I feel that I have a number of good qualities				
3) All in all, I am inclined to feel that I am a failure				
4) I am able to do things as well as most other people				
5) I feel I do not have much to be proud of				
6) I take a positive attitude toward myself				
7) On the whole, I am satisfied with myself				
8) I wish I could have more respect for myself				
9) I certainly feel useless sometimes				
10) At times I think I am no good at all				



**8.1 Do you use the Internet?**

Yes  ➡ Go to Q 8.2  
 No  ➡ First answer Q 8.1b then go to Q 9.1

**8.1b If not, why do you not use the internet?**

(Please write in the box below)

**8.2 Where do you access the Internet?** (Please cross all that apply)

- |                         |                          |
|-------------------------|--------------------------|
| 1) Home                 | <input type="checkbox"/> |
| 2) School/college       | <input type="checkbox"/> |
| 3) Internet café        | <input type="checkbox"/> |
| 4) Mobile Phone/iPad    | <input type="checkbox"/> |
| 5) Community centre     | <input type="checkbox"/> |
| 6) Other (Please state) | <input type="text"/>     |

**8.3 Approximately how long do you use the Internet for IN THE FAMILY HOME each week (in hours)?**

(Please cross one box)

- |                         |                          |
|-------------------------|--------------------------|
| 1) Never                | <input type="checkbox"/> |
| 2) 1-5 hours per week   | <input type="checkbox"/> |
| 3) 6-10 hours per week  | <input type="checkbox"/> |
| 4) 10-20 hours per week | <input type="checkbox"/> |
| 5) 20+ hours per week   | <input type="checkbox"/> |

**8.4 Approximately how long do you use the Internet for OUTSIDE THE FAMILY HOME each week?**

(Please cross one box)

- |                         |                          |
|-------------------------|--------------------------|
| 1) Never                | <input type="checkbox"/> |
| 2) 1-5 hours per week   | <input type="checkbox"/> |
| 3) 6-10 hours per week  | <input type="checkbox"/> |
| 4) 10-20 hours per week | <input type="checkbox"/> |
| 5) 20+ hours per week   | <input type="checkbox"/> |

**8.5 For what activities do you use the Internet most often** (e.g. daily or weekly)?

- |  |                          |
|--|--------------------------|
| 1) Social networking (e.g. Face book)        | <input type="checkbox"/> |
| 2) Chat rooms                                | <input type="checkbox"/> |
| 3) Downloading music/movies/games/TV series  | <input type="checkbox"/> |
| 4) Watching TV programmes (e.g. BBC iplayer) | <input type="checkbox"/> |
| 5) Shopping                                  | <input type="checkbox"/> |
| 6) Email or Instant Messaging                | <input type="checkbox"/> |
| 7) Gaming (e.g. Xbox Live)                   | <input type="checkbox"/> |
| 8) School work                               | <input type="checkbox"/> |
| 9) Other (Please state)                      | <input type="text"/>     |

**8.6 Do your parents/carers limit how much time you can spend using the Internet?**

Yes   
 No   
 Don't know

**8.7 Do you know if your parents/carers check the websites that you visit?**

Yes   
 No   
 Don't know

**8.8 Have you ever seen alcohol advertising on the internet?**

Yes   
 No   
 Don't know

**Section 9**

About your friends, family, leisure and where you live

**9.1** The next questions are about how often you personally contact relatives, friends and neighbours. Please read each item and cross the box under **HOW OFTEN** you...

	On most days	Once or twice a week	Once or twice a month	Less often than once a month	Never	Don't know
1) Speak to relatives on the phone?						
2) Speak to friends on the phone?						
3) Speak to neighbours (face-to-face)?						
4) Meet up with relatives who are not living with you?						
5) Meet up with friends?						

**9.2** Think about the last five times you went out with your friends. On average how many male and female friends did you go out with? (Please write the number in the box next to male and female. Write zero in a box if you did not go out with friends of this sex).

I went out with 

--	--

 male friends

I went out with 

--	--

 female friends

**9.3** How often (if at all) do you do each of the following?

	Never	A few times a year	Once or twice a month	At least once a week	Almost every day
1) Play computer games					
2) Actively participate in sports, athletics or exercising					
3) Read books for enjoyment (do not count school books)					
4) Go out in the evening (to a club, cafe, party etc)					
5) Other hobbies (play an instrument, sing, draw, write)					
6) Go around with friends to shopping centres, streets, parks etc just for fun					
7) Use the internet for leisure activities (chats, looking for music, playing games etc)					
8) Play on slot machines (the kind in which you may win money)					

**9.4** Do you get into venues (e.g. nightclubs) where the entrance is forbidden for people of your age (i.e. you are there 'underage')?

Yes 

--

No 

--

**9.5** On how many of the last four weekends have you gone out to a pub/bar/nightclub? (Please write number in the box)

weekends

**9.6** On how many nights in a weekend (including Friday, Saturday and Sunday) would you normally go to a nightclub? (Please write number in the box)

nights

**Section 9**

About your friends, family, leisure and where you live

**9.7** Another topic we are interested in is trust. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? (Please cross one box)

1) Most people can be trusted	
2) Can't be too careful in dealing with people	
3) It depends on people/circumstances	
4) Don't know	

**9.8** During the last 12 months have you given any unpaid help (volunteer work) to any of the following groups, clubs or organisations? Please cross all that apply and write the number of hours you took part in this work per week.

Type of volunteer work	Took part	Average hours per week
1) After school events (e.g. fundraising for school)	<input type="checkbox"/>	
2) Political group (e.g. election campaign activity)	<input type="checkbox"/>	
3) Church group (e.g. helped at a church jumble sale)	<input type="checkbox"/>	
4) Youth group (e.g., Community, Scouts or Guides event)	<input type="checkbox"/>	
5) Sports club (e.g. fundraising for equipment)	<input type="checkbox"/>	
6) Any other help (Please state)	<input type="checkbox"/>	

**9.9** Please read the following statements and select how much you agree with each. (Please cross the box under your selected response)

	A lot	A fair amount	Not very much	Not at all	No experience to comment	Don't know
1) I can trust the police						
2) I can trust my teachers						
3) I can trust Members of Parliament (MPs)						
4) I can trust my doctor						
5) People in my neighbourhood try to be helpful						
6) People in my neighbourhood tend to look out for themselves						
7) People in this neighbourhood can be trusted						
8) I live in close-knit neighbourhood (e.g. people are closely united or joined together)						
9) People around here are willing to help their neighbours						
10) People in this neighbourhood don't generally get along with each other						
11) People in this neighbourhood do not share the same values (e.g. judgements about what is important in life)						

**Many thanks for taking the time  
to complete this questionnaire.**

**Quickly check that you have  
answered all the questions.**

**Remember that no one  
else will see your answers.**

