

Planet Youth Survey

2022



Paper Reference Version

Introduction

To students

This is an anonymous survey. **It will be impossible to trace your answers to you.**

Try to answer all the questions, but if you are not comfortable answering a question, or do not want to answer a question, just leave it blank.

There are no right or wrong answers, the important thing is sharing your opinion.

Thank you for participating.

Planet Youth Committee

General Information

1) What year were you born?

- Before 2004
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009

2) What school year are you in now?

- Transition Year
- 5th Year
- Leaving Cert
- LCA/QQI

3) Did you sit the Junior Certificate earlier this year?

- Yes
- No, another year

4) How would you describe your gender?

- Male
 - Female
 - Non-Binary
 - Prefer not to say
-

General Information

5) What is your ethnic/cultural background?

- Irish
- Irish traveller
- Any other white background
- Asian Irish
- Chinese
- Any other Asian background
- Black Irish
- African
- Any other black background
- Roma
- Other

6) Who do you live with? (Choose the option that suits best)

- I live with both my parents
- Mother but not father

- Father but not mother
- Mother and her partner
- Father and his partner
- Grandparent(s) and mother/father
- Only grandparent(s) and not mother/father
- I live in a different arrangement (foster family, carer, other relatives, etc.)
- I am an exchange student and live with a host family

7) Where were you born?

- In Ireland
- In another country

General Information

8) What is the highest level of education your mother/carer completed?

- College or University
- Secondary School
- Primary School
- Don't know

9) What is the main occupation of your mother/carer?

- Works at home (Stay-at-home parent/carer, takes care of the household)
- Works part-time
- Works full-time
- Unemployed
- Not working due to disability
- Studying
- Studying and also working
- Don't know/doesn't apply

10) What is the highest level of education your father/carer completed?

- College or University
- Secondary School
- Primary School
- Don't know

11) What is the main occupation of your father/carer?

- Works at home (Stay-at-home parent/carer, takes care of the household)
- Works part-time
- Works full-time
- Unemployed
- Not working due to disability
- Studying
- Studying and also working
- Don't know/doesn't apply

12) What languages are spoken in your home?

- English
- Irish
- English and Irish
- English and a different language
- Only a different language

13) To what extent do the following apply to your situation?

	Almost never	Rarely	Sometimes	Often	Almost always
My parents/carers can't afford to have a car	()	()	()	()	()
My parents/carers hardly have enough money to pay for necessities (e.g., food, housing, phone)	()	()	()	()	()

School Life

14) To what extent do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I think schoolwork is important	()	()	()	()	()
I find schoolwork interesting	()	()	()	()	()
I am organised and well prepared for classes	()	()	()	()	()
I think I put enough effort into my schoolwork	()	()	()	()	()
I find schoolwork easy	()	()	()	()	()
I feel good at school	()	()	()	()	()
I get along with the teachers	()	()	()	()	()
I find schoolwork hard	()	()	()	()	()
I want to change schools	()	()	()	()	()
I want to complete my leaving certificate	()	()	()	()	()

15) To what extent do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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There are adults at my school that care about me	()	()	()	()	()
There are adults at my school that are fair and kind to me	()	()	()	()	()
There are adults at my school that notice when I'm having a hard time and offer to help me	()	()	()	()	()
There are adults at my school that believe I can make the world a better place	()	()	()	()	()
At my school, it is not a big deal to make mistakes while trying your best	()	()	()	()	()
My school is helping me achieve goals that matter to me	()	()	()	()	()
I have a good time participating in activities at my school	()	()	()	()	()
My school helps me discover things I'm good at doing	()	()	()	()	()
At least one thing I do at my school makes me want to be the best I can be	()	()	()	()	()
The students at my school are nice to each other	()	()	()	()	()
I feel confident that I could stand up for someone that was being bullied in my school	()	()	()	()	()
My friends think we should try our best at school	()	()	()	()	()
I have friends at school that care about me	()	()	()	()	()
Doing my best in school now will help me have a good life when I'm older	()	()	()	()	()

schoolwork								
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23) To what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
There is an after school social space in my area where I can meet friends or do activities	()	()	()	()	()
There is a suitable outdoor youth space in my area	()	()	()	()	()
There are activities for me to do in my area	()	()	()	()	()
There are activities for me to do in my area but I cannot access them due to no transport	()	()	()	()	()
I cannot access activities because my parents/carers can't afford them	()	()	()	()	()
I live in a rural location and rely on parents/carers for transport	()	()	()	()	()
I am a newcomer to the area and I'm not sure what's available	()	()	()	()	()
There is no public transport near me	()	()	()	()	()
There is no public transport at the weekends to suit my needs	()	()	()	()	()

24) How often do you do the following?

	Never or almost never	Less than once a month	1-3 times a month	1-3 times a week	4 times a week or more
Hang out at a friend's home with no adult present	()	()	()	()	()
Hang out with friends in the streets	()	()	()	()	()

Hang out with friends at a local shopping centre or shops	()	()	()	()	()
Hang out with friends in an abandoned building or empty house	()	()	()	()	()

25) To what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is good to live in my neighbourhood/community	()	()	()	()	()
In the future I would like to continue to live in my neighbourhood/community	()	()	()	()	()
In the future I would like to move to another place in Ireland	()	()	()	()	()
In the future I would like to move abroad	()	()	()	()	()

Home Life

26) How well do the following statements apply to you?

	Very well	Well	Poorly	Very poorly
My parents/carers think it is important that I do well in my schoolwork	()	()	()	()
My parents/carers set rules about what I can do at home	()	()	()	()
My parents/carers set rules about what I can do outside the home	()	()	()	()
My parents/carers set rules about when I should be home in the evening	()	()	()	()
My parents/carers know where I am in the evenings	()	()	()	()
My parents/carers know who I am with in the evenings	()	()	()	()
My parents/carers know my friends	()	()	()	()

My parents/carers know the parents of my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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27) How easy or hard would it be for you to receive the following from your parents/carers?

	Very easy	Easy	Hard	Very hard
Caring and warmth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice about personal matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice about schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28) How does the following apply to you?

	Almost never	Rarely	Sometimes	Often	Almost always
I spend time with my parents/carers during the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend time with my parents/carers at the weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29) To what extent do the following statements apply to you?

	Almost never	Rarely	Sometimes	Often	Almost always
I feel safe at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30) How many evenings, in the last week, were you outside after midnight?

- None
- One
- Two
- Three
- Four
- Five
- Six
- Seven

31) How many hours do you sleep on average every night?

- More than 9 hours
- About 9 hours
- About 8 hours
- About 7 hours
- About 6 hours
- Less than 6 hours

Sleep

32) What time do you usually go to bed on a school night?

- 21.30
- 22.00
- 22.30
- 23.00
- 23.30
- 00.00
- After midnight

33) What time do you usually get to sleep on a school night?

- Before 22:00
- 22:00
- 22:30
- 23:00
- 23:30
- 00:00
- 00:30
- 01:00
- 01:30
- 02:00
- Later than 02:00

34) What time do you usually get up on a school day?

- Before 06.30
- 06.30
- 06.45
- 07.00
- 07.15
- 07.30
- 07.45
- 08.00
- After 08.00

35) Do you have a phone in your bedroom at night?

- Yes
- No

36) Do you ever feel tired during the school day?

- Yes
- No

37) Do you ever fall asleep during the school day?

- Yes
- No

Wellbeing

38) How would you rate your mental health?

- Very good
- Good
- Okay
- Bad
- Very bad

39) How often does the following describe your mood in the last week?

	Never or almost never	Rarely	Sometimes	Often
I was easily annoyed or irritated	()	()	()	()
I experienced outbursts of anger that I could not control	()	()	()	()
I wanted to break or damage things	()	()	()	()
I had a row with someone	()	()	()	()
I yelled at somebody or threw things	()	()	()	()

40) To what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
I feel that I am worth at least as much as other people	()	()	()	()
I have number of good qualities	()	()	()	()
I am inclined to feel that I am a failure	()	()	()	()
I am able to do things as well as most other people	()	()	()	()
I feel I do not have much to be proud of	()	()	()	()
I take a positive attitude towards myself	()	()	()	()
On the whole I am satisfied with myself	()	()	()	()
I wish I had more respect for myself	()	()	()	()
At times I think I am no good at all	()	()	()	()
I certainly feel useless at times	()	()	()	()

41) How do the following statements apply to you in the last TWO weeks?

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	()	()	()	()	()

I've been feeling useful	()	()	()	()	()
I've been feeling relaxed	()	()	()	()	()
I've been dealing well with problems	()	()	()	()	()
I've been thinking clearly	()	()	()	()	()
I've been feeling close to other people	()	()	()	()	()
I've been able to make up my mind about things	()	()	()	()	()

42) How do the following statements apply to you?

	Very well	Well	Poorly	Not at all
When I think about how I will look in the future, I am pleased	()	()	()	()
I think that I am ugly and unattractive	()	()	()	()
I am happy with my body	()	()	()	()
I am happy with the physical changes that have taken place in my body during the past few years	()	()	()	()
I feel physically strong and healthy	()	()	()	()
I am content with my life	()	()	()	()
I am happy	()	()	()	()

43) How often did the following statements apply to you in the last month?

	Never	Almost never	Sometimes	Fairly often	Very often
I have been upset because of something that happened unexpectedly	()	()	()	()	()
I have felt unable to control the important things in my life	()	()	()	()	()
I have felt nervous and stressed	()	()	()	()	()
I have felt confident about my ability to handle my personal problems	()	()	()	()	()

I have felt that things were going my way	()	()	()	()	()
I have found myself unable to cope with all the things that I had to do	()	()	()	()	()
I have not been able to control irritations in my life	()	()	()	()	()
I have not felt on top of things	()	()	()	()	()
I have been angered because of things that happened that were outside my control	()	()	()	()	()
I have felt difficulties were piling up so high that I could not overcome them	()	()	()	()	()

44) How do the following statements apply to you?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times	()	()	()	()	()
I have a hard time making it through stressful events	()	()	()	()	()
It does not take me long to recover from a stressful event	()	()	()	()	()
It is hard for me to snap back when something bad happens	()	()	()	()	()
I usually come through difficult times with little trouble	()	()	()	()	()
I tend to take a long time to get over setbacks in my life	()	()	()	()	()

45) How often did you feel any of the following mental or physical discomforts in the last week?

	Almost never	Rarely	Sometimes	Often
I felt nervous	()	()	()	()
Sudden fear for no apparent reason	()	()	()	()

I felt tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had little appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cried easily or wanted to cry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt sad or blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was not excited about doing anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was slow or had little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought the future seemed hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought of completing suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46) During your lifetime have you thought about harming yourself on purpose? (e.g., scratching, burning, preventing wounds from healing, punching)

- Never
- Once
- Twice
- 3-4 times
- 5 times or more often

47) During your lifetime have you harmed yourself on purpose? (e.g., scratching, burning, preventing wounds from healing, punching)

- Never
- Once
- Twice
- 3-4 times
- 5 times or more often

48) Have any of these things happened to you? (Select as many **OPTIONS** as apply to you in **EACH** category)

	Yes, in the last 30 days	Yes, in the last 12 months	Yes, more than 12 months ago	No
A serious accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A severe illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A separation or divorce of your parents/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A serious argument with your parents/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Witnessed your parents/carers having a serious argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witnessed physical violence in your home where an adult was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witnessed psychological violence/abuse in your home where an adult was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in physical violence in your home where an adult was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The death of a parent/carer or sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The death of a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A break up with a girlfriend/boyfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been rejected by your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A separation from a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received an exceptionally low grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father or mother lost a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father or mother was in prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father or mother had/has drinking or drug problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been dismissed from class or sent to the principal's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been expelled from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced sexual abuse (victim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced sexual abuse where an adult from the family was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced sexual abuse where an adult from outside the family was involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49) Does any of the following apply to you?

	Yes	No
Has somebody told you that he/she was thinking about suicide?	()	()
Has any of your friends or someone else close to you attempted suicide?	()	()
Has any of your friends or someone else close to you died by suicide?	()	()
Have you ever thought about completing suicide?	()	()
Have you ever seriously considered completing suicide?	()	()
Have you ever told anyone that you were thinking about completing suicide?	()	()
Have you ever made an attempt to complete suicide?	()	()
Have you made an attempt to complete suicide in the last 6 months?	()	()

50) Support with mental health issues

	Yes	No
Have you ever thought you could do with help with mental health issues?	()	()
Have you ever looked for help or support with mental health issues?	()	()
Do you know any supports available to help you cope with mental health issues?	()	()

Smoking

51) How often have you smoked cigarettes in your lifetime?

- () Never
- () 1-2 times
- () 2-5 times
- () 6-9 times
- () 10-19 times
- () 20-39 times
- () 40 times or more

52) How often have you smoked cigarettes during the last 12 months?

- () Never
- () 1-2 times
- () 2-5 times
- () 6-9 times
- () 10-19 times
- () 20-39 times
- () 40 times or more

53) How many cigarettes, on average, have you smoked in the last 30 days?

- () None
- () Less than one cigarette a week

- Less than one cigarette a day
- 1-5 cigarettes a day
- 6-10 cigarettes a day
- 11-20 cigarettes a day
- More than 20 cigarettes a day

54) How do you usually get your cigarettes?

	Never	Rarely	Sometimes	Often
I buy them in a shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent / carer gives them to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get them from a sister or brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adult who isn't in my family gets them for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take them from a family member without them knowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get them from my friends or schoolmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55) Do any of the following people smoke tobacco on a daily basis?

	Yes	No	Doesn't apply
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vaping

56) How often have you used vapes or bars in your lifetime?

- Never
- 1-2 times
- 2-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 times or more

57) How often have you used vapes or bars during the last 12 months?

- Never
- 1-2 times
- 2-5 times

- 6-9 times
- 10-19 times
- 20-39 times
- 40 times or more

58) How often have you used vapes or bars, on average, during the last 30 days?

- Never
- Less than once a week
- Less than once a day
- 1-5 times a day
- 6-10 times a day
- 11-20 times a day
- More than 20 times a day

59) How do you usually get your vaping products?

	Never	Rarely	Sometimes	Often
I buy them in a shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent / carer gives them to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get them from a sister or brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adult who isn't in my family gets them for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take them from a family member without them knowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get them from my friends or schoolmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60) For each of the following choose a statement that best fits your views

	Strongly Agree	Agree	Neither disagree nor agree	Disagree	Strongly Disagree
Do you think vapes are addictive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think vaping is generally safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think vaping is safer than smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think vaping damages your lungs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think it would be easier for you to try drugs like cannabis using a vaping device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcopops (alcoholic soft drinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66) How often have you had six or more standard drinks within a two hour period or less?

(1 standard drink is ½ pint of beer, small glass of wine, single measure of spirits)

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 times or more

67) Do you drink alcohol in the following places?

	Never	Rarely	Sometimes	Often
In your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In someone else's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors (e.g., in the street, in a park, field etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a nightclub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a party or other organised event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a party or other organised event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a school tour or daytrip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68) How do you usually get the alcohol you drink?

	Never	Rarely	Sometimes	Often
I buy it in a pub or a shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent/carer gives it to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get it from a friend's parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another adult gets it for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take it from a shop without paying for it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I take it from a family member without them knowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get it from friends or schoolmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get it from a dial a drink/delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69) Do any of the following people get drunk at least once each week?

	Yes	No	Doesn't apply
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drugs

70) How often have you used cannabis products in your lifetime?

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 times or more

71) How often have you used cannabis products in the last 12 months?

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 times or more

72) How often have you used cannabis products in the last 30 days?

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 times or more

73) In what forms have you used cannabis before?

Party pills or powders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laughing gas or other inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance use issues

76) How difficult do you think it would be for you to get cannabis if you wanted?

- Impossible
- Very difficult
- Fairly difficult
- Fairly easy
- Very easy
- Don't know

77) How do you think your parents/carers would react if you did any of the following?

	Totally against it	Against it	A bit against it	They would not care
Smoked cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used vaping products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

78) How harmful do you think the following drugs might be?

	Very harmful	Mostly harmful	Mostly not harmful	Not harmful	Not sure
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (e.g., E-tablets, MDMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79) To what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Sometimes you need to smoke cigarettes so you're not left out of the peer group	()	()	()	()	()
Sometimes you need to vape so you're not left out of the peer group	()	()	()	()	()
Sometimes you need to drink alcohol so you're not left out of the peer group	()	()	()	()	()
Sometimes you need to use cannabis so you're not left out of the peer group	()	()	()	()	()
Sometimes you need to skip classes so you're not left out of the peer group	()	()	()	()	()

80) How many of your friends do you think do the following?

	None	A few		Some	Most	Almost all
Smoke cigarettes	()	()		()	()	()
Drink alcohol	()	()		()	()	()
Get drunk at least once a month	()	()		()	()	()
Use cannabis	()	()		()	()	()

81) How often during your lifetime has the following happened?

	Never	Once	Twice	3-4 times	5 times or more
You have been threatened over a drug debt?	()	()	()	()	()
A member of your family has been threatened over a drug debt?	()	()	()	()	()
A friend was threatened about a drug debt?	()	()	()	()	()

Other life experiences

82) How often has the following happened in your lifetime?

	Never	Once	Twice	3-4 times	5 times or more
You were teased by a group?	()	()	()	()	()
You were attacked by a group?	()	()	()	()	()
You were a victim of racial abuse?	()	()	()	()	()
You were a victim of sexual harassment?	()	()	()	()	()
You were a victim of sexual violence?	()	()	()	()	()

83) How often has the following happened in the last 12 months?

	Never	Once	Twice	3-4 times	5 times or more
You were teased by a group?	()	()	()	()	()
You were attacked by a group?	()	()	()	()	()
You were a victim of racial abuse?	()	()	()	()	()
You were a victim of sexual harassment?	()	()	()	()	()
You were a victim of sexual violence?	()	()	()	()	()

84) How often has the following happened in your lifetime?

	Never	Once	Twice	3-4 times	5 times or more often
You were bullied at school by someone	()	()	()	()	()
You were bullied online by someone	()	()	()	()	()
You bullied someone online yourself	()	()	()	()	()

85) How often has the following happened in the last 12 months?

	Never	Once	Twice	3-4 times	5 times or more often
You were bullied at school by someone	()	()	()	()	()
You were bullied online by someone	()	()	()	()	()
You bullied someone online yourself	()	()	()	()	()

86) How often has the following happened in your lifetime?

	Never	Once	Twice	3-4 times	5 times or more
You have been asked to send a sexually explicit image of yourself through social media	()	()	()	()	()
You sent a sexually explicit image of yourself to someone through social media	()	()	()	()	()
You asked someone to send you a sexually explicit image through social media	()	()	()	()	()
Somebody shared a sexually explicit image of you without your permission	()	()	()	()	()
You shared or reshared a sexually explicit image without permission	()	()	()	()	()

87) How often have you done the following in the last 12 months?

	Never	Once	Twice	3-4 times	5 times or more
Engaged in any sexual activity	()	()	()	()	()
Engaged in sexual intercourse	()	()	()	()	()
Engaged in oral sex	()	()	()	()	()
Engaged in sexual intercourse without using a condom	()	()	()	()	()

Engaged in sexual activity under the influence of alcohol	()	()	()	()	()
Engaged in sexual activity under the influence of other drugs	()	()	()	()	()
Felt pressured to engage in sexual activity by a sexual partner or your peer group	()	()	()	()	()
Viewed pornography	()	()	()	()	()
Felt pressured to view pornography by a sexual partner or your peer group	()	()	()	()	()
Used pornography as a source of information to learn about sex	()	()	()	()	()
Spoken to a parent/carer regarding your sexual health	()	()	()	()	()
Spoken to a medical professional regarding your sexual health	()	()	()	()	()
Received information in school regarding your sexual health	()	()	()	()	()

88) How often have you done the following in the last 12 months?

	Never	Once	Twice	3-4 times	5 times or more
Placed a bet in a bookmaker's shop	()	()	()	()	()
Placed a bet using an app on your phone	()	()	()	()	()

89) How many of the following drinks do you drink every day?

	None	One	Two	Three	Four	Five	6 or more
Fizzy drinks (e.g. Fanta, Coke, 7Up)	()	()	()	()	()	()	()
Energy drinks (e.g. RedBull, Monster)	()	()	()	()	()	()	()

90) How often do you do the following?

Youth space

92) **If you could design a youth space what would you like it to be?** (You can place these in order of preference)

- _____ A place to hang out with friends
- _____ A place to meet new people
- _____ A safe space to be myself
- _____ A performance space
- _____ A place to do activities/try new things
- _____ A place to get information/advice
- _____ A place to go for support from an understanding adult

93) **(Optional) Have you any feedback or comments on what it was like to do this survey?**

Remember this is an anonymous survey, don't leave your name or any personal details.

Thank you!

Thank you very much for completing this lengthy survey.

Your responses are important and the information gathered will be used to make improvements for young people.
