



Northern Ireland
Statistics &
Research
Agency

**YOUNG PERSONS'
BEHAVIOUR AND ATTITUDES
SURVEY
2013**

Version A

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

DEMOGRAPHICS

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

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

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

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

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

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

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

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

- Yes, has a job/is self employed 1
- No – not working 2
- No – retired 3
- Do not have a father 4
- Don't know 5

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

- Yes, has a job/is self employed 1
- No – not working 2
- No – retired 3
- Do not have a mother 4
- Don't know 5

A6. What is your ethnic group?
(Tick one option that best describes your ethnic group or background)

- White** 1
- Irish Traveller** 2
- Mixed/ Multiple ethnic groups**
- White and Black Caribbean 3
- White and Black African 4
- White and Asian 5
- Any other Mixed/Multiple ethnic background 6
- Asian/ Asian British**
- Indian 7
- Pakistani 8
- Bangladeshi 9
- Chinese 10
- Any other Asian background 11
- Black/ African/ Caribbean/ Black British**
- African 12
- Caribbean 13
- Any other Black/African/Caribbean background 14
- Other ethnic group**
- Arab 15
- Any other ethnic group, please specify _____ 16
- Don't know 17

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

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

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

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

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

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

A10. Do you have any physical or mental health conditions or illnesses, lasting or expected to last, for 12 months or more?

- Yes 1 → Continue to Question A11
No 2 → Go to Question A12

A11. Does your condition or illness/ do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

- Yes, a lot 1
Yes, a little 2
Not at all 3

A12. In the last 12 months, which, if any, of the following conditions/ disorders have you had? (Tick all that apply)

- | | | | |
|--------------------------------------|-----------------------------|---|-----------------------------|
| Acne | <input type="checkbox"/> 1 | Diabetes | <input type="checkbox"/> 6 |
| Allergies/rashes | <input type="checkbox"/> 2 | Migraine | <input type="checkbox"/> 7 |
| Chest infection
(e.g. bronchitis) | <input type="checkbox"/> 3 | Eating disorder
(e.g. anorexia, bulimia) | <input type="checkbox"/> 8 |
| Asthma | <input type="checkbox"/> 4 | Depression/anxiety | <input type="checkbox"/> 9 |
| Epilepsy | <input type="checkbox"/> 5 | Autism (ASD) | <input type="checkbox"/> 10 |
| None of the above | <input type="checkbox"/> 11 | | |

FAMILY FINANCIAL CIRCUMSTANCES

B1. How well off do you think your family is financially?

- Not at all well off 1
Not very well off 2
Average 3
Well off 4
Very well off 5

B2. Do you have your own bedroom for yourself in the home where you normally live?

- Yes 1
No 2
Not sure 3

B3. Does your family own a car, van or truck?

- Yes, one 1
Yes, two or more 2
No 3

B4. During the past 12 months, how many times did you travel away on holiday with your family?

- Not at all 1
Once 2
Twice 3
More than twice 4

B5. How many computers or laptops does your family own?

- None 1
One 2
Two 3
3 or more 4

SUBJECT CHOICES

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

C1. I have a good choice of subjects.

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

C2. I am able to study subjects in which I am interested.

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

C3. I am able to study subjects which I am good at.

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

C4. Have you ever heard of the term STEM (Science, Technology, Engineering and Maths)?

- | | | | |
|-----|--------------------------|---|---------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question C5 |
| No | <input type="checkbox"/> | 2 | → Go to Question C9 |

C5. Have you ever heard of STEM career choices/ pathways?

- | | | | |
|-----|--------------------------|---|---------------------------|
| Yes | <input type="checkbox"/> | 1 | → Continue to Question C6 |
| No | <input type="checkbox"/> | 2 | → Go to Question C8 |

**C6. Where did you hear about STEM career choices/ pathways?
(Tick all that apply)**

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

C7. Did any of the STEM career choices/ pathways influence your choice for GCSE/ "A" Level subjects/ vocational courses/ work experience or career choices?

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

C8. Overall, how would you rate your knowledge of STEM?

- Very good 1
- Good 2
- Poor 3
- Very poor 4

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

C9. I chose subjects with a career area in mind.

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

C10. I am content with the advice I got about my subject choices from my careers teachers.

- Strongly agree 1
Agree 2
Neither agree nor disagree 3
Disagree 4
Strongly disagree 5
Did not receive advice from careers teachers 6

C11. I am content with the advice I got about my subject choices from my other teachers.

- Strongly agree 1
Agree 2
Neither agree nor disagree 3
Disagree 4
Strongly disagree 5
Did not receive advice from other teachers 6

C12. I am content with the advice I got about my subject choices from careers advisors (from an outside organisation).

- Strongly agree 1
Agree 2
Neither agree nor disagree 3
Disagree 4
Strongly disagree 5
Did not receive advice from external careers advisors 6

C13a. Do you ever attend lessons for any of your subjects at places other than your own school...leading to a recognised academic qualification?

- Yes 1 → Continue to Question C14
No 2 → Go to Question C16

C13b. Do you ever attend lessons for any of your subjects at places other than your own school... not leading to a recognised academic qualification (for example an activity such as sport, music, etc or a short enrichment course)?

- Yes 1 → Continue to Question C14
No 2 → Go to Question C16

**C14. Where else do you attend lessons/ courses?
Tick all that apply**

- Another school 1
A college 2
A training organisation 3
Other (please say where) _____ 4

C15. Overall, how well does this work out for you?

- Very well 1
Quite well 2
Not very well 3
Not at all well 4

C16. Do you have any of your lessons delivered online from another school/ college?

- Yes 1 → Continue to Question C17
No 2 → Go to Question D1

C17. Overall, how well does this work out for you?

- Very well 1
Quite well 2
Not very well 3
Not at all well 4

NEXT STEPS

D1. Which of the following do you want to do immediately after you finish year 12? Where relevant, this should include all courses over the following two year period. (Tick all that apply)

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

D2. The government gives money to pupils who stay in education after 16, depending on their family circumstances. Have you heard about this Education Maintenance Allowance (EMA)?

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

D3. If you were eligible to receive an allowance of £60 every two weeks and a cash bonus of £100 every so often would you stay on at school or go to Further Education College? (Tick one box only)

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

STARTING A BUSINESS (Year 11 & 12 only)

E1. Would you be interested in starting your own business at any time in the future?

Yes 1

No 2

E2. Do you have a business idea?

Yes 1 → Continue to Question E3

No 2 → Go to Question E4

E3. Which category does your business idea fall into?

Manufacturing 1

Construction 2

Retail 3

Catering and Hospitality/Leisure/Entertainment 4

Finance and Business 5

Computing and ICT 6

Education 7

Health and Beauty 8

Domestic Services e.g. gardening/cleaning 9

Transport/Vehicle Service 10

Craft Products and services/Creative Arts 11

Agricultural 12

Environmental 13

Professional Services e.g. dentists/solicitors/accountancy 14

Other 15

E4. Are you aware of any support that is available to help you start your own business?

Yes 1

No 2

**E5. Which, if any, of these organisations have you heard of?
Tick all that apply**

- Invest NI 1
Local Enterprise Agencies 2
Princes Trust 3
Advantage 4
None of these 5

E6. Did/ do you have an opportunity in school to trial a business idea?

- Yes 1 → Go to Question E8
No 2 → Continue to Question E7

E7. Would this have been of interest?

- Yes 1
No 2

E8. Do you know someone personally who has started a business in the last 2 years?

- Yes 1
No 2

E9. Would you like to have the knowledge, skills and experience to start a business?

- Yes 1
No 2

E10. Would fear of failure prevent you from starting a business?

- Yes 1
No 2

Do you agree with the following statements?

	Yes	No
E11. In Northern Ireland most people consider starting a new business a desirable career choice.	<input type="checkbox"/>	<input type="checkbox"/>
E12. In Northern Ireland those successful at starting a new business have a high level of status and respect.	<input type="checkbox"/>	<input type="checkbox"/>
E13. In Northern Ireland you will often see stories in the public media about successful new businesses.	<input type="checkbox"/>	<input type="checkbox"/>

E14. Can you think of a person/ s in business who you would consider to be a role model?

Yes 1 → Continue to Question E15

No 2 → Go to Question F1

E15. Considering your role model, how much influence does having this role model have on your decisions about your career?

Very influential 1

Quite influential 2

Not very influential 3

Not at all influential 4

SCHOOL

F1. Think about each of the following statements and tick one box on each line to show how strongly you agree or disagree with them.

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

F2. Overall, how do you feel about school at present?

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

F3. How often do you find that school is boring?

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

F4. How many days did you skip/ scheme/ bunk/ truant/ mitch/ skive classes or school this term?

- 0 days 1
- 1 day 2
- 2 days 3
- 3 days 4
- 4 or more days 5

F5. Have you ever been expelled or suspended from school?

- Yes 1 → Continue to Question F6
- No 2 → Go to Question F7

F6. Why were you expelled or suspended?

- Alcohol abuse 1
- Bullying of a pupil 2
- Disruptive behaviour in class 3
- Persistent infringement (breaking) of school rules 4
- Physical attack on pupil 5
- Physical attack on staff 6
- Significant damage to, or misuse of, property 7
- Stealing 8
- Substance abuse 9
- Verbal abuse of pupil 10
- Verbal abuse of staff 11

F7. If you have problems at school, are your parents/ guardians willing to help you?

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

**F8. Which of the following people encourage you to do well at school?
(Tick all that apply)**

- Nobody encourages me 1
The Principal/Headmaster/Headmistress 2
My teachers 3
Other pupils 4
My family 5
Other/Somebody else 6

F9. Which of the following people expect too much of you? (Tick all that apply)

- Nobody expects too much of me 1
The Principal/Headmaster/Headmistress 2
My teachers 3
Other pupils 4
My family 5
Other/Somebody else 6

F10. Have you ever had any difficulty learning/ studying any subjects?

- Yes 1 → Continue to Question F11
No 2 → Go to Question F13

F11. Did you receive any extra support?

- Yes 1 → Continue to Question F12
No 2 → Go to Question F13

**F12. Who provided the support?
(Tick all that apply)**

- One of my teachers 1
Another teacher 2
Parent 3
Brother/sister 4
Tutor 5
Friend 6
Other 7

F13. How stressed do you feel by the school work you have to do?

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

F14. At night, do you have difficulty falling asleep because you are thinking about school?

- Yes, Often 1 → Continue to Question F15
Yes, Sometimes 2 → Continue to Question F15
No, Never 3 → Go to Question F16

F15. What is it about school that you are worried about?

- Exams/tests 1
Homework 2
Falling behind in class 3
Teachers 4
Other pupils 5
Bullying 6
Other (please say other reason) _____ 7

F16. Does your school have a school council?

- Yes 1 → Continue to Question F17
No 2 → Go Question F19
Don't know 3 → Go Question F19

F17. Do you think the school council is an effective way for pupils to get their views across?

- Yes 1
No 2
Don't know 3

F18. Does the school council play an active role in decisions that impact on the pupils' school day?

Yes 1 → Go Question F20

No 2 → Go Question F20

Don't know 3 → Go Question F20

F19. If your school does not have a school council, what other forms of pupil participation are offered?

Questionnaires/surveys 1

Interest groups 2

Other (please say what) _____ 3

None 4

F20. Have you heard of the United Nations Convention on the rights of the Child (UNCRC)? (This is an agreement made by nearly every country in the world that their Government will make sure children and young people have certain rights.)

Yes 1 → Continue to Question F21

No 2 → Go to Question F23

F21. Where did you first hear about the United Nations Convention on the rights of the Child? (Tick one box only)

Friends 1

School 2

Internet 3

Newspaper 4

Magazine 5

TV 6

Youth groups 7

Library 8

Other (please say) 9

**F22. How do you feel about the United Nations Convention on the rights of the Child?
(Tick all that apply)**

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

F23. Do you feel you have the chance to give your views about issues that affect you?

- Yes 1 → Continue to Question F24
- No 2 → Go to Question F26

F24. Do you think your views are listened to?

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

**F25. Who do you give your views to?
(Tick all that apply)**

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

F26. Have you heard of the Commissioner for Children and Young people for Northern Ireland (NI CCY)?

- Yes 1 → Continue to Question F27
No 2 → Go to Question F28

F27. How do you know about the Commissioner for Children and Young people for Northern Ireland (NI CCY)? (Tick one box only)

- Friends 1
School 2
Internet 3
Newspaper 4
Magazine 5
TV 6
Youth groups 7
Library 8
Other (please say what) _____ 9

F28. How often do you participate in voluntary or community work (e.g. charity fundraising)?

- More than once a week 1
Weekly 2
Monthly 3
A few times a year 4
Rarely 5
Never 6

(Questions F29 – F35: ask to Year 11 & 12 only)

F29. Have you received education in school on Community Relations, Equality and Diversity (CRED)?

Yes 1 → Continue to F30

No 2 → Go to G1

**F30. What subject area was used to deliver CRED?
Tick all that apply**

History 1

English 2

Maths 3

Citizenship 4

Learning for Life and Work 5

Other (please say what) _____ 6

F31. As a result of this would you say you know more about CRED?

Yes 1

No 2

Don't know 3

F32. As part of CRED education, did you learn about the following groups of people (Section 75 groups)?

	Yes	No
People with different political opinion	<input type="checkbox"/>	<input type="checkbox"/>
People with different religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages (older or younger people/children)	<input type="checkbox"/>	<input type="checkbox"/>
People who are single, cohabitating (living together as a couple), married or divorced	<input type="checkbox"/>	<input type="checkbox"/>
People with different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>
Men and Women	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability and those without a disability	<input type="checkbox"/>	<input type="checkbox"/>
People with dependents (e.g. children) and those without	<input type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities and those without caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>

F33. As a result of this, would you say you know more about the Section 75 groups??

- Yes 1
 No 2
 Don't know 3

F34. Does this knowledge encourage you to respect others within the Section 75 groups?

	Yes	No
People with different political opinion	<input type="checkbox"/>	<input type="checkbox"/>
People with different religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages (older or younger people/children)	<input type="checkbox"/>	<input type="checkbox"/>
People who are single, cohabitating (living together as a couple), married or divorced	<input type="checkbox"/>	<input type="checkbox"/>
People with different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>
Men and Women	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability and those without a disability	<input type="checkbox"/>	<input type="checkbox"/>
People with dependents (e.g. children) and those without	<input type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities and those without caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>

F35. As a result of what you have learned do you think your attitude towards the following groups of people has changed positively (POS), No Change (NC) or negatively (NEG)?

	POS	NC	NEG
People with different political opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with different religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages (older or younger people/children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are single, cohabitating (living with someone as a couple), married or divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men and Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability and those without a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with dependents (e.g. children) and those without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities and those without caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHARED EDUCATION

Shared education refers to schools working and learning together. It gives pupils the opportunity to share classes, projects, sport facilities, equipment and teachers. Furthermore it allows pupils to mix with pupil from different backgrounds e.g. Catholic with Protestants, Secondary school with Grammar school pupils, special needs with able bodied pupils

G1. In the last school year, have *you* been involved in projects or shared classes with pupils from another school(s)?

Yes 1 → Continue to G2

No 2 → Go to G7

**G2. If yes, have you done any of the following?
(Tick all that apply)**

Project(s) with pupils from other schools 1

Had classes with pupils from other schools 2

Used or shared sport facilities or equipment,
like computers 3

Other (please say what) 4 _____

G3. Did you enjoy the shared classes or projects?

Yes 1 → Continue to G4

No 2 → Go to G5

**G4. Why do you enjoy the shared classes or projects?
(Tick all that apply)**

Made new friends 1

Doing classes we don't normally get to do at our school 2

Doing interesting/fun project (s) 3

Using the other schools sports facilities and/or computer equipment 4

**G5. Where did the shared classes or projects take place?
(Tick all that apply)**

In my own school 1

In the other school 2

In another location e.g. Education centres, Leisure centres 3

G6. Were the children you shared with a different religion to you?

Yes 1

No 2

Don't know 3

G7. Would/ do you have any concerns about undertaking projects or shared classes with another school?

Yes 1

No 2

Don't know 3

G8. Do you think your school does a lot of sharing with other schools?

Yes 1

No 2

Don't know 3

NUTRITION

**H1. How often do you eat or drink any of the following?
(Tick one box for each line)**

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

**H1. (continued) How often do you eat or drink any of the following?
(Tick one box for each line)**

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

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

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

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

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

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

**H2. How many portions of fruit/ vegetables (including fresh, dried, tinned, juiced and frozen) do you usually eat each day?
(Tick one box only)**

One	<input type="checkbox"/> 1
Two	<input type="checkbox"/> 2
Three	<input type="checkbox"/> 3
Four	<input type="checkbox"/> 4
Five	<input type="checkbox"/> 5
More than five	<input type="checkbox"/> 6
None	<input type="checkbox"/> 7

**H3. How many portions of fruit/ vegetables (including fresh, dried, tinned, juiced and frozen) do you think you SHOULD eat each day to be healthy?
(Tick one box only)**

- One 1
- Two 2
- Three 3
- Four 4
- Five 5
- More than five 6
- None 7
- Don't know 8

H4. How often do you usually eat breakfast on school days?

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

H5. Do you usually eat breakfast at weekends?

- Yes 1
- No 2

**H6. What do you usually do for lunch at school?
(Tick one box only)**

- Eat a school dinner 1 → Go to Question H8
- Buy a snack in the school cafeteria 2 → Go to Question H8
- Eat a packed lunch 3 → Continue to Question H7
- Buy lunch outside school 4 → Continue to Question H7
- Go home for lunch 5 → Continue to Question H7
- Skip lunch/don't have lunch 6 → Continue to Question H7
- Do something else 7 → Continue to Question H7

**H7. If you don't usually eat a school dinner/ snack, why not?
(Tick all that apply)**

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

**H8. What do you think is the main reason some children do not take a free school meal when they are allowed to take one?
(Tick one box only)**

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

H9. Do you think there is usually a good choice of food available in school?

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

H10. Is there always a food option available in school which you consider to be healthy?

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

H11. Would you like to see more healthy foods available in school?

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

H12. Have you been taught about healthy eating at school (not including Primary School)?

- Yes 1 → Continue to Question H13
No 2 → Go to Question H15

**H13. In which subject(s) were you taught about healthy eating?
(Tick all that apply)**

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

H14. Did this help you to make sensible choices?

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

H15. Do you think your body size is...

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

SPORT AND PHYSICAL ACTIVITY

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

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

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

I1. Do you enjoy doing sport or physical activity?

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

I2. In the last 12 months, which, if any, of the following sports or physical activities have you done? (Tick as many boxes as you need)

Active games (e.g. chase, skipping, rounders etc.)	<input type="checkbox"/> 1
Angling/fishing	<input type="checkbox"/> 2
Athletics/cross country	<input type="checkbox"/> 3
Basketball/netball/volleyball	<input type="checkbox"/> 4
Boxing	<input type="checkbox"/> 5
Canoeing/Kayaking	<input type="checkbox"/> 6
Cricket	<input type="checkbox"/> 7
Cycling	<input type="checkbox"/> 8
Dancing (e.g. Disco, ballet, tap etc.)	<input type="checkbox"/> 9
Darts	<input type="checkbox"/> 10
Football	<input type="checkbox"/> 11
Gaelic Football	<input type="checkbox"/> 12
Golf, pitch and putt, putting	<input type="checkbox"/> 13
Gymnastics	<input type="checkbox"/> 14
Hockey	<input type="checkbox"/> 15
Horse riding	<input type="checkbox"/> 16
Hurling/ Camogie	<input type="checkbox"/> 17

Ice skating	<input type="checkbox"/> 18
Indoor bowls	<input type="checkbox"/> 19
Jogging	<input type="checkbox"/> 20
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 21
Martial Arts	<input type="checkbox"/> 22
Motor sports	<input type="checkbox"/> 23
Rugby union or league	<input type="checkbox"/> 24
Shooting	<input type="checkbox"/> 25
Skateboarding/Rollerblading	<input type="checkbox"/> 26
Skiing	<input type="checkbox"/> 27
Snooker, pool, billiards	<input type="checkbox"/> 28
Swimming or diving	<input type="checkbox"/> 29
Table tennis	<input type="checkbox"/> 30
Tennis/Badminton/Squash	<input type="checkbox"/> 31
Tenpin bowling	<input type="checkbox"/> 32
Trampolining	<input type="checkbox"/> 33
Walking for Exercise/Hill walking	<input type="checkbox"/> 34
Weight training/lifting/body building	<input type="checkbox"/> 35
Windsurfing/boardsailing	<input type="checkbox"/> 36
Yachting or dinghy sailing	<input type="checkbox"/> 37
Any Other Sports or Physical Activities	<input type="checkbox"/> 38
None of these	<input type="checkbox"/> 39 → Go to I6

13. What benefits have you experienced as a result of your participation in sports or physical activities over the past 12 months? (Tick as many boxes as you need)

- Learned new skills/ developed existing skills 1
- Developed leadership skills 2
- Developed skills as a team player 3
- Improved health 4
- Helped me gain a qualification 5
- Enabled me to communicate with family/friends 6
- Developed my confidence 7
- Opportunities to make friends 8
- Keep Fit 9
- Lose Weight 10
- Have Fun 11
- I achieved something 12
- None at all 13

14. In the last 7 days, which, if any, of the following sports or physical activities have you done? (Tick as many boxes as you need)

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

Hockey	<input type="checkbox"/> 15
Horse riding	<input type="checkbox"/> 16
Hurling/Camogie	<input type="checkbox"/> 17
Ice skating	<input type="checkbox"/> 18
Indoor bowls	<input type="checkbox"/> 19
Jogging	<input type="checkbox"/> 20
Keep fit, aerobics, yoga, dance exercise	<input type="checkbox"/> 21
Martial Arts	<input type="checkbox"/> 22
Motor sports	<input type="checkbox"/> 23
Rugby union or league	<input type="checkbox"/> 24
Shooting	<input type="checkbox"/> 25
Skateboarding/Rollerblading	<input type="checkbox"/> 26
Skiing	<input type="checkbox"/> 27
Snooker, pool, billiards	<input type="checkbox"/> 28
Swimming or diving	<input type="checkbox"/> 29
Table tennis	<input type="checkbox"/> 30
Tennis/Badminton/Squash	<input type="checkbox"/> 31
Tenpin bowling	<input type="checkbox"/> 32
Trampolining	<input type="checkbox"/> 33
Walking for Exercise/Hill walking	<input type="checkbox"/> 34
Weight training/lifting/body building	<input type="checkbox"/> 35
Windsurfing/boardsailing	<input type="checkbox"/> 36
Yachting or dinghy sailing	<input type="checkbox"/> 37
Any Other Sports or Physical Activities	<input type="checkbox"/> 38
None of these	<input type="checkbox"/> 39 → Go to I6

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

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

1 2 3 4 5 6 7 8

16. How many hours per week do you normally take part in PE/ games lessons at school?

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

17. How many hours per week do you normally stay behind at school for sport or physical activities?

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

18. How many hours per week do you normally take part in sport or physical activities, not counting anything you do during school hours or staying behind after school?

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

I 9. How many minutes do you think you SHOULD spend each day playing sport, doing physical activity or playing actively to make you out of breath or hot or sweaty in order to be healthy?

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

I 10. Are you a member of a school club or team that involves you taking part in sport or physical activity?

- Yes 1
- No 2

I 11. Are you a member of any other clubs or teams not connected with your school that involves you taking part in sport or physical activity?

- Yes 1
- No 2

**I 12. Which, if any, of the following things put you off taking part in sport or physical activity?
(Tick as many boxes as you need)**

- I get short of breath 1
- I don't like the sports offered at school 2
- I'm not fit/ I get tired easily 3
- I'm not good at sport or physical activity 4
- I'm not interested in sport or physical activity 5
- I'm overweight 6
- I don't have enough time/ I would rather do other things with my time 7
- It is difficult for me to get to places where I can do sport or physical activities 8
- The weather is bad 9
- I'm afraid of getting hurt or injured 10
- Taking part is expensive 11
- I find it embarrassing to exercise in front of others 12
- I find sport boring 13
- I have a medical condition/disability that restricts me taking part in sport 14

- I find it embarrassing to change in front of others 15
- I have too much homework 16
- I don't like the PE uniform 17
- Something else 18
- None of these 19

I 13. In the last 12 months, how often, if at all, have you received any tuition or coaching from an instructor or coach (other than your PE/ games teacher during normal PE/ games lessons) to help improve your performance in any sport or physical activity?

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

I 14. What types of sport or physical activity would you prefer to do? (Tick as many boxes as you need)

- Team sports/physical activities 1
- Non-team sports 2
- Adventure/extreme/outdoor pursuits/alternative sports 3
- Keep fit, aerobics, yoga, pilates, dance exercise 4
- Martial arts/boxing 5
- Other type of sport or physical exercise 6

I 15. In the last 12 months, how often, if at all, have you gone to a live sports event, as a spectator?

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

I 16. Which of the following statements most applies to you? (Tick one box only)

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

PLAY AND LEISURE

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

J1. Thinking about the play and leisure facilities in your area, would you say they are?

- Very good 1
- Fairly good 2
- Neither good nor poor 3
- Fairly poor 4
- Very poor 5
- Don't know 6

J2. Thinking about your experience of play and leisure, would you like more opportunities to take part in challenging and stimulating activities?

- Yes, I would like more opportunities 1
- No, I have enough opportunities 2
- No, I don't wish to take part in challenging and stimulating activities 3
- Don't know 4

J3. Do you know what play and leisure opportunities are available in your local area?

- Yes, I know a lot 1
- Yes, I know a little 2
- No, I know hardly anything 3
- No, I know nothing at all 4

J4. Which, if any, of the following reasons stop you from accessing play and leisure facilities in your local area? (Tick all that apply)

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

J5. Thinking about where you live, are there areas where you can meet up with your friends that are safe and welcoming for people of your age?

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

J6. How much do you agree or disagree with the following statements? (Tick one box for each line)

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

J7. How often do you use the internet at home?

- Once or more than once a day 1
Almost every day 2
At least once or twice every week 3
At least once every month 4
Less than once a month 5
Never 6

J8. Have you been taught about staying safe online in the last year?

- Yes 1 → Continue to Question J9
No 2 → Go to Question J10
Not sure 3 → Go to Question J10

J9. Who has taught you about staying safe online?

(Tick all that apply)

- My parent(s) 1
My teacher 2
My friends 3
A TV programme 4
Someone else (Please say who) _____ 5
I can't remember 6

J10. How confident are you that you know how to stay safe online?

- Very confident 1
Confident 2
Neither confident nor unconfident 3
Unconfident 4
Not very confident 5

J11. How do you feel the media (TV/ Radio/ Newspapers) represents young people?

- Always in a fair way 1
Often in a fair way 2
Sometimes in a fair way 3
Rarely in a fair way 4
Never in a fair way 5
Don't know 6

J12. Does the way that young people are represented in the media bother you?

- Always 1
Often 2
Sometimes 3
Rarely 4
Never 5
Don't know 6

LIBRARIES

K1. How often have you used the public library service in the last 12 months? (Public library service includes public libraries, mobile libraries or the Libraries NI website (www.librariesni.org.uk) (it does NOT include school libraries) (Tick one box only)

- Once a week or more 1 → Continue to Question K2
Once every 2-3 weeks 2 → Continue to Question K2
Once a month 3 → Continue to Question K2
Once every few months 4 → Continue to Question K2
Less often 5 → Continue to Question K2
Not at all 6 → Go to Question K5

K2. Why do you use the public library service? (this does NOT include school libraries) (Tick as many boxes as you need)

- To borrow/bring back or renew books 1
To borrow/bring back or renew DVDs, CDs 2
To download eBooks/talking books 3
To look up information 4
To do homework or study 5
To read books, comics or magazines 6
To use the computer for Internet, e-mails, word processing, etc 7
To search the library catalogue for books or look up online encyclopaedias 8
To go to an activity (e.g. reading group) 9
To use photocopier/printer/scanner 10
To use other services (e.g. café, toilet, etc.) 11
Some other reason (please tell us) 12

**K3. Has using the public library service helped you to ...?
(Tick as many boxes as you need)**

- | | | |
|--|--------------------------|---|
| Read better | <input type="checkbox"/> | 1 |
| Do better at school | <input type="checkbox"/> | 2 |
| Use computers better | <input type="checkbox"/> | 3 |
| Do homework/study for school | <input type="checkbox"/> | 4 |
| Make friends | <input type="checkbox"/> | 5 |
| Join in with others and try new things | <input type="checkbox"/> | 6 |
| Learn and find out things | <input type="checkbox"/> | 7 |
| Something else (please tell us) | <input type="checkbox"/> | 8 |
| It hasn't helped me with anything | <input type="checkbox"/> | 9 |

**K4. Thinking about the last time you used the public library service, how much did you enjoy it? (this does NOT include school libraries)
(Tick one box only)**

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

**K5. Which, if any, of the reasons listed below would put you off using the public library service more often? (this does NOT include school libraries)
(Tick as many boxes as you need)**

- | | | |
|---|--------------------------|----|
| Poor choice of books | <input type="checkbox"/> | 1 |
| Library is not open when I want to go | <input type="checkbox"/> | 2 |
| No activities for people my age | <input type="checkbox"/> | 3 |
| I have no free time | <input type="checkbox"/> | 4 |
| No separate area in the library for people my age | <input type="checkbox"/> | 5 |
| There are too many people in the library | <input type="checkbox"/> | 6 |
| Poor choice of DVDs, CDs | <input type="checkbox"/> | 7 |
| Poor choice of comics or magazines | <input type="checkbox"/> | 8 |
| Poor choice of eBooks/talking books | <input type="checkbox"/> | 9 |
| Poor services for people with disabilities | <input type="checkbox"/> | 10 |
| Better computer/Internet services in the library | <input type="checkbox"/> | 11 |
| Library staff are not friendly or helpful | <input type="checkbox"/> | 12 |
| The library is not in a safe area | <input type="checkbox"/> | 13 |
| Poor public transport service to and from the library | <input type="checkbox"/> | 14 |
| I have no interest in reading books | <input type="checkbox"/> | 15 |
| I don't need to go | <input type="checkbox"/> | 16 |
| I use other services of information | <input type="checkbox"/> | 17 |
| Something else (please tell us) | <input type="checkbox"/> | 18 |
| Nothing | <input type="checkbox"/> | 19 |

**K6. Overall, how satisfied or dissatisfied are you with the public library provision in Northern Ireland?
(Tick one box only)**

- | | | |
|------------------------------------|--------------------------|---|
| Very satisfied | <input type="checkbox"/> | 1 |
| Fairly satisfied | <input type="checkbox"/> | 2 |
| Neither satisfied nor dissatisfied | <input type="checkbox"/> | 3 |
| Fairly dissatisfied | <input type="checkbox"/> | 4 |
| Very dissatisfied | <input type="checkbox"/> | 5 |

MUSEUMS & SCIENCE CENTRES

Please read the following before answering the questions on museums and science centres:

The following questions are about your experiences of museums and science centres in Northern Ireland. When you are thinking about what is meant by a museum, please also **INCLUDE** the Ulster American Folk Park in Omagh. When you are thinking about science centres, you should include W5 and the Armagh Planetarium.

**L1. Which, if any, of the following places have you visited in the last 12 months?
(Tick as many boxes as you need)**

- | | |
|---|--|
| Ulster Museum in Belfast | <input type="checkbox"/> 1 |
| Ulster Folk & Transport Museum in Cultra | <input type="checkbox"/> 2 |
| Ulster American Folk Park in Omagh | <input type="checkbox"/> 3 |
| W5 at Odyssey Centre in Belfast | <input type="checkbox"/> 4 |
| Armagh Planetarium | <input type="checkbox"/> 5 |
| Armagh County Museum | <input type="checkbox"/> 6 |
| Other museum(s) or science centre in Northern Ireland | <input type="checkbox"/> 7 |
| None | <input type="checkbox"/> 8 → Go to Question L5 |

**L2. Was your visit(s) to the museum or science centre...?
(Tick as many boxes as you need)**

- | | |
|---|----------------------------|
| On a school trip | <input type="checkbox"/> 1 |
| With a club/group (e.g. youth group, scouts, etc) | <input type="checkbox"/> 2 |
| With family or friends | <input type="checkbox"/> 3 |

L3. While visiting the museum did you take part in any activity related to something you are studying at school?

- | | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No | <input type="checkbox"/> 2 |

**L4. Thinking about the last time you visited a museum or science centre in Northern Ireland, how much did you enjoy it?
(Tick one answer only)**

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

L5. Did any museum visit your class in the last 12 months?

Yes 1

No 2

L6. Which, if any, of the reasons listed below would encourage you to go to a museum or science centre in Northern Ireland more often? (Tick as many boxes as you need)

- | | |
|---|-----------------------------|
| An exhibition I am particularly interested in | <input type="checkbox"/> 1 |
| More activities, especially for people my age | <input type="checkbox"/> 2 |
| Better opening times | <input type="checkbox"/> 3 |
| Better public transport service to and from museums | <input type="checkbox"/> 4 |
| More information about what is on | <input type="checkbox"/> 5 |
| If I had more time | <input type="checkbox"/> 6 |
| If I had someone to go with | <input type="checkbox"/> 7 |
| Cheaper admission prices | <input type="checkbox"/> 8 |
| If museums were closer to where I live | <input type="checkbox"/> 9 |
| If museums were in safer areas | <input type="checkbox"/> 10 |
| Nothing – I already go as often as I want to | <input type="checkbox"/> 11 |
| Nothing – I'm not really interested | <input type="checkbox"/> 12 |
| Something else (please tell us) | <input type="checkbox"/> 13 |

ARTS

M1. Which, if any, of the following 'Arts' activities have you DONE or TAKEN PART in the last 12 months? (Tick as many boxes as you need)

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

M2. Which, if any, of the following 'Arts' events have you BEEN TO in the last 12 months? (Tick as many boxes as you need)

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

(If you answered “None of the above” at Question M1 and Question M2, please skip Question M3 and go straight to M4)

M3. You mentioned that you had taken part in or been to an arts event. How did you benefit from this? (Tick as many boxes as you need)

- It had a positive impact on my well-being 1
- I learned new skills/ developed existing skills 2
- It improved my knowledge 3
- It helped me think about a future career 4
- It helped with studies for school 5
- It allowed me to spend time with my family or friends 6
- It improved my health 7
- I was able to communicate better with family/ friends 8
- I felt more confident 9
- I made new friends 10
- I had fun 11
- I was able to express myself in a new way 12
- I enjoyed being creative 13
- I didn't feel any benefits 14

M4. Thinking about the last 'Arts' event you went to, how much did you enjoy it? (Tick one box only)

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

M5. Which, if any, of the reasons listed below would put you off going to the types of 'Arts' events or activities mentioned earlier? (Tick all that apply)

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

M6. In the last 12 months, how often, if at all, have you received any tuition from an instructor (other than your teacher during normal lessons) to help improve your performance in any art activity?

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

IRISH AND ULSTER SCOTS

**N1. Do you think there should be an opportunity to study the following in school?
(Tick as many boxes as you need)**

- | | | |
|-----------------------------------|--------------------------|---|
| Irish Language | <input type="checkbox"/> | 1 |
| Irish culture and heritage | <input type="checkbox"/> | 2 |
| Ulster-Scots language | <input type="checkbox"/> | 3 |
| Ulster-Scots culture and heritage | <input type="checkbox"/> | 4 |
| None of the above | <input type="checkbox"/> | 5 |

**N2. Would you be interested in studying any of the following in school?
(Tick as many boxes as you need)**

- | | | |
|-----------------------------------|--------------------------|---|
| Irish Language | <input type="checkbox"/> | 1 |
| Irish culture and heritage | <input type="checkbox"/> | 2 |
| Ulster-Scots language | <input type="checkbox"/> | 3 |
| Ulster-Scots culture and heritage | <input type="checkbox"/> | 4 |
| None of the above | <input type="checkbox"/> | 5 |

**N3. Do you study any of the following, either in school or outside of school?
(Tick as many boxes as you need)**

- | | | |
|-----------------------------------|--------------------------|---|
| Irish Language | <input type="checkbox"/> | 1 |
| Irish culture and heritage | <input type="checkbox"/> | 2 |
| Ulster-Scots language | <input type="checkbox"/> | 3 |
| Ulster-Scots culture and heritage | <input type="checkbox"/> | 4 |
| None of the above | <input type="checkbox"/> | 5 |

TRAVELLING TO SCHOOL

P1. How far is it from home to school? (Tick one box only)

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

P2. How do you usually travel most of the way TO school? (Tick one box only)

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

**P3. Do you usually WALK during any part of your journey TO school?
(e.g. walking to/ from a bus stop/ train station?)**

Tick one box only

- I walk PART of the way to school 1
- I walk ALL of the way to school 2
- No, I don't walk any part of the journey to school 3

**P4. Do you usually CYCLE during any part of your journey TO school?
(e.g. cycling to/ from a bus stop/ train station?)**

Tick one box only

- I cycle PART of the way to school 1
- I cycle ALL of the way to school 2
- No, I don't cycle any part of the journey to school 3

P5. Thinking of how you usually travel most of the way TO school and your road safety, do you usually feel safe?

- Yes 1 → Go to Question P7
- No 2 → Continue to Question P6

P6. What it is that makes you feel unsafe? (Tick all that apply)

- Driver drives too fast 1
- Other driver behaviour 2
- No seatbelts 3
- Drivers attitudes towards cyclists 4
- Drivers attitudes towards pedestrians 5
- Traffic is too fast 6
- Passenger behaviour 7
- No cycle lane on my route 8
- Footpaths poorly maintained 9
- Traffic blocking footpaths 10
- Other (please say what) _____ 11

P7. How do you usually travel most of the way home FROM school? (Tick one box only)

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

**P8. Do you usually walk during any part of your journey home FROM school? (e.g. walking to/ from a bus stop/ train station?)
Tick one box only**

- I walk PART of the way from school 1
- I walk ALL of the way from school 2
- No, I don't walk any part of the journey from school 3

**P9. Do you usually cycle during any part of your journey home FROM school? (e.g. cycling to/ from a bus stop/ train station?)
Tick one box only**

- I cycle PART of the way from school 1
- I cycle ALL of the way from school 2
- No, I don't cycle any part of the journey from school 3

P10. Thinking of how you usually travel most of the way home FROM school and your road safety, do you usually feel safe?

Yes 1 → Go to Question P12

No 2 → Continue to Question P11

P11. What it is that makes you feel unsafe? (Tick all that apply)

- | | |
|---------------------------------------|-----------------------------|
| Driver drives too fast | <input type="checkbox"/> 1 |
| Other driver behaviour | <input type="checkbox"/> 2 |
| No seatbelts | <input type="checkbox"/> 3 |
| Drivers attitudes towards cyclists | <input type="checkbox"/> 4 |
| Drivers attitudes towards pedestrians | <input type="checkbox"/> 5 |
| Traffic is too fast | <input type="checkbox"/> 6 |
| Passenger behaviour | <input type="checkbox"/> 7 |
| No cycle lane on my route | <input type="checkbox"/> 8 |
| Footpaths poorly maintained | <input type="checkbox"/> 9 |
| Traffic blocking footpaths | <input type="checkbox"/> 10 |
| Other (please say what) _____ | <input type="checkbox"/> 11 |

P12. How would you LIKE to travel most of the way TO or FROM school? (Tick one box only)

- | | |
|---------|----------------------------|
| Walk | <input type="checkbox"/> 1 |
| Bicycle | <input type="checkbox"/> 2 |
| Bus | <input type="checkbox"/> 3 |
| Train | <input type="checkbox"/> 4 |
| Taxi | <input type="checkbox"/> 5 |
| Car | <input type="checkbox"/> 6 |
| Other | <input type="checkbox"/> 7 |

P13. What do you like about walking TO or FROM school? If you don't walk to or from school at the moment, what would you like about walking TO or FROM school? (Tick up to 3 boxes)

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

P14. What do you like about cycling TO or FROM school? If you don't cycle to or from school at the moment, what would you like about cycling TO or FROM school? (Tick up to 3 boxes)

- | | | |
|--|--------------------------|----|
| I can travel without an adult | <input type="checkbox"/> | 1 |
| I can choose my own route | <input type="checkbox"/> | 2 |
| It helps me to arrive on time | <input type="checkbox"/> | 3 |
| I can do things on my way to school | <input type="checkbox"/> | 4 |
| I can do things after school | <input type="checkbox"/> | 5 |
| I can talk with my friends | <input type="checkbox"/> | 6 |
| It saves money | <input type="checkbox"/> | 7 |
| It is enjoyable | <input type="checkbox"/> | 8 |
| It makes me feel healthier | <input type="checkbox"/> | 9 |
| It is better for the environment | <input type="checkbox"/> | 10 |
| Nothing would make me cycle to school | <input type="checkbox"/> | 11 |
| Something else – please say what _____ | <input type="checkbox"/> | 12 |

P15. Which, if any, of the following would encourage you to walk TO or FROM school more often? (Tick all that apply)

- Living closer to school 1
- More footpaths 2
- Wider footpaths 3
- Better maintained footpaths 4
- More pedestrian crossings 5
- Keeping footpaths clear (e.g. no parked cars) 6
- Less traffic 7
- Slower traffic 8
- Better weather 9
- Someone else to walk with 10
- If I did not have things to carry (School Bag, P.E. kit, Musical Instruments, etc) 11
- If I was not worried about crime/personal safety 12
- I already walk to or from school most days 13
- Nothing would encourage me to walk to or from school 14
- Something else – please say what _____ 15

P16. Which, if any, of the following would encourage you to cycle TO or FROM school more often? (Tick all that apply)

- Living closer to school 1
- Cycle lane on my route to school 2
- Safer cycling routes (e.g. more markings, signs to distinguish cycle lanes) 3
- Keeping cycle lanes clear (e.g. no parked cars) 4
- Less traffic 5
- Slower traffic 6
- Motorists who are more considerate to cyclists (e.g. taking more care when overtaking) 7
- Better weather 8
- More bicycle docks at school so bicycle can be secured 9
- Changing and showering facilities at school 10
- If I did not have things to carry (School Bag, P.E. kit, Musical Instruments, etc) 11
- If I was not worried about crime/personal safety 12
- I already cycle to or from school most days 13
- Nothing would encourage me to cycle to or from school 14
- Something else – please say what _____ 15

P17. If you travel by car TO or FROM school, do any other pupils travel in the car with you? (Tick all that apply)

Yes, my brother(s)/ sister(s) 1

Yes, my friend(s)/ other pupil(s) 2

No 3

I don't travel to or from school by car 4

P18. Do you qualify for free school transport (e.g. free school bus/ train pass)?

Yes 1 → Continue to Question P19

No 2 → Go to Question Q1

P19. How often do you use free school transport TO or FROM school?

Everyday 1

A few times a week 2

Once a week 3

Once a fortnight 4

Once a month 5

Less than once a month 6

ROAD SAFETY

**Q1. How often do you do any of the following?
(Tick one box for each line)**

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

Q2. In the last 12 months, have you had any type of education on road safety in school (e.g. talks/ lessons, projects, packs, leaflets) ?

Yes 1 → Continue to Question Q3

No 2 → Go to Question R1

Q3. How many times have you had education on road safety in school in the last 12 months?

1-5 times 1

6-10 times 2

11 or more times 3

Q4. Who provided the road safety education in school? (Tick all that apply)

Teacher 1

Road Safety Education Officer (RSEO) 2

Police 3

Someone else, please say what _____ 4

Q5. Did you find the road safety education you received in school useful?

Yes 1

No 2

Don't know 3

POLICE OMBUDSMAN

R1. Has a police officer ever behaved towards you in a way that you thought was unacceptable?

- Yes, once or twice 1 → Continue to R2
Yes, more than once or twice 2 → Continue to R2
No 3 → Go to R6

R2. Thinking about the most recent incident, what did the police officer do that you thought was unacceptable?

- The officer was violent towards you (for example, pushed or struck you) 1
The officer was disrespectful or impolite to you 2
The officer swore at you 3
The officer used sectarian, racist or sexist language when dealing with you 4
The officer didn't do his/her duty properly (for example, by not investigating the crime properly or not responding to a call) 5
The officer bothered you 6
The officer didn't follow proper procedures 7
The officer stopped you or searched you without reason 8
The officer searched your house without reason 9
The officer said you had done something you hadn't 10
The officer took an item of your property 11
The officer discriminated against you (for example, because of your race, gender, age or religion) 12
Other 13
I would prefer not to answer this question 14

R3. Thinking again about the most recent incident, did you make a complaint about this?

- Yes 1 → Continue to R4
No 2 → Go to R5

R4. Where did you make your complaint?

- | | |
|--|--|
| Local police station | <input type="checkbox"/> 1 → Go to R7 |
| Solicitor | <input type="checkbox"/> 2 → Go to R7 |
| The Police Ombudsman | <input type="checkbox"/> 3 → Go to R8 then R10 |
| The Chief Constable of the PSNI | <input type="checkbox"/> 4 → Go to R7 |
| Your MP/MLA | <input type="checkbox"/> 5 → Go to R7 |
| A local politician (for example, Councillor) | <input type="checkbox"/> 6 → Go to R7 |
| The Citizens' Advice Bureau | <input type="checkbox"/> 7 → Go to R7 |
| The Policing Board | <input type="checkbox"/> 8 → Go to R7 |
| Wouldn't make a complaint | <input type="checkbox"/> 9 → Go to R7 |
| Other | <input type="checkbox"/> 10 → Go to R7 |
| Don't Know | <input type="checkbox"/> 11 → Go to R7 |

R5. What was the MAIN reason you didn't make a complaint about this?

- | | |
|--|----------------------------|
| Felt it would not be taken seriously | <input type="checkbox"/> 1 |
| Felt nothing would be done about it | <input type="checkbox"/> 2 |
| Incident was not serious enough | <input type="checkbox"/> 3 |
| Couldn't be bothered | <input type="checkbox"/> 4 |
| Scared of police revenge | <input type="checkbox"/> 5 |
| Didn't want to make trouble for the police | <input type="checkbox"/> 6 |
| Forgot | <input type="checkbox"/> 7 |
| Didn't know how to complain about police behaviour | <input type="checkbox"/> 8 |
| Other | <input type="checkbox"/> 9 |

R6. If you wanted to make a complaint against the police, where would you go first of all?

- | | |
|--|--|
| Local police station | <input type="checkbox"/> 1 → Go to R7 |
| Solicitor | <input type="checkbox"/> 2 → Go to R7 |
| The Police Ombudsman | <input type="checkbox"/> 3 → Go to R8 then R10 |
| The Chief Constable of the PSNI | <input type="checkbox"/> 4 → Go to R7 |
| Your MP/MLA | <input type="checkbox"/> 5 → Go to R7 |
| A local politician (for example, Councillor) | <input type="checkbox"/> 6 → Go to R7 |
| The Citizens Advice Bureau | <input type="checkbox"/> 7 → Go to R7 |
| The Policing Board | <input type="checkbox"/> 8 → Go to R7 |

- Wouldn't make a complaint 9 → Go to R7
- Other 10 → Go to R7
- Don't Know 11 → Go to R7

R7. Have you heard of the Police Ombudsman for Northern Ireland?

- Yes 1 → Continue to R8
- No 2 → Go to R9

R8. How did you hear of the Police Ombudsman for Northern Ireland?

- Television 1
- Radio 2
- Newspaper/Magazine 3
- In School 4
- Through Youth Club 5
- Word of mouth 6
- Friends/family 7
- Website 8
- You Tube 9
- Twitter 10
- Leaflets 11
- Posters 12
- Attended a presentation about the Police Ombudsman 13
- Other 14

R9. You said earlier that if you wanted to make a complaint about the police you would go to (answer fed forward from Q6). What was the MAIN reason why you would not go to the Police Ombudsman first of all?

- Did not know you could make a complaint directly to the Police Ombudsman 1
- It would be more convenient to go to the place just mentioned 2
- Other 3 → Continue to R9a
- Don't know 4

R9a. What was the other reason?

R10. Do you think the Police Ombudsman for Northern Ireland is part of the police or a separate organisation?

Part of the police 1

Separate organisation 2

R11. Do you think that the Police Ombudsman's office deals with complaints fairly?

Yes 1 → Go to R12

No 2 → Continue to R11a

R11a. Why do you think that the Police Ombudsman for Northern Ireland does not deal with complaints fairly?

R12. If you needed to contact the Office of the Police Ombudsman where would you go to find the relevant contact details?

Telephone Directory 1

Internet 2

Call personally at the Office of the Police Ombudsman 3

Directory Enquiries 4

Advice Agency 5

Political Representative 6

Legal Representative 7

Police Station 8

Community Association 9

Other 10

Refusal 11

Don't Know 12

R13. If you were to make a complaint against a police officer to the Police Ombudsman, do you think that you would be treated fairly?

Yes 1 → Go to Q14

No 2 → Continue to Q13a

R13a. Why do you think you would not be treated fairly?

R14. If you made a complaint about a police officer, do you think the police officer would be treated fairly?

- Yes 1 → Go to R15
No 2 → Continue to R14a

R14a. Why do you think the police officer would not be treated fairly?

R15. Do you think that the Police Ombudsman for Northern Ireland will help ensure that the police do a good job?

- Yes 1 → Continue to R16
No 2 → Go to Question S1

R16. In what way do you think the police will do a good job because of the Police Ombudsman?

- | | |
|---|--|
| The police will be more polite | <input type="checkbox"/> 1 → Go to Question S1 |
| The police will attend to incidents more quickly | <input type="checkbox"/> 2 → Go to Question S1 |
| The police will treat all communities in Northern Ireland more fairly | <input type="checkbox"/> 3 → Go to Question S1 |
| The police will investigate crime better | <input type="checkbox"/> 4 → Go to Question S1 |
| The police will use less physical force | <input type="checkbox"/> 5 → Go to Question S1 |
| The police will patrol more | <input type="checkbox"/> 6 → Go to Question S1 |
| The police will give less cause for complaints from the public | <input type="checkbox"/> 7 → Go to Question S1 |
| Other | <input type="checkbox"/> 8 → Continue to Q16a |

R16a. Please state the 'other' way.

SEXUAL EXPERIENCE AND KNOWLEDGE (Year 11 & 12 only)

S1. Have you ever had a boyfriend or girlfriend?

Yes 1

No 2

S2. How much, if any, sexual experience have you had?

None 1 → Go to Question S6

Small amount (eg: only kissing) 2 → Go to Question S6

Some experiences but no sexual intercourse 3 → Go to Question S6

Experienced, including sexual intercourse 4 → Continue to Question S3

S3. At what age did you first have sexual intercourse?

I was _____ years old

S4. Did you or your partner use something to prevent getting pregnant (ie: a form of contraception)?

Yes 1 → Continue to Question S5

No 2 → Go to Question S6

Don't know 3 → Go to Question S6

**S5. What form of contraception did you or your partner use?
(Tick one box only)**

Condom 1

The pill 2

Both a condom and the pill 3

Some other contraceptive 4

S6. Would you find it easy to get contraceptives (ie: condoms etc)?

Yes 1

No 2

**S7. If you needed to, where would you actually get your contraceptives?
(Tick all that apply)**

- Shops/chemists 1
- Other public places
eg: bars, public toilets 2
- Family planning clinics / doctors 3
- Friends 4
- Parents / other family members 5
- Other 6
- Would not need to 7
- Don't know 8

S8. From which , if any, of the following did you learn about sexual matters and relationships? (Tick all that apply)

- Mother 1
- Father 2
- Lessons at school 3
- School nurse 4
- Friends 5
- Boyfriend / girlfriend 6
- Brother / sister 7
- Doctor 8
- Family Planning Clinic 9
- Magazines / Newspapers / Books / Posters 10
- TV / films 11
- Radio 12
- Internet 13
- Telephone helplines 14
- None of these 15

S9. Do you find it easy or difficult to talk to your (mother/ female guardian) about sexual matters?

- Easy 1
- Difficult 2
- Don't discuss 3
- It depends on the topic 4
- Do not have a mother / female guardian 5

S10. Do you find it easy or difficult to talk to your (father/ male guardian) about sexual matters?

- Easy 1
- Difficult 2
- Don't discuss 3
- It depends on the topic 4
- Do not have a father / male guardian 5

**S11. Which, if any, of the following are sexually transmitted diseases?
(Tick all that apply)**

- HIV 1
- Gonorrhoea 2
- Measles 3
- Chlamydia 4
- Meningitis 5
- Herpes 6
- Hepatitis B 7
- Tuberculosis 8
- Hepatitis A 9
- Syphilis 10
- Influenza 11
- Warts 12
- AIDS 13
- None of these 14

**S12. If you ever needed help or advice about sexual health issues what services would you be likely to use?
(Tick all that apply)**

- | | | |
|--------------------------------------|--------------------------|----|
| Doctor / GP | <input type="checkbox"/> | 1 |
| Family Planning Association | <input type="checkbox"/> | 2 |
| Brook Advisory | <input type="checkbox"/> | 3 |
| Friends | <input type="checkbox"/> | 4 |
| Family | <input type="checkbox"/> | 5 |
| Genito-Urinary Medicine (GUM) clinic | <input type="checkbox"/> | 6 |
| Internet / website | <input type="checkbox"/> | 7 |
| Sexual health clinic | <input type="checkbox"/> | 8 |
| Texting information service | <input type="checkbox"/> | 9 |
| An advice / helpline | <input type="checkbox"/> | 10 |
| Other | <input type="checkbox"/> | 11 |
| None of these | <input type="checkbox"/> | 12 |
| Don't know | <input type="checkbox"/> | 13 |

**S13. What would be important to you when you are seeking sexual health advice?
(Tick all that apply)**

- | | | |
|-------------------------|--------------------------|---------|
| Confidentiality | <input type="checkbox"/> | 1 |
| Not being judged | <input type="checkbox"/> | 2 |
| Free Service | <input type="checkbox"/> | 3 |
| Speedy service | <input type="checkbox"/> | 4 |
| Other (Please say what) | <input type="checkbox"/> | 5 _____ |
| None of these | <input type="checkbox"/> | 6 |

You have now completed the questionnaire.

