

Date

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Curriculum Year

School ID Number

# Ipsos MORI

## Smoking, Drinking and Drug Use Survey 2021

Thank you for your help with this survey!

Your answers are confidential. Your teacher will not see your answers. Please don't write your name on the questionnaire.

Read each question carefully and fill in the answer that applies to you. Please answer honestly. The questions are about your views and experiences of smoking, drinking and drug use, as well as some information about you, including about your ethnicity. If there are any questions you don't want to answer, you can skip past them and leave the question blank.

Remember this is not a race or test, and there is no pass or fail. If you want to stop the survey at any time please let the Ipsos MORI interviewer or your teacher know.

When you've finished, seal your questionnaire in the envelope provided and give it to the interviewer or your teacher. They will not open the envelope.

If you have any other problems, the interviewer or your teacher will be able to help you.

**Emily Mason**  
**Researcher**

# ABOUT YOU

First of all, we'd like to ask some questions about you. Please remember that ALL of your answers are confidential.

Q1

Are you a boy or a girl?

- Boy  
 Girl

Q2

Which year are you in at school?

- Year 7  
 Year 8  
 Year 9  
 Year 10  
 Year 11

Q3

How old are you now?

- 10 years old  
 11 years old  
 12 years old  
 13 years old  
 14 years old  
 15 years old  
 16 years old  
 17 years old

Q4

Which year were you born in?

PLEASE WRITE IN ~~IN~~ FULL (e.g. 2004) ONE DIGIT PER BOX

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Q5

Which month were you born in?

PLEASE WRITE IN ~~IN~~ FULL (e.g. January)

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Q6

**What is your ethnic group?**

READ ALL OF THE OPTIONS FIRST AND THEN TICK ✓ ONE BOX ONLY, THE ONE THAT IS MOST TRUE FOR YOU

**A White**

- White British (English / Welsh / Scottish / Northern Irish)
- White Irish
- White Gypsy or Irish traveller
- Any other White background (PLEASE TICK ✓ THE BOX AND WRITE IN YOUR ANSWER)

**B Mixed / Multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background (PLEASE TICK ✓ THE BOX AND WRITE IN YOUR ANSWER)

**C Asian / Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (PLEASE TICK ✓ THE BOX AND WRITE IN YOUR ANSWER)

**D Black / African / Caribbean / Black British**

- African
- Caribbean
- Any other Black / African / Caribbean background (PLEASE TICK ✓ THE BOX AND WRITE IN YOUR ANSWER)

**E Other Ethnic Group**

- Arab
- Any other ethnic group (PLEASE TICK ✓ THE BOX AND WRITE IN YOUR ANSWER)

## The next questions should be answered by all pupils

**Q7** The next questions are about cigarettes. This means tobacco cigarettes and not other things that you might smoke. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

**Q8** Do you smoke cigarettes at all?

- Yes  
 No

**Q9** Now read the following statements carefully and tick the box next to the one which best describes you.

- I have never smoked → **Q10**  
 I have only ever tried smoking once → **Q11**  
 I used to smoke sometimes but I never smoke a cigarette now → **Q11**  
 I sometimes smoke cigarettes now but I don't smoke as many as one a week → **Q18 on page 6**  
 I usually smoke between one and six cigarettes a week → **Q14 on page 5**  
 I usually smoke more than six cigarettes a week → **Q14 on page 5**

**Q10** Just to check, read the statements below carefully and tick the box next to the one which best describes you.

- I have never tried smoking a cigarette, not even a puff or two → **Q13 on page 5**  
 I did once have a puff or two of a cigarette, but I never smoke now → **Q11**  
 I do sometimes smoke cigarettes → **Q18 on page 6**

**Q11** How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

WRITE IN ~~THE~~ THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q12 Have you ever done any of the following things to help you give up smoking?**

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
Asked an adult at school (e.g. teacher, school nurse).....	<input type="checkbox"/>	<input type="checkbox"/>
Asked family or friends.....	<input type="checkbox"/>	<input type="checkbox"/>
Used electronic cigarettes (also called e-cigarettes).....	<input type="checkbox"/>	<input type="checkbox"/>
Used any nicotine products, such as nicotine patches, chewing gum or other similar products.....	<input type="checkbox"/>	<input type="checkbox"/>
Been to see your family doctor or GP.....	<input type="checkbox"/>	<input type="checkbox"/>
Phoned an NHS smoking helpline.....	<input type="checkbox"/>	<input type="checkbox"/>
Used NHS Stop Smoking Services.....	<input type="checkbox"/>	<input type="checkbox"/>
Not spent time with friends who smoke.....	<input type="checkbox"/>	<input type="checkbox"/>

**Q13 How do you think your family would feel if you started smoking?**

- They would try to stop me → **Q25 on page 8**
- They would try to persuade me not to smoke → **Q25 on page 8**
- They would do nothing → **Q25 on page 8**
- They would encourage me to smoke → **Q25 on page 8**
- I don't know → **Q25 on page 8**

**Q14 How long is it since you started smoking at least one cigarette a week?**

- Less than 3 months
- 3-6 months
- 6 months to 1 year
- More than 1 year

**Q15 How easy or difficult would you find it to go without smoking for as long as a week?**

- Very difficult
- Fairly difficult
- Fairly easy
- Very easy

**Q16 How easy or difficult would you find it to go to give up smoking altogether if you wanted to?**

- Very difficult
- Fairly difficult
- Fairly easy
- Very easy

**Q17 Would you like to give up smoking altogether?**

- Yes
- No
- I don't know

**Q18 Have you ever tried to give up smoking?**

- Yes → **Q19**
- No → **Q20**

**Q19 Have you ever done any of the following things to help you give up smoking?**

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
Asked an adult at school (e.g. teacher, school nurse).....	<input type="checkbox"/>	<input type="checkbox"/>
Asked family or friends.....	<input type="checkbox"/>	<input type="checkbox"/>
Used electronic cigarettes (also called e-cigarettes).....	<input type="checkbox"/>	<input type="checkbox"/>
Used any nicotine products, such as nicotine patches, chewing gum, or other similar products.....	<input type="checkbox"/>	<input type="checkbox"/>
Been to see your family doctor or GP.....	<input type="checkbox"/>	<input type="checkbox"/>
Phoned an NHS smoking helpline.....	<input type="checkbox"/>	<input type="checkbox"/>
Used NHS Stop Smoking Services.....	<input type="checkbox"/>	<input type="checkbox"/>
Not spent time with friends who smoke.....	<input type="checkbox"/>	<input type="checkbox"/>

**Q20 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?**

WRITE IN ~~THE~~ THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q21 How does your family feel about you smoking?**

- They try to stop me → **Q23 on page 7**
- They try to persuade me not to smoke → **Q23 on page 7**
- They do nothing → **Q23 on page 7**
- They encourage me to smoke → **Q23 on page 7**
- They don't know I smoke → **Q22 on page 7**
- I don't know → **Q23 on page 7**

Q22

How do you think your family would feel if they knew that you smoked?

- They would try to stop me
- They would try to persuade me not to smoke
- They would do nothing
- They would encourage me to smoke
- I don't know

Q23

Where do you usually get your cigarettes from?

PLEASE TICK ✓ MORE THAN ONE BOX IF YOU **OFTEN** GET CIGARETTES FROM DIFFERENT PEOPLE OR PLACES

- I buy them from a supermarket
- I buy them from a newsagent, tobacconist or a sweet shop
- I buy them from a petrol station or garage shop
- I buy them from street markets
- I buy them from some other type of shop
- I buy them from a machine
- I buy them through the Internet
- I buy them from friends or relatives
- I buy them from someone else
- Friends give them to me
- My brother or sister gives them to me
- My mother or father gives them to me
- Someone else gives them to me
- I take them
- I get them in some other way (PLEASE TICK ✓ THE BOX AND WRITE IN BELOW)

Q24

On the whole, do you find it easy or difficult to buy cigarettes from a shop?

- Very difficult
- Fairly difficult
- Fairly easy
- Very easy
- I don't usually buy cigarettes from a shop

Q25

The next questions should be answered by all pupils. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

Q26

In the past year, have you seen cigarette packets on display in any of the shops listed below? Only include shops where you have seen cigarette packets displayed on a shelf or counter. Do not include signs or adverts saying cigarettes can be bought.

PLEASE TICK ✓ ALL THAT APPLY

- A supermarket
- A newsagent, tobacconist or a sweet shop
- A petrol station or garage shop
- Some other type of shop
- Have not seen cigarettes for sale in any of these places

Q27

In the past year, have you ever gone into a shop to buy cigarettes? This includes buying cigarettes for somebody else.

- Yes → Q28
- No → Q32 on page 9

Q28

At any of these times when you went into a shop to buy cigarettes, did the shopkeeper refuse to sell them to you?

- Yes
- No

Q29

The last time you went into a shop to buy cigarettes, what happened?

- I bought some cigarettes → Q30
- They refused to sell me any cigarettes → Q31 on page 9

Q30

How many cigarettes did you buy last time?

WRITE ~~IN~~ THE NUMBER IN THE BOX

I bought

cigarettes



Q31 How often do you buy cigarettes from a shop?

- Almost every day
- Once or twice a week
- Two or three times a month
- About once a month
- Only a few times a year

Q32 In the past year, have you ever asked anyone else to buy cigarettes for you from a shop?

- Yes → Q33
- No → Q34

Q33 At any time when you asked someone to buy cigarettes for you, did anyone actually buy you any from a shop?

- Yes
- No

Q34 Do any of these people that you know smoke cigarettes?

PLEASE TICK ✓ ALL THAT APPLY

- My boyfriend or girlfriend
- Some friends of my own age
- Some friends older than me
- Some friends younger than me
- My mother, father or step-parent
- My brother or sister
- Other relatives
- No, none of my friends or family smoke

Q35 The next few questions should be answered by all pupils.

Q36 In the past year, how often were you in the same room as someone smoking (either inside your home or inside someone else's home)?

- Every day or most days
- Once or twice a week
- Once or twice a month
- Less often than once a month
- Never in the past year
- Don't know

Q37 In the past year, how often were you in a car with somebody smoking? This could be your family's car or someone else's car.

- Every day or most days
- Once or twice a week
- Once or twice a month
- Less often than once a month
- Never in the past year
- Don't know

Q38 Below are some things people say about why people of your age smoke. Some people agree with them and some disagree. What do you think?

AGAINST EACH SENTENCE TICK ONE BOX ✓ TO SHOW IF YOU AGREE OR DISAGREE

	Agree	Disagree
People of my age smoke because <b>it helps them to relax</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age smoke because <b>they are addicted to cigarettes</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age smoke because <b>they believe it helps them to stay slim</b> .	<input type="checkbox"/>	<input type="checkbox"/>
People of my age smoke because <b>it helps them to cope with stress in their life</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age smoke <b>to look cool in front of their friends</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age smoke because <b>they find it exciting to break the rules</b> ...	<input type="checkbox"/>	<input type="checkbox"/>
People of my age smoke because <b>their friends pressure them into it</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age smoke because <b>it gives them a good feeling</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age smoke because <b>other people they live with smoke</b> .....	<input type="checkbox"/>	<input type="checkbox"/>

## The next questions should be answered by all pupils

**Q39** The next questions are about electronic cigarettes, sometimes called e-cigarettes or vaping devices. Please include shisha pens or e-shisha when answering these questions on electronic cigarettes.

**Q40** Have you ever heard of electronic cigarettes, sometimes called e-cigarettes or vaping devices?

- Yes → **Q41**
- No → **Q47 on page 13**

**Q41** Read the following statements carefully and tick the box next to the one which best describes you. Think about times when you may have had a puff or two as well as using whole electronic cigarettes.

- I have never tried electronic cigarettes → **Q45 on page 12**
- I have used electronic cigarettes only once or twice → **Q44 on page 12**
- I used to use electronic cigarettes but I don't now → **Q44 on page 12**
- I sometimes use electronic cigarettes, but I don't use them every week → **Q44 on page 12**
- I use electronic cigarettes regularly, once a week or more → **Q42**

**Q42** How long is it since you started using at least one electronic cigarette a week?

- Less than 3 months
- 3-6 months
- 6 months to 1 year
- More than 1 year

**Q43 Where do you usually get your electronic cigarettes from?**

PLEASE TICK ✓ MORE THAN ONE BOX IF YOU **OFTEN** GET E-CIGARETTES FROM DIFFERENT PEOPLE OR PLACES

- I buy them from a supermarket
- I buy them from a newsagent, tobacconist or a sweet shop
- I buy them from a petrol station or garage shop
- I buy them from street markets
- I buy them from an e-cigarette shop
- I buy them from a pharmacy/chemist or get them from my GP
- I buy them from some other type of shop
- I buy them through the Internet
- I buy them from friends or relatives
- I buy them from someone else
- Friends give them to me
- My brother or sister gives them to me
- My mother or father gives them to me
- Someone else gives them to me
- I take them
- I get them in some other way (PLEASE TICK ✓ THE BOX AND WRITE IN BELOW)

**Q44 Did you start regularly smoking tobacco cigarettes before or after first trying e-cigarettes/vaping devices?**

- Started regularly smoking tobacco cigarettes before first trying e-cigarettes/vaping devices
- Started regularly smoking tobacco cigarettes after first trying e-cigarettes/vaping devices
- Neither – never regularly smoked tobacco cigarettes

**Q45 In the past year, have you ever asked anyone else to buy electronic cigarettes or any refills for you from a shop?**

- Yes → **Q46**
- No → **Q47 on page 13**

**Q46 At any time when you asked someone to buy electronic cigarettes or refills for you, did anyone actually buy you any from a shop?**

- Yes
- No

## The next questions should be answered by all pupils

Q47

The next questions are about alcohol. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

Q48

Have you ever had an alcoholic drink – a whole drink, not just a sip?

- Yes → Q50
- No → Q49

Q49

How would your parents/guardians feel if you started drinking alcohol?

- They wouldn't like me drinking alcohol at all → Q81 on page 22
- They wouldn't mind as long as I didn't drink too much → Q81 on page 22
- They would let me drink as much as I liked → Q81 on page 22

Q50

How old were you when you had your first alcoholic drink?

WRITE IN ~~THE~~ THE BOX YOUR AGE THEN, IN NUMBERS NOT WORDS

I was  years old

Q51

How often do you usually have an alcoholic drink?

- Every day or almost every day → Q52 on page 14
- About twice a week → Q52 on page 14
- About once a week → Q52 on page 14
- About once a fortnight → Q52 on page 14
- About once a month → Q52 on page 14
- Only a few times a year → Q52 on page 14
- I never drink alcohol now → Q57 on page 15

**Q52 If you buy alcohol, where do you usually buy it?**

PLEASE TICK ✓ MORE THAN ONE BOX IF YOU **OFTEN** BUY ALCOHOL FROM DIFFERENT PLACES

- In a pub or bar
- In a club or disco
- From an off-licence
- From a shop or supermarket
- From a friend or relative
- Off the street (e.g. from a van or someone's garage)
- From a garage forecourt
- From the Internet
- From someone else
- I never buy alcohol

**Q53 When you drink alcohol, are you usually on your own, or with other people?**

- On my own → **Q55 on page 15**
- With other people → **Q54**

**Q54 When you drink alcohol with other people, who are you usually with?**

PLEASE TICK ✓ ALL THAT APPLY

- My girlfriend or boyfriend
- Friends of the same sex as me
- Friends of the opposite sex
- A group of friends of both sexes
- My parents or guardians
- My brother, sister, or other relatives
- Other people

**Q55** And when you drink alcohol, where are you usually?

- In a pub or bar
- In a club or disco
- At a party with friends
- At my home
- At someone else's home
- On the street, in a park, or somewhere else outside
- Somewhere else

**Q56** How do your parents/guardians feel about you drinking alcohol?

- They don't like me drinking alcohol at all → **Q58**
- They don't mind as long as I don't drink too much → **Q58**
- They let me drink as much as I like → **Q58**
- They don't know I drink → **Q57**

**Q57** How would your parents/guardians feel about you drinking alcohol?

- They wouldn't like me drinking alcohol at all
- They wouldn't mind as long as I didn't drink too much
- They would let me drink as much as I liked

**Q58** When did you last have an alcoholic drink?

- Today → **Q59 on page 16**
- Yesterday → **Q59 on page 16**
- Some other time during the last 7 days → **Q59 on page 16**
- 1 week, but less than 2 weeks ago → **Q75 on page 21**
- 2 weeks, but less than 4 weeks ago → **Q75 on page 21**
- 1 month, but less than 6 months ago → **Q75 on page 21**
- 6 months ago or more → **Q75 on page 21**

+

**Q59**

**On which of these days during the last 7 days did you have an alcoholic drink?**

PLEASE TICK ✓ ALL THAT APPLY

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**Q60**

**During the last 7 days, how much BEER, LAGER AND CIDER have you drunk?**

- Half a pint or more / one can or more / a small bottle or more → **Q61 on page 17**
- Less than half a pint / less than a can / less than a small bottle → **Q63 on page 18**
- Have not drunk beer, lager or cider in the last 7 days → **Q63 on page 18**



Q61

Write in the boxes below the number of pints, half pints, large cans, small cans and bottles of BEER, LAGER AND CIDER drunk in the last 7 days.



Pints



Half pints



Large cans

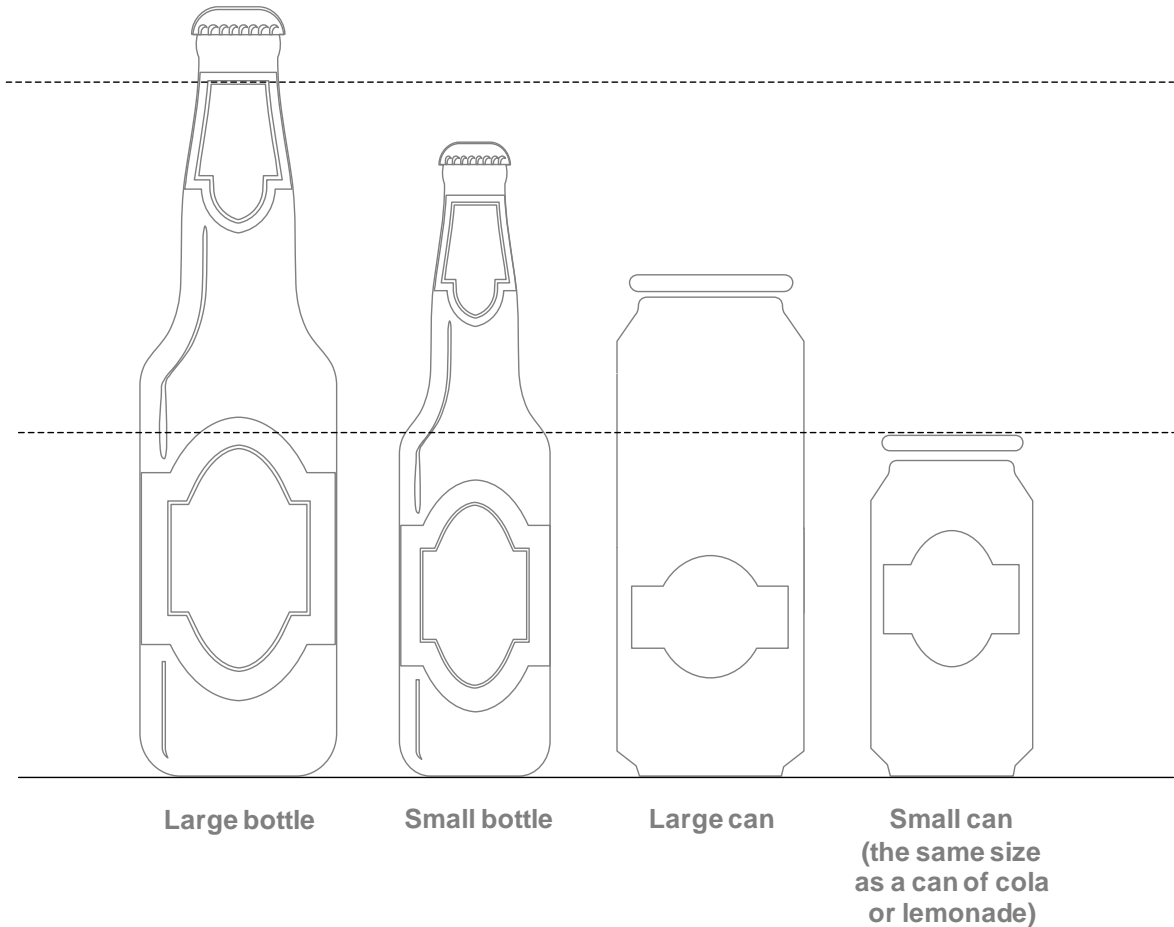


Small cans



Bottles

You can use the diagram below to help you answer this question. It shows you how the size of a beer, lager or cider drink compares to a regular can of soft drink, like cola.



Q62

Do you usually drink normal strength or strong BEER, LAGER OR CIDER? If you usually drink both normal and strong beer, lager or cider, please tick the type you drank most recently.

- Normal strength
  - Strong (alcohol volume of 6% or more)
  - Don't know
- 

Q63

During the last 7 days, how much SHANDY have you drunk?

- Half a pint or more / one can or more / a small bottle or more → Q64
- Less than half a pint / less than a can / less than a small bottle → Q66 on page 19
- Have not drunk shandy in the last 7 days → Q66 on page 19

Q64

Write in the boxes below the number of pints, half pints, large cans, and small cans of SHANDY drunk in the last 7 days.



Pints



Half pints



Large cans



Small cans

Q65

Was the SHANDY you drank in the last 7 days mostly lemonade, mostly lager or beer, or about half and half of each?

- Mostly lemonade
  - Mostly lager or beer
  - About half and half of each
-

**Q66** During the last 7 days, how much **WINE, MARTINI OR SHERRY** have you drunk?

- One glass or more → **Q67**
- Less than a glass → **Q68**
- Have not drunk wine, martini or sherry in the last 7 days → **Q68**

**Q67** Write in the box below the number of glasses of **WINE, MARTINI OR SHERRY** drunk in the last 7 days.

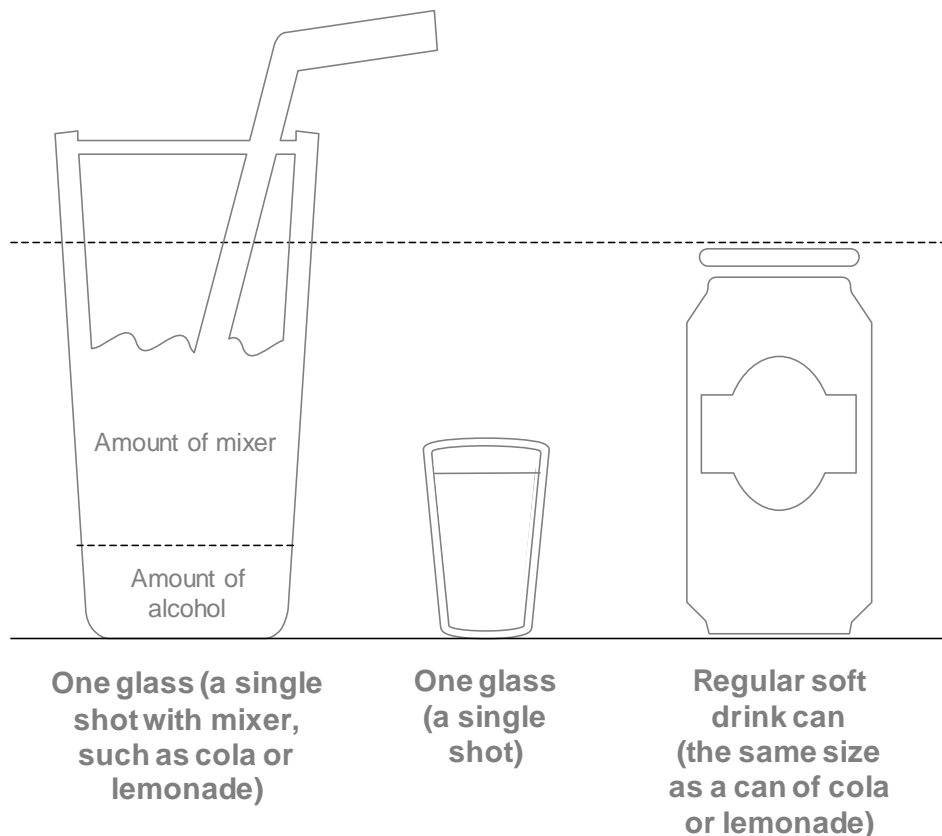


Glasses

**Q68** During the last 7 days, how much **SPIRITS and LIQUEURS** (e.g. whisky, vodka, gin, tequila, Baileys, Tia Maria) have you drunk? By a glass we mean a single pub measure.

- One glass or more → **Q69 on page 20**
- Less than a glass → **Q70 on page 20**
- Have not drunk spirits or liqueurs in the last 7 days → **Q70 on page 20**

You can use the diagram below to help you answer this question. It shows you how the size of a spirit or liqueur drink compares to a regular can of soft drink, like cola.



Q69

Write in the box below the number of glasses of SPIRITS and LIQUEURS (e.g. whisky, vodka, gin, tequila, Baileys, Tia Maria) drunk in the last 7 days.



Glasses

Q70

During the **last 7 days**, how many ALCOPOPS (e.g. Bacardi Breezer, Red Square, Reef, Smirnoff Ice, WKD, Archers) have you drunk?

- One bottle/can or more → **Q71**
- Less than a bottle/can → **Q72**
- Have not drunk alcopops in the last 7 days → **Q72**

Q71

Write in the boxes below the number of cans and bottles of ALCOPOPS (e.g. Bacardi Breezer, Red Square, Reef, Smirnoff Ice, WKD, Archers) drunk in the last 7 days.



Small Cans



Bottles

Q72

Have you drunk any other types of alcoholic drink in the last 7 days?

- Yes → **Q73**
- No → **Q75 on page 21**

Q73

What other alcoholic drink(s) have you drunk?

PLEASE WRITE IN  THE NAME(S) BELOW

Q74

Write in the boxes below the number of pints, half pints, large cans, small cans, bottles and glasses of this other alcoholic drink that you have drunk in the last 7 days.



Pints



Half pints



Large Cans



Small Cans



Bottles



Glasses

Q75

Have you ever been drunk?

- Yes → **Q76**
- No → **Q81 on page 22**

Q76

How old were you when you first got drunk?

WRITE IN ~~THE~~ THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS.

I was  years old

Q77

Have you been drunk in the last 4 weeks?

- Yes → **Q78 on page 22**
- No → **Q81 on page 22**

**Q78** How many times have you been drunk in the last 4 weeks?

WRITE IN  THE **NUMBER** IN THE BOX

I have been drunk  times

**Q79** Have you deliberately tried to get drunk in the last 4 weeks?

Yes

No

**Q80** Did any of the following happen to you when you drank alcohol in the last 4 weeks?

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
I got into an argument.....	<input type="checkbox"/>	<input type="checkbox"/>
I got into a fight.....	<input type="checkbox"/>	<input type="checkbox"/>
I felt ill or sick.....	<input type="checkbox"/>	<input type="checkbox"/>
I vomited.....	<input type="checkbox"/>	<input type="checkbox"/>
I had to be taken to hospital.....	<input type="checkbox"/>	<input type="checkbox"/>
I lost some money or other items.....	<input type="checkbox"/>	<input type="checkbox"/>
My clothes or other items got damaged.....	<input type="checkbox"/>	<input type="checkbox"/>
I got into trouble with the police.....	<input type="checkbox"/>	<input type="checkbox"/>

**Q81** Have you bought or tried to buy any alcohol in the last 4 weeks? This includes buying alcohol for someone else.

Yes → **Q82**

No → **Q88 on page 23**

**Q82** In the last 4 weeks, have you bought or tried to buy alcohol from a shop, supermarket or off-licence? This includes buying alcohol for somebody else.

Yes → **Q83**

No → **Q85 on page 23**

**Q83** At any time in the last 4 weeks when you tried to buy alcohol from a shop, supermarket or off-licence, did you actually buy any alcohol?

Yes

No

Q84

What happened the last time you bought or tried to buy alcohol from a shop, supermarket or off-licence?

- I bought some alcohol
- They refused to sell me alcohol

Q85

In the last 4 weeks, have you bought or tried to buy alcohol in a pub, bar or club? This includes buying alcohol for somebody else.

- Yes → Q86
- No → Q88

Q86

At any time in the last 4 weeks when you tried to buy alcohol from a pub, bar or club, did you actually buy any alcohol?

- Yes
- No

Q87

What happened the last time you bought or tried to buy alcohol in a pub, bar or club?

- I bought some alcohol
- They refused to sell me alcohol

Q88

Have you got anyone else to buy any alcohol for you in the last 4 weeks?

- Yes
- No

Q89

**Have you been given alcohol by any of these people in the last 4 weeks?**

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
Given alcohol by parents or guardians.....	<input type="checkbox"/>	<input type="checkbox"/>
Given alcohol by brothers or sisters.....	<input type="checkbox"/>	<input type="checkbox"/>
Given alcohol by other relatives.....	<input type="checkbox"/>	<input type="checkbox"/>
Given alcohol by friends.....	<input type="checkbox"/>	<input type="checkbox"/>
Given alcohol by other people.....	<input type="checkbox"/>	<input type="checkbox"/>

Q90

**Have you got alcohol in any of these other ways in the last 4 weeks?**

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
Taken it from your home (with permission).....	<input type="checkbox"/>	<input type="checkbox"/>
Stolen it from your home (without permission).....	<input type="checkbox"/>	<input type="checkbox"/>
Taken it from a friend's home (with permission).....	<input type="checkbox"/>	<input type="checkbox"/>
Stolen it from a friend's home (without permission).....	<input type="checkbox"/>	<input type="checkbox"/>
Stolen it from somewhere else.....	<input type="checkbox"/>	<input type="checkbox"/>



Q91

The next questions should be answered by all pupils. Remember that no-one who knows you will find out your answers.

Q92

Below are some things people say about why people of your age drink alcohol. Some people agree with them and some people disagree. What do you think? Against each sentence, tick one box to show if you agree or disagree.

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Agree	Disagree
People of my age drink alcohol <b>because it helps them relax</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age drink alcohol <b>because it makes them feel more confident</b> ....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age drink alcohol <b>to be sociable with friends</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age drink alcohol <b>because they are bored and have nothing to do</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age drink alcohol <b>to look cool in front of their friends</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age drink alcohol <b>because it helps them forget their problems</b> ....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age drink alcohol <b>because it gives them a rush or a buzz</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age drink alcohol <b>because their friends pressure them into it</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
People of my age drink alcohol <b>because other people they live with drink alcohol</b> .....	<input type="checkbox"/>	<input type="checkbox"/>

Q93

Please read the following statements about alcohol and say if you agree or disagree with each one.

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Agree	Disagree
Drinking alcohol only harms people who drink a lot.....	<input type="checkbox"/>	<input type="checkbox"/>
Drinking alcohol can increase the risk of developing cancer.....	<input type="checkbox"/>	<input type="checkbox"/>

## The next questions should be answered by all pupils

**Q94** The next questions are about drugs (apart from cigarettes and alcohol). Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

**Q95** The next set of questions are about Cannabis, also called Weed, Marijuana, Hash, Skunk, Dope, Pot, Blow, Puff, Grass, Draw, Ganja, Spliff, Smoke, Wacky Backy

Have you ever heard of Cannabis?

- Yes → **Q96**
- No → **Q101 on page 27**

**Q96** Have you ever been offered Cannabis?

- Yes
- No

**Q97** Have you ever tried Cannabis (even if only once)?

- Yes → **Q98**
- No → **Q101 on page 27**

**Q98** How old were you when you first tried Cannabis?

WRITE IN  THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q99** When did you last use or take Cannabis?

- In the last month
- In the last year
- More than a year ago

**Q100** On how many occasions have you used or taken Cannabis?

- Once
- 2-5 occasions
- 6-10 occasions
- More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q101** The next set of questions are about Speed and other Amphetamines, also called Crystal Meth, Whizz.

Have you ever heard of Speed or other Amphetamines?

- Yes → **Q102**  
 No → **Q108 on page 28**

**Q102** Have you ever been offered Speed or other Amphetamines?

- Yes  
 No

**Q103** Have you ever tried Speed or other Amphetamines (even if only once)?

- Yes → **Q104**  
 No → **Q108 on page 28**

**Q104** How old were you when you first tried Speed or other Amphetamines?

WRITE IN  THE BOX YOUR AGE THEN, IN NUMBERS NOT WORDS

I was  years old

**Q105** When did you last use or take Speed or other Amphetamines?

- In the last month  
 In the last year  
 More than a year ago

**Q106** On how many occasions have you used or taken Speed or other Amphetamines?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

**Q107** How do you usually take Speed or other Amphetamines? Please tick any that apply

- I sniff or swallow them  
 I inject them

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q108** The next set of questions are about LSD, also called Acid, Trips.

Have you ever heard of LSD?

- Yes → **Q109**  
 No → **Q114 on page 29**

**Q109** Have you ever been offered LSD?

- Yes  
 No

**Q110** Have you ever tried LSD (even if only once)?

- Yes → **Q111**  
 No → **Q114 on page 29**

**Q111** How old were you when you first tried LSD?

WRITE IN  THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q112** When did you last use or take LSD?

- In the last month  
 In the last year  
 More than a year ago

**Q113** On how many occasions have you used or taken LSD?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q114** The next set of questions are about Ecstasy, also called Pills, 'E', MDMA.

Have you ever heard of Ecstasy?

- Yes → **Q115**  
 No → **Q120 on page 30**

**Q115** Have you ever been offered Ecstasy?

- Yes  
 No

**Q116** Have you ever tried Ecstasy (even if only once)?

- Yes → **Q117**  
 No → **Q120 on page 30**

**Q117** How old were you when you first tried Ecstasy?

WRITE IN  THE BOX YOUR AGE THEN, IN NUMBERS NOT WORDS

I was  years old

**Q118** When did you last use or take Ecstasy?

- In the last month  
 In the last year  
 More than a year ago

**Q119** On how many occasions have you used or taken Ecstasy?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q120** The next set of questions are about Semeron, also called Sem.

Have you ever heard of Semeron?

- Yes → **Q121**  
 No → **Q126 on page 31**

**Q121** Have you ever been offered Semeron?

- Yes  
 No

**Q122** Have you ever tried Semeron (even if only once)?

- Yes → **Q123**  
 No → **Q126 on page 31**

**Q123** How old were you when you first tried Semeron?

WRITE IN  THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q124** When did you last use or take Semeron?

- In the last month  
 In the last year  
 More than a year ago

**Q125** On how many occasions have you used or taken Semeron?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q126** The next set of questions are about Poppers, also called Amyl nitrite.

Have you ever heard of Poppers?

- Yes → **Q127**
- No → **Q132 on page 32**

**Q127** Have you ever been offered Poppers?

- Yes
- No

**Q128** Have you ever tried sniffing Poppers (even if only once)?

- Yes → **Q129**
- No → **Q132 on page 32**

**Q129** How old were you when you first tried sniffing Poppers?

WRITE IN ~~THE~~ THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q130** When did you last sniff Poppers?

- In the last month
- In the last year
- More than a year ago

**Q131** On how many occasions have you sniffed Poppers?

- Once
- 2-5 occasions
- 6-10 occasions
- More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q132** The next set of questions are about Tranquilisers or Benzodiazepines, also called Xanax, Temazepam, Valium, Jellies, Roofies.

Have you ever heard of Tranquilisers?

- Yes → **Q133**  
 No → **Q138 on page 33**

**Q133** Have you ever been offered Tranquilisers?

- Yes  
 No

**Q134** Have you ever tried Tranquilisers (even if only once)? Do not count times when you were given them by a doctor or chemist.

- Yes → **Q135**  
 No → **Q138 on page 33**

**Q135** How old were you when you first tried Tranquilisers?

WRITE IN ~~THE~~ THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q136** When did you last use or take Tranquilisers?

- In the last month  
 In the last year  
 More than a year ago

**Q137** On how many occasions have you used or taken Tranquilisers?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions



The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q138** The next set of questions are about Heroin, also called Brown, Smack, 'H'.

Have you ever heard of Heroin?

- Yes → **Q139**  
 No → **Q144 on page 34**

**Q139** Have you ever been offered Heroin?

- Yes  
 No

**Q140** Have you ever tried Heroin (even if only once)?

- Yes → **Q141**  
 No → **Q144 on page 34**

**Q141** How old were you when you first tried Heroin?

WRITE IN ~~THE~~ THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q142** When did you last use or take Heroin?

- In the last month  
 In the last year  
 More than a year ago

**Q143** On how many occasions have you used or taken Heroin?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q144** The next set of questions are about Magic Mushrooms, also called Psilocybin, Mushies, Shrooms.

Have you ever heard of Magic Mushrooms?

- Yes → **Q145**  
 No → **Q150 on page 35**

**Q145** Have you ever been offered Magic Mushrooms?

- Yes  
 No

**Q146** Have you ever tried Magic Mushrooms (even if only once)?

- Yes → **Q147**  
 No → **Q150 on page 35**

**Q147** How old were you when you first tried Magic Mushrooms?

WRITE IN  THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q148** When did you last use or take Magic Mushrooms?

- In the last month  
 In the last year  
 More than a year ago

**Q149** On how many occasions have you used or taken Magic Mushrooms?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q150** The next set of questions are about Methadone, also called Physeptone.

Have you ever heard of Methadone?

- Yes → **Q151**  
 No → **Q156 on page 36**

**Q151** Have you ever been offered Methadone?

- Yes  
 No

**Q152** Have you ever tried Methadone (even if only once)?

- Yes → **Q153**  
 No → **Q156 on page 36**

**Q153** How old were you when you first tried Methadone?

WRITE IN  THE BOX YOUR AGE THEN, IN NUMBERS NOT WORDS

I was  years old

**Q154** When did you last use or take Methadone?

- In the last month  
 In the last year  
 More than a year ago

**Q155** On how many occasions have you used or taken Methadone?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q156** The next set of questions are about Crack, also called Base, Rock, Stones.

Have you ever heard of Crack?

- Yes → **Q157**  
 No → **Q162 on page 37**

**Q157** Have you ever been offered Crack?

- Yes  
 No

**Q158** Have you ever tried Crack (even if only once)?

- Yes → **Q159**  
 No → **Q162 on page 37**

**Q159** How old were you when you first tried Crack?

WRITE IN  THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q160** When did you last use or take Crack?

- In the last month  
 In the last year  
 More than a year ago

**Q161** On how many occasions have you used or taken Crack?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q162** The next set of questions are about Cocaine, also called Snow, Charlie.

Have you ever heard of Cocaine?

- Yes → **Q163**  
 No → **Q168 on page 38**

**Q163** Have you ever been offered Cocaine?

- Yes  
 No

**Q164** Have you ever tried Cocaine (even if only once)?

- Yes → **Q165**  
 No → **Q168 on page 38**

**Q165** How old were you when you first tried Cocaine?

WRITE IN  THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q166** When did you last use or take Cocaine?

- In the last month  
 In the last year  
 More than a year ago

**Q167** On how many occasions have you used or taken Cocaine?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q168** The next set of questions are about Ketamine, also called 'K'.

Have you ever heard of Ketamine?

- Yes → **Q169**  
 No → **Q174 on page 39**

**Q169** Have you ever been offered Ketamine?

- Yes  
 No

**Q170** Have you ever tried Ketamine (even if only once)?

- Yes → **Q171**  
 No → **Q174 on page 39**

**Q171** How old were you when you first tried Ketamine?

WRITE IN  THE BOX YOUR AGE THEN, IN NUMBERS NOT WORDS

I was  years old

**Q172** When did you last use or take Ketamine?

- In the last month  
 In the last year  
 More than a year ago

**Q173** On how many occasions have you used or taken Ketamine?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q174** The next questions are about Mephedrone, also called M-Cat, Meow Meow, Bubble, Drone, Meph, 4MMC.

Have you ever heard of Mephedrone?

- Yes → **Q175**  
 No → **Q180 on page 40**

**Q175** Have you ever been offered Mephedrone?

- Yes  
 No

**Q176** Have you ever tried Mephedrone (even if only once)?

- Yes → **Q177**  
 No → **Q180 on page 40**

**Q177** How old were you when you first tried Mephedrone?

WRITE IN ~~THE~~ THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was  years old

**Q178** When did you last use or take Mephedrone?

- In the last month  
 In the last year  
 More than a year ago

**Q179** On how many occasions have you used or taken Mephedrone?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q180** The next questions are about Glue, gas (butane, lighter refills), aerosols or solvents (to inhale or sniff).

Have you ever heard of Glue, gas, aerosols or solvents?

- Yes → **Q181**  
 No → **Q186 on page 41**

**Q181** Have you ever been offered Glue, gas, aerosols or solvents to inhale or sniff?

- Yes  
 No

**Q182** Have you ever tried sniffing Glue, gas, aerosols or solvents (even if only once)?

- Yes → **Q183**  
 No → **Q186 on page 41**

**Q183** How old were you when you first tried sniffing Glue, gas, aerosols or solvents?

WRITE IN  THE BOX YOUR AGE THEN, IN NUMBERS NOT WORDS

I was  years old

**Q184** When did you last sniff Glue, gas, aerosols or solvents?

- In the last month  
 In the last year  
 More than a year ago

**Q185** On how many occasions have you sniffed Glue, gas, aerosols or solvents?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions



The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q186** The next questions are about Nitrous Oxide, also called Laughing Gas, Balloons, Hippie Crack.

Have you ever heard of Nitrous Oxide?

- Yes → **Q187**  
 No → **Q192 on page 42**

**Q187** Have you ever been offered Nitrous Oxide? Please don't include any times you were offered it by a dentist or doctor.

- Yes  
 No

**Q188** Have you ever tried Nitrous Oxide (even if only once)? Please don't include any times you were given it by a dentist or doctor.

- Yes → **Q189**  
 No → **Q192 on page 42**

**Q189** How old were you when you first tried Nitrous Oxide?

WRITE IN ~~THE~~ THE BOX YOUR AGE THEN, IN NUMBERS NOT WORDS

I was  years old

**Q190** When did you last use or take Nitrous Oxide?

- In the last month  
 In the last year  
 More than a year ago

**Q191** On how many occasions have you used or taken Nitrous Oxide?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

The next question should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q192** The next questions are about new substances that have the same effects as other drugs. These are sometimes called 'legal highs' and can come in different forms such as herbal mixtures, powders, crystals or tablets (e.g. Spice).

Have you ever heard of these substances (sometimes called legal highs)?

- Yes → **Q193**  
 No → **Q199 on page 43**

**Q193** Have you ever been offered these substances?

- Yes  
 No

**Q194** Have you ever tried these substances?

- Yes → **Q195**  
 No → **Q199 on page 43**

**Q195** How old were you when you first tried these substances?

WRITE IN ~~THE~~ THE BOX YOUR AGE THEN, IN NUMBERS NOT WORDS

I was  years old

**Q196** When did you last use or take these substances?

- In the last month  
 In the last year  
 More than a year ago

**Q197** On how many occasions have you used or taken these substances?

- Once  
 2-5 occasions  
 6-10 occasions  
 More than 10 occasions

**Q198** Thinking about the last time you took any of these substances (sometimes called 'legal highs'), what type of substance was it?

- Herbal smoking mixtures
- Powders, crystals or tablets
- Liquids
- Some other type of substance
- Don't know

**The next questions should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.**

**Q199** The next set of questions are about other drugs (other than those that you could get from a doctor or chemist).

**Q200** Have you ever heard of any other drugs that would not be given to you by a doctor or chemist?

- Yes → **Q201**
- No → **Q207 on page 45**

**Q201** What other drugs have you heard of?

WRITE IN ~~THE~~ THE NAMES BELOW

**Q202** Have you ever been offered these other drugs?

- Yes
- No

**Q203** Have you ever tried these other drugs (even if only once)?

- Yes → **Q204 on page 44**
- No → **Q207 on page 45**

**Q204** How old were you when you first tried these other drugs?

WRITE IN  THE BOX YOUR **AGE THEN**, IN NUMBERS NOT WORDS

I was

years old

**Q205** When did you last use or take these other drugs?

- In the last month
- In the last year
- More than a year ago

**Q206** On how many occasions have you used or taken these other drugs?

- Once
  - 2-5 occasions
  - 6-10 occasions
  - More than 10 occasions
-

## The next questions should be answered by all pupils

Remember that no-one who knows you will find out your answers.

**Q207** Just to check, have you ever used or taken any drugs, including sniffing glue or solvents, but not including cigarettes or alcohol (even if only once)?

- Yes → **Q208**
- No → **Q211 on page 46**

**Q208** When did you last take drugs (including sniffing glue or solvents, but not including cigarettes or alcohol)?

- In the last month → **Q209**
- In the last year → **Q209**
- More than a year ago → **Q211 on page 46**

**Q209** On how many occasions have you taken drugs (including sniffing glue or other solvents but not including cigarettes or alcohol)?

- Once → **Q211 on page 46**
- 2-5 occasions → **Q210**
- 6-10 occasions → **Q210**
- More than 10 occasions → **Q210**

**Q210** How often do you usually take drugs (including sniffing glue or other solvents but not including cigarettes or alcohol)?

- I take drugs most days
- I take drugs at least once a week
- I take drugs once or twice a month
- I take drugs a few times a year
- I take drugs about once a year or less often

The next questions should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q211** Do you think it is OK for someone your age to do the following?

PLEASE TICK ✓ ONE BOX ON EACH ROW

	It's ok	It's not ok	Don't know
Try smoking a cigarette to see what it's like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try using an electronic cigarette to see what it's like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try drinking alcohol to see what it's like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try getting drunk to see what it's like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try sniffing Glue to see what it's like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try taking Cannabis to see what it's like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try taking Cocaine to see what it's like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q212** Do you think it is OK for someone your age to do the following?

PLEASE TICK ✓ ONE BOX ON EACH ROW

	It's ok	It's not ok	Don't know
Smoke cigarettes once a week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use electronic cigarettes once a week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink alcohol once a week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get drunk once a week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sniff Glue once a week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take Cannabis once a week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take Cocaine once a week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Q213

The next questions are about people your own age, such as people at your school and other schools. Remember that no-one who knows you will find out your answers.

Q214

Thinking about people your own age, how many of them do you think smoke cigarettes?

- All of them
- Most, but not all
- About half
- Some of them
- None of them

Q215

How many people your own age do you think drink alcohol?

- All of them
- Most, but not all
- About half
- Some of them
- None of them

Q216

How many people your own age do you think take drugs (including sniffing glue or other solvents)?

- All of them
- Most, but not all
- About half
- Some of them
- None of them

The next questions should be answered by all pupils.  
Remember that no-one who knows you will find out your answers.

**Q217**

Have you got helpful information about smoking cigarettes, from any of these people?

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
Parents or guardians.....	<input type="checkbox"/>	<input type="checkbox"/>
Brothers or sisters.....	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives.....	<input type="checkbox"/>	<input type="checkbox"/>
Friends.....	<input type="checkbox"/>	<input type="checkbox"/>
Family doctor or GP.....	<input type="checkbox"/>	<input type="checkbox"/>
Teachers.....	<input type="checkbox"/>	<input type="checkbox"/>
Other adults at school (e.g. school nurse, Connexions advisors, counselling service).....	<input type="checkbox"/>	<input type="checkbox"/>
Police in schools.....	<input type="checkbox"/>	<input type="checkbox"/>
Youth workers.....	<input type="checkbox"/>	<input type="checkbox"/>

**Q218**

Have you got helpful information about drinking alcohol, from any of these people?

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
Parents or guardians.....	<input type="checkbox"/>	<input type="checkbox"/>
Brothers or sisters.....	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives.....	<input type="checkbox"/>	<input type="checkbox"/>
Friends.....	<input type="checkbox"/>	<input type="checkbox"/>
Family doctor or GP.....	<input type="checkbox"/>	<input type="checkbox"/>
Teachers.....	<input type="checkbox"/>	<input type="checkbox"/>
Other adults at school (e.g. school nurse, Connexions advisors, counselling service).....	<input type="checkbox"/>	<input type="checkbox"/>
Police in schools.....	<input type="checkbox"/>	<input type="checkbox"/>
Youth workers.....	<input type="checkbox"/>	<input type="checkbox"/>





**Q219** Have you got helpful information about taking drugs, from any of these people?

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
Parents or guardians.....	<input type="checkbox"/>	<input type="checkbox"/>
Brothers or sisters.....	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives.....	<input type="checkbox"/>	<input type="checkbox"/>
Friends.....	<input type="checkbox"/>	<input type="checkbox"/>
Family doctor or GP.....	<input type="checkbox"/>	<input type="checkbox"/>
Teachers.....	<input type="checkbox"/>	<input type="checkbox"/>
Other adults at school (e.g. school nurse, Connexions advisors, counselling service).....	<input type="checkbox"/>	<input type="checkbox"/>
Police in schools.....	<input type="checkbox"/>	<input type="checkbox"/>
Youth workers.....	<input type="checkbox"/>	<input type="checkbox"/>

**Q220** Have you got helpful information about smoking cigarettes, from any of these places?

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
TV.....	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers or magazines.....	<input type="checkbox"/>	<input type="checkbox"/>
The Internet.....	<input type="checkbox"/>	<input type="checkbox"/>
FRANK website or helpline.....	<input type="checkbox"/>	<input type="checkbox"/>
Helplines.....	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g. Facebook, Twitter).....	<input type="checkbox"/>	<input type="checkbox"/>



Q221

Have you got helpful information about drinking alcohol, from any of these places?

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
TV.....	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers or magazines.....	<input type="checkbox"/>	<input type="checkbox"/>
The Internet.....	<input type="checkbox"/>	<input type="checkbox"/>
FRANK website or helpline.....	<input type="checkbox"/>	<input type="checkbox"/>
Helplines.....	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g. Facebook, Twitter).....	<input type="checkbox"/>	<input type="checkbox"/>

Q222

Have you got helpful information about taking drugs, from any of these places?

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
TV.....	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers or magazines.....	<input type="checkbox"/>	<input type="checkbox"/>
The Internet.....	<input type="checkbox"/>	<input type="checkbox"/>
FRANK website or helpline.....	<input type="checkbox"/>	<input type="checkbox"/>
Helplines.....	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g. Facebook, Twitter).....	<input type="checkbox"/>	<input type="checkbox"/>

Q223

In the last twelve months have you had any lessons, videos or discussions in class or at school (including during remote / home learning) on the following topics:

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No	Don't know
Smoking?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs in general?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q224 Do you think your school has given you enough information on the following topics:**

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No	Don't know
Smoking?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs in general?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions should be answered by all pupils**

**Q225** The last set of questions are more general questions. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

**Q226** Have you ever stayed away from school without permission (truanted/bunked off)?

- Yes
- No

**Q227** Have you ever been expelled / suspended from school?

- Yes
- No

**Q228** Please answer the following questions.

PLEASE TICK ✓ ONE BOX ON EACH ROW

	Yes	No
Do you have your own bedroom for yourself?.....	<input type="checkbox"/>	<input type="checkbox"/>
Does your family have a dishwasher at home?.....	<input type="checkbox"/>	<input type="checkbox"/>

**Q229** How many times did you and your family travel outside of the UK for a holiday last year?

- Not at all
- Once
- Twice
- More than twice

Q230

Please answer the following questions.

PLEASE TICK ✓ ONE BOX ON EACH ROW

	None	One	Two	More than two
How many computers (including laptops and tablets, not including game consoles and smartphones) does your family own?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many cars, vans or trucks does your family own?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many bathrooms (room with a bath/shower or both) are there in your home?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q231

During the last school year (from September 2020 to July 2021), which of the following best describes how you took part in school learning?

- I continued to go to school in person, even during lockdowns - I did not study from home at all
- I continued to go to school in person most of the time, even during lockdowns - I rarely studied from home
- I studied from home during lockdowns, and went to school in person when schools were open to all pupils
- I studied from home all or most of the time, even when schools were open to all pupils
- Other (PLEASE TICK ✓ THE BOX AND WRITE IN THE BOX BELOW)

Q232

In the last 4 weeks, how often, if at all, have you met up in person with two or more people at a time or a group of people who you don't live with? (This does not include going to school.)

- Every day → Q233 on page 53
- A few times a week → Q233 on page 53
- Once a week → Q233 on page 53
- Less than once a week → Q233 on page 53
- Never → Q234 on page 53

Q233

**In the last 7 days, how often, if at all, have you met up in person with two or more people at a time or a group of people who you don't live with? (This does not include going to school.)**

- Not at all
- On one day
- On two days
- On three days
- On four days
- On five days
- On six days
- On seven days

Q234

**How many people do you live with? Include your parents, brothers and sisters and anyone else you live with.**

WRITE IN  THE BOX

I live with  other people

Q235

**How many of them smoke? Do not count yourself.**

WRITE IN  THE BOX

I live with  people who smoke

Q236

**Does anyone you live with usually smoke inside your home?**

- Yes
- No

Q237

**How many of the people you live with drink alcohol? Do not count yourself.**

WRITE IN  THE BOX

I live with  people who drink alcohol

Q238

**Does anyone you live with usually drink alcohol inside your home?**

- Yes
- No

The next questions should be answered by all pupils

Q239

The next questions ask about how you feel about your life.  
Please think about how you feel at the moment.

Q240

Overall, how satisfied are you with your life nowadays?  
On a scale from 0 to 10, where 0 is not at all satisfied and 10 is completely satisfied, tick the box which is most true for you.

Not at all satisfied

Completely satisfied

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Q241

Overall, to what extent do you feel that the things you do in your life are worthwhile?  
On a scale from 0 to 10, where 0 is not at all worthwhile and 10 is completely worthwhile, tick the box which is most true for you.

Not at all worthwhile

Completely worthwhile

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Q242

Overall, how happy did you feel yesterday?  
On a scale from 0 to 10, where 0 is not at all happy and 10 is completely happy, tick the box which is most true for you.

Not at all happy

Completely happy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Q243

Overall, how anxious did you feel yesterday?  
On a scale from 0 to 10, where 0 is not at all anxious and 10 is completely anxious, tick the box which is most true for you.

Not at all anxious

Completely anxious

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Q244

Finally, just to check, have you smoked any cigarettes in the last 7 days ending yesterday? Please do not include electronic cigarettes or e-shisha.

- Yes → **Q245**
- No → **Q246**

Q245

How many cigarettes did you smoke on each day in the last 7 days ending yesterday? Please do not include electronic cigarettes or e-shisha. If you did not smoke on a day write 0.

Last <b>Monday</b> I smoked	<input type="text"/>	cigarettes
Last <b>Tuesday</b> I smoked	<input type="text"/>	cigarettes
Last <b>Wednesday</b> I smoked	<input type="text"/>	cigarettes
Last <b>Thursday</b> I smoked	<input type="text"/>	cigarettes
Last <b>Friday</b> I smoked	<input type="text"/>	cigarettes
Last <b>Saturday</b> I smoked	<input type="text"/>	cigarettes
Last <b>Sunday</b> I smoked	<input type="text"/>	cigarettes

**Q246** Were there any questions you meant to go back and complete? Please check.

Thank you very much for taking part in this survey.

If you have some time left, you might like to try the word search below. If not, please seal your questionnaire in the envelope provided and hand it back to the Ipsos MORI interviewer or to your teacher.

The names of some pop stars are hidden amongst the letters below. Circle the names forwards, backwards, top to bottom or diagonally and see how many you can find.

Z	E	M	O	G	A	N	E	L	E	S	R	O	P	A	X
H	E	X	B	Q	E	A	N	I	R	N	T	B	P	R	B
A	E	W	D	L	Q	Z	F	N	L	U	E	V	O	I	I
T	R	U	U	L	I	Z	Z	O	X	Z	R	U	S	A	L
T	E	U	A	T	I	L	F	K	A	S	B	S	T	N	L
P	D	R	L	Q	G	I	N	H	G	K	L	O	M	A	I
L	E	W	I	S	C	A	P	A	L	D	I	H	A	G	E
U	F	F	P	I	L	T	S	L	S	V	T	F	L	R	E
Y	M	Z	A	C	K	G	E	I	E	X	T	U	O	A	I
C	A	R	D	I	B	I	T	D	F	C	L	H	N	N	L
R	S	H	J	A	A	F	N	T	W	V	E	K	E	D	I
J	A	M	E	S	A	R	T	H	U	R	M	H	D	E	S
U	E	H	K	L	B	L	A	C	K	P	I	N	K	D	H
S	T	O	R	M	Z	Y	F	T	B	L	X	H	O	C	I

LEWIS CAPALDI

LITTLE MIX

LIZZO

ARIANA GRANDE

CARDI B

POST MALONE

LIL NAS X

BILLIE EILISH

BLACKPINK

SAM FENDER

SELENA GOMEZ

DUA LIPA

KHALID

STORMZY

JAMES ARTHUR